Public Document Pack

Health Scrutiny Sub-Committee

Thursday 1 June 2023 at 10.00 am

To be held in the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Ruth Milsom
Councillor Steve Ayris
Councillor Martin Phipps
Councillor Mike Drabble
Councillor Laura McClean
Councillor Abtisam Mohamed
Councillor Ann Whitaker
Councillor Sophie Wilson
Vacancy

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

Meetings of the Health Scrutiny Sub- Committee are chaired by Councillor Ruth Milsom.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk . You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda. Members of the public have the right to ask questions or submit petitions to Health Scrutiny Sub-Committee meetings and recording is allowed under the direction of the Chair. Please see the webpage or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Health Scrutiny Sub-Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last on the agenda.

Meetings of the Health Scrutiny Sub-Committee have to be held as physical meetings. If you would like to attend the meeting, please report to an Attendant in the Foyer at the Town Hall where you will be directed to the meeting room. However, it would be appreciated if you could register to attend, in advance of the meeting, by emailing committee@sheffield.gov.uk, as this will assist with the management of attendance at the meeting. The meeting rooms in the Town Hall have a limited capacity. We are unable to guarantee entrance to the meeting room for observers, as priority will be given to registered speakers and those that have registered to attend.

Alternatively, you can observe the meeting remotely by clicking on the 'view the webcast' link provided on the meeting page of the website.

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FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms. Access for people

with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTH SCRUTINY SUB-COMMITTEE AGENDA
1 JUNE 2023

Order of Business

Welcome and Housekeeping

The Chair to welcome attendees to the meeting and outline basic housekeeping and fire safety arrangements.

1. Apologies for Absence

2. Exclusion of Press and Public
To identify items where resolutions may be moved to exclude the press and public

3. Declarations of Interest (Pages 7 - 10)
Members to declare any interests they have in the business to be considered at the meeting

4. Minutes of Previous Meeting (Pages 11 - 20)
To approve the minutes of the last meeting of the Sub-Committee held on

5. Public Questions and Petitions
To receive any questions or petitions from members of the public.

(NOTE: There is a time limit of up to 30 minutes for the above item of business. In accordance with the arrangements published on the Council's website, questions/petitions at the meeting are required to be submitted in writing, to committee@sheffield.gov.uk, by 9.00 a.m. on 30th May, 2023).

6. Future Provision following on from Firshill Rise

7. Sheffield Children's Hospital Trust Quality Report (Pages 21 - 50)
Report of Yvonne Millard, Chief Nurse, Sheffield Children's Hospital Trust

8. Sheffield Teaching Hospital Trust Quality Report (Pages 51 - 126)
Joint report of Jennifer Hill, Medical Director (Operations) and Angie Legge, Quality Director, Sheffield Teaching Hospitals Trust

9. Work Programme
Report to follow.

NOTE: The next meeting of Health Scrutiny Sub-Committee will be held on 7th September, 2023 at 10.00 a.m. in the Town Hall

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

If you are present at a meeting of the Council, of its Policy Committees, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

  *The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority –

  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) –
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -
    - the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
    - if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously.

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from David Hollis, Interim Director of Legal and Governance by emailing david.hollis@sheffield.gov.uk.

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SHEFFIELD CITY COUNCIL

Health Scrutiny Sub-Committee

Meeting held 23 March 2023

PRESENT: Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Mary Lea, Kevin Oxley and Gail Smith

1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from Councillors Dawn Dale and Abtisam Mohamed.

2. EXCLUSION OF PRESS AND PUBLIC

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Sub-Committee held on 25th January, 2023, were approved as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 The Chair stated that she had received one written question from a member of the public and as the question related to Item 7 (Item 8 on the agenda), it would be read out during consideration of that item.

6. LEARNING FROM FIRSHILL RISE CQC INSPECTION

6.1 The Sub-Committee received a report informing Members of lessons learned from the inadequate CQC Rating of the Assessment and Treatment Service (ATS) at Firshill Rise.

6.2 Present for this item were Richard Bulmer (Head of Service, Rehabilitation and Specialist Services, Sheffield Health and Social Care NHS Foundation Trust), Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board) and Greg Hackney ((Senior Head of Service, Sheffield Health and Social Care NHS Foundation Trust).

6.3 Richard Bulmer referred to the report and stated that in 2020 a new leadership structure was introduced to the learning disability service and following on from

this, concerns surfaced about the care and treatment at the Assessment and Treatment Service (ATS), which led to immediate actions and an external review by the Care Quality Commission (CQC), who found that the Service was inadequate. An external review and the CQC review resulted in consideration and actions relating to accountability. Richard Bulmer said that a new leadership structure was then implemented which strengthened multi-disciplinary leadership. This included recruitment to a new matron role, a clinical director who was an experienced Learning Disability Consultant Psychiatrist and a general manager. He said that the Sheffield Health and Social Care Foundation NHS Trust had reviewed and enhanced governance arrangements since receiving the inadequate rating from the CQC. He said the Service had engaged with service users and carers to support service transformation and develop current practices and design new models of care, adding that a clinical and social care strategy had been developed across all services. Finally, Richard Bulmer said that a project to oversee the strategic direction of learning disability services in Sheffield had been established and the main focus of this was to avoid re-admittance into hospital, change where people were treated and try to ensure that the good quality care could be given within the community.

6.4 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- A future report would provide detailed feedback from service users. The Service had met with all services users at the time, and it was important to hear their views and experience of the Service so that we could see how we could improve what was available to them, both as inpatient patients and those being offered support at home. It should be noted that not all feedback currently received was negative, some service users were very supportive. The Service had identified that some staff at the Unit were very supportive to the service users.

- It was acknowledged that many staff had left following closure of the Unit, development and support had been given to those members of staff to help them find employment in other areas of the Trust. It was noted that in the past there had been a failure to ensure that staff were supervised and now they were receiving effective supervision for practice development, on a regular basis.

- The evidence base was crucial to building the right support to service users and offering alternatives to admitting people straight into hospital. Best practice was to keep people in a lessrestrictive place and be closeto home. There is a gap in out of hours provision therefore it was hoped to enhance the services that were already available Mondays to Fridays 9.00 a.m. to 5.00 p.m. for specialist learning disability services into the evenings and weekends.

- As identified in the report, training needs to be improved. . Regarding the service user who was an inpatient for two years at the Assessment and Treatment Service (ATS), it was found that the needs were greater than the Unit could provide. After concerns were raised, it was acknowledged that

more should have been done and the South Yorkshire Integrated Care Board (SYICB) have now put in place six weekly health checks for anyone in a hospital placement. Unfortunately, it was thought that hospital was always the safest place, it was easy for service users to get institutionalised. The Service was working hard to prevent service users being admitted into hospital and provide more care in the community.

- When Service Users were discharged, they were supported within the community and work was ongoing where necessary to provide the right support to them and their families. The Trust had worked with a national organisation called Respond, a charity providing therapy and specialist support services to people with learning disabilities, autism or both who have experienced abuse, violence or trauma and support had been individually tailored for all ex patients.

- From a wider Trust perspective, following on from the inadequacy rating, improvements have been put in place. The Learning Disabilities Unit was a standalone Unit, however the Trust has tried to ensure that all services were accessible to give the right level of support where appropriate.

- The Green Light Toolkit was a framework and self-audit toolkit for improving mental health support services for people with learning disabilities. It provides a picture of what services should be aiming to achieve, including quality outcomes, and a self-assessment checklist. There was a need to make sure that care was person-centred and that it promoted dignity, privacy and human rights and that staff were skilled and enabled. It was necessary to make sure that care was needs-led so that someone could access the care that necessary to them.

- Investment was being made to train an Autism Crisis Nurse, and although not available around the clock, they would be able to give expertise and advise staff on other wards. When someone was being admitted into care, there needed to be a full review of their needs and part of that would be to identify what would be the best place for this person. A meeting was to take place with the Acting Chief Nurse to look into autism training and progress had been made over the last 12 months and improvements had been made on the wards. The key was to avoid admission.

- It was challenging to get the right provision in the community, placements were monitored and reviewed, as it was not always easy getting together the correct multi-agency teams to get people into the right provision and offer the right options available for people.

- The ethos was to improve and offer more intensive care into the community.

- A lot of work had been carried out with the Quality Directorate to ensure that staff received training in learning disability and autism, including how to interact appropriately with autistic people and people who have a learning disability. Whilst improvements had significantly been made to meet the

needs of these people, there was still more work to be done. The Community Intensive Support Team is a specialist health service for people with learning disabilities, and their carers, living in Sheffield and works closely with the Community Learning Disability Team and Firshill Rise ATS (inpatient service). It provides intensive support to people who are very unwell and may be struggling with mental health problems.

· The service users were supported by mainstream services, but there needed to be more wraparound services and better trained staff. The Trust had developed a Clinical and Social Care Strategy based on its values and the recovery principle, delivering care that is Person-Centred, Strengths-Based, Evidence-Led and Trauma-Informed to help those who were accessing secondary care services and looking at how to support those who have suffered trauma and how they were supported.

· Within the NHS Sheffield ICB there was a Physical Health Improvement Group which was made up of partners of all health organisations, primary care and social care, and had a number of projects aimed at improving peoples access to health care and a couple of examples of this were there had been a 19% increase in women with a learning disability accessing breast screening, similarly a 28% increase in access to bowel screening. The Group was seeking to improve access and quality of access. There were Learning Disability Nurses employed by Sheffield Teaching Hospitals, who look at the experiences of people with learning difficulties when being admitted into hospital. Sometimes if someone was non-verbal going into hospital, it could be difficult for staff to understand their needs, which can be variable.

· The SYICB members go out and visit on a regular basis to meet service users who had experience of using the service. They spend some time talking with them and report back on their findings. The Freedom To Speak Up (FTSU) model was in place at Firshill Rise and had been strengthened, which encouraged people to talk about their experiences and raise issues either openly or in private and any concerns would be looked into and acted upon. The Trust welcomed applications from anyone who had learning disabilities or autism and was developing roles specific to those who have had lived experience to offer peer support.

6.5 RESOLVED: That the Sub-Committee:

(a) thanks Richard Bulmer, Heather Burns and Greg Hackney for their attendance at the meeting;

(b) notes the contents of the report; and

(c) a report on the feedback received from users of mainstream services would be distributed to Members via email.

7. FUTURE MODEL FOR THE PROVISION OF HEALTH SERVICES FOR PEOPLE WITH LEARNING DISABILITY/AUTISM

7.1 The Sub-Committee received a report giving an update on the work that had progressed on developing a future model for the delivery of community and inpatient health services for people with a learning disability/autism, following changes in patterns of demand over the period of delivery of the national Transforming Care programme and to update the Sub-Committee on engagement and co-production to date in Phase 1 of the programme and the move to the phase 2 of this work.

7.2 Present for this item were Richard Kennedy, Engagement Manager, and Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board).

7.3 Heather Burns said that the purpose of the report was to update Members on work that had progressed since their previous report in December, 2022 and this item overlapped from the previous item relating to Firshill Rise. She said that due to the success of the Transforming Care Programme, the demand and need for inpatient beds has greatly reduced. She referred to page 32 of the report which summarised the outcome from Phase 1 Engagement on the key issues and challenges. She said the NHS South Yorkshire Integrated Care Board (NHS SYICB) had engaged with service users, families, carers and stakeholders in a person-centred way. Theyhad provided grants to two community organisations (Sheffield Voices and Sheffield Mencap and Gateway) to develop a set of open questions to promote meaningful dialogue on the issues faced. She referred to the feedback received and said that full engagement reports could be shared by request. The key themes arising from a series of events run by Sheffield Voices and Healthwatch Sheffield were that more work needed to be done to prevent people from reaching a point where they need to go to hospital and more support is needed from generic services. Some patients had a fear of being locked up or being sent away from their homes and their families. Heather Burns said that information had been gathered through speaking with a large number of people and options had been developed.

7.4 Richard Kennedy referred to feedback received from 178 individuals overall, with 109 responses being from those with a learning disability and/or autism, which he felt showed strength and expertise. He said the next stage was to inform NHS England of their progress. He said taking account of the feedback received, all viable options would be considered and if it was deemed necessary, a further report would be brought back to the Sub-Committee to decide the next steps in the process.

7.5 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- Following the Panorama documentary showing an undercover operation which had been carried out at a secure unit run by Greater Manchester Mental Health Trust, highlighting a toxic culture and deficits in the system. The Transforming Change Programme is to improve health and care for everyone and have the robust scrutiny in place to check people's placements. In response, Sheffield Health and Social Care Foundation

NHS Trust recognised the role of leaders to prevent these cultures developing and to ensure good standards of care were maintained.

- There was a need to invest in Community Services, particularly with regard to providing better out of hours teams. Work was being carried out to develop a step-down facility in order to prevent admission into care. If wraparound support was available, breakdowns would be prevented.

7.6 Councillor Ruth Milsom said that a public question had been received from Geoff South as follows:-

Firshill has always had good reports prior to this last one, it always had long waiting lists for admissions from many areas outside Sheffield. Our son Andrew had three stays with excellent outcomes. It has never been intended to be a Long-stay hospital, any cases of more than six months duration would be the result of a lack of suitable placements from care providers outside the hospital's remit, exacerbated by Covid restrictions and related staff shortages.

We strongly believe that this hospital should be kept open to give people with learning disabilities who also suffer from severe mental health problems a compassionate and safe environment not available anywhere else.

In response, Heather Burns said that she thought that Mr South's question probably related to an experience a number of years ago, as with regard to out of are waiting lists, this hasn't been an issue for some time. Circumstances have changed dramatically and they are now looking at options with regard to community provision, the step up, step down facility mentioned earlier, and the availability of specialist clinicians. Prevention work is key.

Andrew Weawood, Assistant Director of Adult Social Care referred to a recent case where someone with extreme mental health problems said been supported in an establishment out of the city, his family had been assisted with travel costs and now that he was back in Sheffield and had been supported by an Enhanced Framework Provider and to live and work in the city and had one to one all support and has a high quality of life. These challenges can and do work and were available in Sheffield.

He said that there had been strong challenge on money from the NHS, particularly where there were people with lower care needs but these people still have life ambition and look for support and the local authority was getting to where it needed to be. With regard to carers, the local authority has pulled together small numbers of staff and was hoping to run some clinics over the next few months for carers with children in their 40s and 50s and support them through the life developments of their children and would be working through a supported plan of action be addressed in the next financial year.

7.7 Members made various comments and asked a number of questions, to which responses were provided as follows:-

- There was a need for wraparound support to families, particularly for those

whose children were older and had other children within the family and to offer some kind of enhanced community service to them.

· Any options that come out of the process will have Equality Impact Assessment attached to those options and would expect that to be a fundamental part of it and be properly mitigated for, where possible.

7.9 Councillor Ruth Milsom said that a written summary would be sent to Mr. South in response to his question.

7.10 RESOLVED: That the Sub-Committee:

(a) thanked Heather Burns, Andrew Weawood and Richard Kennedy for their attendance at the meeting;

(b) notes the contents of the report; and

(c) would receive a further update on the future options to the next meeting of this Sub-Committee.

8. NHS COMMISSIONING IN 'PLACE' - SHEFFIELD COMMITTEE ARRANGEMENTS

8.1 The Sub-Committee received a presentation highlighting the Sheffield Committee arrangements to work in partnership with NHS Commissioning and the Place based plans.

8.2 Emma Latimer, Executive Place Director for Sheffield stated that the presentation sets out the approach to developing the Sheffield Partnership Framework, and by working with partners across Sheffield there would be an opportunity to refresh the framework approach, and pool collective efforts to drive forwards a transformational place based plan for the benefit of our local communities. She gave details of the Strategic Framework Development, its vision, purpose and principles, the strategic priorities, governance and decision making, making the best use of resources and performance assurance and risk management.

8.3 Members made various comments and asked a number of questions, to which responses were provided as follows:-

· The Sheffield City Partnership was led by the local authority, the officers being the Chief Executive, the Director of Finance, the Chair of the Health and Wellbeing Board and the Director of Public Health and representation from the South Yorkshire Integrated Care Board (SYICB). The Sheffield Health and Care Partnership is an SYICB Sub-Committee. At partnership level, we are trying to integrate more services to see more efficiencies and offer more opportunities to do better.

· Since January, 2023, Sheffield had seen improvements in discharges from hospital, there had been a large reduction in waiting times, which was one of the many pressures faced by the NHS. There were also significant

pressures on health system in every aspect of care, there was some duplication of work that needed to be addressed. Since covid, people were tired, the workforce had worked really hard. By listening to the views of the workforce and communities, to start to shape things in primary care and other areas, a difference could be made by working together. There has to be more consistency, not complexity and work from the bottom up.

- To tackle health inequalities, employment is key. Rather than look at the whole of the city, as some parts were more affluent, we need to see where we need to target the most deprived, learn from it and see how to do things differently. There was a need to build confidence in the voluntary and community sector and support them. There were many issues that we should be focusing on and need to prioritise where to put resources.

- GPs were still involved in the delivery groups and were still very much involved in the work being carried out. There needed to be a blend of people.

- There was something in place called Operational Health Management which drills down data on patients. The NHS has lots of information and there was a need to give clinicians more time because they were constantly dealing with the frontline. GPs know their population and put interventions in place where needed. Data was there but not used in the way it should be. The NHS was hugely complex and fragmented and we need to find out how to engage with communities better.

- In Sheffield, £3.5m had been spent on health inequalities and a list of initiatives would be provided for members. This year £2.4 m will be focused on tackling deprivation, working through the Partnership Board. It will be transparent and have open and honest discussions about taxpayers' resources and information will be shared on where money had been spent.

- In the past, there has been a piecemeal approach on deciding where to allocate grants. This had not been a well thought through approach and not spent in a structured way.

8.5 RESOLVED: That this Sub-Committee:-

(a) thanked Emma Latimer for her presentation and responses to questions; and

(b) looks forward to receiving a report on Inequalities Funding.

9. SHEFFIELD TEACHING HOSPITALS - MATERNITY IMPROVEMENT UPDATE

9.1 Due to illness, this item of business was deferred and would be considered at the next meeting of the Sub-Committee.

10. QUALITY ACCOUNTS 2022/23

10.1 Deborah Glen, Policy and Improvement Officer gave an update on the Quality Accounts. In the past the timing of reports on Quality Accounts for the NHS Trusts, clashed with the election period. Under the Committee system, on advice from Legal Services, she reported there was a need to formally delegate responsibility to an officer in consultation with the Chair to approve the accounts during the interim period. Deborah Glen said that she had been in contact with the three NHS Trusts responsible for providing those accounts and said that as it was hoped that at the next meeting of the Sub-Committee would be held at the beginning of June, the Quality Accounts could be submitted then, therefore there was no need to delegate responsibility to an officer.

10.2 RESOLVED: That the Sub-Committee formally agrees the process for the Quality Accounts.

11. WORK PROGRAMME

11.1 The Chair referred to the Work Programme stating that it was quite organised for the next municipal year, referring to the deferred item on Maternity Services, and also a couple of separate informal sessions which had been requested on mental health interventions and a primary care workshops.

11.2 RESOLVED: That the Work Programme be agreed.

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Report to Health Scrutiny Sub-Committee

Author/Lead Officer of Report: Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board, heather.burns@nhs.net

Report of:	Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS South Yorkshire Integrated Care Board
Report to:	Health Scrutiny Sub-Committee
Date:	1st June 2023
Subject:	Future of health services for adults with a learning disability in Sheffield

Purpose of Report:

- To update the Health Scrutiny Sub Committee of work that has progressed since our last paper on 23rd March 2023, on developing the emerging future model for the delivery of community and inpatient health services for people with a learning disability/autism, following changes in patterns of demand since successful implementation of the national Transforming Care programme.

Recommendations:

That the Committee:

- Note the proposed models and options for the future of these services in Sheffield.
- Provide a view on whether sufficient engagement has taken place to enact these proposals following the engagement that we have previously reported to committee
- Receive a further update in autumn 2023 around implementation of the model.

Background Papers:

- Previous update provided to the Committee in March 2023: Future of health services for adults with a learning disability in Sheffield.pdf

Future of health services for adults with a learning disability in Sheffield

1. Purpose of the report

1.1 To update the Health Scrutiny Sub-Committee (HSC) of work that has progressed since our last paper on 23rd March 2023 on developing a future model for the delivery of community and inpatient health services for people with a learning disability/autism, following changes in patterns of demand over the period of delivery of the national Transforming Care programme.

1.2 The Firshill Rise Unit has been closed since 2021 for admissions due to quality concerns. It had also not been fully needed for admission in the 3 years preceding this leading up to closure. A paper on lessons learned from the quality issues identified at Firshill Rise was presented by Sheffield Health and Social Care NHS Trust (SHSC) as the provider of the service to HSC in March 2023.This has helped to inform the future shape of the learning disability service model.

2. Changing needs for inpatient learning disability services

2.1 Analysis of admissions over the last 5 years would suggest that we may only need capacity for 1 to 2 people to be admitted to specialist learning disability inpatient provision in a 12-month period, rather than requiring the commissioned 7 bedded inpatient unit at Firshill Rise.

2.2 This is a significant positive improvement compared to when there were 26 people within long stay inpatient care and 12 people in secure care at the start of the Transforming Care programme in 2015, most of whom had been there for many years, and there were frequent admissions required during any 12-month period.

2.3 Some of the reasons for this improvement and changed pattern of demand includes:

- Work through the Transforming Care Programme on admissions avoidance conducted by SY ICB Sheffield Place Commissioners/Senior Nurse Lead, Local Authority Commissioners/Social Workers and clinicians working in SHSC's specialist learning disability services.
- The implementation of Dynamic Risk Registers.
- Improved coordination and oversight of patient pathways across agencies.
- Collaborative work with Sheffield Place ICB led by the Local Authority on residential care and accommodation.

2.4 It is of note that after Firshill Rise closed to admissions in May 2021, there was no increase in the need for out of city hospital placements for people with a learning disability and that when a hospital admission of an adult with a learning disability has been required, this has been more directly related to their mental health needs. People have therefore been more appropriately placed and supported on the mental health acute wards through the application of a national methodology called green-light working to improve appropriate access to mainstream mental health care when required, through additional support from specialist learning disability/autism clinicians.

2.5 SHSC have signed up to the *Green-Light Working* commitment across their acute mental health services to improve patient experience and outcomes for this population. All people with learning disability admitted on to mental health wards in SHSC receive this Green Light working approach, which involves members from the learning disability specialist team in-reaching into the ward to offer information, consultancy and/or attendance at Multi-disciplinary Team meetings (MDT) and Care and Education Treatment Review (CeTR) meetings. This approach will be further strengthened by the proposed new enhanced model.

2.6 An audit of “Safe and Wellbeing Checks” was completed in 2022, which revealed that 33% of people that were inpatients in learning disability hospitals from across all places in South Yorkshire did not require to be in an inpatient setting, and some of these had experienced considerable delayed discharge after being identified as ready to be stepped down into a less restrictive environment. Inappropriate escalation into more secure services was also identified in 13% of those individuals reviewed across South Yorkshire. The rationale for these delayed discharges and escalations was linked to the absence of psychological provision within community settings, absence of specialised services available locally, and creative options not being fully explored to support discharge to community.

2.7 A regional commissioning solution for the Assessment and Treatment beds at Firshill Rise has been formally explored over a number of years and was discounted with our South Yorkshire partners in autumn 2022, and is not therefore a viable option, as these partners have formally stated that they do not want to co-commission assessment and treatment inpatient beds for people with learning disability at Firshill. Currently, of the people funded by the other ‘places’ within SYICB with a learning disability/autism in hospital, there are 4 people in other types of provision and in locations in regional provision, and 3 people in the Midlands at more enhanced-specialist complex needs hospital provision which Firshill was not designed for, as an assessment and treatment unit only.

3. What user feedback is telling us

3.1 As reported to HSC in December 2022 and March 2023, we recognised that for a small number of people, continued and possible permanent closure of Firshill Rise represents a potentially significant change. Therefore, extensive service user engagement was carried out with our partners, Disability Sheffield and Sheffield Mencap and Gateway, over winter 2022/23.

3.2 Feedback from this engagement activity highlighted a number of concerns including:

- Increased travel for family, friends and carers to individuals placed in out of area settings.
- Oversight of out of area placements.
- Further enhancing community provision to provide more support for individuals and their families.

3.3 This feedback was explored in detail in the report presented to Health Care Scrutiny Sub Committee in March 2023, at which we sought the further views and advice of committee members, and as previously discussed with Committee, we have also sought advice through NHS England Assurance Checkpoints.

3.4 Following the engagement exercise, we have been considering the position that would best enable us to invest in improving community services and the local offer, in line with the national model, *Building the Right Support*, whilst also recognising the views and concerns of local people.

4. Proposed way forward

4.1 From collaborative work with SHSC as our provider and on jointly reviewing national and our local evidence and data, we recognise that the low level of demand now present in Sheffield means that Firshill Rise unit is no longer viable to sustain delivery of a dynamic high-quality offer, and that under-utilisation creates clinical risk, with challenges to staff to maintain clinical skills over time due to extended periods of no, or infrequent admissions.

4.2 As part of this process a series of possible emerging options have been explored further with key stakeholders. The criteria for understanding which of these options are viable would include:

- Strategic benefit – is the option in line with the national Transforming Care strategic direction?
- Delivery benefits – is the option deliverable, offering an improvement to delivery and in line with patterns of demand?
- Service user benefit – does the option address findings of the service user and carer engagement?
- Financial benefit – does it represent value for money; is it affordable?

4.3 Considering the evidence and the feedback that we have received through the engagement process so far, discussion with HSC, and NHS England Assurance Checkpoint process, we wish to progress with our intention to ensure that Sheffield has a more sustainable and enhanced community service offer to the population of learning-disabled people, their families and carers.

4.4 In order to achieve this we believe that our best approach is to more creatively use the funding that is currently allocated to the inpatient Assessment and Treatment beds that are no longer required into preventative, personalised specialist community services that match the national model in Building the Right Support. Therefore, Sheffield ICB and Sheffield Health and Social Care Trust jointly propose that:

- Firshill Rise is not reopened, as it is not an effective use of NHS money considering the reduction in need now present in Sheffield for this type of provision.
- The resources released from the closure is reinvested into community Learning Disabilities/Autism services with a focus on prevention and keeping people well in the community and further reduce the need for beds (see section 6 of this report for more on this model).
- Establishment of joint arrangements between Sheffield Place ICB and SHSC to commission an alternative hospital bed if and as required, including suitable mitigations such as family travel support and monitoring of placements.

5. Mitigation of concerns in relation to the proposed changes

5.1 We recognise the concerns raised through the engagement process and have worked with Sheffield Voices as experts by experience to understand and design appropriate mitigations to avoid or reduce the impacts identified. These mitigations include providing support to families with their travel and support needs to ensure that they can maintain contact and oversight of their family member with Clinical and Social Work staff, on the rare occasions that a person may be placed in an out of city hospital placement.

5.2 We will enhance the Clinical and Operational oversight of anyone placed in hospital out of city, which will exceed the national standards for Safe and Well Checks in terms of frequency, and with a clear defined lead role identified to lead this oversight.

5.3 We will take the proposed model to an NHS England regional independent clinical senate to ensure that we are implementing best practice. This will commence on 30th June 2023. We will continue our engagement work with experts by experience and other stakeholders through this period.

5.4 On the infrequent occasions when a specialist inpatient learning disability inpatient bed is required, we will have an identified funding mechanism/funding stream in place with SHSC as our delivery partner to ensure that should an

admission be unavoidable, that there is no financial barrier to access when required, and families will not have uncertainty that this could create.

5.5 We will remain open to any emerging commissioning trends and opportunities that may arise in the future across the SY ICB, SY Provider Collaborative has committed to a future strategic review of all inpatient bed requirements for a wider cohort of people including those with autism only.

6. Proposed future community model

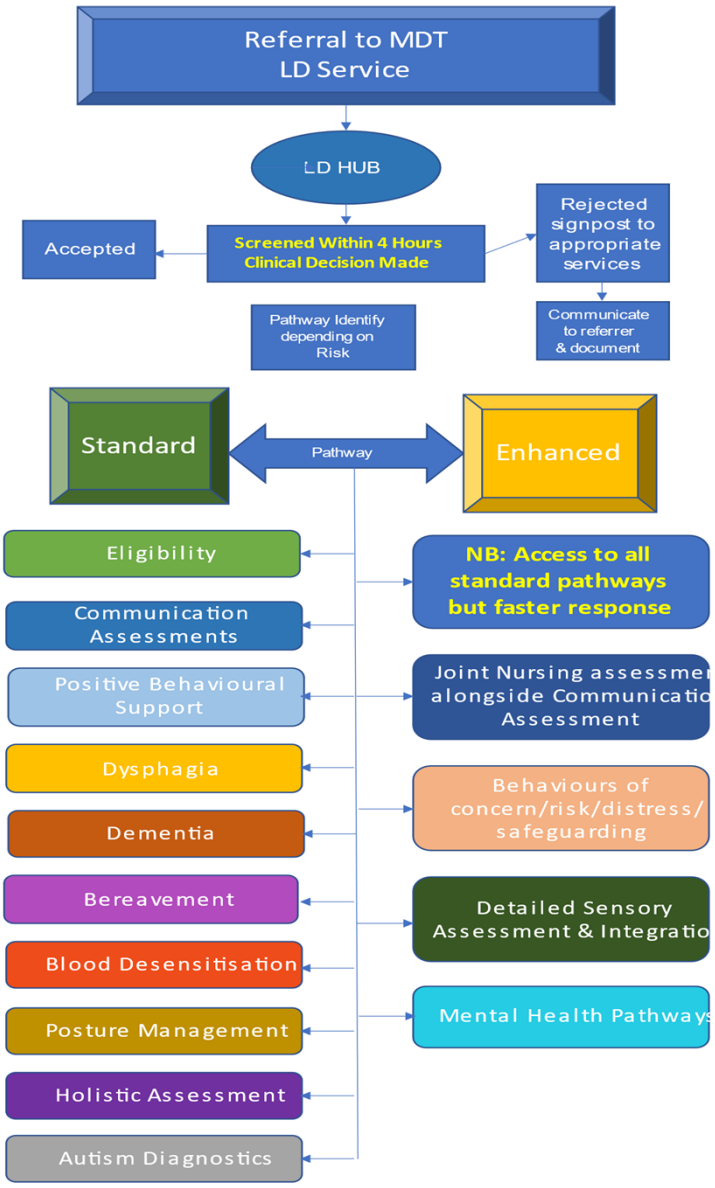
6.1 Throughout 2022 and 2023, SHSC and SYICB Sheffield place clinical and operational leads have engaged with people with learning disability, their family carers and other stakeholders to create an enhanced community model for the small cohort of people within the learning disability population with moderate to severe learning disability, alongside behaviours that are challenging to support and/or with comorbid autism/mental health/needs.

6.2 We propose that through investment into the clinical professionals within the specialist learning disability service, the new model will provide:

- A single pathway into one Community Learning Disabilities Team (CLDT), which will provide standard and enhanced interventions, determined by need
- A central point of access for all referrals into the service, with a greater emphasis on a coordinated community multidisciplinary team (MDT) approach to better assess and manage risk
- An improved MDT offer to stabilise and reset care plans/manage titration of medication through increased clinical and support staff, including nursing, speech and language therapists, occupational therapy, psychiatry, dieticians, physiotherapy, and other therapists
- Extended operating hours during the week with additional on call clinical advice and support over the weekends
- A more consistent application of the national programme to Stop Over Medication of Patients with a learning disability/autism (STOMP)
- The introduction of more evidence based and coproduced outcome measures
- Improved prevention and early intervention when a person with learning disability is experiencing a deterioration in their emotional wellbeing, mental health or behaviour that is challenging to support.
- Increased support available to families and paid carers to help to manage behaviour that is challenging to support without the need for the person to be removed to inpatient services

6.3 We are working on effective alternatives to hospital admission through the development of a short stay crisis-bed residential model with our regional partners. The service would support individuals as a de-escalation provision, to prevent breakdown of living arrangements. SHSC Learning Disability team will

have access rights into this placement and offer clinical oversight of people from Sheffield being admitted, to ensure timely return to their community.



7. Next steps

7.1 The proposal will be worked up to a full business case which will go through the relevant governance and decision-making bodies in SYICB/Sheffield Place and SHSC as the service provider, over the summer period in order to commence mobilisation of the new model as soon as possible.

7.2 HSC and NHS England have commented on the engagement undertaken as an example of good practice. NHS England advised that they feel there would be no additional materiality gained from further consultation.

7.3 Therefore, we believe that the extensive engagement to date has provided us with sufficient insight about the views and concerns of individuals who may be

impacted by these proposals, and that further consultation would provide confusion and uncertainty to individuals, as well as delay the advantages of implementing alternative provision as outlined above.

7.4 We therefore ask for the view from HSC regarding whether sufficient engagement has taken place to enact these proposals, given the engagement process that we have previously reported on and our position stated above and below.

8. Recommendations for HSC

- Note the proposed models and options for the future of these services in Sheffield.
- Provide a view on whether sufficient engagement has taken place to enact these proposals following the engagement that we have previously reported to committee.
- Receive a further update in autumn 2023 around implementation of the model.

Report to Health Scrutiny Sub-Committee

Report of:	*Yvonne Millard, Chief Nurse, Sheffield Children's Hospital Trust*
Report to:	*Health Scrutiny Sub-Committee*
Date:	*1st June, 2023*
Subject:	*Sheffield Children's Hospitals Trust Quality Account*

Purpose of Report:

To share the Quality Account with Sub Committee Members and invite comments, to feed back to the Trust by their deadline of 2nd June

Recommendations:

For members of the sub-committee to:

1. **note the content of the Quality Account**
2. **Discuss and make comments on the report, to be fed back to Sheffield Children's Hospitals Trust by the deadline of 2nd June**

Sheffield Children's NHS
NHS Foundation Trust

Quality Account 2022/23

QUALITY ACCOUNT

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About Sheffield Children's NHS Foundation Trust

Sheffield Children's NHS Foundation Trust is an integrated children and young people's NHS foundation trust. This means that we have responsibility for most areas of local child health, excluding the provision of GP services and maternity.

Our services encompass:

- **primary child healthcare** – e.g. our 0-19 team made up of health visitors and school nurses.
- **secondary healthcare** – e.g. acute medical and surgical care delivered primarily at Sheffield Children's Hospital but also therapies, medical and nursing care across our community sites.
- **tertiary child care** – e.g. neurosurgery, cancer care, critical care and critical care transport.
- **children and young peoples' mental health services** – community, day patient and inpatient mental health services.
- 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 avoid or minimise hospital stays.

We hope that you find our annual Quality Account informative.

Part 1: Statement from the Chief Executive

After two years of disruption from the Covid-19 pandemic, 2022/23 has been a year when we have looked to return, renew and refresh our services to pre-pandemic levels using the CQC's framework of safe, effective and responsive care whilst also recognising we face significant challenges including increasing acuity of patients, significant disruption from industrial dispute and the need for tighter financial management.

Highlights in the past year from a quality perspective have included:

- Starting work on our new Helipad and securing the funding for a new National Centre for Child Health Technology.
- Securing a rating of 'Good' for our inpatient wards at the Becton Centre following a CQC inspection in July 2022. At the same time, community CAMHS improved across three domains.
- Rapidly reducing our waiting lists, especially for those patients waiting longer than 78 weeks.
- Implementing a number of new quality-related IT projects including Vitals e-Observations, the Patient Information Library, Digital Whiteboards (Patient Flow) and the Connect digital handover tool project.
- Increasing our work around Super Saturdays, Health Inequalities work on 'you matter care packs' and our Was Not Brought approach.
- Specific engagement undertaken with under-represented communities (including Somali, Roma, people living with autism, Special Education Needs engagement).
- Recruitment of nearly 60 internationally trained nurses and nearing 100% nursing fill-rate.
- Ensuring all new doctors in training are given access to the Health Toolbox platform.

We also launched our new Caring Together Strategy in September 2022 and will be supplementing this with work on a new Quality Strategy due to go live in May 2023 around safe, kind and great care.

We look forward to you joining us on our journey.

Ruth Brown
Chief Executive

30 June 2023

Part 2 Priorities for Improvement and Statements of Assurance from the Board

Priorities for Improvement 2022/23

At Sheffield Children's NHS Foundation Trust, we are absolutely committed to continually improving patient safety and the quality of our care across our acute, community and mental health services. We have therefore carefully considered our quality priorities for 2022/23 by:

- Reviewing the national improvements that all NHS organisations have to make (standards and targets).
- Actively listening to issues that have been highlighted by children, young people, families and our colleagues.
- Reviewing patient and carer feedback around improvements that they would like to see.
- Reviewing the themes that have been identified through the year for quality and safety.
- Assessing our performance for quality and safety against best practice.
- Considering our strategic direction to ensure that all our priorities are aligned.

Our quality priorities for 2022/23 are therefore as follows:

Implement the Patient Safety Incident Response Framework to improve systems, processes and training for patient safety

Our reason for selecting this priority is because it introduces a significant shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the NHS patient safety strategy.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates compassionate engagement and involvement of those affected by patient safety incidents, application of a range of system-based approaches to learning from patient safety incidents, provides considered and proportionate responses to patient safety incidents and supportive oversight focused on strengthening response system functioning and improvement.

We will:

- Shape the Patient Safety Partner Model which empowers and champions the patient/family voice in contributing and being involved in 'their own care'.
- Teaming up with Care Group colleagues engaged in the PSIRF implementation stakeholder task & finish group regarding improved internal processes for involving patient/families in the mandated engagement process.
- Take significant learning from Serious Incidents (SIs) / Patient Safety Incident Investigations (PSIIs) which reveal families have felt unheard and demonstrate the safety improvements we are making to strengthen the ability for them to be heard and to feel listened to. We should also use this opportunity to add how Sheffield Children's intend to strengthen the patient/family voice by growing the Patient Story model and expanding that to ensure it pollinates care groups.
- Supports the key principles of a patient safety culture, focusing on understanding how incidents happen, rather than focusing solely on human factors which naturally facilitates the perception of the apportioning of blame.
- Ensure the NHS can focus on understanding how incidents occur, rather than apportioning blame on individuals involved, allowing for more effective learning and improvement and ultimately enabling NHS care to be safer for patients.

- Develop a Patient Safety Incident Response Plan (PSIRP) and Policy which will identify our Trust's unique patient safety incident profile and will enable the Trust to review existing safety improvement work to identify the Patient Safety Incidents/Events that will benefit most from Learning Responses and maximise the opportunities for improvement by way of other methodologies and tools.

- Ensure organisational wide learning resources are developed to more effectively share and cross pollinate care groups/specialties. These new resources will be adopted and adapted during the implementation and establishment phase (2023/24) to ensure shared learning is evidencable and sustainable.

- Support development of a Patient Safety Incident Response System that prioritises compassionate engagement and involvement of those affected by Patient Safety Incidents regardless of gender identity, race, socioeconomics, background or belief.

Reduce elective waiting times to achieve 65 weeks, whilst ensuring "well prepared" outpatients and surgical pathways

Our reason for selecting this priority is because our waiting times in both outpatient and inpatient pathways have grown during the covid-19 pandemic. We are seeking to ensure that children and young people on our waiting lists remain safe and access their treatment as soon as possible.

We will:

- Ensure no patients requiring physical healthcare are waiting over 65 weeks for their first treatment. We will do this by creating more capacity, changing our clinical pathways, and engaging with other health and social care partners.

- Actively keep our Child and Adolescent Mental Health Services waiting lists under constant review and ensure that high risk patients receive a review within two weeks of referral

- Look to enhance our Mental Health offer in terms of crisis care, provision in education settings and on attendance to hospitals across the city.

- Seek to reduce our non-Consultant waiting times (these include Physiotherapy, Occupational Therapy, Speech and Language Therapy, Psychology and Neurodiverse pathways) and support patients whilst they wait for care.

- Ensure that risk of harm is considered when prioritising patients on waiting lists. This will be done through the harm review panel, chaired by the Medical Director

- Ensure effective use of our existing capacity through ensuring families and clinicians are well prepared for their outpatient appointments and procedures

- Communicate with patients whilst they wait and engage them in preparing for their treatment

- Ensure that as a Trust we are seeking to communicate and engage patients in ways that allow us to address inequalities and that involves patient and families in their care. This will include coproduction of information and clinical advice

A focus on ensuring outstanding experience at Sheffield Children's through co-production of a vibrant involvement and engagement approach with children, young people, families, and communities.

Our reason for selecting this priority is so that:

- When everyone; regardless of race, gender, disability, poverty or any other factor, has agency to shape their experience we will be able to deliver better health outcomes

- We can be a brilliant place to work when colleagues are enabled to fully participate and are free to involve children and young people (C&YP) and families in their services
- As a Trusted organisation by C&YP, families and communities we have a strong voice to lead, advocate and influence for C &YP and work collaboratively with partners for the greater good.

What we plan to do about it

- We will foster a **learning environment** and develop the skills to engage, listen and act on voice well throughout our organisation, working with partners. This will work both at a patient facing level, developing coaching and co-decision-making skills for colleagues working with families. We will also develop more strategic level skills, including formal consideration of how we better incorporate voice into our governance structures and develop greater cultural competence & co-production skill sets in our leaders.
- We will strengthen our **infrastructure and governance** for overseeing our approach to capturing the child, young person and family voice. We will test, trial, and develop exemplar models of practice, which will then be spread more widely across the organisation.
- We will reach out to existing partner, voluntary, faith and community groups, to **work in partnership to most effectively reach out to communities that experience health inequalities** focussing on those seldom heard voices so that we are attentive to their needs and are able to improve services with a particular focus on communities that experience Health Inequalities
- We will continue to develop our **Youth Forum** to represent the diverse range of communities we serve and establish new routes to have two-way conversations around 'what matters' to children and young people.
- We will **strengthen our links with schools** to connect with a diverse range of children and young people and meet them in their own environment.
- We will **advocate** for Children and Young People working collaboratively with partners for innovative models of care to have the greatest impact.

Our Progress against our 2021/22 priorities

Last year we set ourselves the following three quality priorities:

- A focus upon care recovery on inpatient and outpatients waiting times across all our integrated services.
- Ensure the protection of colleagues, children, and young people against infectious diseases..
- Improve patient safety through the implementation of digital technology.

The next section sets out the progress we have made against these priorities.

A focus upon care recovery on inpatient and outpatients waiting times across all our integrated services.

Actions:	Progress:
• Reduce the number of patients requiring physical healthcare waiting over one year for their first treatment. We will do this by creating more capacity, changing our clinical	The Trust reduced the longest wait for physical consultant led healthcare from 104 weeks down to 78 weeks for all but a few patients. This was despite the multiple periods of Industrial Action that severely

pathways, and engaging with other health and social care partners.	hindered the number of patients that could receive care.
• Actively keep our Child and Adolescent Mental Health Services waiting lists under constant review and ensure that high risk patients receive a review within two weeks of referral	The Trust continued to offer appointments for those patients requiring rapid assessment for mental health conditions. The last four months of 2022/23 have also seen a reduction in the overall waiting times and with the significant investment secured for 2023/24 this is expected to continue.
• Look to enhance our Mental Health offer in terms of crisis care, provision in education settings and on attendance to hospitals across the city.	The Trust has expanded the crisis team offer through its Supportive Treatment and Recovery (STAR) team and continues to work with education settings to improve access to care. 2023/24 will see the introduction of the Parent and Infant Relationship Service (PAIRS) that will support patients in the peri-natal and post natal stages.
• Continually review our non-Consultant waiting lists (these include Physiotherapy, Occupational Therapy, Speech and Language Therapy, psychology and neurodiverse pathways) and to support patients whilst they wait for care.	These remain a significant focus for the organisation. Psychology waits have reduced significantly. Referrals for our neurodiverse services have increased significantly and remain a challenge for the Trust and the wider system. The Trust has committed £800k into this service to expand capacity. Speech and Language has also received a significant increase in funding that will help reduce waiting lists through 2023/24
• Ensure that risk of harm is considered when prioritising patients on waiting lists. This will be done through the harm review panel, chaired by the Medical Director	All patients awaiting a surgical procedure are harm waited and prioritised by clinical teams alongside those patients that have waited the longest . The whole process is overseen by the Medical Director.
• Work to restore our vaccination and immunisation programme to ensure that school age vaccinations paused during the pandemic are administered	As society and schools opened up, vaccination of patients has been made easier . The Trust has been successful in a tender to expand the services it is commissioned to provide
• Communicate with patients whilst they wait and engage them in preparing for their treatment	The Trust is in regular contact with patients whilst they wait through various different media. A number of our services, such as neurodiversity, have a range of materials online such as videos and information leaflets.
• Ensure that as a Trust we are seeking to communicate and engage patients in ways	The Trust reviews all of its waiting list data through a deprivation and ethnicity lens. The Trust has completed a significant amount of work on this agenda to support patients and families from

that allow us to address inequalities and that involves patient and families in their care. This will include coproduction of information and clinical advice	different backgrounds to attend their appointments etc.

Ensure the protection of colleagues, children, and young people against infectious diseases.

Actions:	Progress:
• Identify and train a team of colleagues who can deliver our colleague influenza vaccination programme as well as respond to any forthcoming JCVI recommendations for NHS staff Covid 19 booster vaccinations.	There are several colleagues across our acute and Becton site who are trained to administer influenzae and Covid-19 booster vaccinations to colleagues. In addition to our clinical colleagues there are a core team of seven vaccinators who can respond to any recommendations for NHS staff Covid-19 booster vaccinations to support the ward/dept based vaccinators.
• The team will respond to JCVI guidance on any further Covid 19 vaccinations recommended for those children and young people who are immunosuppressed or extremely clinical vulnerable or living with a family member who is immunosuppressed.	The core vaccinators have facilitated several vaccination sessions for children and young people who are immunocompromised or classed as extremely clinical vulnerable or who are living with someone who is immunosuppressed. This team can respond in a timely way if further vaccinations are recommended.
• Explore whether the Trust can support the administration of childhood vaccinations when children and young people are accessing defined areas of the Trust. The vaccination status of children and young people who attend initially for out-patient appointments and elective admissions will be verified and vaccinations which are due or outstanding will be offered. This will reduce inequalities in health by enabling children and young people to have greater access to protection.	There is currently an active working group which is tasked with looking at vaccinating children and young people under the 'Ad-hoc service specification for vaccination and immunisation'. It is proposed that initially patients attending immunology clinic will be able to access any missed vaccinations. Once the model is embedded it will be rolled out to other clinics. It is proposed that vaccination will be verified at pre-op clinics and children vaccinated as part of their pre-op appointment.

• Work as an integrated Trust with our partners across the city to increase vaccination rates by joining in engagement and involvement activities to understand barriers to vaccination and how these can be effectively addressed. This continues early work with faith and other groups to ensure that access to vaccinations is optimised where inequalities in healthcare exist.	The School Aged Immunisation Service (SAIS) team meet regularly as part of the wider regional group to review practice and explore the widening health inequalities gap, alongside the barriers to vaccination. Vaccination fatigue has been recognised nationally as a challenge and locally we are seeing the effects of this. Discussing the challenges regionally is offering the opportunity to ensure that coordinated messages are disseminated and widen the opportunities for families to receive timely vaccination. The SAIS team meet regularly with the commissioners and the local authority to explore local barriers to vaccination including pre-school booster uptake. There is an active community group within North Sheffield (locality B) including faith leaders, General Practitioners, education providers, 0-19 service, and community leaders. The groups agenda has developed from evidence and learning from the pandemic which has further exposed some of the health and wider inequalities that exist. Covid-19 has had a disproportionate impact on certain sections of the population, including those living in most deprived neighbourhoods, specifically those from Black, Asian and minority ethnic communities. The community group are working with the to increase vaccination uptake by utilising a family based approach.

Improve patient safety through the implementation of digital technology.

Actions:	Progress:

• Launch our 'Vitals' electronic observations programme across acute wards by June 2022, with training and devices provided to all clinical staff who will use the new system. This will enable point of care recording of vital signs (observations) and alert medical staff to patients who more urgently require their attention. This aligns with a national programme to standardise the recognition of the deteriorating child, known as Paediatric Early Warning Score (PEWS).	This was achieved. Vitals electronic observations solution go-live commenced with implementation on Ward 1, from 12th May 2022 (International Nurses Day). Roll-out to all other acute inpatient wards was completed by end June 2022. System design and roll-out has been overseen by a multi-disciplinary team, including dedicated lead nurse and matron roles. This support remained in place for 6 months from initial go-live to ensure the system was fully embedded. Two permanent 'Lead Nurse for Digital Technology' roles have also been recruited to subsequently.
• Replace our current patient ward whiteboards with electronic versions in a phased approach, ensuring alignment with our existing electronic bed management and clinical handover systems, in addition to Vitals. Initial scoping is for acute site inpatient areas by end September 2022, including change management support for all users, before extending coverage to theatres, the emergency department and the CAMHS services on our Becton site.	This was achieved. Although slightly delayed beyond initial target date, our Digital Whiteboards roll-out was successfully completed across all acute site inpatient wards, November to December 2022. The new Digital Whiteboards are in effect interactive touchscreens, which (when activated by appropriate user access control), provide a real-time view of bed status along with our patients' individual requirements, including dietary needs, expected date of discharge and discharge plans. The new digital whiteboards also benefit from live links with other inpatient clinical systems (including Vitals, as above) for task orchestration, observations overview and alert notification. Roll-out beyond the acute hospital site will be progressed through 2023/24, as required.
• Implement electronic prescribing and medicines administration to improve patient safety making significant reductions in human error associated with drug prescribing and administration. This will be achieved through defined system protocols and alerting. Initial wards will go-live by December 2022, with acute site roll-out to be completed across inpatient and outpatient areas by end June 2023. • Whilst the above projects are focused on acute site implementation through 2022-23, the Trust's Digital Team is actively planning	This was achieved and is ongoing. Implementation of our new Electronic Prescribing solution commenced on Ward 5 from 20th March 2022, as our chosen early adopter location. Roll-out to other acute wards is planned to continue in June to July 2023. This allows time to review and optimise the system, as well as associated clinical processes, learning from experience and user feedback from the early adopter ward. Roll-out to Outpatients will then be planned for later in 2023 calendar year, alongside consideration for extending implementation to other sites and settings (including Becton). Multi-disciplinary project resource is in place to facilitate this, which

for subsequent implementation phase(s) to extend equivalent functionality to inpatient CAMHS services at the Becton site in 2023/24. • Patients and families will be kept informed and engaged at all key implementation stages and our 'Digital Theo' branding has been adopted to support this.	includes new permanent roles in Pharmacy Department. All the implementation events described above have been supported by regular internal communications activity, including bulletins, posters, intranet content and open meetings. Patients and families have also been updated throughout the respective go-live and roll-out periods. Digital team members have maintained a presence on the relevant wards for the initial 2 weeks of each respective ward go-live, wearing identifiable 'Digital Theo' t-shirts and actively engaging with families to describe the changes, expected benefits and how this supports improved clinical outcomes. A number of video interviews have also been completed, which are now feeding into benefits realisation and lessons learned reviews.

How Performance will be Monitored, Measured and Reported

In addition to monitoring through our internal governance structures such as the Care Group Quality and Performance reviews, a report on progress against all quality account indicators will be presented regularly to the Quality Committee, with escalation by exception to 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.

Statements of Assurance from the Board

Sheffield Children's NHS Foundation Trust continued to provide relevant health services as detailed in the contracts held with NHSEI Prescribed Specialised Services, NHSEI Public Health, NHSEI Dental, NHSEI Health and Justice, NHSEI Mental Health and Sheffield CCG/ICB. The Trust also provided a number of health services which are managed through Service Level Agreements and NHS sub-contracts.

On 1 July 2022, commissioning in Sheffield and across the UK changed with Sheffield Integrated Care Board (ICB) taking on contracts managed by Sheffield CCG.

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

As of 1st October 2021, the Trust in-patient Tier 4 services for specialist mental health, learning disability & autism (LDA) services transferred from NHSE Specialised Commissioning to the South Yorkshire and Bassetlaw CAMHS Provider Collaborative. The Trust has become the Lead Provider for the Provider Collaborative.

National Clinical Audit and National Confidential Enquiry Assurance

National clinical audit is a system designed to improve patient outcomes and to ensure standardised, high quality care across the United Kingdom. The aim is to ensure the national process engages all healthcare professionals in the systematic evaluation of their clinical practice against both recognised standards and other services and seeks to support and encourage the development of actions to transform care where appropriate.

Sheffield Children's understands the importance of national reporting and the learning that can arise from these projects. The ability to benchmark ourselves against a national picture allows us to ensure that our care is the best it can be and to identify areas where we need to improve.

National Clinical Audits and National Confidential Enquiries for which the Trust was Eligible to Participate	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Transition from Child to Adult Health Services	National Child Mortality Database
National Confidential Enquiry into Patient Outcome and Death (NCEPOD): Testicular Torsion	National Joint Registry
Epilepsy 12: National Audit of Seizures and Epilepsies for Children and Young People	National Paediatric Diabetes Audit
Inflammatory Bowel Disease Audit	National Perinatal Mortality Review Tool
LeDeR – Learning from Lives and Deaths of People with a Learning Disability and Autistic People	Neurosurgical National Audit Programme
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Confidential Enquiries	Paediatric Intensive Care Audit Network (PICANet)
Maternal, Newborn and Infant Clinical Outcome Review Programme: Perinatal Mortality Surveillance	Prescribing Observatory for Mental Health (POMH): Use of Melatonin
Mental Health Clinical Outcome Review Programme: Real Time Surveillance of Patient Suicide	Royal College of Emergency Medicine Quality Improvement Programme: Pain in Children
Mental Health Clinical Outcome Review Programme: Suicide (and Homicide) by People Under Mental Health Care	National Acute Kidney Injury Audit

Mental Health Clinical Outcome Review Programme: Suicide (and Homicide) by People in Contact With Substance Misuse Services	UK Renal Registry Chronic Kidney Disease Audit
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP): Paediatric Asthma Secondary Care	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme
National Bariatric Surgery Register	Trauma Audit & Research Network (TARN)
National Cardiac Arrest Audit	UK Cystic Fibrosis Registry
Data was not submitted for the following national audit projects in 2022-2023 due to operational/workforce challenges faced by the Trust:	
Epilepsy 12: National Audit of Seizures and Epilepsies for Children and Young People	
Prescribing Observatory for Mental Health (POMH): Use of Melatonin	
Royal College of Emergency Medicine Quality Improvement Programme: Pain in Children	

National Audit and Confidential Enquiry Reviews

The following reports were received and reviewed at the Clinical Audit and Effectiveness Committee during 2022-2023:

April:

- National Paediatric Diabetes Audit (NPDA)
- National Confidential Inquiry into Suicide and Safety in Mental Health: Annual Report
- National Confidential Enquiry into Patient Outcome and Death: Review of Health Inequalities Short Report

August:

- National Diabetes Audit, 2017-2021. Adolescent and Young Adult Type 1 Diabetes
- National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP): Child and Young Person Asthma 2021 Organisational Audit

October:

- National Paediatric Diabetes Audit (NPDA): Parent and Patient Reported Experience Measures (PREMs) 2021

December:

- Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE-UK): Perinatal Mortality Surveillance Report (Jan-Dec 2020)
- National Perinatal Mortality Review Tool (PMRT): Learning from Standardised Reviews When Babies Die (Fourth Annual Report)
- National Child Mortality Database (NCMD): Sudden and Unexpected Deaths in Infancy and Childhood

Due to ongoing challenges with having subject experts present and contextualise the results of these reports at the CAEC meeting, it has been decided that teams will begin to submit a summary report rather than be

required to present. This report will give an overview of the report, the Trust results in context, and any learning that is applicable to the Trust.

Local Audit and Service Evaluations

Trust wide colleagues are encouraged to set up and run local audits and evaluations with a view to evaluate, review and improve their own services. The motivation for these local projects is generated from the shared objective to ensure that the Trust is delivering outstanding care for our patients. The local audit and evaluation programme currently features 239 projects in which data collection is ongoing or the report is being written and 70 where actions are being implemented. A further 69 have had their actions fully implemented, while an additional 60 have had their action plans abandoned. This is due to the actions no longer being relevant due to service and priority changes post-Covid. 76 projects were abandoned during data collection as they were deemed no longer relevant to the service.

Research and Innovation

The past year has been busy for Research and Innovation at the Trust. As of the end of March 2023, we had recruited 1544 patients, staff and healthy volunteers to our research.

Research is core business for the Trust and remains a strategic priority. We have been developing a new ambitious 5 year strategy for Research & Innovation at the Trust that will complement the Trust's Clinical Strategy and seek to see the Trust build its reputation as a centre of research excellence and a world leader in cutting edge innovation. Increasing our commercial portfolio will be a core theme of the strategy. We plan to deliver more early phase clinical trials, vaccine research and more studies examining the benefits of gene therapies in future. Furthermore, we aim to adopt more medical device trials for children to expand our offer of developing the world's best technology for child health. The new strategy will launch in Spring 2023.

Our clinical trial portfolio has grown rapidly in recent years. We have a sizable and varied portfolio of complex clinical trials for a specialist trust of our size. Through strategic partnerships with industry and excellence in the delivery of trials in our Trust, we are now considered a key centre for industry sponsored clinical trials across a number of specialties and currently we are supporting commercial trials in the fields of neurology, metabolic bone, rheumatology, dermatology, diabetes and endocrinology, oncology and haematology, ophthalmology, allergy and nutrition. We also run a large portfolio of non-commercial research Trust wide. In 2022/23, 341 commercial and non-commercial studies have been active at the Trust and of these the Research Delivery Team and Clinical Research Facility (CRF) have supported 56 studies on our recently refurbished CRF. This year saw us support our first overnight stays on our CRF to support patients on an early phase clinical trial requiring close monitoring and longer study visits. This was a great success and we received excellent feedback from the family about their experience of research participation at our Trust and of their stay on our CRF. We hope to support more of this work in the year ahead. Many of the clinical trials delivered on our CRF have been complex clinical trials and early-phase/experimental research, ultimately improving the health and saving the lives of the children under our care.

Working with Artfelt to Create a Clinical Research Facility Space for All

During 2022/23 we have been working with the team at Artfelt and with local Designers to create a decorative theme for our newly refurbished Clinical Research Facility. Through funds raised by The Children's Hospital Charity we are hoping to create a CRF space that offers a relaxing and enjoyable experience for all who visit it. We support children of all ages from newborns to adolescents, so we understand that the space needs to feel right for everyone who we care for. We have engaged children and families in the generation of ideas for artwork for our wall space and sought feedback on how we might support neurodiverse children to have the best experience of research when visiting us. To this end we are developing a clinical room that will be designed to support children with additional needs who need to be supported in a calming environment. We also now have a Learning Disabilities and Autism Ambassador in our Team and they have been working with families and colleagues in the Trust to develop our sensory room on the CRF.

Patient and Public Involvement and Engagement (PPIE) in Our Research

Our PPIE activity is wide ranging and wide reaching. We continue to support our researchers with engaging patients and the public in shaping their research plans. Most recently we have worked with a researcher in Radiology to deliver some PPIE conversations to help develop a study tool to determine the impacts of reduced oxygen supply to the brain on patient development. We have also created resources for recruitment to a newly

formed Patient & Public Involvement & Engagement group. We are now working with our Research Communications Officer to launch recruitment to the group on social media.

In the last few weeks, we have visited a school and engaged with children of different age groups, delivering talks about the NHS and what it is and different careers options for those who might be considering a career in healthcare. The content of the presentations was tailored to each year group to give an insight into the different roles of professionals that make up the NHS, including research roles, and the different attributes of teamwork as well as the different requirements for specific careers. In the next few weeks, we will be working alongside colleagues from the University of Sheffield to deliver similar talks to a local secondary school. We were recently invited to present at an National Institute for Health and Care Research (NIHR) 'Research for All Conference'. We spoke at the main event, giving fellow researchers from the Yorkshire and Humber region and representatives from various community groups an insight into children's health and research and how we support Patient & Public Involvement and Engagement in our work.

In addition to our ongoing participation in regional and national groups, we are designing promotional materials (posters, information sheets and social media content) that we hope will engage visitors to our Trust and those who follow the Trust on social media in our research and innovation activity. Our PPIE work has been supported financially by the Yorkshire and Humber Clinical Research Network and this support will continue through 2023/24.

Equality, Diversity and Inclusion are high on our agenda and we are looking at ways we can increase engagement in our research from those patients and families from underserved communities. We are also working with Sheffield Hallam, Nottingham Trent and Liverpool John Moore Universities on a programme called EDEPI (Equity in Doctoral Education through Partnership and Innovation) that aims to support more NHS staff from racially minoritized groups into further education and specifically PhD programmes.

Dermatology Research at Sheffield Children's

One research story highlighted 2022/23 was that of sisters Ammarah, Summayah and Ayaana. They are regular visitors to our CRF because all three are taking part in a clinical study! Ammarah, the youngest sister at seven years old, has severe atopic dermatitis which is more commonly known as eczema. This is a condition which causes the skin to become itchy, dry, cracked and sore. Along with her sisters, Ammarah is taking part in the PELISTAD trial. Run by Sanofi and Regeneron, this study is investigating the effect of the drug dupilumab on the skin barrier function for children aged 6 to 11 years old who have moderate to severe atopic dermatitis. Dupilumab has been approved to use in the UK for patients aged six and older with moderate to severe atopic dermatitis since December 2021.

Developing our Mental Health Research Portfolio

With our Clinical Strategy focussing on addressing health inequalities in Sheffield and beyond, children and young peoples' mental health is an area where there is huge potential for increasing research and innovation activity but at the moment our clinical teams are so stretched there is little time to engage with research despite the best efforts of the teams. In the last year R&I has funded 2 CAMHS nurses part-time to support research activity and slowly the team are building a small research portfolio. The nurses are currently supporting the Lucy Project for which Sheffield Children's is a participating centre. The project is supported locally by our Psychology Team and offers those aged 18 and under the opportunity to refer themselves for a drop-in psychological session as part of the research study. The project seeks to provide information, a space to talk, psychological support and treatment, and referral to other services and organisations. It has already been successfully trialled in London where patients showed reduced emotional and behavioural symptoms and experienced a better of quality of life:

https://www.sheffieldchildrens.nhs.uk/news/research-project-offers-drop-in-psychological-help/

To support further growth of research and innovation in this Care Group we worked with the Psychology team to develop a request for funding to be submitted to the Clinical Research Network for Yorkshire and The Humber (CRN). The CRN were supportive of our request and have now awarded us funding for a full-time research psychologist for 12 months to support the growth of research activity in CAMHS. Once appointed they will work with Drs Steve Jones and Rebecca Jones in the Psychology team to work up ideas for grant applications and support existing research work. This post is a first for our Trust and it is hoped that the team will be able to obtain funding to continue the post beyond the initial 12 month period.

NIHR Children and Young People MedTech Co-operative

NIHR CYP MedTech is a research programme funded by the UK National Institute for Health Research (NIHR). The programme aims to support the development of innovative medical technologies (MedTech) that can improve the health and well-being of children and young people (CYP). The program provides funding and support to academic and industry-led research projects that focus on developing and evaluating MedTech devices, diagnostics, and digital technologies that can be used to diagnose, monitor, or treat medical conditions in CYP.

NIHR CYP MedTech brings together experts from a range of disciplines, including clinical medicine, engineering, and computer science, to collaborate on the development of innovative MedTech solutions for CYP. The programme also provides training and support to researchers, clinicians, and industry partners to help them navigate the complex regulatory and ethical frameworks that surround the development and evaluation of MedTech products.

The goal of NIHR CYP MedTech is to improve the health outcomes and quality of life for children and young people through the development and adoption of new and innovative medical technologies. The programme has the potential to have a significant impact on the healthcare system by providing clinicians with new tools and technologies to improve the care and outcomes for CYP with a range of medical conditions. In January 2021, NIHR CYP MedTech welcomed a new addition to its portfolio - the Neonatal Technologies theme. This theme is spearheaded by Professor Don Sharkey at Nottingham University Hospitals NHS Trust. Its focus is on developing innovative medical technologies that can improve the health and well-being of newborns in the neonatal care setting. As a national consortium focused on advancing the development and assessment of child health technologies, NIHR CYP MedTech has been successful in leveraging £13.4 million in funding over the course of 5 years. The consortium has enabled the initiation of 176 projects, with 55% of them being in partnership with industry players. These collaborations involved 135 SMEs and 44 global companies and have led to the submission of 79 funding applications. The partnership efforts have resulted in 34 peer-reviewed publications, and 119 newsletters published, as well as the organisation of the UK's first two child health technology conferences. These conferences featured 106 speakers and 384 delegates from 27 countries. In addition NIHR CYP MedTech has given 68 conference and event presentations. Importantly, NIHR CYP MedTech is keen to develop the future workforce in this field, and has hosted 15 PhD students working in a number of different technology domains. NIHR CYP MedTech now has nearly 3,000 Twitter followers, demonstrating the interest in this field and supporting our ambition to create a global child health technology community.

The National Centre for Child Health Technology

On 2nd February 2023 we announced that we have secured full funding to build the National Centre for Child Health Technology (NCCHT), following the commitment to £6 million in funding from the South Yorkshire Mayoral Combined Authority, to add to the funding received from the Autumn Statement in 2021.The goal of the NCCHT is to improve the health outcomes and quality of life for children by developing and implementing innovative medical technologies. The centre’s research has the potential to make a significant impact on the healthcare system by providing clinicians with new technologies to improve the care and outcomes for children with a range of medical conditions.

The NCCHT will bring together experts in health, academia and industry to stimulate and accelerate innovation, attract inward investment, support sustainable change and reduce costs to the NHS. The NCCHT will be an international centre of excellence positioning the UK as a global leader in the field of child health technology. It will develop technologies to address key national strategic priorities in child health including childhood obesity, child and adolescent mental health, cancer, disabilities, long term conditions and prevention.

Over the next year, we will begin construction of the National Centre for Child Health Technology (NCCHT) with the goal of opening its doors in 2025. Our primary focus during this period will be to strengthen our partnerships with industry and academic institutions. By collaborating with experts from various fields, we aim to ensure that the NCCHT develops cutting-edge medical technologies that can effectively support the health and healthcare needs of children and young people, both in the UK and around the world.

Serious Incidents

During the financial year 2022/23, the Trust reported a total of 28 Serious Incidents. All incidents are scrutinised at the weekly patient safety meeting, with those identified as potential Serious Incidents (SI) discussed in detail at the weekly SI Triage Panel. Each investigation was subject to a full systems based root cause analysis (utilising the legacy '5 whys' methodology) to understand if the incident was avoidable and to capture any learning that could be shared with the wider organisation to enable safety improvements be implemented and measured for efficacy and sustainability.

Learning from Serious Incident reports are shared within the Care Group initially and after discussion at the Executive Risk Management Committee, shared widely across the organisation via executively sponsored monthly learning bulletins and learning workshop Q&A sessions. The Executive Team and Board are regularly updated if there is urgent learning that requires immediate actions to be implemented.

The Trust commits to produce a full report and learning response analysis at the earliest opportunity but acknowledges that occasionally this may be delayed particularly where other trusts are involved or there is a coroner's inquest pending. In circumstances where a coroner's inquest is pending, the Trust provides a report to the ICB, which may be subsequently amended to reflect the conclusion of the inquest or child death review.

Sheffield ICB monitors the timeliness of reports. The Trust Lead Investigator workforce has been impacted by a reduction in trained professional investigators within the central clinical governance function leading to unavoidable delays in achievement of the standard 60 working day serious incident report deadlines. All extension requests have been discussed and agreed with Sheffield ICB and have included relevant rationale for delays.

The Trust are preparing for the national launch of the new national Patient Safety Incident Response Framework (PSIRF) which will be implemented by 30th September 2023 and are increasing the number of professionally trained colleagues with funded time to undertake Patient Safety Investigations or Learning Responses. The Trust is monitored monthly by the ICB on its PSIRF implementation plan and its mobilisation and transition from National Reporting and Learning System (NRLS) to Learn from Patient Safety Events (LfPSE).

A total of 28 SI's were declared over 2022/23.

Once signed off by the Care Group triumvirate the Executive Directors scrutinise and sign off reports relating to Serious Incidents which are then submitted to Investigation Scrutiny Panel (ISP) for final sign off before being submitted to the external stakeholders and regulators (ICB/CQC). Following this the reports are shared with the relevant Associate and Clinical Director and Head of Nursing for learning which is cascaded at each care group quality and governance meetings (CQG) in addition to being shared with other care groups to ensure the cross pollination of learning occurs organisational wide.

Duty of Candour

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

- Requires the Trust to act in an open and honest way in relation to care and treatment provided
- Involves a representative informing and supporting patients and relatives, as soon as reasonably practicable, after becoming aware of a notifiable patient safety incident.
- Requires that we say that we are sorry for the event that caused the harm, explaining to patients and their families how the incident occurred and what now needs to be done,

- Requires that the above actions occur both in person and in writing. If the family cannot be contacted the Trust needs to keep a record of attempts made to do so.
- Requires that the Trust keeps patients and their families regularly updated if the investigation is ongoing.

Our compliance with this legislation is monitored through our Integrated Governance Report which is presented quarterly to the Quality Committee.

Of the 28 serious incident investigations undertaken in 2022/23 Duty of Candour was applicable in 23 cases. The Trust continues to keep under review its application of Duty of Candour.

Use of the Commissioning for Quality and Innovation (CQUIN) Framework

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

Details of ICB and NHS England CQUINs are given below.

CQUIN	Description	Target	Q1	Q2	Q3	Q4	Narrative
CCG1: Staff flu vaccinations	Uptake of flu vaccinations by frontline staff with patient contact.	70-90%	N/A	N/A	58%	59%	Lesson's Learnt Review of this year's programme in place to help plan for next year
CCG7: Timely communication of changes to medicines to community pharmacists via the Discharge Medicines Service	Acute trust inpatients having changes to medicines communicated with the patient's chosen community pharmacy within 48 hours following discharge, via secure electronic message.	0.5-1.5%	0%	0%	0%	0%	The EPMA is now live on the early adopter ward. DMS is being progressed in the EPMA project but not as part of the first phase
CCG6: Anaemia screening and treatment for all patients undergoing major elective surgery	Ensuring major elective blood loss surgery patients are treated in line with NICE guideline NG24.	45-60%	N/A	100%	100%	100%	Work on-going to ensure patients get a pre-op
CCG12: Biopsychosocial assessments by MH liaison services	Self-harm7 referrals receiving a biopsychosocial assessment concordant with NICE guidelines	60-80%	85%	97%	95%	94%	

CQUIN	Description	Target	Q1	Q2	Q3	Q4	Narrative
PSS4: Delivery of Cerebral Palsy Integrated Pathway assessments for cerebral palsy patients in specialised children's services	Develop networks to support referral pathways, ensuring patients receive a Cerebral Palsy Integrated Pathway (CPIP) assessment and that it is entered into the national database.	10-60%	58%	77%	80%		
PSS6: Delivery of formulation or review within six weeks of admission, as part of a dynamic assessment process for admissions within Tier 4 CYPMH settings	To maximise health outcomes for all children and young people.	50-80%	85%	67%	54%	80%	Total of 5 new admissions in Q4: 1 YP did not have a formulation recorded on the specified tab in S1. This Young person's admission was for 4 weeks.
PSS7: Supporting quality improvement in the use of restrictive practice in Tier 4 CYPMH settings	This indicator will underpin measures that will need to be put in place to implement the Mental Health Units (Use of Force) Act 2018 that will come into force at the start of 2022.	65-80%	97%	97%	98%		

Proposed CQUINS for 2023/24 are as follows:

ICB Contract

- CQUIN01: Staff Flu Vaccinations
- CQUIN06: Timely communication of changes to medicines to community pharmacists via the Discharge
- CQUIN15b: Routine outcome monitoring in CYP and community perinatal mental health services

NHSE Contract

- CQUIN11: Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery
- CQUIN16: Reducing the need for the use of restrictive practices in CYPMH inpatient settings

Registration with the Care Quality Commission

Sheffield Children's NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. The Care Quality Commission has not taken any enforcement action against the Trust during 2022/23.

The Trust received a risk based unannounced inspection of the inpatient and community CAMHS services in July 2022, which led to the publication of two reports in November 2022. As a result, the trust's rating for both services did not change.

The Trust's current overall rating, issued in July 2019, is 'good'.

Full details of the trust's registration, and copies of inspection reports can be found at https://www.cqc.org.uk/provider/RCU

Information on the Quality of Data

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

Sheffield Children's NHS Foundation Trust submitted records during 2022/23* to the secondary uses service (SUS) for inclusion in the hospital episode statistics (HES) which are included in the latest published data. The percentage of records in the published data which included:

- The patient's valid NHS number was: 99.7 per cent present for admitted patient care, 99.9 per cent for outpatient care and 99.7 per cent for accident and emergency care.
- The patient's valid general practitioner registration code was: 100 per cent correct for admitted patient care, 100 per cent for outpatient care and 100 per cent for accident and emergency care.

**as at February 2023 for admitted patient care and outpatients, as at January 2023 for accident and emergency care*

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

The Trust is committed to ensuring that it manages all the information it holds and processes in an efficient, effective and secure manner. This is achieved through the application of robust information governance

policies and procedures, in accordance with legislation, and is supported by a range of training and awareness activities.

The Trust's most recent published assessment for Data Security and Protection Toolkit confirms all 'Standards Met'. The completed assessment for the period 1 July 2022 to 30 June 2023 is not due for submission until end June 2023.

Improvements to the Quality of Data

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

- Implementing the recommendations of data quality-related audit reports
- Reconciling information from different systems to ensure data accuracy and completeness
- Continuing to improve clinical coding through improved clinical engagement
- Investigation and rectification of data quality variances identified through national benchmarking tools
- Continue to provide a forum through a monthly data quality group in which data quality issues can be discussed and addressed

Learning from deaths

During 202/23 54 of Sheffield Children's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 12 in the first quarter; 11 in the second quarter; 15 in the third quarter; 16 to date in the fourth quarter.

Quarter 1	12
Quarter 2	11
Quarter 3	15
Quarter 4	16

By the 29th March 2023, 12 joint agency response investigations, 34 hospital case reviews and three serious incident reviews (plus one ongoing serious incident review) have been carried out in relation to the deaths. All deaths are subject to a full case review as part of Child Death Overview Panel procedures. The table below confirms the grading of care for all of the deaths which have been reviewed.

Most reviews reveal elements of learning to improve care, even if the cause of death is not directly attributable to our care. Of the 2022/23 deaths where investigations are complete at the time of this report two deaths were considered to be attributable to problems in care in 2022/23.

During 2022/23 the reviews were graded using NCEPOD grading as follows:

	TOTAL
Grade 1 Good Practice. A Standard that you would accept from yourself, your trainees and your institution	28
Grade 2 Room for improvement. Aspects of clinical care that could have been better.	2
Grade 3 Room for improvement. Aspects of organisational care that could have been better.	0
Grade 4 Room for improvement. Aspects of organisational and clinical care that could have been better	4
TOTAL	34

Learning from the deaths is shared at the Child Death Review Meetings and the Trust Mortality and Morbidity Meetings. A summary of actions and what the Trust has learnt from the hospital reviews and investigations conducted in relation to the deaths are provided below:

- Where there are complex medical needs, involve the base hospital early on in the patients stay on PCCU– add to daily PCCU checklist.
- Consider a pathway where patients can be taken out of bed for cuddles with parent whilst on a ventilator when at end-of-life.
- Consider a pathway to allow withdrawal of care early in morning, for end-of-life patients to allow for quick burials when requested for religious reasons.
- Implementation of a system to easily track and identify trends in clinical investigations and response to treatment when the clinical situation is dynamic. Develop a trust wide tabulated results sheet.
- Electronic prescribing to be implemented to cover inpatient areas.
- Enable contemporaneous and chronologically accurate recording of clinical discussions, decision-making and management plans. Electronic patient records as part of the trust digital transformation plan.
- Ensure adequate detailed information is available and easily accessible for the weekend clinical team for children with complex clinical issues to enable robust clinical decision making. Embed system of written weekend plans. Adapt systems used by other clinical teams.
- Highlight complex patients at handover for consultants to consider whether an in-person consultant review is needed. Use careflow connect to flag.
- Working group set up to discuss nutrition for patients with a chronic lung disease.
- Respiratory team and Gastroenterology team to do a Service Evaluation looking at nutrition in babies with a chronic lung disease.
- Discussion in Consultant's meeting regarding monitoring & neuro protection measures in children with prolonged seizures.
- All children attending ED with abnormal observations to have observations repeated at discharge from ED.
- Importance of using the hospital record alert system highlighted.
- Provide written/electronic safety netting advice on discharge when relevant. Introduction of QR boards will allow parents/carers to access digital information.
- Long stay patients should have written records regularly scanned onto the electronic system during an inpatient stay.
- Introduction of a flow chart for automatic referral to Critical Care team for any inpatient scoring highly on PEWS, including parental/career concern as a factor.
- Establish a bedding in of new IT systems to allow training and troubleshooting before removal of existing methods.
- Bereavement pathway across Trust to be developed and include PSIRF processes.

Reporting against Core Indicators

Patients readmitted to a hospital within 30 days of being discharged. (i) 0 to 15				
	trust	*National*		
financial year	%	*Average*	*Maximum*	*Minimum*
2021/22	9.9	*12.5*	*46.9*	*3.3*
2020/21	9.9	*12.4*	*64.4*	*2.8*
2019/20	9.6	*12.6*	*56.8*	*2.1*
2018/19	9.0	*13.1*	*68.9*	*1.9*

Patients readmitted to a hospital within 30 days of being discharged. (ii) 16 or over				
	trust	*National*		
financial year	%	*Average*	*Maximum*	*Minimum*
2021/22	13.9	*12.0*	*142.0*	*2.1*
2020/21	12.5	*13*	*112.9*	*1.1*
2019/20	16.9	*11.9*	*37.5*	*1.9*
2018/19	10.4	*12.3*	*57.6*	*2.1*

C-difficile Infection per 100,000 bed days				
		National		
Financial Year	Trust Rate	Average	Maximum	Minimum
2021/22	7.8	16.2	53.6	0
2020/21	25.6	15.4	80.6	0
2019/20	12.6	13.6	64.6	0
2018/19	26.5	12.2	90.2	0

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

Data for C-difficile infection indicator is taken from the UKHSA Fingertips database. Data for 2022/2023 is not yet available.

The Trust has a very stringent approach to testing all symptomatic children aged two years old and over for *C-difficile* toxin production. Investigations are completed for cases regarded as health-care associated according to Public Health England definitions. No specific IPC concerns have been identified so far. Comparison of the infective strains of *C. difficile* in this group of patient did not highlight any concerns for cross-infection.

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

The Trust will continue to perform reviews on all Trust-associated C Difficile cases, with action plans generated if deficiencies that may have led to C. difficile infection are identified. Environmental and hand hygiene audits will continue to be performed on a monthly basis with the results now incorporated into quality reporting at a divisional and Trust level.

Patient safety incidents				
	2019/20	*2021/21*	*2021/22*	*2022/23*
Total number of patient safety incidents	4,404	4,725	5,743	5,607
Total number of patient safety incidents leading to severe harm or death	4	4	3	14
Percentage of patient safety incidents leading to severe harm or death	0.09	0.08	0.05	0.2
Rate of patient safety incidents per 1,000 bed days	107.39	118.64	178.48	TBC
Bed days	41,011	39,826	32,177	51,307

Patient safety incidents are any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare. Reporting them supports the NHS to learn from mistakes and to take action to keep patients safe.

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

The Trust has a very low number of incidents that have resulted in severe harm or death. All incidents are reviewed weekly in the Patient Safety meeting, chaired by the Chief Nurse and attended by the Executive Medical Director. This provides assurance that incidents are appropriately reported.

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

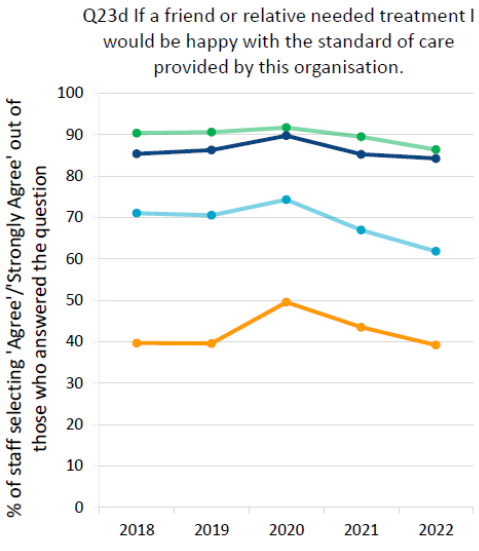
The Trust produces a monthly learning from incidents newsletter. We will continue to ensure conversations around this across all services are undertaken.

National NHS Patient Safety Strategy

In line with the National NHS Patient Safety Strategy the Trust has a Patient Safety Specialist who has been attending all of the NHS England led National Patient Safety Meetings to ensure learning from other organisations is identified and implemented as required. The Patient Safety Specialist has been proactive in starting to develop the Patient Safety Incident Response Plan ready for the national rollout of the Patient Safety Incident Response Framework, which is expected in September 2023.

Patient Safety Partners have been identified to ensure that moving forwards the Trust proactively involve patients and families in treatment pathways and outcomes of investigations. The Trust is rolling out the NHS Patient Safety Syllabus training programme.

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



	2018	2019	2020	2021	2022
Your org	85.4%	86.3%	89.8%	85.3%	84.3%
Best	90.4%	90.6%	91.8%	89.5%	86.4%
Average	71.1%	70.6%	74.3%	67.0%	61.9%
Worst	39.7%	39.6%	49.6%	43.5%	39.2%
Responses	1681	1957	1446	1555	1587

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

Sheffield Children's NHS Foundation Trust staff survey report is available on the NHS staff survey website. The data is selected from this official source. The results show a decrease from 85.3% to 84.3% however, the Trust is well above the NHS average for its comparator group of 61.9% and nationally there has been a downward trend in this result.

We have seen an upward trend in our staff telling us that care of patients is the Trust's top priority and again the Trust is above NHS average (73.5% versus Trust figure of 84.1%).

ANNEX 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

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

Consulted Agencies or Groups

Sheffield Integrated Care Board

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

Sheffield Healthwatch

The first draft report was provided to Healthwatch on xxxx. The following response was received on xxxx.

Sheffield Children's NHS Foundation Trust Parent Register

The first draft report was provided to parents of children and young people currently using our services, who have been appointed to our Parent Register. We acknowledge that it can be difficult for families to attend events and the opportunity for families to contribute 'virtually' has again been very successful this year.

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

The first draft report was provided to Sheffield City Council Healthier Communities and Adult Social Care Scrutiny and Policy and Development Committee on xxxx. The following response was received on xxxx.

Council of Governors, Sheffield Children's NHS Foundation Trust

The following response was received on date: 9th May 2023.

ANNEX 2: Statement of directors' responsibilities for the quality account

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. The omission of the NHSE/I required additional reporting should be noted as directed from 2020/2021 in the reporting guidance.

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

- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - board minutes and papers for the period April 2022 to March 2023.
  - papers relating to quality reported to the board over the period April 2022 to March 2023.
  - feedback from commissioners dated xxxx.
  - feedback from governors dated xxxx.
  - feedback from local Health watch organisations on xxxx.
  - feedback from Overview and Scrutiny Committee on xxxx.
  - latest national staff survey dated March 2023.
  - CQC inspection reports dated 16 July 2019 and 18 November 2022.
- The Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered.
- The performance information reported in the Quality Account 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with NHS Improvement's annual reporting guidance (which incorporates the Quality Accounts regulations).

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

……Date …….. Chairperson

……Date ……..…… Chief Executive

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Report to Health Scrutiny Sub-Committee

Report of:	*Jennifer Hill, Medical Director (Operations) and Angie Legge, Quality Director, STHT*
Report to:	*Health Scrutiny Sub-Committee*
Date:	*1st June, 2023*
Subject:	*Sheffield Teaching Hospitals Trust Quality Report*

Purpose of Report:

To share the Quality report with Sub Committee Members and invite comments, to feed back to the Trust by their deadline of 13th June

Recommendations:

For members of the sub-committee to:

1. **note the content of the Quality Report**
2. **Discuss and make comments on the report, to be fed back to Sheffield Teaching Hospitals Trust by the deadline of 13th June**

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Quality Report
2022/23

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PROUD TO MAKE A DIFFERENCE
SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

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Part 1

Introduction

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Chief Executive's Statement

Getting back on Track was the focus of 2022/23 but it was not without significant challenge. We continued to manage several peaks in COVID-19 cases, and we also saw the return of a more virulent flu season. We have now cared for almost 14,000 inpatients with COVID-19.

Demand for both emergency and elective care remained high and our work to catch up the backlog of paused procedures continued at pace. This work was compounded as we saw an unprecedented amount of industrial action by different professions, which had a significant impact on our delivery of planned care and required Herculean efforts by our staff to ensure we could continue to provide emergency and inpatient care.

We continued to have a robust incident command structure in place, with daily Gold, Silver and Bronze Commands for a large part of the year, so that we could plan and respond quickly to the different challenges and opportunities we were faced with. Decision making on COVID-19 was informed by our Clinical Expert Group who ensured there was constant consideration of national and local guidance and best practice.

As COVID-19 prevalence levels dropped throughout the year it was brilliant to be able to fully restore visiting to our wards and welcome our wonderful volunteers back to the many roles they fulfil across our hospitals.

We continued to lead the COVID-19 vaccination programme for South Yorkshire and Bassetlaw following the expansion of eligible cohorts and then the introduction of subsequent booster doses. Whilst we were the lead provider, the delivery of the programme has been a collective effort by the region's NHS organisations, local authorities, volunteers, and public health colleagues. As the year came to an end, we closed the mass vaccination site at Longley Lane and our staff swabbing service has also closed after delivering thousands of PCR tests for our staff and neighbouring Trusts.

Our number one priority for 2022/23 was to accelerate the recovery of our clinical activity to see and treat as many patients as we could, prioritising according to clinical need and risk. This has included increasing our capacity where possible out of normal working hours, recruiting additional staff and adopting new ways of working including more procedures being carried out as day cases which traditionally would have included an inpatient stay. We launched our Getting Back on Track programme not just to focus on the recovery of planned care but to galvanise our efforts on all the aspects of our organisation which had been impacted on by the past three years of COVID-19. Our workstreams are shown below:

In many areas our activity is back to pre-pandemic levels, but we have significant work to do to achieve some of the new national standards on waiting times and recovering our paused elective work. Previously we have had some of the best waiting times in the NHS and we want to return to that position because it is what our patients deserve from us.

We have continued to invest in new facilities and innovative models of care to support teams to deliver our ambitions including a new state of the art Elective Orthopaedic Centre at the Royal Hallamshire Hospital which opens in April 2023. This will be the home for elective lower limb, foot and ankle, shoulder and elbow and knee surgery, with emergency orthopaedic and trauma care, spinal and limb reconstruction continuing to be delivered at the Northern General Hospital. This is a major change in the way we deliver orthopaedic surgery across the Trust and should reduce the incidence of cancellations because it will be protected capacity from emergency

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demand. Patients can be admitted, have their surgery, recover, and be discharged – all from one purpose-built area.

Another innovation is the Enhanced Care Unit (ECU) which is a high dependency unit for surgical patients, who need monitoring, treatment or care greater than those on normal wards but are not expected to require critical care. Before the unit was established, many patients were admitted to the Intensive Care Unit because there was no other alternative. The introduction of the ECU has reduced the number of patient admissions to Intensive Care, improved quality of care and reduced long waits or cancellation of inpatient surgery.

It has been widely reported that there is considerable pressure on emergency care across the NHS with increased ambulance response and handover times being a concern as well as waiting times within A&E. This has made our work with Yorkshire Ambulance Service even more important. Together we have redesigned how we receive patients from ambulance crews and have further improved our joint systems to predict and communicate peaks in demand.

Providing timely emergency care has been further compounded by a poor flow of patients out of our care during this year. The number of patients who were medically fit but their discharge was delayed because of social and nursing home care waits increased to one of the highest levels we have seen for some time. The knock-on effect of this is that we had less beds available for patients waiting to be admitted from A&E and for those coming in for planned operations. We have taken several measures to manage this situation both internally and in partnership with Sheffield City Council and other care providers.

For example, we opened a new Same Day Emergency Care (SDEC) Assessment Unit to enable appropriate patients to be seen, diagnosed and treated or discharged without needing to come through A&E or be admitted on to a ward. This has provided a better patient experience and reduced some demand on pressured aspects of our emergency services.

As part of the city-wide response, additional capacity was commissioned for social care support along with more intermediate care beds. Our ward and community teams have been instrumental in reviewing how the current transfer of care processes work and along with social care colleagues have made significant improvements. Sustaining the position is difficult in the current climate but continued joint working, particularly in attracting and retaining people to work in social care, will be key to meet the demand we are experiencing.

We have also looked at how we can improve the timeliness of discharges for patients who do not need social or nursing home support. We launched the “Home in time for tea” initiative to encourage discharges earlier in the day and to empower staff and patients to ask: “what is preventing this patient from going home today?”, “what needs to be done to progress the patients care?” and “what is the barrier which needs to be removed?” To support this work, we have expanded the use of our discharge lounge and established a Domestic Services Rapid Bed Cleaning Team. The team carry out duties normally undertaken by clinical staff such as cleaning the bed and mattress, and making up the bed with clean linen as soon as the patient has left. They have also taken responsibility for updating the bed clean status on the ward whiteboards so that there is real-time information about bed availability at-a-glance. This means that patients can be transferred from A&E or Assessment Units as soon as the bed is ready. In most cases the bed is ready for the next patient within less than an hour of a patient’s discharge.

As mentioned earlier, our Getting Back on Track programme has a much wider remit than the recovery of performance and activity. Most significantly it has been the driver for the extensive improvement work we have undertaken in response to the two Care Quality Commission (CQC) Inspections we had in 2021. The CQC required significant improvements to be made following publication of its inspection report in April 2022, including in maternity services. They re-inspected in September 2022 and the findings were published in December. I am pleased to

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report that the CQC has now lifted all previous inadequate ratings at the Trust, including maternity services.

The improvements they found also meant that none of the Trust's services are now rated as inadequate across the five inspection domains – safe, effective, caring, responsive and well-led. The Trust's overall rating for the Caring and Effective domains in the inspection also both increased to Good, but there is no complacency and improvement work will continue as a priority to return all services back to a Good rating or better. Overall, the Trust is rated as Requires Improvement but with many services now rated as Good or Outstanding. The CQC team stated that throughout their inspection they saw staff treating patients with compassion and kindness and delivered care which respected people's individual needs. They felt people's observations were undertaken in a timely manner, and work had been undertaken to support staff to identify and respond to deteriorating patients. Also, that there was good multidisciplinary team communication.

The need to recruit more staff in some areas, including nursing, was a significant concern, and I am pleased to report that we have recruited over 500 new nurses since the inspection. We now have one of the lowest nurse vacancy rates for many years. Recruitment continues to be a priority as we move into 2023/24. We have launched a new fortnightly jobs bulletin which is shared by 800 community groups to local communities and has resulted in a significant increase in applications for different roles.

An improvement in care for patients with mental health conditions was another area where we had already started to make improvements internally, but also with partners across the city who also have responsibility for the care of people with mental health conditions.

Other key points the CQC raised were:

- Most services had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Staff assessed and managed the risk to patients including the risks due to deterioration in patients' physical or mental health.
- The Trust had implemented new and regular audits and reviews to ensure care met fundamental standards.
- Leaders had reviewed and improved governance systems and oversight of risk, issues and performance in frontline services.
- Staff supported and involved patients, families, and carers to understand their conditions.

Areas where further work is underway includes:

- Training more staff to ensure physical restraint of patients who require it for safety or clinical reasons can be undertaken safely and appropriately.
- Storage for medication and oxygen cylinders.
- Reducing waiting times so that patients can access services when they need them and receive care promptly.
- Further strengthening processes for identifying and reporting serious incidents and expediting investigation and learning.
- Embed the requirement that all patients who have Deprivation of Liberty Safeguards must have a recorded capacity assessment or decision recorded in their best interest.
- Improved physical health monitoring after administering rapid tranquilisation.

A concern for us and the CQC was our maternity service which was described as inadequate following the 2021 inspection. This has been a particular focus of attention throughout the year, and I am pleased to report that the service is in a very different place today compared to 18 months ago. Some of the changes include the recruitment of additional midwives, midwifery support assistants and nurses as well as overhauling our governance and risk processes. Elements of our assessment process needed further review which we have also done. In addition, we are one of the first four hospitals in England to offer the Tommy's App. The Tommy's App personalises maternity care by identifying each woman's

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chance of having a premature birth (when baby is born early) and of developing complications during pregnancy such as problems with placental function. By identifying the chance of complications early, the Tommy's App ensures that the right monitoring and care can be offered throughout pregnancy according to each woman's individual needs. Most importantly, feedback from parents and the Maternity Voices Partnership has been extremely positive in response to the changes that have been made.

We know a key driver to make further improvements will be the implementation of our new Electronic Patient Record System. Following a rigorous clinical and financial evaluation we have chosen Oracle Health as the provider for the new system. We were successful in securing national funding and preparatory work is now underway to support a go-live in October 2024.

This is one of the biggest investments by the Trust in over 20 years and it is one of the most important. Ensuring our staff have the tools they need to help them deliver safe, timely and good quality patient care is key. The EPR system is just one part of a wider transformation programme called STHConnect 2024 to change our processes and pathways so that we can get maximum patient benefit from the new integrated EPR. We will reduce the number of different IT systems currently in place to make it easier and quicker for staff to access a single, contemporaneous and accurate source of information. We also want to introduce a patient portal in future phases of the system's implementation to enable patients to access their medical records and book/manage their appointments. Another key consideration in the procurement of the new system was also the potential for the integration of other systems and interoperability with other NHS partners in the future given the increasing emphasis on system working and collaboration.

Clinical innovation

Despite the pressures we faced during the past 12 months, we have not lost sight of the importance of making time for innovation in our clinical services. There are too many to mention but a few examples include the following.

We became the first centre in South Yorkshire to deliver CAR-T cancer therapy, a revolutionary new treatment therapy that uses the patient's own genetically modified cells to find and kill cancer cells.

We were also one of the first Trusts to offer patients with Spinal Muscular Atrophy (SMA) two new novel treatments called Nusinersen and Risdiplam, which can stabilise and improve the condition which would otherwise get worse over time. The drugs work by modifying the effects of an abnormal mutation to the SMN1 gene, which is the cause of the most common form of SMA. Previously there was no treatment, and the care was focussed on symptom management. A 'one-stop shop' service model was also established by the SMA team, providing a single multi-disciplinary outpatient clinic where initial assessments and therapy can take place during the same visit, enabling disabled patients to minimise hospital visits.

We also launched a new regional service for the treatment of Thrombotic Thrombocytopenic Purpura (TTP), a rare, life-threatening blood disorder. Our Haemophilia and Thrombosis Centre is one of nine specialist regional centres and 11 participating hospitals commissioned by NHS England to provide specialist treatment for TTP.

Wherever possible we improve and re-design our services in collaboration with patients and staff and encourage patients to be in control of their care where it is safe and possible to do so. During the year we strengthened this approach by establishing a core patient group called the Patient First Group consisting of patient and carer representatives. So far, the group have provided feedback on our PROUD behaviours consultation, communication with patients, outpatient booking systems and patient discharge process. The Group provides us with valuable insights which help transform and improve services for patients by putting their experience at the core of changes.

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One improvement the Patient First Group have been instrumental in providing feedback for is the rollout of the My Pathway App which creates an electronic contact point between the patient and our services. It is personal to the user and allows them to interact with their care teams around details of their condition, care and appointments in a digitally secure environment. Appointment reminders can be sent to the patient which results in less DNAs. Last minute cancellations can be sent to other patients to fill appointment slots and remote monitoring can enable the clinician to decide whether an appointment is needed.

Another example where patient experience has been at the heart of an innovation is the CFHealthHub. This is a digital learning health system developed by researchers here at the Trust to help patients with Cystic Fibrosis monitor their condition and reduce the need for hospital admission. Now used in 60% of adult Cystic Fibrosis centres in England, the platform has helped over 1,400 patients stay fit and healthy by creating habits and a behaviour of self-care.

'Making a difference – the next chapter'

Patient, staff, and partner insight along with learning from the past 12 months and the findings of the CQC inspections has helped shape our future direction of travel which has now been set out in our new corporate strategy called 'Making a difference – the next chapter'. Our mission, vision, values, and strategic aims have remained broadly the same, but we added a sixth aim which is to create a sustainable organisation. We have developed a comprehensive Sustainability Plan that contains a wide range of carbon reduction initiatives and broader sustainability goals. Some of our activities during this year include a low temperature hot water system at the Central Campus to replace old steam-generating boilers with gas condensing boilers. We have installed solar panels at the Northern campus to generate our own electricity during the day and considerable work has taken place to reduce medical gas emissions.

In line with our new corporate strategy ambitions, we also began to look at how we could accelerate the work already undertaken on job creation, widening education opportunities, and improving population health. You can read more about this later in the report.

Caring for our staff

The past year has taken a further toll on all our staff, regardless of their role or seniority. Not only have they had to work relentlessly to deliver the care patients require, but they have had the added pressure of industrial action, which has not been easy for those who participated and those who didn't. On top of this the cost-of-living crisis has been an added burden on so many of our colleagues. All of this made our strategic aim Caring and Cared for Staff even more of a priority in 2022/23. We have spent a lot of time listening to what our staff were feeling and needed during the past year and trying to do all that we could to keep them well physically and mentally during such difficult times.

Along with many practical initiatives, I think the biggest thing we continued to do was focus on being kind to each other, encouraging a culture of recognition and understanding of the situations people were in, both professionally and personally.

We spent much of the year talking to staff about what they would like to see reflected in our PROUD behaviours framework which has been developed to support our PROUD values. The new framework sets out the behaviours which we want to see displayed to our patients, visitors and each other. Following on from the success of the staff framework, we also began working with our Patient First Group and our local communities to develop a similar framework for patients and visitors. This was launched in March 2023, and we are now raising awareness across the organisation.

Our People Strategy was due to expire in 2022 and so we took the opportunity to ask colleagues across the Trust what they felt was important to them to include in our new People strategy which will be launched in April 2023. We also scrutinised the comments and data from the staff

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survey, pulse surveys and other insights gained throughout the past 12 months.

The NHS Staff Survey has gone through significant changes since 2020 and in 2022/23 there was a theme for each of the seven elements of the NHS People Promise. We scored above average for Acute/ Combined Acute Trusts for one theme: Morale, and average for five themes:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice that counts
- We are safe and healthy
- We are always learning.

We were slightly below average in:

- We work flexibly
- We are a team
- Staff engagement

These will be areas for improvement next year.

We were very pleased that despite it being another very challenging year with more patients than ever receiving treatment, the number of staff recommending STH as a place to work (62%) and for treatment (76%) both remains above average for Acute/Combined Acute Trusts.

However, we were disappointed that the overall percentage of staff who said they would recommend us as a place to work or receive care had dropped. We are determined to address the reasons why our staff felt this way by understanding the factors which are influencing their frustrations or concerns. One major thing we know impacts our staff every day is the inefficiency of our electronic patient record system.

We have already committed to changing this by procuring a new system which our staff will influence in terms of the design and functionality. Our new People strategy is called – A Brilliant Place to Work and will be launched in April 2023. It is aligned with the themes of the NHS People promise and focuses on three key areas of Attract, Grow and Retain.

With the support of our Staff Network groups and Equality, Diversity and Inclusion (EDI) Board members we continued to implement the improvements outlined in our new EDI strategy.

We were delighted to be given a Stonewall Gold Award for our commitment to inclusion of lesbian, gay, bi, trans and queer (LGBTQ+) people in the workplace. We want everyone to have a voice, to feel they belong and to be equally valued and important – valued staff are happier staff and that contributes to providing the best care for our patients.

Since its launch in June 2021, several colleagues have benefited from participating in our Reciprocal Mentoring Programme. The programme matches senior leaders from across all areas of the Trust and members of the Staff Network Groups. Leaders gain an insight into the lived experiences of our Staff Network Group members, who in return are coached and supported in terms of their personal and career aspirations. We also launched our first Race Equality Charter during the year.

This year, we have been working with our charity to create more outside spaces and calm rooms to provide somewhere away from the hustle and bustle for staff to take a break, clear their minds and reflect. Our new Secret Garden at the Northern General opens in 2023 and plans are underway for something similar at the Central Campus.

Investment in facilities

During 2022/23 we continued to invest in facilities and equipment to support the efficient delivery of patient care and ensure staff had the tools and environment they needed to deliver that care. In addition to a significant financial investment in the new Electronic Patient Record system and Orthopaedic Centre mentioned earlier in this report here are a few examples of where else we spent capital.

Our Urology outpatient department became the first in South Yorkshire to install a new Lithotripter machine to deliver shock wave lithotripsy which is a faster, non-invasive treatment for kidney stones.

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It is carried out as a day case procedure and takes less than half an hour. We provide the treatment for patients from Doncaster, Rotherham and Chesterfield as well as Sheffield.

We have also become the first in the world to install the latest Elekta Esprit Gamma Knife, a machine used to treat brain tumours and other brain conditions. The Trust is home to the National Centre for Stereotactic Radiosurgery.

We also created a new Fracture Clinic and carried out improvements on Jessop Wing Theatres, B Road at the Hallamshire Hospital and our CCTV system.

Partnership working

Prior to the global pandemic, demand for NHS services was increasing rapidly due to a growing and aging population requiring increasingly complex care. This exacerbated long standing pressures facing the NHS. To meet these challenges, the health and care system is transforming. A major part of this transformation was the Health and Care Act, which signalled the establishment of Integrated Care Systems (ICSs). Integrated Care Systems bring together NHS organisations with local authorities and wider system partners to collectively plan to meet population needs, deliver better integrated care and tackle health inequalities.

The national shift away from an internal market and towards greater integration has been reflected in the evolution of the South Yorkshire and Bassetlaw Integrated Care System (NHS South Yorkshire) in July 2022.

An important aspect of the establishment of the ICS is the development of Provider Collaboratives with other trusts in one or more ICS. There are also place-based partnerships that involve the NHS, councils, voluntary organisations, residents and service users, working together to design and deliver integrated services in a specific, geographical area. This presents exciting opportunities to collaborate and integrate where appropriate. We have learnt how to successfully integrate and transform services across community and acute interfaces over many years.

We have also learnt how to provide services locally at scale across a broad geography in partnership with other local trusts. We can see that further opportunities also exist to build a resilient network of health and social care for the people we serve, and our existing and emerging partnerships will bring these to fruition. One example is the development of the South Yorkshire and Bassetlaw Pathology network which we will host and are currently designing with our partner NHS Trusts.

The Sheffield Health and Care Partnership has continued to develop from the early work of the Accountable Care Partnership. A health and care vision has been developed for 2030 that focuses on integration of care across services within the city; the need to reduce and remove inequalities; and to ensure we involve those people and communities that use the services we collectively provide.

We are also a partner in the South Yorkshire and Bassetlaw Acute Federation which is a collaboration of the Acute Trusts across South Yorkshire and Bassetlaw. Our aim is that, by working more effectively together, we can improve clinical standards and the care outcomes for our patients, as well as making our organisations better places to work. During the year the Acute Federation has undergone a period of significant development with closer integrated working across the partners to support each other to recover from the COVID-19 pandemic and continue to develop new ways of collaborative working for the future.

It is important that we are involved in these partnerships because as an anchor institution, we need to influence positively the wider social determinants of health for example by:

- tackling the climate emergency
- providing access to good quality education and employment
- making a positive impact on our economy
- taking action on prevention and healthier lifestyles.

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These complex issues require collective action both internally and externally, working in partnership to deliver a clear place-based strategy and aligning discrete interventions so that we are greater than the sum of our parts.

Strong relationships with the city's universities, NHS partners, voluntary organisations and business community have also given us an opportunity to consider how together we can tackle the wider implications of the pandemic's impact on our region.

Research and innovation

With COVID-19 research no longer a national urgent public health priority, we began to refocus on delivering research and innovation that seeks to improve the patients' outcomes across a wide range of disease areas.

We continued to work in partnership with the city's universities to pioneer international and national research, leading the way with a world-first trial which is comparing the use of stem cell transplant against the latest, most highly effective disease modifying therapies in patients with 'aggressive' multiple sclerosis. The ground-breaking StarMS trial could see stem cell transplant offered as a first-line therapy to patients with the relapsing-remitting form of the disease, instead of only when other treatments have failed.

The excellent collaborative partnerships between our clinicians and the city's academics and scientists were signified by a £12 million funding boost from the National Institute for Health and Care Research (NIHR) for the Sheffield Biomedical Research Centre (BRC). Nearly 3,000 patients with devastating neurological conditions have accessed novel, innovative treatments since the BRC was first established in 2017. The new funding will allow scientists and clinicians to expand the Centre's pioneering research portfolio into areas such as infection, immune disorders and cardiovascular diseases in addition to neurology research.

An important paper published in the New England Journal of Medicine, the world's leading medical journal, also highlighted Sheffield's game-changing work, with researchers showing that the experimental tofersen drug was able to slow and even reverse some of the physical decline caused by motor neurone disease in patients with the faulty SOD1 gene after 12 months. Although only 2% of patients with the muscle-wasting condition develop this gene, the international research findings – in which Sheffield played a leading role – were described as a "real moment of hope" for patients with the disease.

The vital role our clinical research facilities have in bringing cutting-edge research to the region was further bolstered by a £7.9 million investment in the NIHR Sheffield Clinical Research Facility. The multi-million funding will allow the facility to continue to support the development and testing of new treatments for diseases, many of which currently have no cure.

As a highly research active Trust, we provided thousands of patients with the opportunity to take part in meaningful health and care research. One example was the development of a new at-home test which uses saliva rather than blood to provide a simpler, quicker way to diagnose adrenal insufficiency – a common disorder caused by the lack of the body's main stress hormone, cortisol. The breakthrough test was found to have a high degree of accuracy, made the patient journey easier, and could change future clinical practice.

Another trial investigating the effectiveness of three treatments in relieving pain in patients who suffer with diabetic neuropathy (nerve damage), one of the most miserable complications of the disease, showed that despite huge variations in cost and availability of each medication, all treatments provided similar and significant pain reduction for patients with diabetic neuropathy. The key findings have the potential to influence future treatment guidelines for diabetic neuropathy – which develops in around 50% of patients with diabetes – in both the UK and across the world.

The breadth and diversity of our research was reflected by the innovative Nurse, Midwifery and

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Allied Health Professional Research Internship Programme. This has led to the development of four novel research projects including a study looking at why certain ethnic groups are less likely to be treated for lung cancer in the region. This success has seen the programme extend to 12 current Internships.

Another project that is innovative in its scope, scale and focus is the Equity in Doctoral Education through Partnership and Innovation (EDEPI) programme. The four-year programme, which we are delivering in partnership with Sheffield Hallam University, aims to increase participation of Black, Asian and Minority Ethnic groups in postgraduate research.

We also became actively involved in the Healthcare Entrepreneur Exchange Programme (HEEP). This pioneering international competition fosters collaborations between the NHS organisations participating and the Catalan Health Institute of Spain, which is one of the leading hospitals in Europe.

With the global effort to develop COVID-19 vaccines behind us, we were able to restart work on developing our new research and innovation strategy. The new strategy aims to set out how we plan to work with our partners to support innovative, high-quality research that seeks to benefit patients, our population, the workforce and the economy and better meet the needs of the public we serve, and we have held workshops with patients and our key partners to ensure patients and the priorities of our organisation remain at its heart.

Other key research undertaken this year included a new study aimed at understanding why surgery is not considered sooner for many people living with ileocaecal Crohn's – one of the most common forms of Crohn's disease, a lifelong inflammatory gut condition. Researchers also led the way with the development of a pioneering artificial intelligence (AI) tool which can analyse vital diagnostic measurements from MRI heart scans within seconds, speeding up diagnosis and improving future heart disease care. The team are now aiming to make the AI tool more widely available on the NHS thanks to a Medipex NHS Innovation Award win. AI research has been identified nationally as "vital for the UK's international influence as a global superpower".

COVID-19 research also remained a key strand of our research activity, with our researchers continuing to input into flagship national studies and winning the Warwick Turner Lecture Prize for the Yorkshire region for scientific work modelling transmission chains of the SARS-CoV2 virus.

Conclusion

As we move into 2023/24, our overriding priority will continue to be to deliver safe, high-quality care for all our patients and provide a brilliant place to work for our staff.

I am in no doubt that this next phase of resetting our services and continued focus on providing high quality, safe services for all our patients will be met with the same determination, creativity and pride that drove the improvements delivered last year. The following pages give further details about our progress against previous objectives and outline our key priorities for the coming year. To the best of my knowledge the information contained in this quality report is accurate.

Kirsten Major
Chief Executive

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Introduction from the Medical Director

Quality Reports enable NHS Foundation Trusts to be held to account by the public, as well as providing useful information for current and future patients. This Quality Report is an attempt to convey an honest, open and accurate assessment of the quality of care patients received during 2022/23 at Sheffield Teaching Hospitals NHS Foundation Trust.

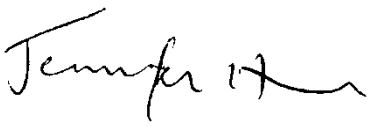
Whilst it is impossible here to include information about every service the Trust provides, it is, nevertheless, our hope that the report goes some way to reassure our patients and the public of our commitment to deliver safe, effective and high quality care.

The Quality Report Steering Group, which reports to the Quality Committee and incorporates stakeholder membership including staff, Governors, Healthwatch Sheffield and voluntary and community sector representation, oversees the selection of the Trust's quality improvement priorities.

As a Trust, we have considered carefully which quality improvement priorities we should adopt for 2023/24. As with previous Quality Reports, the quality improvement priorities have been developed in collaboration with Governors and with representatives from NHS Sheffield Integrated Care Board and Healthwatch Sheffield.

In developing this year's Quality Report, we have considered the comments and opinions of internal and external parties on the 2021/22 Report. The proposed quality improvement priorities for 2023/24 were agreed in May 2023 by the Quality Committee, on behalf of the Board of Directors. The final draft of the Quality Report was sent to external partner organisations for comments in May 2023, in readiness for the publishing deadline of 30 June 2023.

In response to the publication of the CQC Inspection Report in December 2022, the Trust developed a high-level action plan covering all 'must do' requirements and 'should do' recommendations. The approved high-level action plan was submitted to CQC on 26 January 2023 with a number of improvements now embedded with other improvements continuing to progress and will remain a priority during 2023/24. The implementation of the actions will be overseen by the Trust Executive Group and the Quality Committee.



Dr Jennifer Hill
Medical Director (Operations)

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Part 2

Priorities for Improvement

This section describes progress against the priorities for improvement during 2022/23 and outlines the priorities for 2023/24, along with an explanation of the process for their selection.

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2.1 Priorities for Improvement 2022/23

Safety

Priority 1: Improve the identification, escalation and response to deteriorating patients

Background

There had been several serious incidents relating to the recognition of and response to patient deterioration, and this was raised as a concern in the CQC inspection report published April 2022. In addition, this objective supported the CQUINs CCG3: recording of NEWS2 score, escalation time and response time for unplanned critical care admissions.

Objective breakdown

The purpose of this objective was to improve the identification and timeliness of response to deteriorating patients and would include the following:

- Audit compliance with NEWS2 to identify a baseline on six wards with highest numbers of deteriorating patients.
- Introduce a deteriorating patient bleep holder on all inpatient wards and audit compliance. Address any barriers to deteriorating patient bleep holders identified.
- Test and introduce an e-whiteboard alert for escalation of patient deterioration and audit use.
- Audit inclusion of deteriorating patients in ward safety huddles.
- Audit time from escalation to response and identify areas requiring further education and input.

Achievements against objective

- Deteriorating patient bleep visible on eWhiteboard in inpatient areas.
- e-Whiteboard alert pilot operational.
- Safety huddles include deteriorating patient check and challenge.
- Deteriorating patient screening tool revised and in practice.
- Deteriorating patient study day relaunched in key areas.

This was a one-year objective, and the objective aims are complete. Deteriorating Patients is a key workstream for the Trust with oversight by the Deteriorating Patient Group.

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Patient Experience

Priority 2: To improve care delivered in last days of life and the documentation of this care

Background

National guidance relating to End of Life Care (EoLC) promotes personalised care planning as the gold standard. CQC inspection reports and the Trust's 'National Audit of Care at the End of Life' results (2018-2021) identified an ongoing need to improve the delivery and documentation of personalised EoLC for our patients and those important to them. Staff feedback also highlighted their need for a document to provide prompts to aid them in the delivery of care at the end of life.

In response to this, a 'Caring for Dying Patients: Personalised Plan of Care' document and digital nursing care plans were developed to ensure that patients who are in their last days of life have a documented personalised plan which establishes and addresses their individual needs, wishes, and priorities for their EoLC.

Objective breakdown

The purpose of this objective was to improve documentation of care delivered in last days of life and to improve escalation and advance care planning through the implementation of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) and would include the following:

- Engagement for the second phase roll-out of the 'Caring for Dying Patients: Personalised Plan of Care' for last days of life across the Trust.
- Engagement with the city-wide ReSPECT Project Group with regards to roll out of ReSPECT at the Trust.

Achievements against objective

- Caring for Dying Patients: Personalised Plan of Care' (CfDP:PPC) document rolled out Trust-wide ahead of schedule:
  - Comprehensive and well-executed staff awareness and engagement plan.
  - Audit of phase 1 of the roll-out (9 inpatient wards):
    - using CfDP:PPC led to improvement in all EoLC standards, except for daily review of the patient's nutrition which remained static.
    - to address this: CfDP:PPC was updated with additional prompts and a key points video on 'nutrition and hydration' developed.
- E-whiteboard icon used to identify dying patients rolled-out February 2023.
- Staff training:
  - ReSPECT PALMS training live across the Trust Level for all staff.
  - ReSPECT Training Standard Operating Procedure (SOP) for Advanced Care Practitioners (ACP), Clinical Nurse Specialists (CNS) and Allied Health Professionals (AHP).
  - Targeted engagement for ReSPECT with Clinical Directors and Consultant groups.
  - ReSPECT community of practice and Intranet page in development.
- Patient leaflets and ReSPECT plan in place.
- Co-ordinated place-based communications for public/patient ahead of launch.

This was the second year of a two-year objective, and the objective aims are complete. On-going work to ensure this is fully embedded is being overseen by End of Life Care Steering Group.

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Patient Experience

Priority 3: To Improve the care of patients with Learning Disabilities

Background

A Coroner's Regulation 28 notice identified issues in relation to learning disability (LD) patients and in particular use of the Health Passport to support care.

A national learning disability survey suggested that the Trust was performing below average in relation to communication and personalised care for LD patients.

A recent audit highlighted communication as an issue during visiting restrictions and the need to raise awareness of the Health Passport.

Objective breakdown

The purpose of this objective was to review LD patients waiting for care to ensure equality of access and improve use of the Health Passport across the Trust and would include the following:

- An audit of the use of the Health Passport to identify what areas need focus. Development of improvement actions to embed use of the Health Passport.
- Assess the quality of data on LD for patients on the waiting list. Identify areas where pathway improvement is required and agree an action plan.
- Develop and roll out training material to support data collection of LD flag.

Achievements against objective

- Confirmation that waiting times have not compromised timeliness and quality of care for patients with LD compared to those without LD. Data quality issues were giving the impression of long waits. Treatments had commenced but pathways had not been closed correctly.
- Full understanding of current data collection processes to facilitate further development.
- An initial 208 members of staff received training on 'The Health Passport'. This has included other important information such as providing reasonable adjustment and the LeDeR process. This training has evaluated well.

This was a one-year objective. LD and autism are a key workstream for the Trust with oversight by the Mental Health Steering Group.

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Effectiveness

Priority 4: To improve individualised care of patients with dementia

Background

At any one time, one in four hospital beds are occupied by people living with dementia. Hospital admission can trigger distress, confusion and delirium for someone with dementia. The National Audit of Dementia also identified areas for improvement.

Objective breakdown

The purpose of this objective was to improve staff training on Dementia care and embed cognitive assessment on admission. The objective also aimed to enhance dementia/cognitive care planning and would include the following:

- Development of training materials and launch of training plan. Monitor and performance manage training compliance.
- Develop and launch a new care plan. Monitor and performance manage care plan completion.
- Scope which directorates are completing cognitive assessments on Lorenzo and which on paper. Engage with directorates as to preferred format of assessment.

Achievements against objective

- Job Specific Essential Training agreed and launched.
- Care Plan piloted.
- Bespoke training sessions delivered to over 500 members of staff, plus induction training for an additional 225 internationally educated nursing staff.
- Over 200 one-to-one stimulation sessions completed, delivering >650hrs of contact time to patients with dementia.
- Dementia Champion Network expanded.
- Estates ensuring all works are in line with dementia friendly environment guidelines.
- Resource library created available for all staff to access to support them in caring for patients with dementia.
- Involvement in Round 5 of National Audit of Dementia.

This is a two-year objective and will continue in 2023/24.

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2.2 Priorities for Improvement 2023/24

This section describes the Quality Improvement Priorities that have been adopted for 2023/24.

To ensure the Trust is constantly improving the quality of care and the patient experience, new Quality Objectives are selected each year.

Our 2023/24 Quality Objectives have been selected after consideration of data from audit, incidents, complaints and other patient feedback, and consideration of areas likely to have a significant impact on the quality of care delivered to our patients.

Following discussion on 22 March 2023 at the Trust's Quality Report Steering Group, chaired by the Medical Director (Operations) with membership including the Chief Nurse, Trust governors, senior managers, Sheffield Healthwatch and voluntary sector representation (Sheffield Churches Council for Community Care), three Quality Objectives were agreed. These Quality Objectives were approved by the Quality Committee, on behalf of the Board of Directors, in May 2023.

2023/24 Objectives

The objectives for 2023/24 span the 'Patient Experience', 'Safety' and 'Effectiveness' domains within the Trust's Quality Strategy. These are as follows:

Patient Experience

Improve the quality of Accessible information for patients

Objective breakdown:

- Identify if we can capture and better use patient information within the current EPR to improve the patient's journey and experience regarding accessibility of information, including interpreting.
- Ensure that there is a clear specification for the new Cerner EPR to support compliance with the Accessible Information Standard.
- Raise awareness of the Accessible Information Standard and ensure all staff understand their roles and responsibilities regarding meeting people's needs under the Accessible Information Standard, including access to interpreting services.
- Implement the Accessible Information Standard Policy across the Trust.
- Complete a stock-take of processes currently in place to support accessible information including access to interpreting and translation services and where required establish targeted communication methods based on patient profile.
- Develop regular reporting of key metrics including activity regarding interpreter and translation usage.
- EDI Dashboard established and in use to understand the patient profile within specific service areas.

Objective output/metrics:

- Increased patient satisfaction with the accessibility of information including interpreter services.
- Reduced patient/carers complaints, claims, serious incidents related to access to our services/provision of information/access to interpreters.
- Staff compliance with training.
- Increase in amount and quality of data captured for patients in relation to their needs (which is subsequently used to positively influence their care).
- Interpreting and translation service activity data sourced, reported on and monitored.

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Safety

Improve the management of medicines to ensure patient safety.

Objective breakdown:

- Audit medicine storage across inpatient areas within the Trust, including fridge temperatures, and implement an improvement programme.

Objective output/metrics:

- After 2 years 95% or higher compliance with all aspects of the Medicines Management checklist completed over last quarter.
- Embedded daily fridge monitoring compliance at 95% or higher.
- Embedded daily ambient temperature monitoring compliance at 95% or higher.

Effectiveness

Improve individualised care of patients with dementia (Year 2)

Objective breakdown:

- To improve staff training on Dementia care.
- To enhance dementia/cognitive care planning.
- To embed cognitive assessment on admission.

Objective output/metrics:

- JSET compliance over 90%.
- Care plan in use on all patients.
- Cognitive assessment complete in over 90% patients over the age of 60.

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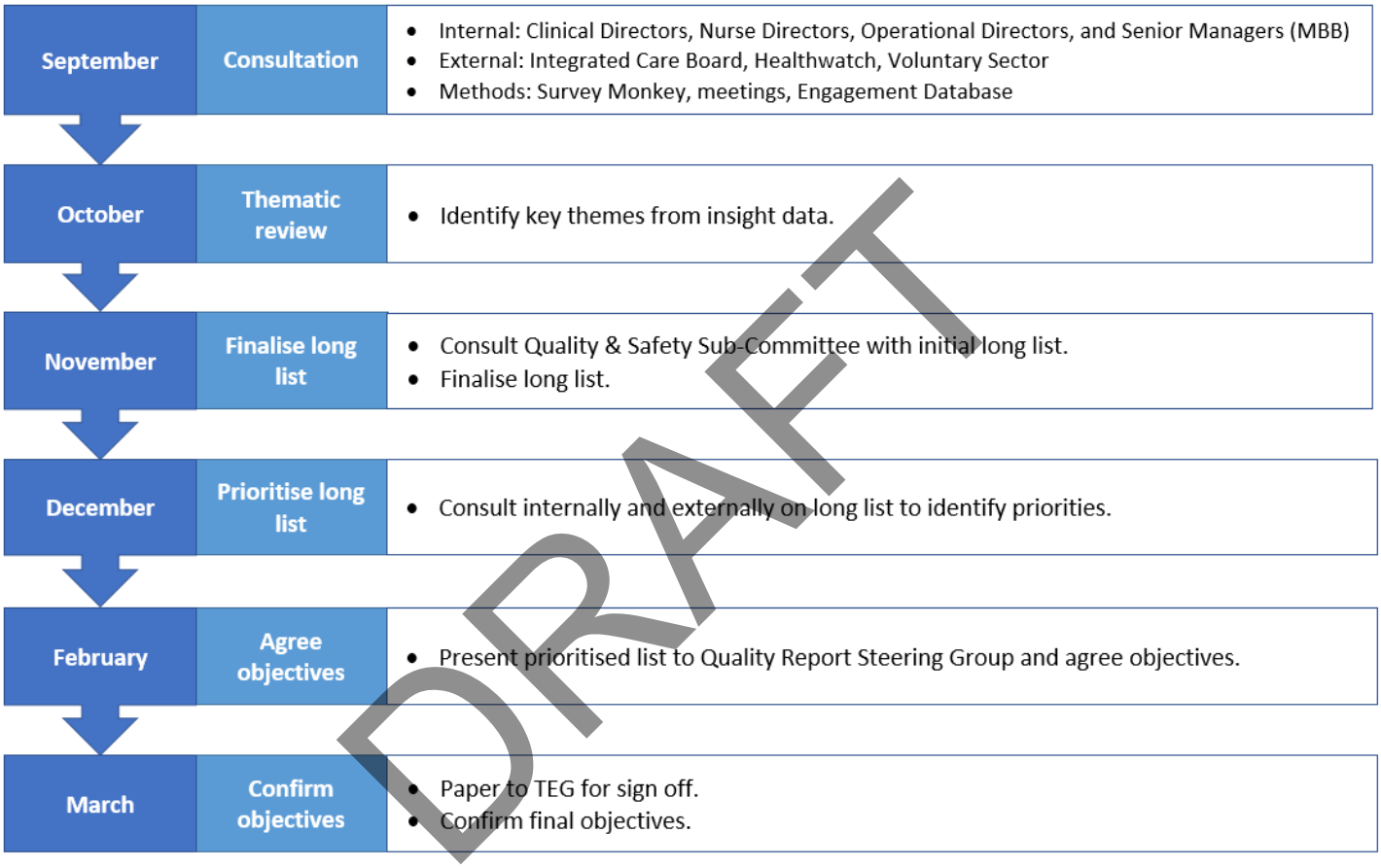
2.3 Quality Objective Selection Process

As outlined above, the 2023/24 Quality Objectives were selected from a long list of themes identified through audit data, incidents, complaints, patient feedback and consideration of areas likely to have a significant impact on the quality of care delivered to our patients. The final three Quality Objectives were agreed following discussion at the Trust's Quality Report Steering Group on 22 March 2023 and were approved by the Quality Committee, on behalf of the Board of Directors, in May 2023.

For 2024/25, a more robust process has been agreed, commencing earlier in the year and allowing greater time for consideration. This new process is presented below:



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2.4 Statements of assurance from the Board

This section contains formal statements for the following services delivered by Sheffield Teaching Hospitals NHS Foundation Trust:

a. *Services provided*
b. *Clinical audit*
c. *Clinical research and innovation*
d. *Commissioning for Quality Improvement (CQUIN) Framework*
e. *Care Quality Commission*
f. *Data quality*
g. *Patient safety alerts*
h. *Staff survey*
i. *Equality, Diversity and Inclusion*
j. *Annual patient surveys*
k. *Complaints*
l. *Delivering same-sex accommodation*
m. *Coroners' regulation 28 (Prevention of future death) reports*
n. *Never events*
o. *Duty of candour*
p. *Safeguarding*
q. *Seven-day service*
r. *Learning from deaths*
s. *Staff who speak up*
t. *Rota gaps*

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a. Services provided

During 2022/23 Sheffield Teaching Hospitals NHS Foundation Trust were commissioned to provide 83 NHSE specialised service specifications, routine elective services, maternity and emergency/non-elective services. Routine elective services continued to be impacted because of reduced elective capacity and staffing shortages because of COVID-19. The focus for routine elective activity was to ensure the delivery of Priority 1 or 2 cases and to address long waiting patients with a particular focus on treating all patients who would have waited 78 weeks or more by the end of March 2023.

The funding of the relevant health services was on a block, based on costs incurred.

The data reviewed in Part (3) covers the three dimensions of quality - patient safety, clinical effectiveness and patient experience.

b. Clinical audit

During 2022/2023, 62 national clinical audits and confidential enquiries covered relevant health services that Sheffield Teaching Hospitals NHS Foundation Trust provides.

During that period Sheffield Teaching Hospitals NHS Foundation Trust participated in 59 national clinical audits and confidential enquiries which it was eligible to participate in. The national clinical audits that Sheffield Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2022/23 and those that it did participate in are documented in the table below.

The national clinical audits that Sheffield Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2022/23, are listed below.

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Figure 1: Audit and confidential enquiries

Audits and confidential enquires	Participation N/A = Not applicable	% cases submitted
Acute care		
Breast and Cosmetic Implant Registry	Yes	75%
Case Mix Programme (CMP)	Yes	100%*
The Trauma Audit & Research Network (TARN)	Yes	100%
National Emergency Laparotomy Audit (NELA)	Yes	77%
National Joint Registry (NJR)	Yes	102.4%
Note: Percentage of cases submitted to the NJR compared to HES/PEDW. The HES/PEDW data is based on figures received up to fiscal Q4 2021. The benchmark figure is 95%. Compliance with HES will sometimes appear lower when cases are sent from Trusts to the private sector and HES records the activity as being in the Trust. Compliance may be greater than 100% due to the timing of submission of data into the NJR and HES/PEDW. However, if results are consistently much greater than 100%, it suggests that the coding may need reviewing.		
Neurosurgical National Audit Programme	Yes	100%
National Vascular Registry		
National Carotid Interventions	Yes	97%
Abdominal Aortic Aneurysm	Yes	90%
Peripheral Vascular Surgery - Lower limb angioplasty/stenting	Yes	23%
Peripheral Vascular Surgery - Lower limb bypass	Yes	72%
Peripheral Vascular Surgery - Lower limb amputation	Yes	66%
National Acute Kidney Injury Audit	Yes	100%
Chronic Kidney Disease Audit/ The Renal Association/The UK Renal Registry	Yes	100%*
Sentinel Stroke National Audit programme (SSNAP)	Yes	90%+
RCEM Emergency Medicine (QIPS):		
Infection Control	Yes	Did Not Participate
Consultant Sign Off	Yes	47.7%
Pain in Children	NA	
Blood and transplant - National Comparative Audit of Blood Transfusion programme:		
Serious Hazards of Transfusion Scheme (SHOT)	Yes	100%
Cancer		
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	100%
National Gastro-intestinal Cancer Programme:		
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	100%
National Bowel Cancer Audit (NBOCA)	Yes	100%
National Lung Cancer Audit (NLCA)	Yes	100%
National Prostate Cancer Audit (NPCA)	Yes	100%
Heart		
National Cardiac Arrest Audit (NCAA)	Yes	100%*
National Cardiac Audit Programme:		
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Yes	100%*
National Adult Cardiac Surgery Audit	Yes	100%*
Myocardial Ischaemia National Audit Project (MINAP)	Yes	100%*
National Audit of Cardiac Rhythm Management Devices and Ablation	Yes	100%*
National Congenital Heart Disease Audit (NCHDA)	NA	
National Heart Failure Audit	Yes	100%*

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Audits and confidential enquires	Participation N/A = Not applicable	% cases submitted
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	NA	
National Audit of Cardiovascular Disease Prevention	NA	
National Audit of Cardiac Rehabilitation	Yes	100%
National Audit of Pulmonary Hypertension	Yes	100%*
Long term conditions		
Inflammatory Bowel Disease (IBD) programme:		
Inflammatory Bowel Disease Audit	Yes	3,236 records submitted
Note: The IBD registry extract is a cumulative return so every time we do a submission to the registry we submit all patients, not just new patients. There are currently 3,236 [STH] patients on the IBD database with a diagnosis recorded who will get submitted before 21/04/2023 in the next extract (compared with 2,665 in April 2022). There are still some patients with IBD who we have not yet captured on the database but have never accurately been able to quantify how many		
National Asthma and COPD Audit Programme:		
Adult Asthma Secondary Care	Yes	10%
Paediatric Children and Young People Asthma Secondary Care	N/A	
Pulmonary Rehabilitation	Yes	100%
Chronic Obstructive Pulmonary Disease	Yes	100%
UK Cystic Fibrosis Registry	Yes	99%
National Adult Diabetes Audits:		
National Diabetes Core Audit	Yes	100%
National Pregnancy in Diabetes Audit	Yes	100%
National Diabetes Footcare Audit *Note: The systems in STH do not allow us to identify number of eligible cases. This is not unique to STH but anticipated to be a problem in most organisations*	Yes	Participated
National Diabetes Inpatient Safety Audit	Yes	100%
Mental health		
Learning Disability Mortality Review Programme (LeDeR Programme)	Yes	100%
Mental Health Clinical Outcome Review	NA	
National Clinical Audit of Psychosis	NA	
Prescribing Observatory for Mental Health (POMH-UK)		
a. Improving the quality of valproate prescribing in adult mental health services	NA	
b. The use of melatonin	NA	
National Clinical Audit of Psychosis	NA	
Older people		
Falls and Fragility Fractures Audit programme (FFFAP):		
National Audit of Inpatient Falls	Yes	100%
National Hip Fracture Database *Note: NHFD determine case ascertainment as total cases compared to last year. This figure is derived from 617 (year 2022)/604 (year 2021)*	Yes	102.2%
Fracture Liaison Service Database	NA	
National Audit of Dementia	Yes	21%
UK Parkinson's Audit	Yes	90%
Other		
Elective Surgery (National PROMs Programme)	Yes	See supporting statement
National Bariatric Surgery Registry	Yes	90.48%
National Obesity Audit	Yes	100%

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Audits and confidential enquires	Participation N/A = Not applicable	% cases submitted
National Ophthalmology Audit Database	No	Did Not Participate nationally/local audit
BAUS Urology Audits:		
Muscle Invasive Bladder Cancer Audit	Did not participate	
National Audit of Care at the End of Life (NACEL)	Yes	100%
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	100%*
Society for Acute Medicine Benchmarking Audit	Yes	100%
Perioperative Quality Improvement Programme *Note: National audit required 100 cases, STH submitted 105.*	Yes	105%
Respiratory Audits:		
a. Adult Respiratory Support Audit	Yes	Still data collecting
b. Smoking Cessation Audit- Maternity and Mental Health Services		Audit still in development
Cleft Registry and Audit Network Database	NA	
Women's and children's health		
Child Health Clinical Outcome Review Programme (NCEPOD)	NA	
Maternal, Newborn and Infant Clinical Outcome Review Programme:		
Perinatal Mortality Surveillance and Confidential Enquiry	Yes	100%
Maternal Mortality Surveillance and Confidential Enquiry	Yes	100%
National Perinatal Mortality Review Tool	Yes	100%
National Maternity and Perinatal Audit (NMPA)	Yes	100%
National Neonatal Audit Programme (NNAP)	Yes	100%
National Paediatric Diabetes Audit (NPDA)	NA	
Paediatric Intensive Care (PICA Net)	NA	
National Child Mortality Database	Yes	100%
National Audit of Seizures and Epilepsies in Children and Young People	NA	
Outcomes		
Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD):		
Epilepsy	Yes	100%
Transition from child to adult health services	Yes	100%
Crohn's Disease	Yes	100%
Community Acquired Pneumonia	Yes	97% (data collection still open)
Testicular Torsion	Yes	93% (data collection still open)

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Please note the following:

* *Data for projects marked with * require further validation. Where data has been provided these are best estimates at the time of compilation. Data for all continuous projects and confidential enquiries continues to be reviewed and validated during April, May or June and therefore final figures may change.*

Supporting Statements

The Trust did not participate in the following national audits:

RCEM Audit of Infection Control 2021/22

Prospective data collection was not possible due to work demands. Unsuccessful attempts were made to run a year of data, making retrospective data collection then not possible. Infection control is continually monitored by the care group, it is a core project of the work Acute & Emergency Medicine (AEM) are doing around the CQC report publication and there is now a group within the senior nursing team. We will be participating in the RCEM Audit of Infection Control Audit 2022/23.

Muscle Invasive Bladder Cancer Audit

Due to ongoing service pressures and resource gaps, STH was unable to collect and submit data for this audit. This problem of support for audit data submission has been an ongoing concern for the directorate and recent clerical appointments have been made specifically to address data collection for national audits, which will reduce the likelihood of future failures to submit national data.

National Ophthalmology Audit Database

The Trust formally ceased participation in the National Ophthalmology Database (NOD) Audit in 2020 but continued with local data collection which commenced prior to joining the National Cataract Audit and has continued in parallel throughout the period of the NOD audit. A local report is produced annually and reviewed by the Ophthalmology Directorate. STHFT enters data for 100% of cataract patients onto Medisoft, an Electronic Medical Record (EMR).

The quality of delivery of this high-volume surgical activity in STHFT remains very good. This is confirmed by the posterior capsular rupture (PCR) complication rate which meets national standards.

The Trust participated only in part in:

National Asthma Audit

Due to limited resource to collect and submit data, the agreement between the STH Asthma team and the national team was that the Trust would aim to submit 10 patients per month so that a sample of our care is included in the national reports. Unfortunately, this was no longer possible from January 2023. Data was not submitted from this time due to further resource gaps.

Medical trainees have become involved in data collection and a plan is in place to retrospectively enter 10 patients per month from January 2023.

National Vascular Registry (NVR)

The Vascular Directorate have a current plan to improve case ascertainment.

A business plan has been submitted to appoint a dedicated NVR audit clerk/coordinator to help facilitate this, to support consultants to submit data and also to follow up any missing data for cases. As yet no appointment has been made.

NHS England published statement for PROMS

In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data is still outstanding with no definitive date for completion. Therefore, NHS England has paused the current publication reporting series for PROMS currently. The Trust is looking at available local data, although not risk adjusted, to inform improvements.

The reports of 25 national clinical audits were reviewed by the provider in 2022/23 and STHFT intends to take actions to improve the quality of healthcare provided, examples of which are included as follows:

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National Audit of Care at the End of Life (NACEL) 2022

STHFT's 'National Audit of Care at the End of Life' results (2018-2021) identified an ongoing need to improve the delivery and documentation of personalised end of life care for patients and those important to them. Feedback from a stakeholder event in 2020 also highlighted the need for a document to provide prompts to aid staff in the delivery of care at the end of life. End of life care was agreed as a two-year quality objective for the Trust for 2021-2023 to improve documentation of care delivered in the last days of life.

Previously, medical staff documented in paper records, whilst nursing staff documented in the electronic patient record (Lorenzo). It was not possible to have one cohesive care planning document for use by the whole multidisciplinary team. Initially, an 'Individualised Plan of Care for Last Days of Life (IPoC) was developed for non-nursing clinical staff, and this was piloted across three wards in 2017/18, with a re-pilot in 2021. The results demonstrated improvement in documentation and the holistic care given to patients at the end of life.

Following feedback of the pilot, an extensive staff consultation took place and the 'Caring for Dying Patients: Personalised Plan of Care' (CfDP:PPC) was developed to replace the IPoC. This is currently a paper document with the intention to digitalise when medical staff move to documenting in the new electronic patient record planned for 2024. The CfDP:PPC was piloted and rolled out across the Trust in 2022 and this evaluated well. Staff training has also been made available to support the implementation of the CfDP:PPC.

NACEL 2022 has demonstrated improvement in the number of patients with an individualised plan of care which has risen from 36% in 2019 to 57% in 2022. This is likely due to the implementation of the CfDP:PPC documentation across STH. Compliance has increased in most aspects of assessment, care planning of treatments and symptom management.

The NACEL 2022 Case Note Review has demonstrated improvement in 43 of the 46 standards. At the time of the audit, the CfDP:PPC had not been fully implemented and so it is anticipated that the Trust will achieve improved compliance again in 2023. Although NACEL will not be running in 2023, STH has agreed to undertake a local audit, based on the national standards, to measure the impact of the CfDP:PPC document. The NACEL results from 2018 to 2022 can be seen detailed in the infographic on page 27.

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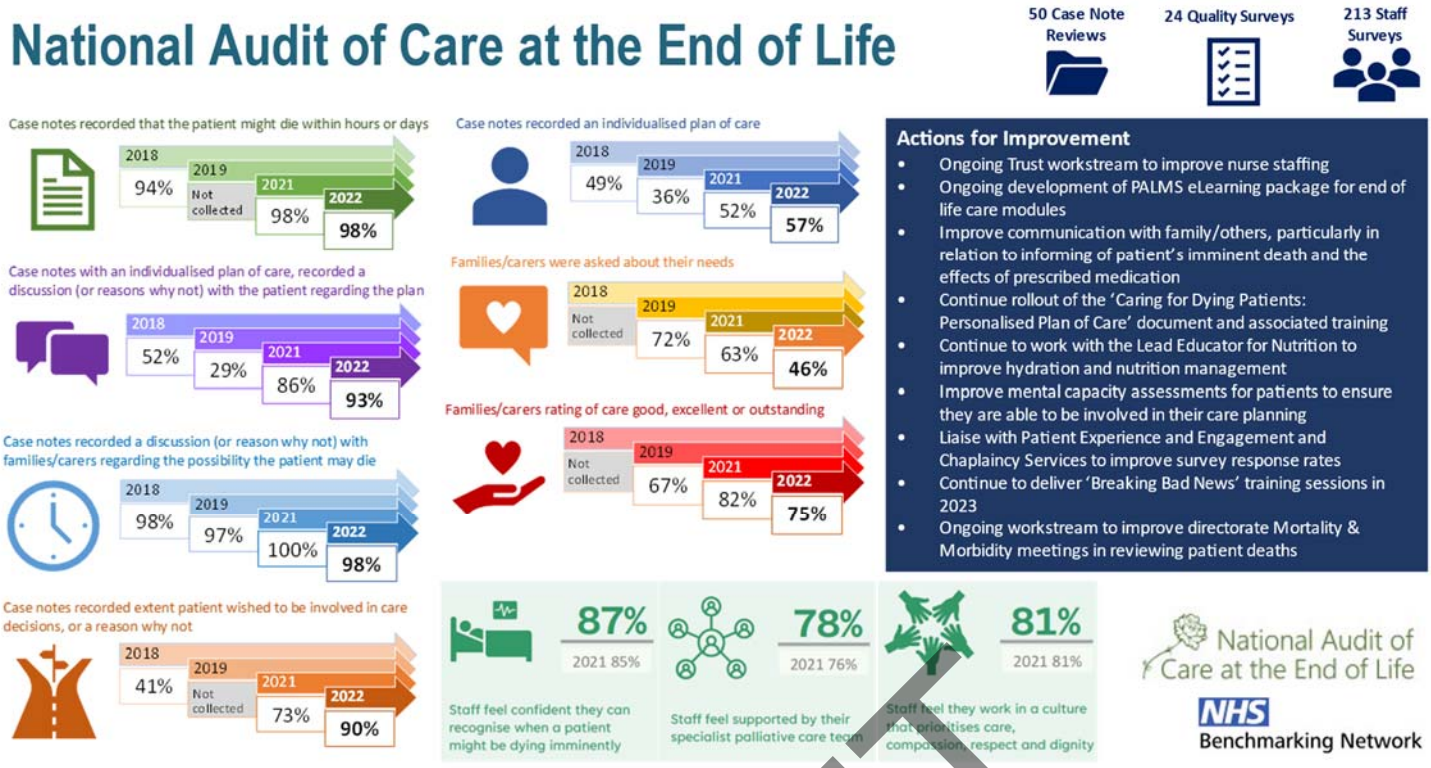
Figure 2: National Audit of Care at the End of Life (NACEL) Results



National Pregnancy in Diabetes (NPID) Audit
NPID, part of the National Diabetes Audit, measures the quality of antenatal care and pregnancy outcomes for women with pre gestational diabetes. It is intended to support local, regional and national quality improvement.

The audit measures relate to national standards, National Institute for Health and Clinical Excellence (NICE) Guideline 3 (NG3). The audit is a measurement system to support improvement in the quality of care for women with diabetes who are pregnant or planning pregnancy and seeks to address the three key questions:

- Were women with diabetes adequately prepared for pregnancy?
- Were appropriate steps taken during pregnancy to minimise adverse outcomes to the mother?
- Were adverse neonatal outcomes minimised?

The STHFT project lead has reached out to GPs/Primary Care regarding change, resulting in improvement in STH compliance with the standards, which are in line with or better than national averages.

The following Trust actions have been implemented and involve Primary care as well as secondary care:

- Information prescription into SystmOne, the community electronic patient record – this will alert GPs to prescribe Folic Acid, inform maternity services and encourage women to book with the midwife by 10 weeks of pregnancy.
- Diabetes Specialist Midwives have been sending emails to Community Midwives (CMW) on a regular basis regarding early booking.
- A Reception Staff Pathway is available in all GP practices to refer women to be reviewed by CMW as soon as possible.
- The Booking Hub is aware that women with diabetes should be booked into Diabetes Antenatal Clinic within the first 10 weeks.
- Information leaflets and business cards are given to women immediately following birth to pre-conceptually plan for their next pregnancy.
- Safer Campaign Posters are displayed in GP surgeries and leaflets are available.
- The following changes to ICE reporting (the system which allows pathology and radiology results to be viewed) (each HbA1c, the

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measure of blood sugar (glucose) attached to haemoglobin, reported on ICE will have the attached info below the result): Women (15 to 49 years) with Type 1 and Type 2 diabetes who are planning to become pregnant should be advised to:

1. Keep their HbA1c level below 48 mmol/mol.
2. To take 5mg/day folic acid in the pre-conception period.
3. Refer to Diabetes Pre-conception clinic.
4. If pregnant refer to diabetes antenatal clinic urgently to be seen before 10 weeks gestation.

- A local audit of preconception planning and care for women with type 1 and type 2 diabetes is currently taking place. The aim of the audit is to identify if women are receiving adequate preconception care and if the current pilot preconception clinic needs to be expanded.

NCAPOP Falls and Fragility Fractures: Inpatient Falls Audit

The National Audit of Inpatient Falls (NAIF) audits the delivery and quality of care for patients over 60 years of age who fall and sustain a fracture of the hip or thigh bone in acute, mental health, community and specialist NHS trusts/health boards in England and Wales. NAIF reviews the care the patient has received before their fall as well as the post-fall care. The audit also looks for evidence of examination for other injuries for patients who are found to have a fracture, which is recommended by the National Institute for Health and Care Excellence's (NICE) clinical guideline CG161, and quality standard QS86.

The 2022 Annual Report focuses on patients who sustained an inpatient femoral fracture between 1 January and 31 December 2021. The number of femoral fracture numbers are small and subject to significant variation and will not give reassurance of good practice in fall prevention practice. Therefore, trusts are encouraged to focus on the process measures that are key performance indicators for this audit.

NAIF Key Performance Indicators 2022

- KPI 1: Participation in the audit.
- KPI 2: Checking for injury before moving from the floor.
- KPI 3: Moving the patient safely from the floor.
- KPI 4: Carrying out a prompt medical assessment after the fall.
- KPI 5: High-quality MFRA prior to the fall.

STHFT Prevention & Management of Inpatient Falls policy (2022) states every inpatient must have an initial Falls Risk Assessment completed as soon as is reasonably practical following admission, and in any event within twelve hours of admission. A positive response to any of the risk factors on the assessment tool, triggers the need to complete the Falls Prevention Care Plan Record, as soon as is reasonably practical using the electronic patient record. As a patient's condition can change rapidly, any staff attending to a patient should undertake a dynamic risk assessment when providing any care. This process involves identifying, measuring, and evaluating risk in real-time, while working.

The Trust is committed to improving patient safety and reduction of harm due to inpatients falls for all our patients in our care. This work has included:

- Improving staff understanding and compliance in relation to STH Prevention & Management of Inpatient Falls policy (2022) by:
  - Reviewing and updating Falls Risk Assessment (FRA) on Lorenzo in line with NICE CG 161 recommendations.
  - Promoting the undertaking/documentation of lying and standing blood pressure for all patients over 65 as routine practice on admission to hospital.
  - Promoting the undertaking and documentation of Medication Review in relation to patient risk of falls.
  - Promoting the undertaking of Safety Huddles 7 days per week.
  - Promote capacity for undertaking of walking aid assessment within 24 hours of identified patient need.

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- Falls Risk Assessment, the Falls Prevention Care Plan and the Moving & Handling Assessment are reviewed and updated when:
  - there is a change in the patient's condition which could affect their mobility risk of falls.
  - on transfer to another location.
  - following a fall.
  - as a minimum, on a weekly basis.
- A Lead Educator for falls prevention has been appointed.

Local Clinical Audits

The reports of 161 local clinical audits were reviewed by STHFT in 2022/23. An example of improvements to the quality of healthcare provided can be found below:

An audit to determine whether the nutrition screening and care pathway is followed on Hyper Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU)

The Sentinel Stroke National Audit Programme (SSNAP) includes measurement of referral to a dietician for patients at high risk of malnutrition. A local audit was carried out to assure that screening at admission and weekly thereafter (as per guidelines), is taking place. The audit looked at screening within 48 hours of admission, weight score being repeated weekly, and referrals to the dietician.

The results found that the percentage completion of the MUST (Malnutrition Universal Screening Tool) over the periods audited were high although dietetic referrals initiated following the assessment were variable. This suggests that, in addition to using the MUST, alternative methods of ensuring appropriate referrals are required, such as dietetic attendance at board rounds and multidisciplinary team meetings (MDTs). In addition, weekly weight recordings were variable. Attendance at MDTs and the use of the e-Whiteboard is now embedded into practice. The wards complete the Hydration and Nutrition Assurance Toolkit (HANAT) audit which incorporates a review of the use of MUST. An improvement workplan is in progress to:

- Promote weekly weight recordings and for this to become consistent practice.
- Engage with nutrition link workers and dietician to improve communication.
- Hold discussions with staff to identify and understand barriers and agree solutions to address.

Improvements will be evidenced within the SSNAP.

Procedural Marking Policy Audit

Following two Never Events (wrong site surgery relating to procedural marking) in 2022, and following a CQC visit in 2021, an audit against the Trust's Procedural Marking Policy was initiated.

All patients entering theatres across the Trust were audited in July 2022 and again in October 2022. Following the first audit, an improvement plan was implemented which included zero admission to theatres for any unmarked site for surgery and the revision of Support Worker competencies, to include not taking patients to theatres if the surgical site is not appropriately marked. Improvement has been demonstrated in three of the four standards re-measured in the second round of audit:

- 93% of procedural marks are made prior to the patient entering the procedural room (76% in the first audit).
- 86% of procedural marks contain an arrow to the surgical site (72% in the first audit).
- 71% of procedural marks are still visible after draping (66% in the first audit).

A re-audit is scheduled to be undertaken in October 2023 to review progress.

Optimising medication for patients with heart failure with reduced ejection fraction (HFrEF)

This local audit was commissioned by the Trust's Clinical Effectiveness Committee following the publication of the National Heart Failure Audit Report (2019-2020). The national audit found that the Trust did not meet the target for discharge on triple therapy with three disease modifying drugs for heart failure with reduced ejection fraction. A

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local audit project then identified the reasons why patients were not discharged on triple therapy.

The results evidenced that whilst the Trust has a lower percentage of patients on triple therapy when compared to the national average, there were good clinical reasons for not being given the combination. Frailty, low blood pressure and kidney dysfunction were the prominent reasons limiting initiation. Therefore, decisions to not initiate triple therapy were justified. In addition, a rise in prescription rates for beta blockers and mineralocorticoid receptor antagonists (MRAs) can be seen in the subsequent year. In conclusion, the audit provided the Trust with excellent data on the clinical reasons why individual patients cannot and should not be on triple therapy and reassurance on the results of the national audit.

Trustwide DNACPR Re-audit 2022

A national report from CQC in March 2021 found worrying variation in people's experiences of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during the Covid-19 pandemic. Whilst there were some examples of good practice, the CQC also heard from people who were not properly involved in decisions or were unaware that such an important decision about their care had been made.

In its interim report, the CQC made it clear that all care providers must assure themselves that any DNACPR decisions have been made appropriately, in discussion with the person and in line with legal requirements and best practice. These shortfalls in governance must be addressed if providers are to assure themselves that decisions were, and are, being made on an individual basis, and in line with the person's wishes and human rights. STHFT introduced an annual Trustwide audit of DNACPR processes against the DNACPR Policy as part of its Trust Clinical Audit Programme. The 2021 and 2022 audit outcomes and improvement plan are detailed below.

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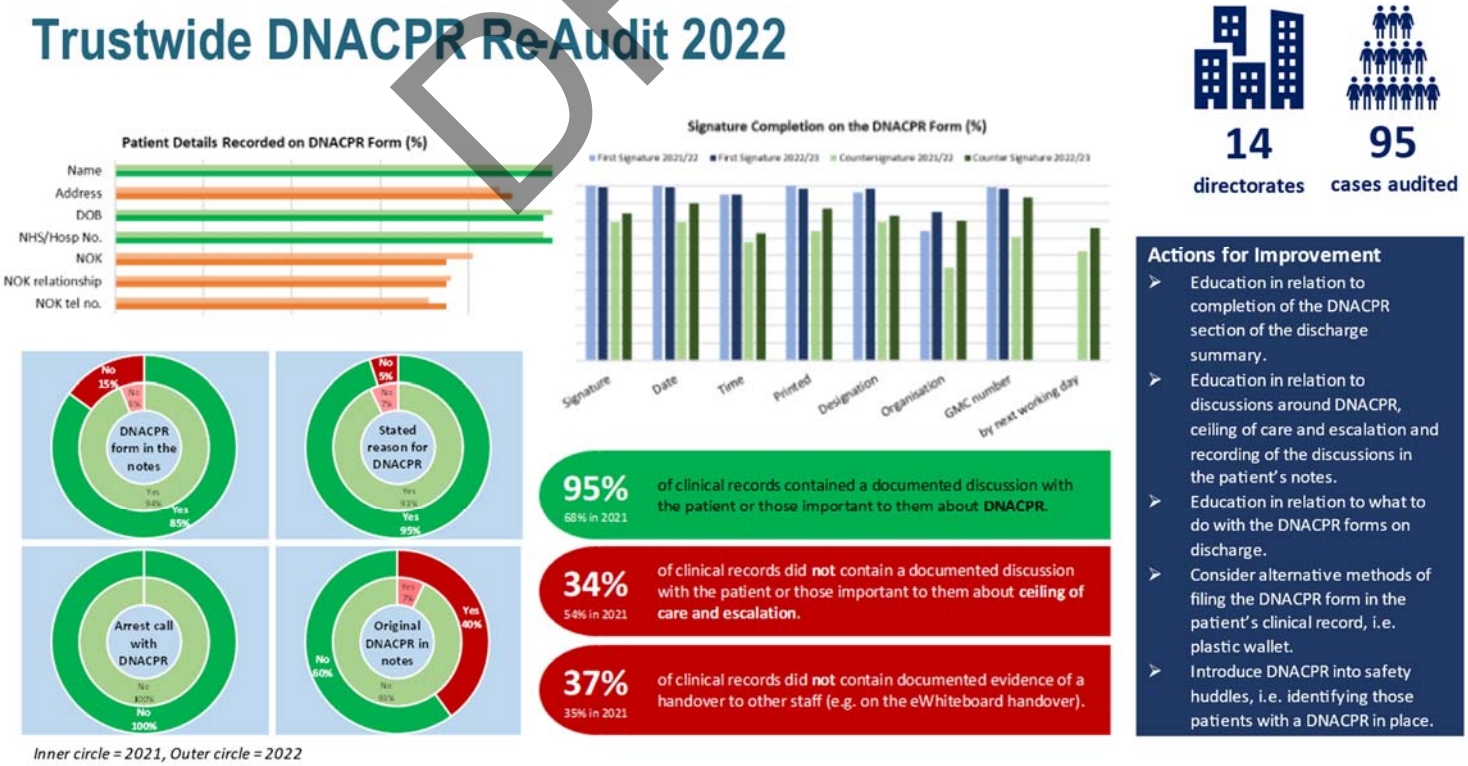
Figure 3: Trustwide DNACPR Audit Results



c. Clinical research and innovation

Recruitment to trials

The number of patients receiving NHS Services provided or subcontracted by STHFT in 2022/23 that were recruited to studies during that period to participate in the National Institute of Health Research portfolio research trials was 6722.

Patient and Public Involvement and Engagement

Despite the inevitable challenges of the previous few years during and post-pandemic, we have seen the Trust adapt and develop its patient and public involvement and engagement activity to ensure that our research has meaningfully involved relevant people for optimal patient benefit. Whilst there is the option to move back to face-to-face meetings, public involvement in research has mostly remained in the virtual world largely due to preference of the public contributors themselves. As one of the former test bed sites of the UK Standards for Public Involvement, we are committed to carrying out our activities using the standards as a guide. As such, several of the well-established public involvement groups have trialled hybrid meetings to ensure people have choice and flexibility in their opportunities to get involved. Researchers are increasingly enabled to include people who may only have the opportunity to be involved virtually, yet some do report challenges in meaningful involvement with online only or hybrid meetings.

Undoubtedly, there have been greater opportunities for us post-pandemic in giving both the public and researchers more options for involvement, and in increasing our engagement with communities who we have not engaged with in the past. However, we are striving to work in a way that people are not excluded for a myriad of reasons including accessibility to digital technology and language barriers, and we are committed to ensuring our research is relevant and thus more likely to benefit the target population. Our involvement in the regional Ethnic Minority Research Inclusion group is key in ensuring we are building meaningful relationships with our local communities and can increase the levels of participation of people from ethnic minorities in our research.

So that we can ensure public trust in the research we do, it is vital that the public voice is included in decision making. In early 2023, representatives from our public involvement groups were involved in our research and innovation strategy development workshop which involved staff from across the Trust and local universities as well as other stakeholders from across the region. Notably, this year we have recently restarted bi-annual meetings with the coordinators and chairs of our public involvement groups, and separately with public involvement leads of NIHR infrastructures at STH. These forums are crucial in ensuring we can identify and offer training and guidance for public contributors, discuss best practice and work collaboratively with the public to continually adapt and improve our involvement and engagement activities.

Events

We have continued to get involved with national campaigns including those to promote careers in research that are available, as well as sharing updates about health and care research and the vital contribution made by the public involved in research.

Although event activities were restricted during the pandemic, we have shown over the previous few years how we can still meaningfully engage with our staff and our local communities using digital and virtual methods. However, the return to in person events has enabled us to engage with a more diverse audience as we have additional methods of communication available to us.

Building on the successes of our virtual events for International Clinical Trials Day, for 2022, we held an in-person event with an expert panel discussion that highlighted the invaluable contributions that patients and members of the public make to the development of healthcare treatments and interventions. Importantly, progress and opportunities to ensure health

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research is fully inclusive and representative were emphasised.

Training and Support

With the COVID19 pandemic preventing face to face events going ahead, opportunities for the Clinical Research and Innovation Office to deliver established training was limited for several years and we continued to direct both our researchers and members of the public involved in research to online resources and training where relevant. However, more recently, we began working with colleagues across the region to identify priorities for training in public involvement for researchers, with a view to develop and offer this training face to face in 2023. We also get involved in delivering research training to junior doctors and allied health professionals and contribute to a local youth engagement programme designed to introduce young people in the health sector.

The Trust is a key a partner on the Equity in Doctoral Education through Partnership and Innovation (EDEPI) programme with Sheffield Hallam University (SHU). The programme is funded by Research England – part of UK Research and Innovation (UKRI) – and the Office for Students; it is a partnership that not only involves Sheffield Hallam University but operates across NHS Trusts and Universities in Nottingham and Liverpool and Sheffield Children's Hospital. Therefore, our involvement in the programme not only improves access to doctoral education for NHS staff from racially minoritised groups, but also involves collaboration with other Trusts and Universities, providing regular opportunity to learn from each other on how we can develop employees from racially minoritised groups. The scheme is designed to be fully committed to providing equity in access to doctoral education; potential candidates are required to have an undergraduate degree and demonstrate the competency to be able to undertake a PhD through the transferable skills that they have gained working within the NHS. A Masters degree and/or previous research experience are not a part of the eligibility, therefore the Trust are encouraging applications from STH staff from racially minoritised groups with ideas of how they could improve patient care.

Towards the end of 2022, two members of staff at STH were offered a place on the programme and will commence their PhD study in 2023. STH provides funding for the successful candidates for one day a week of their salary to complete the PhD part-time over five years, and Sheffield Hallam University waive the tuition fees and provide academic supervision and guidance. The application and selection process are running again in 2023 with a further three places available on the programme, demonstrating our continued commitment to creating opportunities for staff from racially minoritised groups, and aligning with the Trust's core equality objectives for developing employees.

The innovative Nurse, Midwifery and Allied Health Professional Research Internship Programme was launched in 2021, with four interns graduating from the scheme in June 2022. The initial scheme was a partnership between the National Institute for Health and Care Research (NIHR) Sheffield Biomedical Research Centre, STHFT and the Sheffield Clinical Academic Training Programme.

The research internship programme is pitched at STH front line nurses, midwives and allied health professionals who are clinically curious, and who may want to consider dipping their toes into the world of clinical research with a view to possibly pursuing a clinical academic career in the future, such as applying for a pre-doctoral, doctoral or post-doctoral fellowship.

The programme is designed to support individuals with research capability building, such as enabling them to be more research aware with an ultimate aspiration to support and encourage their development as potential future research leaders. This tailored programme enables individuals to develop specific research-related skills and knowledge to equip them for their own research development, from in-house projects to NIHR Integrated Clinical Academic pathways application support.

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Importantly, it offers the post-holders a one day per week secondment, with clinical academic mentorship, to pursue a small research project pertinent to both their professional background and to their clinical area of work. The award buys one day of the post-holder's time to enable research capacity by providing funds to their clinical area for backfill.

This success has seen the programme receive further funding for a 2022/23 cohort; the partnership for the second cohort is between the NIHR Sheffield Clinical Research Facility, STHFT and Sheffield Hospitals Charity. Not only has the scheme been extended but has now grown to 12 Internships which began in September 2022. The interns have all successfully developed project proposals with their supervisory teams and have begun collecting data in preparation for presenting their findings at the graduation ceremony in September 2023.

Innovation

The Clinical Research & Innovation Office, on behalf of the Trust, has partnered with Leeds Teaching Hospitals, and hospitals in Barcelona Spain, Vall Hebron and Germans Trias, to build an exchange programme for healthcare professional-intrapreneurs working in the NHS, and the Spanish equivalent. This Healthcare Entrepreneur Exchange Programme (HEEP) is the first structured programme of this sort. It is an opportunity for fostering collaborations and open innovation between two healthcare systems that have repeatedly proven to be some of the best in the world. The programme will empower grassroots innovators in order to develop the healthcare solutions of the future.

Tailored training sessions covering topics relating to developing a business case and developing a pitch for the healthcare solution along with personal mentorship was provided to help shortlisted teams to develop bespoke innovation and leadership skills. They then pitched their ideas at a Dragons Den in April. The winners will visit Barcelona for a few days in May with a reciprocal visit from our Spanish colleagues in June.

Communications

Using well-established links, we continue to promote and share the many successes of researchers at the Trust via Trust Communications. Opportunities for staff to submit research and innovation success stories for regional and national awards are disseminated widely to ensure colleagues get the recognition deserved for their endeavours. We actively engage with national campaigns to promote the available roles, opportunities and successes that can come from a career in research.

The visible impact that research has had on clinical care and rapid development of vaccines through the recent pandemic is evident. As such, it is vital that opportunities to promote us as a research active Trust are shared widely. This year saw the initiation of a research and innovation newsletter for all nurses and midwives, as well as research newsletters in many Directorates and Care Groups across the Trust, including those previously not represented.

In recognition of the important contribution that all health professionals make to care at the Trust, and to ensure that opportunities for embedding research in their careers are visible for all disciplines, this year has seen the development of web pages specifically for health professionals such as nurses, midwives, allied health professionals and healthcare scientists. These are designed for people at any stage of their career and who may be just becoming aware of research, all the way through to those already research active and wishing to become a clinical academic.

Acting on feedback received from participants in our NIHR portfolio research is vital to ensure we continue to improve the way in which we design, deliver and disseminate high quality research. We have been focusing on improving the extent to which participants receive the results of studies they have taken part in, as well as ensuring we communicate these findings to the wider public. One such example of best practice has been a virtual event led by the Principal Investigator for

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study participants at the end of a clinical trial to share the study findings.

Staff Engagement

The Trust remains committed to raising awareness of research across the Trust and increasing staff engagement with research. Testament to this has been the restart of relatively new initiatives such as Research Cafés that had been put on hold due to the pandemic; these have recommenced and have now been implemented in new Directorates, with structured plans in place to deliver these cafés across sites, broadening disease areas covered as well as highlighting the variety of roles available to staff involved in research.

To increase awareness of research and the difference it makes to patients and their care, the Clinical Research Facility has seconded a member of staff to a research awareness role where they have arranged and delivered sessions Trust-wide to nurses and Allied Health Professionals. This has given members of staff knowledge of research taking place in their clinical area, how they can support patients on trials and how they can further engage with Trust research.

Close working between the Clinical Research & Innovation Office and Trust Communications team, ensures relevant opportunities for all staff to be involved in research are disseminated widely and via targeted means. Additionally, within Directorates, additional resource has enabled production and distribution of regular staff newsletters highlighting achievements, successes, and opportunities for staff.

Annual Surveys

The Participant in Research Experience Survey asks participants of NIHR portfolio research about their experience of taking part in research. We use this data to continue to improve how our studies are designed and carried out. The data collection period for 2022/23 has just finished and will be analysed in due course, so here we report on feedback from 2021/22. A total of 322 respondents from 12 studies completed the Participant in Research Experience Survey across STHFT in the year 2021/22. This placed us third in Yorkshire and Humber, and we exceeded our target set by the Clinical Research Network (257 for 2021/22) for the second year in a row. We continued to be able to offer a digital version of the PRES as well as a paper version which gives participants additional flexibility and has had a positive impact, with just under half of respondents completing the survey online. For 75% of respondents, it was the first study they had taken part in (3% less than 2020/21) and 91% would take part in research again (5% less than 2020/21). Participants gave plenty of very positive feedback based on their own experience, and staff were regularly praised by participants. In addition to the many positive comments about staff and the efficiency of the research trials, we did receive information about areas where we could improve in future, mainly around ensuring that participants are informed whether and how they will receive the results of the study.

d. Commissioning for Quality and Innovation (CQUIN Framework)

During 2022/23 STHFT had to participate in 12 national CQUIN schemes and four NHSE specialised CQUIN schemes. The income received by the Trust during 2022/23 included a value in the baseline that would have been linked to achievement of CQUIN.

e. Care Quality Commission (CQC)

STHFT is required to register with the CQC, and its current registration status is fully registered. STHFT has the following conditions on the registration:

- Implement an effective system for managing and responding to patient risk to ensure all mothers and babies who attend Jessop Wing are cared for in a safe and effective manner and in line with national guidance.
- Operate an effective clinical escalation system to ensure every woman attending the Jessop Wing is triaged, assessed and streamlined by appropriately skilled and qualified staff.

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- Implement an effective risk and governance system on Jessop Wing which ensures that:

    - There is oversight at service, division and board level in the management of the maternity services.
    - There are effective quality assurance systems in place to support the delivery of safe and quality care.
    - Risk and occurrence of incidents are properly identified and managed, to include an effective system of recording actions taken and ensuring learning from any incidents.
    - Serious incidents are reflected and reported correctly in line with national guidance and adequately investigated.
    - Ensuring learning is shared from the investigation.
    - Incident grading is reviewed to ensure it is accurate and in line with national guidance.

- Implement an effective system on Jessop Wing to ensure that medical and midwifery staff have the qualifications, competence, skills and experience to care for and meet the needs of women and babies safely within all areas of the Maternity Services including any area where women are waiting to be seen. Training must include, but is not limited to, cardiotocograph (CTG) interpretation, to include Dawes Redman, and use of auscultation and multidisciplinary emergency skills training.

Full Inspection

From 20 to 22 September 2022, CQC carried out an unannounced inspection of the urgent and emergency, maternity, medical and surgical services provided by the Trust in response to the requirements outlined following the previous inspection in 2021. All key lines of enquiry in the core services were inspected, including urgent and emergency care at the Northern General Hospital, medical wards (including services for older people) and surgery at the Royal Hallamshire and Northern General Hospitals and maternity services at the Jessop Maternity Wing.

In addition, the CQC sought assurance that the trust had taken action to comply with the Warning Notice served under Section 29A of the Health and Social Care Act following the last inspection which advised the trust to make significant improvements to the quality of healthcare provided and the well-led specific areas of concerns also identified in the Warning Notice.

The Trust's Inspection Report was published on 22 December 2022 with the Trust achieving an overall rating of 'Requires Improvement'. There were no areas rated 'inadequate' and many of the individual key lines of enquiry or site ratings had improved since the 2021 inspection. The Trust-wide ratings are detailed on page 25.

Figure 4: CQC Ratings 2021 and 2022

	2021	2022
Safe	Inadequate	Requires Improvement
Effective	Requires Improvement	Good
Caring	Requires Improvement	Good
Responsive	Requires Improvement	Requires Improvement
Well-led	Requires Improvement	Requires Improvement
Overall rating	Requires Improvement	Requires Improvement

In response to the CQC Inspection Report, a high-level action plan was developed by the Trust covering all 'must do' requirements and 'should do' recommendations. The approved high-level action plan was submitted to CQC on 26 January 2023 with a number of improvements now embedded with other improvements continuing to progress. The implementation of the actions is overseen by the Trust Executive Group and the Quality Committee.

The Trust has provided regular updates on the improvement work in response to the CQC inspection report to the monthly Quality Board, chaired by NHS England, as well as the NHS England Board to Board meeting in January 2023.

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Maternity and Midwifery Services

Following the two-day inspection by CQC of the Trust's Maternity and Midwifery Services in March 2021, a detailed action plan was developed to address the areas of concern highlighted by the CQC.

During 2022/23, the Trust has continued to provide a monthly update to CQC on this action plan along with reports written to provide assurance to the senior leadership team and/or Trust Board to demonstrate compliance with the conditions. This includes the monthly Maternity and Neonatal Safety Report which contains the Maternity Dashboard and an update of training compliance figures.

f. Data quality

STHFT submitted records during 2022/23 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:

- 99.9% for admitted patient care.
- 100% for outpatient care.
- 99.7% for Accident and Emergency Care.

The percentage of records in the published data which included the patient's valid General Practice Code was:

- 100% for admitted patient care.
- 100% for outpatient care.
- 100% for Accident and Emergency Care.

STHFT was not subject to a Payment by Results audit process during 2022/23. STHFT continues with the following programmes to improve its data quality. A number of the normal activities were severely disrupted during 2022/23 but:

- The Data Quality Team continue providing support to the organisation and consistently driving forward a coordinated Data Quality agenda across the organisation.
- The reporting dashboards to support improvement to Data Quality, including the Administrative Patient Safety Dashboard, Breaks in Process and Administrative Safety Huddles is well established within the organisation evidenced through the quarterly reviews with each Care Group.
- The Data Quality Steering Group, chaired by the Assistant Chief Executive, continues to maintain oversight of data quality, and continues to support data quality improvement across the organisation. Regular review of the workplan is in place to target the areas of greatest risk.
- The Trust continues to undertake a range of discreet projects where data quality has been identified as requiring improvement such as clinical coding, new national datasets and review of existing data submissions.

The Data Security & Protection Toolkit assessment has been collated and submitted in full for the submission in March 2023.

g. Patient safety alerts

Patient Safety Alerts are issued via the Central Alerting System on behalf of NHS improvement (NHSI) to ensure safety critical information and guidance is appropriately cascaded to the NHS and independent providers of health and social care.

The following are examples of actions taken and changes made as a result of Patient Safety Alerts:

- Potassium permanganate removed as a stock supply from all areas and provided on a named patient basis only.
- All areas without piped oxygen identified and a standard operating procedure developed and implemented to manage patients who require oxygen in these locations to reduce risks associated with use of oxygen cylinders.
- All affected Phillips ventilators withdrawn, alternative ventilators purchased, and training on the replacement equipment and consumables provided.

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Figure 5: Patient Safety Alerts

Reference	Title	Issued	Deadline (action complete)	Open/ Closed
NatPSA/2022/005/UKHSA	Contamination Of Hygiene Products with Pseudomonas Aeruginosa	24/06/2022	01/07/2022	Closed
NatPSA/2022/005/UKHSA	Contamination of hygiene products with Pseudomonas aeruginosa	07/07/2022	15/07/2022	Closed
NatPSA/2022/003/NHSPS	Inadvertent oral administration of potassium permanganate	05/04/2022	04/10/2022	Closed
NatPSA/2023/003/MHRA	Nidek Eyecee Preloaded and Eyecee One Crystal Preloaded Intraocular Lenses (Iols): Risk of Increased Intraocular Pressure	01/02/2023	16/02/2023	Closed
NatPSA/2022/004/MHRA	Novorapid Pumpcart In the Roche Accu-Chek Inight Insulin Pump: Risk of Insulin Leakage Causing Hyperglycaemia and Diabetic Ketoacidosis	26/05/2022	26/11/2022	Closed
NatPSA/2022/009/MHRA	Prenoxad 1mg/Ml Solution for Injection in A Pre-Filled Syringe, Macarthys Laboratories, (Aurum Pharmaceuticals Ltd), Caution Due to Potential Needles in Sealed Kits	10/11/2022	17/11/2022	Closed
NatPSA/2022/007/MHRA	Recall Of Mexiletine Hydrochloride 50mg, 100mg and 200mg Hard Capsules, Clinigen Healthcare Ltd Due to A Potential of Underdosing And/Or Overdosing	04/08/2022	12/08/2022	Closed
NatPSA/2022/008/MHRA	Recall Of Targocid 200mg Powder for Solution for Injection/Infusion or Oral Solution, Aventis Pharma Limited T/A Sonofi, Due to The Presence of Bacterial Endotoxins	21/10/2022	26/10/2022	Closed
NatPSA/2022/006/DHSC	Shortage Of Alteplase and Tenecteplase Injections	03/08/2022	10/08/2022	Closed
NatPSA/2023/002/CMU	Supply Of Licensed and Unlicensed Epidural Infusion Bags	23/01/2023	27/01/2023	Closed
NatPSA/2022/002/MHRA-U	UPDATED 03/05/22 Philips Health Systems V60, V60 Plus and V680 ventilators – potential unexpected shutdown leading to complete loss of ventilation	03/05/2022	31/05/2022	Closed
NatPSA/2023/001/NHSPS	Use Of Oxygen Cylinders Where Patients Do Not Have Access to Medical Gas Pipeline Systems	10/01/2023	20/01/2023	Closed

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NHS Staff Survey

The response rate to the 2022 survey from STH staff was 39% which whilst an improvement on the previous year, was below the national average for our benchmarking group of Acute/Combined Acute and Community Trusts (44%).

Figure 6: Response rate to the NHS Staff Survey – Staff involvement

2020/21		2021/22		2022/23	
Trust	National Average	Trust	National Average	Trust	National Average
42%	45%	38%	50.1%	39%	44%

Figure 7: Staff survey results

	2020/21		2021/22		2022/23	
	Trust	Benchmark group	Trust	Benchmark group	Trust	Benchmark group
We are compassionate and inclusive			7.2	7.2	7..2	7.2
We are recognised and rewarded			5.8	5.8	5.7	5.7
We each have a voice that counts			6.7	6.7	6.6	6.6
We are safe and healthy			5.9	5.9	5.9	5.9
We are always learning			5.2	5.2	5.3	5.4
We work flexibly			5.8	5.9	5.8	6.0
We are a team			6.5	6.6	6.5	6.6
Staff engagement	7.0	7.0	6.7	6.8	6.7	6.8
Morale	6.2	6.0	5.8	5.7	5.7	5.7

As in 2021, the 2022 NHS Staff Survey was once again benchmarked in line with the NHS People promise. There is a theme for each of the 7 elements of the NHS People Promise plus the Staff Engagement and Morale retained from previous years. As in previous years each theme is scored out of 10. Each of the themes has been broken down into sub-theme scores.

The trust was **average** for our benchmarking group (i.e. Acute/Acute and Community trusts) for five themes:

- We are compassionate and inclusive.
- We are recognised and rewarded.
- We each have a voice that counts.
- We are safe and healthy.
- Morale.

The trust scored **below average** for four of the themes:

- We are always learning.
- We work flexibly.
- We are a team.
- Staff engagement.

The only statistically significant improvements were in *We are always learning* and *We are a team* and the two statistically significant deteriorations were in *We are recognised and rewarded* and *Morale*.

As in 2021, the highest score overall was achieved in *We are compassionate and inclusive* (7.2) and the lowest in *We are always learning* (5.2) which showed an improvement despite being below average.

The percentage of staff who would recommend the Trust to friends and family as a place to be treated remains above the benchmark average at 68.3% (down from 76.3% in 2021). The percentage of staff recommending the Trust as a place to work dropped to 56.5% which was average for the benchmark group (down from 62.3% in 2022).

Each directorate will use their 2022 staff survey results to update their staff survey plans for 2022/23. We also continue to use the National Quarterly Pulse survey to ensure we get more regular feedback from staff on their staff experience.

The newly launched People strategy based on the seven themes of the People promise will also lead to improvements in staff experience.

We continue to recognise the great work that individuals and teams carry out by nominating staff for national awards and through our Thank You awards which were able to return at an event at City Hall in November 2022. Over 600 staff

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also received a long service award at a ceremony earlier on the same day.

The Trust's reward programme for colleagues has continued to be expanded, which includes salary sacrifice options and staff discounts. This remains one of the most comprehensive packages in the NHS.

This year we have also introduced several initiatives to support staff who may be struggling with the cost of living such as the popular 'inflation busting 'meal deals' and Wagestream a salary advance app.

We have also worked to continue to support staff Health and Wellbeing by extending the service offered by our Employee Assistance Programme provider Vivup to cover staff family members (over the age of 16 living in their household). We have continued to support the creation and maintenance of CALM rooms across the Trust funded by Sheffield Hospitals Charity and now have 70 CALM rooms and three Breathing Spaces in the Chapels.

We continue to work towards a positive culture of wellbeing with the introduction of Wellbeing champions with approximately 200 recruited and trained across the trust. We have also launched a programme of Professional Nurse advocates to proactively support nursing staff sessions for staff from all disciplines to discuss difficult emotional and social issues arising from delivering healthcare.

To further support the positive culture, regular Wellbeing Conversations are being encouraged and are included in the annual appraisal process as a minimum. Schwartz rounds which provide a safe space for staff to reflect on the emotional impact of health care are now offered trust wide approximately monthly.

This year we have established new Health and Wellbeing and Staff Engagement SharePoint sites making it easier for colleagues to access information about wellbeing support and staff discounts from home or on their mobiles.

The Promoting and Valuing Difference work stream of the Trust's People Strategy oversees the progress being made against the metrics within both the NHS Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).

A copy of the Trusts' data matched against both the WRES and the WDES metrics and associated Action Plans can be found on our internet site. Our WRES and WDES data has highlighted the areas where we need to take further action to improve the experiences of our Black, Asian and ethnic minority and disabled colleagues. The Trusts' Equality, Diversity and Inclusion (EDI) Team works in collaboration with our four Staff Network Groups which offer peer support, advice and guidance and act as a voice for the organisation on issues that impact on women, Black, Asian and ethnic minority, disabled, and lesbian, gay, bisexual and trans (LGBTQ+) colleagues.

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Figure 8: Work Race Quality Standard (WRES)

WRES Metric	Metric Description	Ethnic Group	2020	2021	2022	Improvement	Representative Target	National 2021
Metric 1	Percentage of BME staff in Bands 8-9, VSM (including Executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	BME Staff in Post	14.07%	14.80%	17.56 %	●	19%	22.4%
		BME 8a + & VSM	5.38%	6.12%	6.88%	●	13%	-
Metric 2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	White	1.24	1.33	1.35	●	1.00	1.61
Metric 3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process	BME	0.95	1.31	1.16	●	1.00	1.14
Metric 4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	White	1.03	0.99	0.81	●	1.00	1.14
Metric 5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	21.1%	20.4%	23.9%	●	0%	25.9%
		BME	23.6%	21.0%	26.7%	●	0%	28.9%
Metric 6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	18.6%	18.5%	20.4%	●	0%	23.2%
		BME	22.4%	26.8%	28.6%	●	0%	28.8%
Metric 7	KF 21. Percentage believing that Trust provides equal opportunities for career progression or promotion	White	89.2%	90.0%	59.0%	●	100%	87.3%
		BME	73.2%	72.9%	41.4%	●	100%	69.2%
Metric 8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? B) Manager/team	White	4.7%	4.9%	5.9%	●	0%	6.2%
		BME	12.6%	14.1%	18.3%	●	0%	16.7%
Metric 9	Percentage of BME Board membership	White	86%	86%	81%	●	81%	82.4%
		Unknown	14%	7%	13%	●	0%	5.0%
		BME	0%	7%	6%	●	19%	12.6%

● change in a positive direction

● change in a negative direction

● no change

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Figure 9: Workforce Disability Equality Standard (WDES)

WDES Metric	Metric Description	Disability Group	2020	2021	2022	Improvement
Metric 1	Percentage of Disabled staff in Bands 8-9, VSM (including executive Board members and senior medical staff) compared with the percentage of Disabled staff in the overall workforce	Disabled Staff in Post	3.71%	3.92%	4.53%	●
		Disabled 8a+ & VSM	1.62%	2.26%	3.25%	●
Metric 2	Relative likelihood of Disabled staff compared to non-disabled being appointed from shortlisting across all posts	Non-disabled	1.31	1.15	1.09	●
Metric 3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	Disabled	4.75	0.00	0.00	●
Metric 4	a. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public	Disabled	25.5%	24.6%	29.5%	●
		Non-disabled	20.1%	19.0%	22.4%	●
	ii.Managers	Disabled	12.6%	14.1%	14.3%	●
		Non-disabled	6.8%	6.5%	7.7%	●
	iii. Other colleagues	Disabled	21.5%	22.1%	24.5%	●
		Non-disabled	13.1%	12.7%	14.9%	●
	b. Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Disabled	48.6%	51.4%	45.5%	●
		Non-disabled	41.9%	44.9%	43.5%	●
Metric 5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion	Disabled	82.0%	83.5%	51.7%	●
		Non-disabled	89.3%	89.4%	58.2%	●
Metric 6	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Disabled	33.9%	31.7%	32.0%	●
		Non-disabled	19.8%	21.9%	21.9%	●
Metric 7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	Disabled	42.9%	39.8%	36.0%	●
		Non-disabled	53.0%	51.2%	43.8%	●
Metric 8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled	78.9%	79.3%	74.7%	●
Metric 9	a. The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation	Organisation	7	7	6.7	●
		Disabled	6.7	6.6	6.4	●
		Non-disabled	7.1	7.1	6.9	●
Metric 10	Percentage difference between the organisations Board voting membership and its overall workforce By voting membership of the Board	Disabled	0%	13%	12%	●
		Non-disabled	79%	67%	69%	●
		Unknown	21%	20%	19%	●
	By voting membership of the Board	Disabled	0%	13%	12%	●
		Non-disabled	79%	67%	69%	●
		Unknown	21%	20%	19%	●
	By Executive membership of the Board	Disabled	0%	0%	0%	●
		Non-disabled	71%	88%	100%	●
		Unknown	29%	13%	0%	●

● change in a positive direction

● change in a negative direction

● no change

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h. Equality, Diversity and Inclusion

The Trust has a strong governance framework in place which includes a dedicated Equality, Diversity and Inclusion (EDI) Board that oversees the development and implementation of our strategic approach and work to embed best practice across all areas of the organisation, to benefit both patients and our workforce. The EDI Board has a diverse and broad membership that includes senior leaders, service managers and representatives of the Trust's four Staff Network Groups. It reports to the Trust Executive Group and to both the People and Quality Committees.

The Trust is continuing to implement its Equality, Diversity and Inclusion (EDI) Strategy (2021-2025), which reflects the organisational commitment to being an inclusive organisation. Our aim is to be a Trust that values its workforce and supports them to bring their whole selves to work and an organisation where our patients can easily access high quality services that are personalised to meet their needs.

The EDI Strategy is built around the themes within the NHS Equality Delivery System (EDS2022), which looks at issues such as patient access, outcomes and experience and also workforce and leadership diversity. The strategy shows some of what has been achieved to date and also identifies what we are focussing on achieving going forward. It is supported by an annual Implementation Plan that is flexible and adaptable to ensure that it contains the real priorities for action. It also shows how the Trust will meet its statutory obligations under the Equality Act 2010, the NHS Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and the Accessible Information Standard (AIS).

We have continued to focus on developing new and innovative approaches to building confidence and capability in relation to good EDI practice across all areas of the Trust. Our achievements over the past year have included:

- Supported the launch of the Sheffield Race Equality Commission Report and activity to embed the actions from it.
- Completed our Reciprocal Mentoring Programme, where members of the Trust's leadership team are paired with members of our Staff Network Groups to provide a sharing of lived experience and strategies for success. It has been decided to continue with this programme due to the positive feedback from participants and will run three cohorts per year for the next 3 years.
- Supported the embedding of our Race Equality Charter through the delivery of CPD funded 'Becoming an Inclusive Leader' training for all managers and leaders.
- Promoted our EDI Training Directory, encouraging colleagues to access the full complement of EDI learning and development available on our PALMS e-learning platform.
- Developed and delivered a range of bespoke training and interventions to support teams tackling difficult issues, including on understanding trans and gender diversity, understanding microaggressions and others; procured a supplied to deliver a bespoke Board EDI Development Programme.
- Continued collaborative working with our partners across the city, region and system through the Sheffield Health Care Partnership (HCP), the Yorkshire and Humber Regional EDI Leads, the South Yorkshire Integrated Care Board (ICB) EDI Leads network and the Shelford Group EDI Leads.
- Produced the EDI Data Dashboard which, once launched and communicated across the Trust, will provide access to live, anonymised patient and workforce diversity data which we will be used by service areas and decision makers to better understand the profile of who users our services / our workforce and how we can ensure we meet their needs.
- Invested in our network of Workplace Dyslexia Assessors, we now have 35 trained individuals undertaking this role in addition to their day job and have further developed the service being offered; a recent survey indicated that 100% of those who responded felt that they had benefitted from the service

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and that it had made a positive difference to their working lives.

- Produced an interactive Inclusion Calendar in collaboration with the Staff Network Groups and Chaplaincy and celebrated a number of dates with a wide range of communications and activities throughout the year, including marking World AIDS Day, International Women's Day, Holocaust Memorial Day, International Day for the Elimination of Racial Discrimination, Autism Awareness Day, Ramadan and many other key dates.
- Made mandatory the requirement for a diverse and inclusive recruitment process for all and 8+ roles and Consultant roles.
- Published our Workforce Race Equality Standard (WRES) and Workplace Disability Equality Standard (WDES) metrics and created separate action plans for each which are actively managed and monitored.
- Produced and published our annual Gender Pay Gap data and report.
- Achieve a Top 100 ranking in our second Stonewall Workplace Equality Index (WEI) submission and received a Gold Award for our Bi and Trans inclusion work.
- Continued to embed our approach to Equality Impact Assessments (EIAs) by making it a key part of policy development and ensuring that all key decisions, changes and proposals are supported by a Rapid EIA.
- Created a new Equal Opportunities Policy that covers both workforce and our patients which sets out how we will be fair, inclusive and non-discriminatory in all that we do.
- Created a new Workplace Reasonable Adjustments Policy and Passport to support our colleagues with a disability/ies and/or long-term condition/s.
- Continued to make conversations around EDI easy to have within team settings through embedding the 'Conversation Corners' approach in all our LEAD Managers Briefings.
- Continued to ensure that EDI considerations are a key focus in our service improvement programmes and that Rapid EIAs are undertaken at every opportunity.
- Worked with two service areas – Maternity and Emergency Department – to complete our EDS2022 review for 2022/23; the focus of this was on service user access, outcome and experience.
- Chosen to participate in the NHS Employers Diversity in Health and Care Partners Programme; attending 4 modules designed to support the development of best EDI practice.
- Developed and launched the Trust's PROUD Behaviours, linked directly to the PROUD Values, for both colleagues and patients.
- Launched the See Me First badge and campaign which focuses on putting the patient at the centre of everything we do.
- Continued to roll out the Rainbow badge initiative to show our continued support and allegiance to our LGBTQ+ workforce and patients.

The Trust is continually seeking to improve its engagement and involvement of our colleagues, our patients and the wider community in everything that we do. We want to understand people's experiences, which will be both positive and negative, so that we are self-aware and understand what we are getting right, what we are getting wrong and how we can improve.

i. Annual patient surveys

Seeking and acting on patient feedback is a high priority, and the Trust continues to undertake a wide range of patient feedback initiatives regarding the services they provide, these include:

- The national patient survey programme which provides the Trust with high level patient experience feedback relating to the care they have received. Following each national survey, an action plan is developed which is signed off at the Patient Experience and Engagement Group (PEEG) and either monitored at PEEG or local Governance meetings.
- The Friends and Family Test which provides a snapshot of a patient's experience and gives patients and carers the chance to easily provide feedback at any point in their journey. Each month the top themes identified are reported to PEEG and regular 'deep dives' are

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completed to provide more granular data on the themes and inform improvement actions.

Survey work during 2022/23 included participation in the National Survey Programme for cancer care, maternity services, urgent and emergency care, and inpatients. The results for the 2022 Maternity Survey have been published and national results, including comparative scores, will be available during 2023 for the National Cancer Patient Experience Survey, the Urgent and Emergency Care Survey and the National Inpatient Survey.

During 2022/23, the Care Quality Commission published results from the National Adult Inpatient Survey (2021), the National Cancer Patient Experience Survey (2021) and National Maternity Survey (2022).

National Adult Inpatient Survey 2021

The National Inpatient Survey 2021 was carried out across 134 acute and specialised NHS trusts in England. All adult patients (aged 16 and over) who had spent at least one night in hospital during November 2021 and were not admitted to maternity or psychiatric units were eligible to be surveyed. For the 2021 survey, STH increased the sample of patients, with a total sample of 2401 patients, from which 896 responses were received, equating to a 37% response rate. This compares to a national response rate of 39.5%. As some trusts did not increase their sample size, the CQC analysis only includes response from the original sample size of 1250, to ensure accurate and fair trust comparison. Therefore 442 patient responses have been included in the Trust's position for national reporting.

Compared to other trusts participating in the National Inpatient Survey, this Trust scored 'about the same' as other trusts on most questions and scored 'better' than other trusts on two questions; 'During your time in hospital, did you get enough to drink?' and 'Did you have confidence and trust in the doctors treating you?'

In terms of the question relating to overall experience, the Trust score of 8.4 was ranked 'about the same' as the national average.

National Cancer Patient Experience Survey 2021

The National Cancer Survey 2021 was carried out across 134 NHS trusts and included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS Trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2021. A total of 1,862 eligible patients from the Trust were sent a survey, and 1,051 were returned, giving a response rate of 56% (national response rate of 55%).

The Trust scored 9.0 for the overall average rating of care which is slightly higher than both the Trust's 2020 score of 8.9 and the 2021 national average score of 8.9.

The questions with the lowest scores from patients have been reviewed and an action plan developed by the teams providing care for patients with cancer to improve services for patients.

National Maternity Survey 2022

The 2022 survey of women's experiences of maternity services involved 121 NHS Trusts in England. Women were eligible for the survey if they had a live birth during February 2022, were aged 16 years or older, and gave birth in a hospital, birth centre, maternity unit, or at home. A total of 419 eligible patients from this Trust were invited to take part in the survey and 205 completed the survey giving a response rate of 49% (national response rate 47%).

The Trust scored 'worse' than most trusts for eight questions, 'somewhat worse' than most trusts for eight questions and scored 'about the same' as other trusts for the remaining 35 questions.

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The Trust performed 'worse' than other trusts for the questions:

- During your antenatal check-ups, did your midwives ask you about your mental health?
- On the day you left hospital, was your discharge delayed for any reason?
- Thinking about your postnatal care, were you involved in decisions about your care?
- Did you feel that the midwife or midwifery team that you saw or spoke to always listened to you?
- Did the midwife or midwifery tram that your saw or spoke to take your personal circumstances into account when giving you advice?
- Did you have confidence and trust in the midwife or midwifery team you saw or spoke to after going home?
- Were you given information about any changes you might experience to your mental health after having your baby?
- Were you given information about your own physical recovery after the birth?

The Trust performed 'somewhat worse' than other trusts for the questions:

- During your antenatal check-ups, were you given enough time to ask questions or discuss your pregnancy?
- Did you have confidence and trust in the staff caring for you during your antenatal care?
- Thinking about your antenatal care, were you treated with respect and dignity?
- At the start of your labour, did you feel that you were given appropriate advice and support when you contacted a midwife or the hospital?
- Thinking about your care during labour and birth, were you involved in decisions about your care?
- If you needed attention while you were in hospital after the birth, were you able to get a member of staff to help you when you needed it?
- Thinking about the care you received in hospital after the birth of your baby, were you given the information or explanations you needed?
- Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?

In response to this survey and the themes arising from Maternity FFT (below) the service has developed an action plan which includes actions to:

- Improve staffing:
  - Increase midwifery staffing levels in line with Birth Rate Plus assessment.
  - Expand roles of midwifery support workers to complement the role of qualified midwives.
- Improve experience and ensure patients feel treated with respect and dignity:
  - Implement What Matters to You & Civility Saves Lives in Maternity Services
  - Roll-out of Trust PROUD behaviours framework.
- Improve access to information:
  - Creation of Jessop Wing website and inclusion of i-decide tool to inform women of their choices in pregnancy and birth.
  - Implement end-to-end Maternity Information System
- Ensure women with specific needs are supported:
  - Review of use and accessibility of interpreting service in Jessop Wing.
  - Ensure staff aware of Health Passports for women with learning difficulties or autism.

Friends and Family Test

The Trust continues to participate in the Friends and Family Test (FFT), which is carried out in inpatient, outpatient, A&E, maternity, and community services. The FFT asks a simple, standardised question; 'Overall, how was your experience of our service' with a six-point scale, ranging from 'very good' to 'very poor'. The definition of positive and negative scores are in line with national guidance and therefore the positive score is based on responses of 'Very good' and 'Good'. The negative score is based on a response of 'Poor' and 'Very poor'. 'Don't know' or 'neither good nor poor' don't count towards a

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positive or negative score but are included in the denominator.

The Trust also asks a follow-up question to understand why patients have selected their rating.

During 2022/23, the overall positive score across all services was 91%. This is above the National score of 90%**.

FFT responses are collected through postcards, text and interactive voice messaging, and online responses which are supported in some areas by the use of ward iPads. Postcards are also available in 'Easy read' and alternative language versions for patients who have alternative communication needs and would like to give feedback.

FFT results are monitored through monthly reports. Wards and departments are able to access patient comments relevant to their area via an online patient experience portal.

The Trust is committed to maintaining good positive scores for FFT to ensure a positive patient experience in all services. Therefore, the Trust works to a positive score target for inpatients of 95%, maternity services of 95%, community services of 90% and outpatient services of 94%. The Trust's internal target for A&E was adjusted from 86% to 77% in October 2022 to align the internal target with the national average FFT positive score for A&E. Positive scores are monitored and reported on a quarterly basis in the Integrated Quality Report and on a monthly basis through the Patient Experience and Engagement Group (PEEG), which escalates trends or concerns to the Patient Experience and Engagement Committee and takes relevant actions to improve the Trust's FFT position.

The scores across all areas of FFT comparing with 2021/22 are detailed below.

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Figure 10: Scores for FFT*

FFT Area	2021/22				2022/23			
	Sheffield Teaching Hospitals NHS Foundation Trust		National		Sheffield Teaching Hospitals NHS Foundation Trust		National	
	Positive Score	Negative Score	Positive Score	Negative Score	Positive Score	Negative Score	Positive Score	Negative Score
Inpatient	91%	5%	94%	3%	92%	4%	92%**	3%**
Outpatient	94%	3%	93%	3%	94%	3%	93%**	3%**
Maternity	80%	14%	92%	4%	88%	7%	90%**	4%**
Community	91%	3%	94%	3%	93%	3%	93%**	4%**
A&E	77%	15%	78%	14%	81%	12%	76%**	16%**

** The national position currently consists of FFT data for the 12-month period of March 2022-February 2023 as the national data for March 2023 is not yet published. This is expected to be available in May 2023.

j. Complaints

The Trust values complaints as an important source of patient feedback. We provide a range of ways in which patients and families can raise concerns or make complaints. All concerns, whether they are presented in person, in writing, over the telephone or by email are assessed and acknowledged within three working days and wherever possible, our Patient Access and Liaison Service (PALS) team take a proactive working approach to resolving problems 'on the spot'.

All contacts received by the PALS are assessed to see if they can be dealt with quickly, for example by taking direct action, or by putting the enquirer in touch with an appropriate member of staff. This course of action is agreed with the patient and the enquiry is recorded as a concern (informal complaint). During 2022/23, we received 2,854 informal concerns which we were able to respond to quickly.

If the concern or issue cannot be dealt with informally or if the enquirer remains concerned, the issue is categorised as a formal complaint and processed accordingly. During 2022/23 1224 formal complaints were received. The number of formal complaints received by the Trust has increased overall by 10.4%. This increase reflects the decrease received last year, largely due to the nationwide pause in the complaint process in 2020/21 due to the COVID-19 Pandemic.

A monthly breakdown of formal complaints and concerns received during 2022/23 is provided below.

Of the formal complaints closed during 2022/23 721 (61%) were upheld or partially upheld by the Trust.

Where complainants remain unhappy with the Trust's response, they can refer to the Parliamentary and Health Service Ombudsman (PHSO) to get an independent and objective body to review their complaint. The PHSO investigate complaints made regarding Government departments and other public sector organisations and the NHS in England. During 2022/23 the Parliamentary and Health Service Ombudsman closed 4 cases regarding the Trust, 0 were upheld and 2 were partially upheld.

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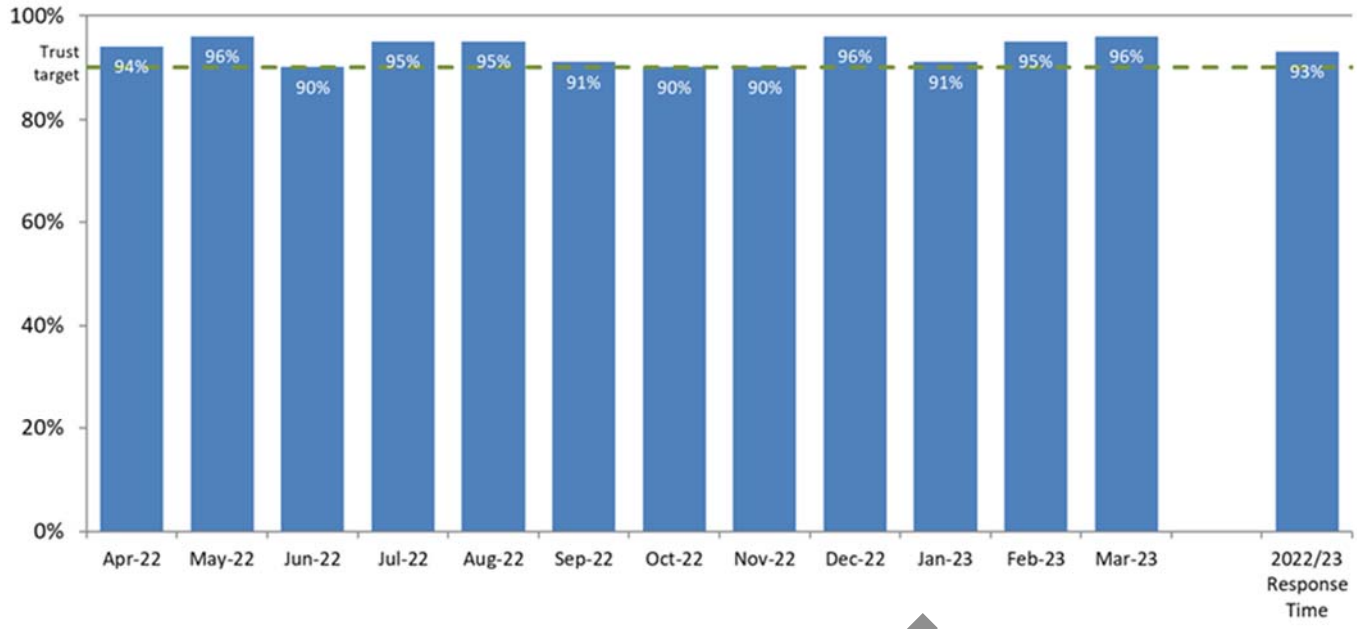
Figure 11: Complaints received during 2021/22 by month

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
New informal concerns received	230	248	246	226	266	258	250	233	172	248	226	251	2854
New formal complaints received	98	125	93	91	114	109	121	114	65	90	110	94	1224
Total	**328**	**373**	**339**	**317**	**380**	**367**	**371**	**347**	**237**	**338**	**336**	**345**	**4078**

Figure 12: Breakdown of complaints response times by month



The complaint response time target is that at least 90% of complaints are closed within the agreed timescale. This target was achieved in 2022/23, with 93% being responded to in time, or with an extension.

Monthly complaints reports are produced for the Patient Experience and Engagement Group showing the number of formal complaints received and response times at directorate level. Open concerns (informal complaints) have also recently been added to this monthly report to ensure these are being followed up and responded to appropriately.

This reporting aims to ensure that the Trust is continually reviewing information, so that serious issues, emerging themes or areas where there is a notable increase in numbers of formal complaints and concerns, can be investigated and reviewed.

In April 2022, a review of the subjects used to record complaints was undertaken. Going forward it is anticipated the changes will help to provide more accurate and consistent data on themes and trends arising from complaints. Historically there were 29 Primary Subjects and 158 Sub-Subjects on Datix to record complaints. Many of these were duplicates and not consistently used, due to the subjective nature of how complaints are recorded. The change reduced the numbers to 20 Primary Subjects and 82 Sub-Subjects.

When presented as a percentage, complaints relating to 'Attitude' have increased by 1.7%. Complaints relating to 'Communication with patient' have increased by 2.4% however those relating to 'Communication with Relative/Carer' have decreased by 2.2%. The Trust had previously seen an increase in those complaints during the pandemic, and this may have been attributed to relatives/carers not being able to visit.

Complaints about 'Waiting time for follow-up / routine appointment' and 'waiting for procedure' have seen biggest increases with 4.3% and 4.6% increases. This is reflective of the effect of the Covid-10 pandemic and the backlog of clinical cases that was created with the reduced capacity over that time.

The Trust remains committed to learning from, and taking action as a result of, complaint investigations. In order to share learning the Patient Experience and Engagement Group receives regular presentations, on a rolling programme, from the Nurse Director of each Care Group. The presentation reviews in detail how a complaint was managed and demonstrates the reflective learning and improvements which have been implemented as a direct result of the complaint.

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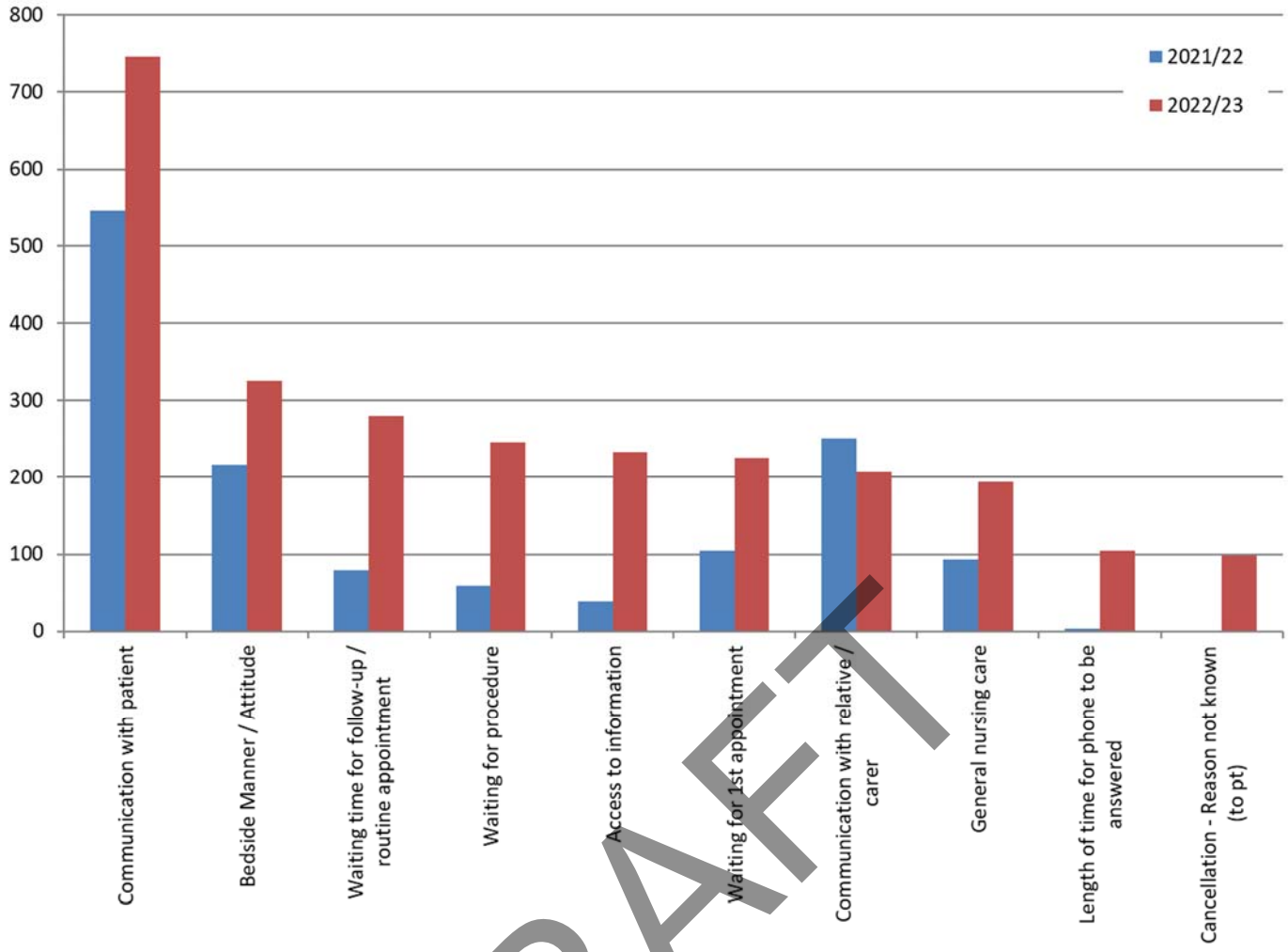
Figure 13: Breakdown of complaints by theme



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k. Delivering same-sex accommodation

The Trust remains committed to ensuring that men and women do not share sleeping accommodation, except when it is in the patient's overall clinical best interest or reflects their personal choice. There have been no breaches of this standard during 2022/23.

l. Coroners' Regulation 28 (Prevention of future death) reports

The Trust received three Regulation 28 Reports during 2022/23 they are as follows:

1. On 25 April 2022 a Regulation 28 was issued concerning a patient who was born at Sheffield Jessop Wing on 3 April 2021. He was born premature at only 28 weeks and was very small even for his age. On 3 April 2021 an umbilical Venous Catheter was positioned in a sub optimal position and required review within 24 hours. The review was not documented or handed over and as a result was not completed. This resulted in his death on 5 April 2021.

The Coroner found the death was contributed to by neglect and issued a Regulation 28 Report due to the following concerns:

- The parents were not told about the consultant plan to review, reassess, and pull back the central line. Them knowing could have prompted that this was done.
- Although staffing was over national standards, the available skill mix could have created an additional burden on the consultant.
- The pink 'handover' sheets have been reviewed and redesigned to include more than the national requirements. There does not seem to be any consideration of whether the national form would meet the requirements of this unit and that less information may be preferable in these circumstances.

Evidence was heard regarding Jessop Wing having responsibility for the sickest and most premature babies in the region. Jessop Wing, however, cannot ask for support if required. There was evidence given of a buddy system and how the Jessop wing have tried to access support form colleagues directly. There are other neonatology consultants across the region who could provide remote assistance potentially.

2. On 26 April 2022 a Regulation 28 was issued concerning a patient who was born in Sheffield Jessop Wing on 6 August 2020. During the delivery clinical decisions resulted in a 23-minute delay and during this time her condition was not adequately monitored. She was born in a very poor condition and later died on the 9 August 2020.

   The Coroner found the death was contributed to by neglect and issued a Regulation 28 Report due to the following concerns:

   - The decision was made by the midwife present during delivery to move to an episiotomy, however this was delayed as another midwife who came to support suggested more position changes. This resulted in inadequate monitoring of foetal heart rate. Although the decision to seek support is not criticised, the Coroner concluded the subsequent lack of clarity regarding which midwife was the decision maker, resulted in a delay in undertaking the Episiotomy.
   - The decision to move the mother from consultant to midwife led care without consultation is concerning.
   - The lack of discussion with the mother about birthing options prior to labour and therefore lack of engagement with her is concerning.
   - The reference to 'normal birth' in the 'Born in Sheffield' documentation suggests encouragement of a natural birth to expectant mothers when they may prefer to explore other options such as caesarean section. Language is hugely important in terms of the experience individuals have when vulnerable.
   - There appears to be no safeguards in place for those not on continuous heart rate monitoring.

3. On 22 November 2022 a Regulation 28 was issued concerning a patient who was admitted to the Royal Hallamshire Hospital on 16 June 2022. During the admission the patient was receiving additional support from her own private care staff. She died following a fall in hospital after her care staff had left for the day.

   The Coroner found the death was as a result of an accident and issued a Regulation 28 Report due to the following concerns:

   - The patient was in receipt of care from her own care staff. These staff were not made aware of any of the risk assessment or care plans which were in place to support her. This put the patient at risk as her private carers were providing care contrary to what was indicated by the MDT responsible for her. Involvement in care planning of those supporting the patient would have made this a safer environment and the roles and responsibilities of those involved should have been made clear.

m. Never Events

Never Events are defined by NHS England as 'Serious Incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers'.

During 2022/23, eight Never Events were declared. Seven occurred at the Trust and one occurred at Spire Claremont Hospital. Three were in relation to 'wrong site surgery', three related to a 'retained foreign object post procedure' and two were in relation to 'wrong implant/prosthesis'.

Learning from Serious Incidents and Never Events is shared through multiple forums within the Trust, including the Trust's Safety and Risk Forum, Management Board Briefing, relevant

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subject committees and via Trust-wide monthly safety messages from the Medical Director (Operations).

The Trust continues to work to strengthen learning opportunities and ensure improvements made are sustainable and embedded. Examples of ongoing actions that have been taken in response to Never Events include, but are not limited to, the continued roll out of the Inventory Management System, theatre culture survey work and audits to monitor compliance with procedural marking, surgical counts and procedural safety checklists.

n. Duty of Candour

The Trust Incident Management Policy reflects the expectation in relation to Duty of Candour. This is supported by the Duty of Candour Policy that was published in August 2021. In June 2022 additional guidance was provided by the Care Quality Commission to provide further clarify as to what constitutes as a notifiable safety incident and Trust Policy has been updated accordingly. Duty of Candour training is provided via an e-learning resource.

All incidents, including those which trigger the Duty of Candour, are reported on Datix, the Trust's electronic incident management system. For the statutory Duty of Candour regulations to be considered, a patient safety incident has to be classed as an incident of moderate, major, or catastrophic severity. A trigger is then activated in Datix to prompt consideration whether Duty of Candour applies. During 2022/23, the number of incidents that met this criterion was 2022.

Of these 2022 incidents, 234 were related to hospital acquired COVID-19 and Duty of Candour has been completed in all cases with the exception of those where contact details for relevant next of kin could not be obtained.

Of the remaining 1,788 incidents, Duty of Candour was confirmed on the Datix record as being applicable to 1,098 cases. Of the remaining 690 incidents, Duty of Candour was recorded to be not applicable in 555 cases and a rationale was provided in all but 8 of these. There is no clear record on Datix whether Duty of Candour is applicable for the remaining 135 incidents. A review of the discrepant cases is underway. In addition, an audit tool to review Duty of Candour compliance is under development and will be undertaken at agreed intervals to provide assurance that appropriate decisions regarding Duty of Candour are being taken in line with national guidance.

This data highlights that there has been a 106% increase in the number of incidents reported to meet the Duty of Candour criteria from the previous year. This demonstrates a continuing increase in the understanding of the Duty of Candour regulations.

o. Safeguarding

The Trust is one of a number of agencies who report to and support the obligations of the Sheffield Safeguarding Partnership for Children, Young People and Adults. The Statutory Safeguarding Partners consist of Sheffield City Council, South Yorkshire Police, and NHS South Yorkshire Integrated Care Board (ICB) Sheffield Place.

The Partnership Executive Board leads and holds all other partner agencies to account to ensure that children and adults at risk are protected from all forms of abuse, neglect or exploitation.

The Trust is represented at all external Safeguarding Partnership. multi-agency safeguarding and domestic abuse meetings and forums by members of the Trust Safeguarding Team.

The Trust provides various levels of mandatory safeguarding training to staff as required by the Safeguarding Intercollegiate Competency Frameworks for adults and children.

The Trust has a number of safeguarding policies, guidance documents and processes in place to support staff to identify and report all types of abuse of patients, carers, family members, visitors or staff.

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The Trust holds a quarterly Safeguarding Assurance Group meeting and produces an Annual Safeguarding Report for the Trust Executive Group via the Quality and Safety Executive Committee and the Committee.

Key Performance Indicators for safeguarding adults and children are submitted quarterly to the ICB Sheffield Place.

Mandatory quarterly reports are submitted to NHS improvement (NHSI) in respect of cases of Female Genital Mutilation identified by services in STHFT, and for Prevent training compliance and Prevent referrals made by the Trust.

The Trust's Safeguarding Team supports staff to identify and respond to both adults and children who are subject to domestic violence and abuse, working in particularly close collaboration with the Emergency Department and the Jessop Wing maternity services Vulnerabilities Team, and in liaison with external agencies.

The Trust Safeguarding Team has recruited to and supports a network of Safeguarding Champions across the organisation to offer local additional advice and assistance to front line staff to recognise and respond to abuse or neglect.

p. Seven-day services

A national Seven Day Services Forum was established by Professor Sir Bruce Keogh, NHS England Medical Director, in 2013 and asked to concentrate its first stage review on urgent and emergency care services and their supporting diagnostic services. The Seven Day Services Forum's Summary of Initial Findings was presented to the Board of NHS England in December 2013. One of its recommendations was that the NHS should adopt ten evidence-based clinical standards for urgent and emergency care and supporting diagnostics to end current variations in outcomes for patients admitted to hospital at the weekend. NHS England's Board agreed to all the Forum's recommendations, including full implementation of the clinical standards. In 2016, NHS England requested that hospital Trusts measure performance on four priority clinical standards.

The four priority clinical standards are:

- Standard 2: Time to initial consultant review from admission into hospital
- Standard 5: Access to diagnostics
- Standard 6: Access to consultant-led interventions
- Standard 8: On-going daily consultant-directed review

The Seven Day Service audit was postponed during 2020/21, 2021/22 and 2022/23 and therefore there is no audit data to present. The Organisation will approve the process for the Annual Board Assurance Report for 2023/24.

q. Learning from deaths

The Trust is committed to learning from all patient deaths. During 2022/23, 2,914 patients died whilst an inpatient at the Trust. 166 patients died in the Accident and Emergency Department. The following number of deaths occurred in each quarter of the reporting period:

- 639 in the quarter 1
- 692 in the quarter 2
- 816 in the quarter 3
- 767 in the quarter 4

During 2022/23, 3,131 deaths were reviewed by a Medical Examiner. 179 cases have been referred for a Structured Judgement Review (SJR) case record review, most via the Medical Examiner system. 109 SJRs have been completed (61% of those referred) and five rejected.

The number of deaths in each quarter for which a SJR case record review was referred:

- 57 in the first quarter
- 44 in the second quarter
- 43 in the third quarter
- 35 in the fourth quarter

Data correct as of 25 April 2023

All but one of the 35 neonatal deaths have received a case record review, the equivalent of an SJR. The latest death is scheduled for review on 26 April.

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Deaths subject to an SI investigation are being managed in line with Trust Incident Management processes. Between 1 April 2022 and 31 March 2023, 11 cases were judged by the Serious Incident Group to be more likely than not to have been due to problems in the care provided to the patient.

Where an SJR is scored as 'poor' or 'very poor' by two independent reviewers, the directorate is requested to review the case and either declare an SI to the Serious Incident Group or complete context around the care and an action plan for review at Mortality Governance Committee. Regardless of outcome, all SJR summaries are sent to relevant Directorates for discussion at speciality Mortality and Morbidity meetings where local actions can be agreed and progressed.

Regular feedback from specialty Mortality and Morbidity Meetings to the Mortality Governance Group has been introduced during 2022/23 and work is ongoing to improve the way learning is shared. Analysis of SJR data is being done so that trends can be identified and fed into improvement work.

r. Staff who speak up

Employees of the Trust have a number of ways they can raise concerns about patient or staff safety and/or wellbeing or about any perceived unacceptable behaviour or bullying and harassment.

We encourage staff to raise their concerns through conversations with supervisors and line managers so that they can be resolved as quickly possible. They can also raise their concerns within their line management structure but if they feel unable to do this, we have a Lead Freedom to Speak Up Guardian supported by eight voluntary Freedom to Speak Up Guardians who staff can speak to. The Guardians are supported by a number of trained Freedom to Speak Up Champions across the organisation. The contact details for the Guardians and Champions can be found on the Human Resources intranet page and are publicised on posters across the organisation. Staff may also raise concerns through a dedicated email address where they will be picked up and supported by a Guardian throughout the Freedom to Speak Up process.

The two main policies which support staff in doing this are: the Freedom to Speak Up Policy and the Acceptable Behaviour at Work Policy.

There are regular communications to Trust employees about the Freedom to Speak Up process and all staff raising concerns through this route receive feedback via the Guardian / Champion who they raised their concern with and/or the investigating manager. We will also seek feedback from concern raisers at the end of the process to allow us to learn and improve.

All staff raising concerns are protected in line with whistleblowing legislation.

s. Rota gaps

There continue to be significant challenges in filling medical rotas. There are gaps on rotas due to lack of trainees allocated by Health Education England. The Trust has a very successful internal locum bank, with which around 90% of Trust doctors in training are registered, and this provides a cohort of doctors familiar with the Trust, its processes, procedures, and IT systems who can be asked to fill gaps . The Trust also continues to appoint non-training grade posts to support longer term gaps on rotas.

A well-established Hospital Out of Hours service is in place at both campuses and makes efficient use of the out of hours workforce, allocating tasks to the most appropriate staff member, some of whom are non-medical.

Several non-medical staff have been appointed to undertake tasks traditionally carried out by doctors, including Advanced Clinical Practitioners, and Physicians' Associates. Although Physicians Associates cannot prescribe medication or order radiological investigations, and whilst plans are emerging nationally to address this, the relevant legislation is unlikely to become law during the next year.

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Part 3

Quality performance information 2022/23

This section presents the Trust priorities which are encompassed in the mandated indicators that the organisation is required to report and have been agreed by the Board of Directors. The indicators include:

- *Six that are linked to patient safety*
- *Eleven that are linked to clinical effectiveness; and*
- *Thirteen that are linked to patient experience.*

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Quality Performance Information

Prescribed Information	2020/21	2021/22	2022/23
The value and banding of the Summary Hospital-Level Mortality Indicator (SHMI) for the Trust for the reporting period.	1.00 Banding: as expected	0.98 Banding: as expected	1.00 Banding: as expected
National Average: 1.00 Highest performing Trust score: 0.72 Lowest performing Trust score: 1.22 *(Figures for December 2021 – November 2022)*	1.00 Banding: as expected	1.00 Banding: as expected	1.00 Banding: as expected
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period. National average: 40% Highest trust score: 66% Lowest trust score: 13% *(Figures for December 2021 – November 2022)*	34%	40%	38%

Sheffield Teaching Hospitals NHS Foundation Trust considers that these data are as described as the data are extracted from the NHS Digital SHMI data set (published 13th April 2022).

The SHMI makes no adjustment for patients who are recorded as receiving palliative care because there is considerable variation between trusts in the way that palliative care codes are used is recorded. Adjustments based on palliative medicine treatment specialty would mean that those organisations coding significantly for palliative medicine treatment specialty would benefit the most in terms of reducing the SHMI value (the ratio of Observed/Expected deaths would decrease because the expected mortality would increase).

Hence, SHMI routinely reports percentage patient deaths with palliative care coding as a contextual indicator to assist with interpretation of data.

Sheffield Teaching Hospitals NHS Foundation Trust has taken action to optimise this coding rate, and so the quality of its services by implementing a business-as-usual process relating to palliative care coding. This process ensures all activity is captured by validating clinical coding against the Palliative Care Services own contact report and an Information Services User Report. The validation work is undertaken monthly. As a result of this, in 2021/22 the Trust rate of palliative care coding increased markedly to 40%, in line with the national average. The rate decreased slightly to 38% in 2022/23, still well above the 2020/21 level and the Trust is committed to continuing the validation process in 2023/24.

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Patient Reported Outcome Measures (PROMs)	2020/21	2021/22	2022/23
The Trust's EQ5D patient reported outcome measures scores for:			
(i) Hip replacement surgery primary			
Trust score:	*	**	**
National average:	0.472	**	**
Highest score:	0.574	**	**
Lowest score:	0.393	**	**
(ii) Hip replacement surgery revision			
Trust score:	*	**	**
National average:	0.336	**	**
Highest score:	0.413	**	**
Lowest score:	0.253	**	**
(iii) Knee replacement surgery primary			

Prescribed Information	2020/21	2021/22	2022/23
Trust score:	*	**	**
National average:	0.315	**	**
Highest score:	0.403	**	**
Lowest score:	0.181	**	**
(iv) Knee replacement surgery revision			
Trust score:	*	**	**
National average:	0.299	**	**
Highest score:	0.230	**	**
Lowest score:	0.207	**	**

* Denotes that there are fewer than 30 responses as figures are only reported once 30 responses have been received.

** Denotes data not yet released. In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. NHS England have paused the current publication reporting series for PROMS at this time. Therefore, the Trust is looking at available local data although not risk adjusted to inform improvements.

PROMs scores represent the average adjusted health gain for each procedure. Scores are based on the responses patients gave to specific questions on mobility, usual activities, self-care, pain and anxiety after their operation as compared to the scores they gave pre-operatively. A higher score suggests that the procedure has improved the patient's quality of life more than a lower score.

Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described as the data is taken from the NHS Digital PROMs data set.

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Readmissions			
The percentage of patients aged: 0 to 15; and	0%	0%	0%
16 or over, readmitted to a hospital, which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period. These data are a snapshot at the time the report is run and may change as live systems are updated. Due to these, figures reported for previous years may change.	12.25%	12.52%	13.51
Comparative data is not available			
Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described as the data is taken from the Trust's Patient Administration System, Lorenzo.			
Sheffield Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve this percentage, and through this the quality of its services, by raising any specific concerns with the individual specialty in order to allow a timely response.			
Responsiveness to personal needs of patients	94%	95%	**
The Trust's responsiveness to the personal needs of its patients during the reporting period. **The National Adult Inpatient 2022 Survey Takes place in January – April 2023 from a sample of patients who were inpatients during December 2022. Data from the Survey Contractor, Picker, is expected to be available in May 2023 with CQC results expected to follow in August 2023. The data below is from the 2021 survey published in 2022.			

Prescribed Information	2020/21	2021/22	2022/23
The Trust score is made up of the following: Did you get enough help from staff to eat your meals? – 88% Do you think the hospital staff did everything they could to help control your pain? – 98% Were you treated with respect and dignity? – 98% National average: 93% (this is based on the average scores across all NHS trusts who are contracted with Picker.)			
Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described as the data is provided by National CQC Survey Contractor.			
Patients risk assessed for venous thromboembolism (VTE)			
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	95.12%	95.01%	93.00%
Comparative data is not available			
Sheffield Teaching Hospital NHS Foundation Trust considers that this data is as described as the data is taken directly from the Trust's Electronic Patient Record.			
Sheffield Teaching Hospitals NHS Foundation Trust continues to take the following actions to improve this percentage, and through this the quality of its services, by utilising developing IT clinical systems and completing Speciality Specific update of Thrombosis Prevention Guideline			
Rate of Clostridium Difficile			
<u>Hospital Onset/Healthcare Associated cases</u> The rate per 100,000 bed days of Hospital Onset/Healthcare Associated cases of C.difficile infection reported within the Trust amongst patients aged two or over during the reporting period. The rates are as stated in Apr 2023 on the UK Health Security Agency HCAI database which uses KH03 occupied overnight beds per 100,000 as a denominator for this parameter.	27.21 (105 cases)	26.80 (119 cases)	26.35 (117 cases)
<u>Community Onset/Healthcare Associated cases</u> The rate per 100,000 bed days of Community Onset/Healthcare Associated cases community associated cases of C.difficile infection reported within the Trust amongst patients aged two or over during the reporting period. Community Onset cases presenting within 28 days of discharge, have been included in the objectives allocated to trusts since 2019/20. How these will be taken into account nationally as regards published rates is, as yet, unknown. The rates are calculated from data as stated in Apr 2023 on the UK Health Security Agency HCAI database using KHO3 occupied overnight beds per 100,000 as denominator for this parameter. Please note the rates quoted for 2020/21 and 2012/22 are updated rates, as currently published on the aforementioned HCAI database, and differ from those quoted in previous year's Quality Reports. The data quoted in previous reports was as stated on the HCAI database at the time of writing.	10.44 (44 cases)	7.41 (36 cases)	10.70 (52 cases)

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Prescribed Information	2020/21	2021/22	2022/23
Position against national objective During 2021/22 there have been a) 117 C.difficile Hospital Onset/Healthcare Associated episodes detected and b) 52 C.difficile Community Onset/Healthcare associated episodes detected within the Trust; total of 169. The national objective allocated to the Trust for 2022/23 was 149. This objective was therefore not achieved.			
Root cause analysis Hospital Onset/Healthcare Associated episodes have a root cause analysis undertaken to identify if there has been any possible lapse in care. As of 1st Apr 2023, 12.5% of cases where an RCA has been completed, have been highlighted as possibly having a lapse in care. This is similar to 2019/20 (9.2%) and 2020/21 (10.2%), 2021/22 (8.4%) and actions continue to be taken to address the issues identified in these RCAs.			
Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described as the data is provided by UK Health Security Agency. Sheffield Teaching Hospitals NHS Foundation Trust continues to take a range of actions to improve this rate, and through this the quality of its services, by having a dedicated plan as part of its Infection Prevention and Control Programme to continue to reduce the rate of C.difficile experienced by patients admitted to the Trust.			
Percentage of patients who waited less than 62 days from urgent referral to receiving their treatment for cancer			
Urgent GP referral for suspected cancer			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	61.8%	60.8%	45.6%
National Standard	85%	85%	85%
NHS Cancer Screening Service referral			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	60.0%	65%	40.2%
National Standard	90%	90%	90%
Data Source: Open Exeter National Cancer Waiting Times Database			
Rate of patient safety incidents			
The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	21,292	25,077	Not available
Number of incidents reported			
Rate of incidents reported per 1000 bed days. **Incident reporting rate data for the financial year 2022/23 is not available from the National Reporting and Learning System (NRLS) until September 2023.	51.09	56.5	**
The number and percentage of patient safety incidents that resulted in severe harm or death	216 (1.0%)	112 (0.5%)	Not available

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Prescribed Information	2020/21	2021/22	2022/23
Sheffield Teaching Hospitals NHS Foundation Trust encourages reporting of all incidents and although total numbers of incidents reported decreased between in 2020/2021 from the previous year, the rate of incidents reported per 1000 bed days has increased. This is reflective of a reduction in elective activity at the outset of the COVID-19 pandemic but demonstrates a continually improving safety culture.			
Maximum six week wait for diagnostic procedures			
Sheffield Teaching Hospitals NHS Foundation Trust achievement.	69.94%	81.01%	72.27
National Standard	99%	99%	99%
Accident and Emergency maximum waiting time of 4 hours from arrival to admission/ transfer/ discharge			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	85.89%	73.66%	74.13%
National Standard	95%	95%	95%
MRSA blood stream infections			
Hospital Onset bacteraemia cases in Sheffield Teaching Hospitals NHS Foundation Trust	3	0	2
Sheffield Teaching Hospitals NHS Foundation Trust threshold for Hospital Onset episodes.	0	0	0
Patients who do not need to be admitted to hospital who wait less than 18 weeks for GP referral to hospital treatment			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	80.30%	81.76%	73.25%
National Standard	95%	95%	95%
Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	75.94%	77.51%	68.07%
National Standard	92%	92%	92%
Patients who require admission who waited less than 18 weeks from referral to hospital treatment			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	72.06%	70.68%	64.29%
National Standard	90%	90%	90%
Never Events (Count)			
Sheffield Teaching Hospitals NHS Foundation Trust achievement * 1 of the 8 incidents for 2022/23 occurred at Spire Claremont Hospital	3	6	8*
Certification against compliance with requirements regarding access to healthcare for people with a learning disability			

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Prescribed Information	2020/21	2021/22	2022/23
Does the NHS Foundation Trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?	Yes	Yes	Yes
Does the NHS Foundation Trust provide readily available and comprehensible information to patients with learning disabilities about treatment options, complaints procedures and appointments?	Yes	Yes	Yes
Does the NHS Foundation Trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?	Yes	Yes	Yes
Does the NHS Foundation Trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?	Yes	Yes	Yes
Does the NHS Foundation Trust have protocols in place to encourage representation of people with learning disabilities and their family carers?	Yes	Yes	Yes
Does the NHS Foundation Trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?	Yes	Yes	Yes
Data Completeness for Community Services			
Referral to treatment information:			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	53.14%	61.42%	60.80%
National Standard	50%	50%	50%
Referral information:			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	100%	100%	100%
National Standard	50%	50%	50%
Treatment activity information:			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	100%	100%	100%
National Standard	50%	50%	50%
Friends and Family Test - Staff who would recommend the Trust (from Staff Survey)			
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	84.0%	76.2%	68.3%
National average: Combined Acute/ Acute and Community Trusts – 61.9 % Highest performing Trust score:(Combined Acute/ Acute and Community Trusts): 86.4% Lowest performing trust score: (Combined Acute / Acute and Community Trusts): 39.2%			
Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described, as the data is provided by the national CQC survey contractor.			

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Prescribed Information	2020/21	2021/22	2022/23
Sheffield Teaching Hospitals NHS Foundation Trust continues to work to improve this percentage by involving staff in service improvements and redesign, through seeking staff views via both the full census NHS staff survey, the Quarterly NHSI People Pulse, utilising our Microsystems Academy approach and through the People Promise retention work. Although there has been a decline in Trust performance over the past three years, this is in line with a national trend and the Trust remains better than the national average.			
Friends and Family Test – Positive Score (patients who have scored either two 'Good', or one 'Very Good') The percentage of patients who attended the Trust during the reporting period who scored either two for 'Good' or one for 'Very Good', when asked for their overall experience of the service. Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described, as the data is collected by Healthcare Communications and reported by NHS England. Sheffield Teaching Hospital NHS Foundation Trust continues to take the following actions to improve this rate, and through this, the quality of its services: • A monthly report is circulated across the Trust informing staff of scores and the number of responses, as well as enabling them to review the comments that patients have made about their experience. • Monthly FFT scores are compared with the 12-month Trust score as well as the 12-month national score to monitor performance. • FFT is monitored on a monthly basis through the Patient Experience and Engagement Group (PEEG)*, which escalates trends or concerns to the Patient Experience and Engagement Committee and takes relevant actions to improve the Trust's FFT position. • Focused work has been completed in lower scoring areas to identify improvement actions. These have included actions being put in place to increase response rates in areas with very low response numbers, actions taken to improve sleep quality in areas where noise at night was identified as an issue and providing staff with training on how to have difficult conversations. * In 2022, a new structure for oversight of Patient Experience was implemented constituting of a strategic senior-level Patient Experience and Engagement Committee chaired by the Chief Nurse and an operational Patient Experience and Engagement Group chaired by the Deputy Chief Nurse.	All areas 93% Inpatient 93% A&E 85% Maternity 88% Outpatient 94% Community 93%	All areas 90% Inpatient 91% A&E 77% Maternity 80 % Outpatient 94% Community 91%	All areas 91% Inpatient 92% A&E 81% Maternity 88% Outpatient 94% Community 93%

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Part 4

Statements from our Partners on the Quality Report

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Statement on Behalf of NHS South Yorkshire Integrated Care Board

NHS
South Yorkshire
Integrated Care Board

TO BE ADDED

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Statement from the Chair of Sheffield City Council's Health Scrutiny Sub-Committee

TO BE ADDED

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Statement on Behalf of Healthwatch Sheffield

TO BE ADDED

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Statement from Trust Governor Involvement in the Quality Report Steering Group

TO BE ADDED

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Statement of Directors' Responsibilities for the Quality Report

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

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 2022/23.

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 2022 to March 2023
- Papers relating to quality reported to the Board over the period April 2022 to March 2023
- Feedback from NHS South Yorkshire Integrated Care Board dated XX
- Feedback from Governors XX
- Feedback from local Healthwatch organisations dated XX
- Feedback from Sheffield City Council's Health Scrutiny Sub-Committee dated XX
- The latest national patient surveys, dated July 2022 (Cancer), September 2022 (Adult Inpatient), January 2023 (Maternity)
- The latest national staff survey published March 2023

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.

The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board of Directors

SIGNATURE TO BE ADDED
Annette Laban
Chair
DATE TO BE ADDED

SIGNATURE TO BE ADDED
Kirsten Major
Chief Executive
DATE TO BE ADDED

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Part 5

Glossary

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The table below provides a glossary of abbreviations and acronyms

ACP	Accountable Care Partnership
AI	Artificial Intelligence
AIS	Accessible Information Standard
BRC	Sheffield Biomedical Research Centre
CCG	Clinical Commissioning Group
CMP	Case Mix Programme
CPD	Continuing Professional Development
CQC	Care Quality Commission
CQUIN	Commissioning for Quality Improvement
CTG	Cardiotocograph
DNACPR	Do Not Attempt Cardiac Pulmonary Resuscitation
EDEPI	Equity in Doctoral Education through Partnership and Innovation
EDI	Equality, Diversity and Inclusion
EDS2	NHS Equality Delivery System
EIAs	Equality Impact Assessments
EMR	Electronic Medical Record
EoLC	End of Life Care
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
HEEP	Healthcare Entrepreneur Exchange Programme
IBD	Inflammatory Bowel Disease
ICS	Integrated Care System
IOLs	Intra-ocular lens
KPIs	Key Performance Indicators
LD	Learning Disabilities
LeDeR	Learning Disability Mortality Review Programme
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning
MINAP	Myocardial Ischaemia National Audit Project
NABCOP	National Audit of Breast Cancer in Older Patients
NACEL	National Audit of Care at the End of Life
NBOCA	National Bowel Cancer Audit
NCAA	National Cardiac Arrest Audit
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCHDA	National Congenital Heart Disease Audit
NEIAA	National Early Inflammatory Arthritis Audit
NELA	National Emergency Laparotomy Audit
NEWS2	National Early Warning Score
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
NJR	National Joint Registry

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NLCA	National Lung Cancer Audit
NMPA	National Maternity and Perinatal Audit
NNAP	National Neonatal Audit Programme
NOGCA	National Oesophago-Gastric Cancer Audit
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NRLS	National Reporting and Learning System
OHCAO	Out-of-Hospital Cardiac Arrest Outcomes
PALS	Patient Access and Liaison Service
PCI	National Audit of Percutaneous Coronary Interventions
PCR	Posterior Capsular Rupture
PICA	Paediatric Intensive Care
POMH	Prescribing Observatory for Mental Health
PROMs	Patient Report Outcome Measures
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
SDEC	Same Day Emergency Care
SHMI	Summary Hospital-Level Mortality Indicator
SHOT	Serious Hazards of Transfusion Scheme
SI	Serious Incident
SJR	Structured Judgement Review
SMR	Spinal Muscular Atrophy
SSNAP	Sentinel Stroke National Audit programme
TARN	The Trauma Audit & Research Network
TTP	Thrombotic Thrombocytopenic Purpura
VTE	Venous Thromboembolism
WDES	Workforce Disability Equality Standard
WEI	Workplace Equality Index
WRES	Workforce Race Equality Standard

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Report to Health Scrutiny Sub-Committee

1st June 2023

Report of: David Hollis, Interim Director of Legal and Governance

Subject: Work Programme 2023-24

Author of Report: Deborah Glen, Policy and Improvement Officer

Summary:

The Committee's Work Programme is attached at Appendix 1 for the Committee's consideration and discussion. This aims to show all known, substantive agenda items for forthcoming meetings of the Committee, to enable this committee, other committees, officers, partners and the public to plan their work with and for the Committee.

Any changes since the Committee's last meeting, including any new items, have been made in consultation with the Chair, and the document is always considered at the regular pre-meetings to which all Group Spokespersons are invited.

The following potential sources of new items are included in this report, where applicable:

- Questions and petitions from the public, including those referred from Council
- References from Council or other committees (statements formally sent for this committee's attention)
- A list of issues, each with a short summary, which have been identified by the Committee or officers as potential items but which have not yet been scheduled (See Appendix 1)

The Work Programme will remain a live document and will be brought to each Committee meeting.

Recommendations:

1. That the Committee's work programme, as set out in Appendix 1 be agreed, including any additions and amendments identified in Part 1;

Background Papers: None

Category of Report: Open

COMMITTEE WORK PROGRAMME

1.0 Prioritisation

1.1 For practical reasons this committee has a limited amount of time each year in which to conduct its formal business. The Committee will need to prioritise firmly in order that formal meetings are used primarily for business requiring formal decisions, or which for other reasons it is felt must be conducted in a formal setting.

1.2 In order to ensure that prioritisation is effectively done, on the basis of evidence and informed advice, Members should usually avoid adding items to the work programme which do not already appear:

- In the draft work programme in Appendix 1 due to the discretion of the chair; or
- within the body of this report accompanied by a suitable amount of information.

2.0 References from Council or other Committees

2.1 Any references sent to this Committee by Council, including any public questions, petitions and motions, or other committees since the last meeting are listed here, with commentary and a proposed course of action, as appropriate:

Issue	
Referred from	
Details	
Commentary/ Action Proposed	

3.0 Member engagement, learning and policy development outside of Committee

3.1 Subject to the capacity and availability of councillors and officers, there are a range of ways in which Members can explore subjects, monitor information and develop their ideas about forthcoming decisions outside of formal meetings. Appendix 2 is an example 'menu' of some of the ways this could be done. It is entirely appropriate that member development, exploration and policy development should in many cases take place in a private setting, to allow members to learn and formulate a position in a neutral space before bringing the issue into the public domain at a formal meeting.

2.2 Training & Skills Development - Induction programme for this committee.

Title	Description & Format	Date

Appendix 1 – Work Programme

Part 1: Proposed additions and amendments to the work programme since the last meeting:

Item	Proposed Date	Note

Part 2: List of other potential items not yet included in the work programme

Issues that have recently been identified by the Committee, its Chair or officers as potential items but have not yet been added to the proposed work programme. If a Councillor raises an idea in a meeting and the committee agrees under recommendation 3 that this should be explored, it will appear either in the work programme or in this section of the report at the committee's next meeting, at the discretion of the Chair.

Topic	
Description	
Lead Officer/s	
Item suggested by	*Officer, Member, Committee, partners, public question, petition etc*
Type of item	*Referral to decision-maker/Pre-decision (policy development/Post-decision (service performance/ monitoring)*
Prior member engagement/ development required *(with reference to options in Appendix 2)*	
Public Participation/ Engagement approach*(with reference to toolkit in Appendix 3)*	
Lead Officer Commentary/Proposed Action(s)	

Part 3: Agenda Items for Forthcoming Meetings

Meeting 1	**June 1st 2023**	10am				
Topic	**Description**	**Lead Officer/s**	**Type of item** *Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)*	**Prior member engagement/ development required** *(with reference to options in Appendix 1)*	**Public Participation/ Engagement approach** *(with reference to toolkit in Appendix 2)*	**Final decision-maker (& date)** This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Future Model for the provision of health services for people with Learning Disability/Autism	Follow up to the discussion at the 7th December and 23rd March meetings	Heather Burns, NHS SY	Policy Development	Previously discussed as part of 22-23 work programme	Detailed within the report	This committee
Sheffield Children's Hospital Quality Accounts						
Sheffield Teaching Hospital Quality Accounts						
Standing items	• *Public Questions/ Petitions* • *Work Programme*					

Meeting 2						
Sheffield Teaching Hospitals – Maternity Improvement Update	Update on progress in improving maternity services following CQ inspections.	STH NHS FT	Performance Update	Previously considered by sub-Committee at September meeting.		This Committee
Continence Services	Healthier Communities and Adult Social Care Scrutiny Committee received the NHS response to the report and recommendations of the Scrutiny Continence Working Group in March 2022. Committee requested that the NHS be invited to give a further update on progress at a future meeting.	Sarah Burt, NHS South Yorkshire ICB	Performance monitoring	Last considered March 2022: Continence Services.pdf (sheffield.gov.uk)		This Committee
Adult Dysfluency and Cleft Palate Speech and Language Therapy Services	• Healthier Communities and Adult Social Care Scrutiny Committee has previously been involved in considering 'substantial change' to service. Proposals have since been reviewed – still	Lucy Ettridge/Kate Cleave, NHS South Yorkshire ICB	Consideration of 'substantial change' to service.	Last considered January 2022: Adult Dysfluency and Cleft Lip and Palate Service Update.pdf (sheffield.gov.uk)		This Committee

	awaiting new proposal on future service model. The Scrutiny Sub-Committee will need to consider the new proposal when it has been developed.					
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Items which the committee have agreed to add to an agenda, but for which no date is yet set.						
Topic	**Description**	**Lead Officer/s**	**Type of item** *Decision/Referral to decision-maker/Pre-decision (policy development)/Post-decision (service performance/ monitoring)*	**Prior member engagement/ development required** *(with reference to options in Appendix 1)*	**Public Participation/ Engagement approach** *(with reference to toolkit in Appendix 2)*	**Final decision-maker (& date)** This Cttee/Another Cttee (eg S&R)/Full Council/Officer
Mental Health Interventions	To consider the support available for people with low-level mental health problems that don't reach the threshold for a clinical diagnosis.	Abigail Tebbs, NHS SY ICB, Joe Horobin, Director of Integrated Commissioning, SCC		tbd	tbd	To be considered as a workshop
Primary Care Workshop	To hear a range of perspectives on Primary Care including GPs, Practice Managers, Local Medical Committee, patients	tbd		Follow up to December 7th Discussions around Primary Care.		To be arranged
Relocation of Stepdown Services	To consider an update on the relocation of services to Beech.			Previously considered in December 2023		December 2023
	•					

Appendix 2 – Menu of options for member engagement, learning and development prior to formal Committee consideration

Members should give early consideration to the degree of pre-work needed before an item appears on a formal agenda.

All agenda items will anyway be supported by the following:

- Discussion well in advance as part of the work programme item at Pre-agenda meetings. These take place in advance of each formal meeting, before the agenda is published and they consider the full work programme, not just the immediate forthcoming meeting. They include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers
- Discussion and, where required, briefing by officers at pre-committee meetings in advance of each formal meeting, after the agenda is published. These include the Chair, Vice Chair and all Group Spokespersons from the committee, with officers.
- Work Programming items on each formal agenda, as part of an annual and ongoing work programming exercise
- Full officer report on a public agenda, with time for a public discussion in committee
- Officer meetings with Chair & VC as representatives of the committee, to consider addition to the draft work programme, and later to inform the overall development of the issue and report, for the committee's consideration.

The following are examples of some of the optional ways in which the committee may wish to ensure that they are sufficiently engaged and informed prior to taking a public decision on a matter. In all cases the presumption is that these will take place in private, however some meetings could happen in public or eg be reported to the public committee at a later date.

These options are presented in approximately ascending order of the amount of resources needed to deliver them. Members must prioritise carefully, in consultation with officers, which items require what degree of involvement and information in advance of committee meetings, in order that this can be delivered within the officer capacity available.

The majority of items cannot be subject to the more involved options on this list, for reasons of officer capacity.

- Written briefing for the committee or all members (email)
- All-member newsletter (email)
- Requests for information from specific outside bodies etc.
- All-committee briefings (private or, in exceptional cases, in-committee)
- All-member briefing (virtual meeting)
- Facilitated policy development workshop (potential to invite external experts / public, see appendix 2)
- Site visits (including to services of the council)
- Task and Finish group (one at a time, one per cttee)

Furthermore, a range of public participation and engagement options are available to inform Councillors, see appendix 3.

Appendix 3 – Public engagement and participation toolkit

Public Engagement Toolkit

On 23 March 2022 Full Council agreed the following:

A toolkit to be developed for each committee to use when considering its 'menu of options' for ensuring the voice of the public has been central to their policy development work. Building on the developing advice from communities and Involve, committees should make sure they have a clear purpose for engagement; actively support diverse communities to engage; match methods to the audience and use a range of methods; build on what's worked and existing intelligence (SCC and elsewhere); and be very clear to participants on the impact that engagement will have.

The list below builds on the experiences of Scrutiny Committees and latterly the Transitional Committees and will continue to develop. The toolkit includes (but is not be limited to):

a. Public calls for evidence
b. Issue-focused workshops with attendees from multiple backgrounds (sometimes known as 'hackathons') led by committees
c. Creative use of online engagement channels
d. Working with VCF networks (eg including the Sheffield Equality Partnership) to seek views of communities
e. Co-design events on specific challenges or to support policy development
f. Citizens assembly style activities
g. Stakeholder reference groups (standing or one-off)
h. Committee / small group visits to services
i. Formal and informal discussion groups
j. Facilitated communities of interest around each committee (eg a mailing list of self-identified stakeholders and interested parties with regular information about forthcoming decisions and requests for contributions or volunteers for temporary co-option)
k. Facility for medium-term or issue-by-issue co-option from outside the Council onto Committees or Task and Finish Groups. Co-optees of this sort at Policy Committees would be non-voting.

This public engagement toolkit is intended to be a quick 'how-to' guide for Members and officers to use when undertaking participatory activity through committees.

It will provide an overview of the options available, including the above list, and cover:

- How to focus on purpose and who we are trying to reach
- When to use and when not to use different methods
- How to plan well and be clear to citizens what impact their voice will have
- How to manage costs, timescales, scale.

There is an expectation that Members and Officers will be giving strong consideration to the public participation and engagement options for each item on a committee's work programme, with reference to the above list a-k.