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REPORT TO THE SCRUTINY COMMITTEE MEETING HELD ON 17 April 2013

Quality Report (Incorporating Quality Accounts) 2013 Draft Report

Trust objectives supported by this paper

- The paper supports the achievement of all Trust Objectives

Purpose of the paper

To summarise the performance of Trust in 2012-13 in relation to quality of care. To set the quality priorities for 2013-14 in consultation with our families, governors and agency partners.

This paper is a draft report that will be consulted upon with all of our key stakeholders, as set out in the February Board schedule paper. The report will form the quality section of the Trust Annual Report to Monitor.

Summary of key points

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

NB. Blank areas in yellow highlights await end of year reports and will be included in the final report to be published in June.

Board Action required

Approval of the Quality Report

Author:	J Reid	FOR APPROVAL
Executive Sponsor:	J Reid	

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

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

Sheffield Children's NHS Foundation Trust is one of the best performing Foundation Trusts in the country as recorded by Monitor (the Foundation Trust regulator) and the Care Quality Commission. We have responsibility for most aspects of child health care in Sheffield including hospital, community and mental health; and are a major provider of specialist hospital care for South Yorkshire and beyond. We are proud of the high satisfaction survey results that we obtain and the quality of care we provide. In keeping with our promise to correct some of the cramped and inadequate clinical accommodation; building starts in the summer for a new £40 million patient wing. It is our expectation that this will materially improve the areas of below average experience such as, parking, privacy and dignity, parental accommodation, and way-finding.

Our community services and our child and adolescent mental health service are key components of a holistic child health system in Sheffield and beyond. We have been working closely with local authority partners to ensure that our teams are integrated with social care and education to obtain the best outcomes for our families. We do this through joint child protection arrangements, shared public health priorities and good communication. The local partnership helps us address areas of public concern e.g. the recent investment in community speech and language services to reduce appointment delays.

The Trust has rates of infection that are amongst the lowest in the country although, in common with most other trusts, we have seen a slight increase this year, particularly in community acquired diarrhoea and vomiting. Complaints to the trust have risen this year with 120 received. The most common reasons are where parents disagree with a diagnosis or treatment plan, or in relation to complications of treatment. We investigate every complaint with the family involved, but believe that improved communication is the key to correcting the above trend.

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

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

Signed

Mr Simon Morritt

2 PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2.1 Quality Improvement Priorities Identified for 2012-2013

2.1.1 PERFORMANCE ON QUALITY PRIORITIES 2012-2013

Last year, the Trust set itself a number of quality improvement priorities measured by performance targets.

- **Improvement of the Sheffield Children's Hospital Facilities for Resident Families. Coordination of three year plan to build:**
 - **New Out-patient Facilities** – easy access to centralised clinic and support departments, e.g. Pharmacy, Therapies, X-ray and Diagnostics.
 - **New In-patient Facilities** – wards based upon best design evidence with 70% single en-suite family rooms, dedicated play and school facilities.
 - **New Home from Home** - for resident parents of children in Critical Care and Neonatal Care, built in conjunction with the Sick Children's Trust.

Approval was obtained from Monitor in early 2013 to proceed with construction of the new wing and completion is expected by late 2015. Demolition of existing buildings will commence this summer.

The Children's Trust has commenced conversion of existing Northumberland Road villas into a home from home for resident parents. The facility will be linked by corridor to our critical care floor and is expected to be complete this summer.

- **Improvement of Pathway for Outpatients and Inpatients – Reducing Delay and Improving Communication.**
 - **Review of Outpatient Administration** - installation of new patient administration software to improve written and electronic communication with families and redesign of booking arrangements for clinics to reduce cancellations and delay.
 - **Review of In-patient Pathway** – setting up of a separate day care unit for children not requiring surgery or anaesthetic. The surgical day care unit will then be used for day surgery and as an admissions unit for all children booked to come in for an operation.
 - **Changes to GP Referral Pathway** – pilot scheme of a Consultant Paediatrician available to advise GPs on safe community management of acute childhood conditions that normally come to Accident and Emergency.

The Trust has contracted with System C to replace our patient administration software. Transfer of data and staff training will be taking place over this year to prepare for switch on early next year. The new software includes new systems for A&E patient management, bed management, clinic booking and patient enquiries. We will combine this with a new electronic document management system to improve the patient notes available to clinicians and speed up communication with GPs.

The Trust has opened up a Research and Medical Treatment Lounge and plans to extend this during the summer. The new facility provides a day unit for children who need to have blood tests, allergy tests, occasional intravenous medication or other hospital visits that require a short stay but not on a ward. It is also where children and families can participate in research to improve treatment and outcomes.

Surgery has been transformed by increases in day surgery, routine pre admission clinics and the development of a Theatre Assessment Unit. The TAU provides a single point of entry to elective surgery. It resembles a clinic and allows the child to play, doctors to examine the child in the privacy of a consultation room and only requires the children to be in bed after the surgery has been carried out.

We have worked with our GP and midwifery colleagues to change their access to paediatric medical advice. A paediatrician is available each day to discuss cases with GPs and avoid unnecessary attendance at A&E. We have worked to transfer the Sheffield Out of Hours GP Service to a clinic base within the hospital. This simplifies the pathway that families have to follow and gives GPs access to our diagnostic and clinical support. Four pathways for common conditions have been jointly updated to ensure that GPs, maternity and A&E staff are all working to the same guidelines and referral criteria.

- **Implement New Ways of Working With GP Commissioners and Partners to Improve Community Care.**
 - **Work with Partners to Set up Health and Wellbeing Board** – New forum to coordinate public health, GPs, Hospitals and community services to work in concert with Social Care and Education to improve the welfare of Sheffield Children.
 - **Expand Health Visitor Numbers** – work with university to train the additional health visitors and integrate them into workforce. Redesign health visiting to provide better universal services with additional focus on those areas of the city that need an enhanced service.
 - **Improve Coordination of Social Care and Health in Sheffield Districts** – work with the three Service Areas to allocate link health visitors in the teams that prioritise child protection resources.

We are key stakeholders in the Sheffield Health and Wellbeing Board and have used the membership to incorporate health visitors and school nurses into the “Integrated Front Door”, simplifying the public access to community health, social care and education resources. Initiatives to improve access to Speech and Language services for children and improved Breast Feeding Friendly services for families in hospital have also been agreed.

Health Visiting recruitment and training has been continuing according to the four year plan agreed with our commissioners, we are on track to have 22 additional health visitors in Sheffield by 2014/15. In addition, we are working closely with commissioners to redefine the service that is needed from school nurses, emphasising public health and preventative interventions.

Child protection arrangements have been reviewed with all our partners and we have reorganised Named Nurses for acute and community services. We have allocated safeguarding specialist nurses to each of the three main Sheffield service districts to work with the ‘Integrated Front Door Teams’, participate in multi agency risk assessments and carry out combined safeguarding training.

Our other results are discussed in detail in Part 3 of this document.

2.1.2 HOW PERFORMANCE WILL CONTINUE TO BE MONITORED

Whilst the patient safety and clinical effectiveness indicators have changed to reflect new priorities, the areas of patient experience will continue to feature in our annual out-patient, A&E and in-patient surveys. Should our performance be below average in any area, we will again include it in our quality report as an area for improvement.

2.2 Quality Improvement Priorities Identified for 2013-2014

2.2.1 PRIORITIES

- **Implement the Dept. of Health Response to the Mid Staffordshire Public Enquiry, 'Patients First and Foremost'**
 - Review and define the culture of the organisation
 - Publish nursing strategy
 - Assess nursing establishments against workload annually
 - Invest in Ward Sisters and Charge Nurses – Free up from other duties to provide a role model and visible ward presence
 - Review and prioritise nurse training
 - Involve governors and families in inspection and oversight of our services
- **Publish regular information on our quality performance and the experience of our families**
 - Evaluate the experience of families in the community
 - Regularly evaluate experience of families in A&E using a child friendly derivative of the family and friends test.
 - Produce quality indicators for children and benchmark with similar health providers
- **Minimise disruption to the public from our construction of the new hospital wing**
 - Improve communication and signposting of access restrictions
 - Provide a park and ride solution for parents and families
 - Control noise, dust and disruption to normal services
 - Manage services in the community, where possible

2.2.2 RATIONALE FOR SELECTION

These priorities are based upon the priorities of our families or partners and have been consulted upon with our Trust Executive Group and Clinical Governance Committee. The priorities have also been circulated to wider stakeholders and reflect health commissioner and local authority priorities.

The Mid Staffordshire Public Inquiry produced evidence of serious failings in how the health service cares for patients and families. Although the report has concentrated on the care of adult patients, it is notable that one of the earliest indications of concern was the failure of the hospital to comply with standards in The Care of Critically Ill and Critically Injured Children's Peer Review in 2006. In accepting responsibility for the care of sick children, it is right that hospitals should be subject to the most exacting standards. The failures highlighted in the report have wider application to all hospitals, the health service and our regulators.

This Trust wishes to use the lessons learned to review how we provide care and the culture we have in our organisation. We wish to test our assumptions and to set out our priorities. It is our intention to show how we balance the need for compassionate care with the importance of speedy access to treatment and the financial discipline that taxpayers expect.

To retain the confidence of families and to embrace the spirit of openness advocated by the Mid Staffordshire report, we will survey areas of our services that have not been previously reviewed. We employ health visitors and school nurses but do not systematically review the experience of the families they come into contact with. We will conduct the pilot for just such a review.

The friend and family test is now routinely used to evaluate adult care, although it is accepted that it is not well understood by children. We will develop a child friendly version and use it to evaluate our scores against those used in adult A&E units. We think we give good care generally but can we evidence it? We will constantly assess and publish how we perform on key indicators of quality care and benchmark ourselves with other children's units.

In planning to undertake a major building project over the next few years, we cannot forget that we will still be treating sick children on the site. Families need to be protected from the effects of building work and still be able to access a high quality setting that lends itself to healing. It will not be easy but we believe that we can protect our families and staff from the worst effects of the construction. This requires innovation, cooperation and communication.

2.3 Statements of Assurance from the Board

2.3.1 GENERAL ASSURANCE

During 2012/13 Sheffield Children's NHS FT provided and/or sub-contracted 102¹ relevant health services.

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

The income generated by the relevant health services reviewed in 2012/13 represents 100% of the total income generated from the provision of relevant health services by Sheffield Children's NHS FT for 2012/13.

2.3.2 PATIENT SAFETY

Patient Safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
Infection Control Maintain levels of MRSA and C Difficile infection within Monitor Thresholds for best practice.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132045.pdf pp 64 and 68	MRSA: 0 Cases C Difficile: 3 Cases	To stay within Monitor guidance for best practice levels. (<12) ²	MRSA 0 Cases C Difficile 8 Cases
Never Events The Dept. of Health has published 25 Never Events for 2012-13. These are serious incidents that should never occur in a safe hospital.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132352.pdf	Nil events	Nil events	Nil events

¹ Based upon the services specified in the NHS Provider Contract for 2012-13.

² <http://www.monitor-nhsft.gov.uk/home/news-events-and-publications/our-publications/browse-category/guidance-foundation-trusts/mandat-7>, p 46, note L.

Patient Safety AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
The Trust will do a gap analysis against these and report on progress quarterly.				
Management of Aggression Management of children and young people in Child and Adolescent Mental Health in a safe and secure environment. Staff should be trained to a national standard appropriate to the psychiatric speciality and risk assessment. Individual risk assessments should be up to date.	http://www.nhsbsa.nhs.uk/Documents/SecurityManagement/NHS_SMS_Workplace_Safety_Report_FINAL_MERGE_D.pdf p29	Violence and aggression incidents graded moderate: 149	10% reduction i.e. no more than 114 incidents for similar period.	24 Incidents

These initiatives all addressed key areas of child safety. Infection control is a high priority for acute hospitals and is a difficult area to control in children and neonates, who are particularly susceptible to infection. In 2012, we increased the time available to our Director of Infection Prevention and Control, to ensure that there is a continuous onsite presence, 52 weeks per year. Despite this, our Clostridium difficile rate increased. Most cases of C difficile associated disease in children are derived from the child's own bowel and not as a result of cross infection. Small numbers of organisms may be present in the normal bowel and when conditions are favourable they may begin to overgrow and produce toxin, resulting in diarrhoea. Situations that make children prone to this include

- Antibiotic treatment of serious infection
- Chemotherapy
- Malignant disease
- Immune deficiency

The Trust is still within the safe level of 12 cases per year specified by Monitor for all trusts, since all were isolated cases. Monitor accepts that results below that level will fluctuate for reasons beyond the control of hospitals. Nevertheless, the Trust has now increased the hours available to Infection Control Nurses to ensure that they are similarly available 52 weeks per year and has increased the cleaning frequency and monitoring of infection control within the oncology unit of the hospital.

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

Child and Adolescent Mental Health has seen an increase in the numbers of young people referred and an increase in the numbers of young people in crisis. This often manifests itself in violent behaviour, frequently directed at staff. The Trust committed itself to reduce the actual harm from these incidents both to the young people and staff concerned. As a result of specially adapted staff training in managing aggressive behaviour and environmental risk assessments, the number of such incidents at the Becton Centre for Young People has reduced from 149 to 24 incidents per year. The unit is working closely with our health and safety and security advisors to maintain this reduction.

2.3.3 CLINICAL EFFECTIVENESS

Clinical Effectiveness AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
Achieve compliance with agreed national standards for Safe and Sustainable Paediatric Neurosurgical Services	http://www.specialisedservices.nhs.uk/library/31/Developing_the_Model_of_Care.pdf	New Standard under national development	Compliance by independent assessment.	National standards still under development. Self assessment indicates compliance with provisional standards.
Achieve compliance with agreed national standards for children's major trauma. As set out in the NHS Operating Framework.	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf p76.	New Standard under national development	Compliance by independent assessment	Written report awaited. Peer Review 12 March 2013
Achieve compliance with agreed national standards for best practice in children's diabetes	http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133585.pdf p59.	New Standard under national development	Compliance by independent assessment	Attainment of compliance. Peer Review 24 Feb 2012

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

2.3.4 PATIENT EXPERIENCE

Patient Experience AREA REVIEWED	NATIONAL OR HISTORICAL PERFORMANCE THRESHOLD	PERFORMANCE 2011/12	TARGET PERFORMANCE 2012/13	ACHIEVEMENT 2012/13
<p>Initiate 850 patient postal survey of experience in children's A&E</p> <p>Tool should record child and parent experience</p>	<p>No child specific national tool available</p> <p>Commission tool in conjunction with other hospital Children's Services</p>	Not available – new survey	To highlight areas of below average performance and problem scores greater than 50%	Completed http://www.sheffieldchildrens.nhs.uk/Patient-views.htm
<p>Complete an 11 bedded Home from Home for resident parents of children in Critical Care.</p> <p>Work with the Sick Children's Trust to ensure that parents' needs are reflected in design.</p>	<p>Poor performance against resident parent facilities scores: p3</p> <p>http://www.sheffieldchildrens.nhs.uk/Downloads/Patient%20views/Inpatient%20Survey%20Results%202011%20pdf.pdf</p>	<p>Facilities for parents staying overnight rated as fair/poor</p> <p>25%</p>	Less than 25% dissatisfied score resulting from re-survey.	The Home from Home was not available during the survey and accordingly the result remains at 28%. The facility is currently under construction and should be complete by Summer 2013.
<p>Ensure that family needs are reflected in design and working practices associated with new hospital Out-patient and In-Patient facilities being built from 2012 - 2015</p>	No child specific national tool available	Patient surveys have reported on existing practices and facilities rather than what parents and children want.	<p>Set up family focus groups to assess the priorities of families.</p> <p>Publish responses and incorporate findings in planning of new facilities.</p>	University of Sheffield has been contracted to carry out focus group research this year with families and staff. Research findings will be published to advise new ways of working in 2014.

The Trust has largely based its capital building plan on family feedback. The needs expressed in the annual surveys have informed the access, way finding, clinic environment, ward facilities, resident parent facilities and working practices of the new hospital wing. Our A&E facilities and the satisfaction results obtained have informed the decision of local commissioners to relocate out of hours GP care to a clinic within the hospital, thus simplifying Sheffield wide provision.

2.3.5 AUDIT AND NATIONAL CONFIDENTIAL ENQUIRY ASSURANCE

During 2012-13, 15 national clinical audits and zero national confidential enquiries covered NHS services that Sheffield Children's NHS FT provides.

During 2012/13 Sheffield Children's NHS FT participated in 100% of national clinical audits which it was eligible to participate in. Sheffield Children's NHS FT was not eligible to participate in any national confidential enquiries in 2012/13.

The national clinical audits that Sheffield Children's NHS FT was eligible to participate in during 2012/13 are as follows:

National Clinical Audits for which the Trust was Eligible	% of eligible cases submitted
RCPCH Childhood epilepsy 12	100%
PICANET Paediatric intensive care	100%
RCPCH Paediatric Diabetes	100%
RCP (UK IBD Audit) Inflammatory Bowel Disease	100%
BTS Paediatric pneumonia	100%
BTS Paediatric asthma	100%
NHS BT Potential donor audit	(100%)
POMH: Topic 10b - Reaudit of Prescribing Antipsychotics for Children and Adolescents	100%
CE (CORP) RCPCH Child Health Audit Clinical Outcome Review Programme/Child Health Reviews-UK (CHR-UK)	100%
CE (CORP) RCoP National audit of Asthma Deaths	100% (No reportable deaths)
DH A& E Data Sharing	100%

National Clinical Audits for which the Trust was Eligible	% of eligible cases submitted
CEM Fever in Children	100%
TARN Trauma	77%
NHS BT Audit of the labelling of blood samples for transfusion	100%
ICNARC Cardiac Arrest Procedures	100%

The reports of 14 national clinical audits were reviewed by the provider in 2012/13 and Sheffield Children's NHS FT took the following actions to improve the quality of healthcare provided.

POMHS: Prescribing Antipsychotics for Children and Adolescents – Audit and Re-audit

Actions: The initial audit highlighted the need to raise awareness about the importance of undertaking physical examination, improved documentation in case notes and monitoring of medication using an agreed or individual pro forma.

The Re-audit found an overall improvement in the above. National Leaflets and Monitoring Sheets have been purchased to consolidate good practice.

NCEPOD: 2011 Surgery in Children report, “Are We There Yet”

Actions: Gap Analysis and Action Plan produced. Evidence to support final compliance includes:

- Ratification of Transfer Policies and Procedures
- Multi-disciplinary pre-operative meeting minutes
- Consent and information for parents relating to risk of death
- Additional clinical audits for special care review

College of Emergency Medicine (CEM): Feverish Children

Findings:

- The local audit report found that the Emergency Department had a very low Antibiotic prescribing rate and complied with NICE guidance relating to no administration for patients without an obvious focus.
- Improved provision of adequate safety net advice following the use of the febrile child advice leaflet

Actions in progress/completed:

- Increased education for triage nurses and medical staff regarding the assessment of CRT and conscious level on febrile children on arrival
- Medical staff to improve the documentation of repeat observations prior to discharge.

- A febrile child proforma has been designed and is currently being piloted in the department – if successful the proforma will be incorporated into the QSM electronically.
- All medical staff informed and all new cohorts to be informed during induction and teaching.
- It was proposed that an IT solution be looked into to ensure full observations were completed but the IT Lead has stated that this is not possible

College of Emergency Medicine: Pain in Children

Actions:

- Increased education and training in pain assessment to nursing staff
- Recording of pain assessment is now included in the triage form
- Pain assessment box has been added to the observation charts to enable ongoing monitoring

PICANET 2011 (CA223)

The National Report demonstrates that our standardised mortality is improving in line with national secular trends and compares favourably with other ICUs in the region. Therefore there have been no actions arising from this report.

National Inflammatory Bowel Disease (IBD):

Actions taken:

- Guidelines for management of acute severe colitis have been established
- Consideration for a named Clinical Lead for IBD
- Administration support for the designated lead
- IBD nurse to initiate and maintain IBD database prospectively

The reports of 265 local clinical audits service evaluations were reviewed by the provider in 2012/13. The reports were reviewed by clinical teams. Examples of the actions taken or intend to be taken by the Trust to improve the quality of healthcare provided include:

Pharmacy: CA363: Audit of prescribing errors and clinical interventions made for out-patients

Action identified and / or implemented

- Slides added to level 3 medicines management training (& junior doctor induction)
- Promotion of addressographs label use ongoing.
- Presented findings at peer, medical and surgical audit forums
- New pharmacy Standard Operating Procedures (SOPs) to be developed ensure all staff covering reception know to check all relevant information
- Future re-audit planned

Child protection: SE21 User feedback in Clinical Assessment Unit

Results showed

- Overall feedback obtained was generally positive from patients, carers, and professionals alike.
- Individual comments about the doctor, where obtained, were entirely positive.
- Regarding the service as a whole, the vast majority of comments from all the user groups were positive, with few negative comments around parking, and occasionally about waiting times.

Haematology and Oncology: CA380 Oral Anticoagulant Annual Audit 2011

An audit was performed to show compliance to National Patient Safety Agency (NPSA) alert 18 concerning 'Actions that can make anticoagulant therapy safer'.

Actions included:

- A copy of the anticoagulant results spreadsheet to be placed in the patient's medical notes at six monthly intervals.
- A formal pathway to deal with non-attendance for indicator testing was developed.
- Revised non-compliance letters sent to GP
- Provide written dosing instructions when parents forget to bring their yellow books

Surgery: CA412 Audit of Pre-operative World Health Organisation (WHO) Theatre Checklist

WHO launched a second Global Patient Safety Challenge, 'Safe Surgery, Saves Lives', to reduce the number of surgical deaths across the world. The WHO checklist is part of this initiative.

Actions included:

- Audit feedback to Surgeons and Theatre staff that they must write their full name, in the staff identity section.
- Emphasise importance of putting a patient details sticker and the date on the second page of the checklist.
- Checklist form revised to include: 'staff name', 'staff role, bleep number and then 'signature'.

ENT: CA244 ReAudit of Prescribing in Paediatric Tonsillectomy

This project was to re-audit the prescription of steroids and antibiotics during tonsillectomy following awareness and departmental teaching recommended from a previous audit project.

Actions Include:

- Steroids prescribed to all children undergoing tonsillectomy unless contra-indicated, and any contra-indications documented in notes. *[Note: the following has been added to Theatre Lists for patients undergoing Tonsillectomy - "Dexamethasone if not contra-indicated"]*
- Antibiotics not prescribed post-operatively to children undergoing tonsillectomy unless clinical reason documented in notes and no contra-indications.
- Dissemination of information regarding the use of antibiotics/steroids in the undertaking of this procedure

CA224: Re-audit of Completion of Sheffield Paediatric End of Life Care Pathway (EOLP)

The appointment of a Palliative Care Consultant has resulted in increased awareness and education. The use of the EOLP is being more widely used in the Trust, Community and Local Hospice.

Actions Included

- Adapt current EOLP to make it clearer aspects that warrant completion
- Encourage prescribers to consider medications to combat side-effects of pain killers where indicated eg. Laxatives - Continued education
- Poster presented, European Congress of Paediatric Palliative Care, Rome November 2012.

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

2.3.6 CLINICAL RESEARCH

The research portfolio of the Trust is growing following the Board approval of an ambitious research strategy in July 2012. The number of our patients receiving NHS services provided or sub-contracted by Sheffield Children's NHS Foundation Trust (as well as family members and healthy volunteers) choosing to participate in our research so far in 2012/13 is 1,117.

Two examples of the research carried out during the year are given below:

2.3.6.1 *Title: The Effect of Body Weight on Trabecular and Cortical Bone Structure and Strength from 8-30 Years. The Role of Hormones and Osteokines (The Body Weight and Bone Study - BWAB)*

The BWAB study is being run in collaboration with researchers from the University of Sheffield and Sheffield Teaching Hospitals. This study is being conducted in both our Trust and at the Centre for Biomedical Research at the Northern General Hospital, Sheffield. The research involves both our patients and healthy volunteers and recruitment is well underway.

Overweight children appear to have lower bone mass relative to their body size and fracture more. Therefore, this study is designed to understand the differences in bone mass, geometry, microarchitecture and strength in a loaded (distal tibia) and a partially loaded (distal radius) skeletal site between obese and lean participants aged between 8 and 22 years. Furthermore, this study aims to determine relationships between fat-derived hormones and factors controlling bone turnover that may explain why overweight children are at greater risk of fracturing. By using the high resolution Xtreme CT scanner (only one of two in this country), this study will provide detailed information about the effect of excess fat mass on cortical and trabecular bone structure over a wide age range. The use of an engineering model (microfinite element analysis) will help to determine the effect of being overweight on bone quality and strength. Analysis of hormones that affect bone turnover in children and young adults will help to define pathways that may help to explain the relationship between fat and bone as children progress through puberty into adulthood.

2.3.6.2 *Title: Hypertonic Saline in Acute Bronchiolitis: Randomised Controlled Trial and Economic Evaluation*

The SABRE trial is a Trust sponsored multicentre randomised controlled trial which aims to determine whether the addition of 3% hypertonic saline to usual care results in significant reduction in the duration of hospitalisation of infants with acute bronchiolitis. The trial has now run for two winter seasons with a possibility of an extension to run later this year to allow a 3rd season of recruitment.

The primary hypothesis of the trial is that the addition of 3% hypertonic saline to usual care results in significant reduction in the time to when infants admitted with acute bronchiolitis are 'fit for discharge'. Secondary hypotheses are that the addition of nebulised 3% hypertonic saline to usual care is associated with:

- improved quality of life outcomes for carers
- shorter length of stay
- improved quality of life for the infants

- reduced health care utilization in the month after discharge
- cost effectiveness for the NHS
- the effect is independent of the underlying virus

2.3.7 USE OF THE CQUIN FRAMEWORK

A proportion of Sheffield Children's NHS FT income in 2012/13 was conditional upon achieving quality improvement and innovation goals agreed between Sheffield Children's NHS FT and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation (CQUIN) payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at <http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275>

The amount of income in 2012/13 conditional upon achieving quality improvement and innovation goals was £3,005,004 and the amount achieved in 2011/12 was £XX.

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

CQUINs for Specialist Services

Title	Description	Outcome
Tier 4 Child and Adolescent Mental Health	ESQ service evaluation questionnaires to be offered to all patients/ parents	Achieved
Critical Care	PICU - out of region transfers 5% or less	Achieved
Haemophilia	Consistently submitting data on severe episodes & days lost from education	Achieved
Dashboards	Quality outcome data on all specialist commissioned services to be submitted quarterly	Achieved

CQUINs for Core Services

Title	Description	Outcome
Patient experience – Outpatient clinics	95% of patients to be seen within 45 minutes after their booked outpatient clinic time in the specified clinics	Achieved
Patient experience – A&E	Commission an 800 patient survey and produce an action plan to address problems identified.	Achieved
Patient experience – Parent Hotel	Commission and construct a Parent's Accommodation block for parents with children on critical care floor.	Achieved
Improving the management of common conditions	Agree common pathways for: <ul style="list-style-type: none"> • Loss of birthweight • Neonatal jaundice • Bronchiolitis 	Achieved
Domestic Violence Indicator	All cases of Children from families with evidence of Domestic Violence from the data base will be flagged on SCH A&E systems All identified children will be alerted to Health Visitors and School Nurses of children who do not attend clinic for more than 3 months	Achieved
Looked after Children Indicator	All Looked after Children from the local authority data base will be flagged on SCH A&E systems All identified children will be alerted to Health Visitors and School Nurses of children who DNA for more than 3 months	Achieved
Referral to Sheffield Stop Smoking Service	Number of referrals each quarter to the SSSS by Health Visitors to equal 25	Achieved
Asthma Management	90% of patients attending with a diagnosis of acute exacerbation of asthma who are not admitted should be discharged home with a completed care bundle	Partially Achieved

- The Trust set out to improve its patients' experience by reviewing the administration of its clinics. 95% of clinics achieved this target but we are aware that complicated diagnostic tests can unexpectedly lengthen the duration of the visit. We aim to be clearer about the expected duration of clinic visits and to shorten these wherever possible.
- The Trust has capitalised on its innovative patient safety net, whereby vulnerable patients are flagged up and followed up in the community, if they attend A&E or do not attend clinics. Looked after Children and children in households known to have domestic violence are now included.

- Despite achieving compliance with the target in the first of two audits; the second audit showed less than 90% of children were able to have the full bundle of care that was agreed for chronic asthma. The two areas where most improvement was required were: Checking inhaler technique and improved communication with GPs. Work is ongoing with A&E staff to ensure that this position improves.

2.3.8 REGISTRATION WITH THE CARE QUALITY COMMISSION

Sheffield Children's NHS FT is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Sheffield Children's FT during 2012/13.

Sheffield Children's NHS FT has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2012/13:

Unannounced Inspection: Sheffield Children's Hospital, 16 October 2012

The Inspection report said:

"Sheffield Children's Hospital was found to be meeting all the essential standards of quality and safety."

"What people who use the service experienced and told us:"

"All children, young people and their parents spoken with said that they had been provided with relevant information which helped them understand the care and treatment choices available to them (or their child). They said that they had been involved in care and treatment decisions and that staff always involved them and listened to them. Children and young people said that staff were approachable and explained things in a way they could understand. Their comments included; "The nurses have always explained the choices for treatment and ask for consent to any treatment before they start." "They (staff) are very good at explaining things. They always check that we (parent and child) have understood and are happy with what is happening."

"People told us their privacy and dignity was respected by staff. They told us that staff were polite and respectful. Their comments included; "There are no issues about privacy. They (staff) always close the curtains, even if it is just for a chat, and they lower their voices." "A doctor took us into a side office so that we could be private, and so that he could explain things properly to us. They were very good." "If they (staff) need to speak to us they always pull the curtains around the bed. They are very respectful and always introduce themselves. They speak professionally to us and maintain confidentiality." "They give (my child) lots of respect and let them make decisions."

"During this inspection we observed interactions between nurses and parents and their child. Staff were seen to be polite and respectful. Nurses took time to talk with people to offer support and reassurance. Nurses were also overheard to ask people's opinions and check that they were satisfied."

"Children and young people told us that they felt safe. Parents felt that there was enough staff on duty and that as a result their children were safe. Their comments included; "I really believe (my child) is very safe here. I have never had any concerns about their safety." "I feel very safe here. There is no reason not to be." "I have absolutely no worries about (my child's) safety. I feel able to leave them and know they are in good hands. I couldn't do that if I was worried at all."

"We spoke with six nurses and a support worker from two wards at the hospital. Staff told us that they felt supported to provide care and treatment to children and young people staying at the hospital. A clinical nurse educator was employed to provide training and support to staff. Staff said that the support and training provided was excellent. They told us that they were provided with induction and mandatory training each year that covered topics such as moving and handling, infection control, child protection, medicines management, risk management and fire. Staff said they also had access to specialist training such as dealing with specific medical conditions, communication, dealing with challenging behaviour and equality and diversity."

<http://www.sheffieldchildrens.nhs.uk/Downloads/CQC%20Reports/CQC%20report%20November%202012.pdf>

2.3.9 PERIODIC REVALIDATION OF MEDICAL STAFF

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

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

2.3.10 INFORMATION ON THE QUALITY OF DATA

Sheffield Children's NHS FT submitted records during 2012/13 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data:

- which included the patient's valid NHS Number was: 99.5% for admitted patient care; 99.9% for outpatient care; and 99.2% for accident and emergency care.

- which included the patient's valid General Practitioner Registration Code was: 100% for admitted patient care; 100% for outpatient care; and 100 % for accident and emergency care.

Sheffield Children's NHS Foundation Trust Information Governance Assessment Report overall score for 2012/13 was 68% this was graded green (satisfactory).

Sheffield Children's NHS FT was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission. The error rates reported in the latest published audit for that period for diagnoses and treatment coding (clinical coding) were XX%. **The final report has not yet been received by the Trust.**

At total of 200 Finished Consultant Episodes were scrutinized during the audit. The following services were reviewed within the sample:

- 50 FCEs from Paediatrics
- 50 FCEs from Trauma & Orthopaedics
- 100 A&E Attendances

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

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

- **awaiting PBR final report**

2.3.11 INFORMATION ON THE QUALITY OF DATA

The following section sets out the data made available to Sheffield Children's NHS FT by the Health and Social Care Information Centre. The indicators below represent those relevant for the services provided by this trust.

Prescribed Information	National Average	National Highest Value	National Lowest Value	SCFT Period 1 Value	SCFT Period 1 Value
The value and banding of the summary hospital-level mortality indicator ("SHMI") for the trust for the reporting period					
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.					

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

XXXX

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

XXXX

Prescribed Information	National Average	National Highest Value	National Lowest Value	SCFT Period 1 Value	SCFT Period 1 Value
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.					

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

XXXX

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

XXXX

Prescribed Information	National Average	National Highest Value	National Lowest Value	SCFT Period 1 Value	SCFT Period 1 Value
The percentage of patients aged 0-14 yrs 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.					
The percentage of patients aged 15 yrs 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.					

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

XXXX

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

XXXX

Prescribed Information	National Average	National Highest Value	National Lowest Value	SCFT Period 1 Value	SCFT Period 1 Value
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.					

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

XXXX

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

XXXX

Prescribed Information	National Average	National Highest Value	National Lowest Value	SCFT Period 1 Value	SCFT Period 1 Value
The trust's "Patient experience of community mental health services" indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.					

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

XXXX

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

XXXX

Prescribed Information Per hundred thousand bed days	National Average	National Highest Value	National Lowest Value	SCFT Period 1 Value	SCFT Period 1 Value
The rate per 100,000 bed days of cases of C. difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.					

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

XXXX

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

XXXX

Prescribed Information Per thousand bed days	National Average	National Highest Value	National Lowest Value	SCFT Period 1 a. Value	SCFT Period 1 Value
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.					

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

XXXX

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

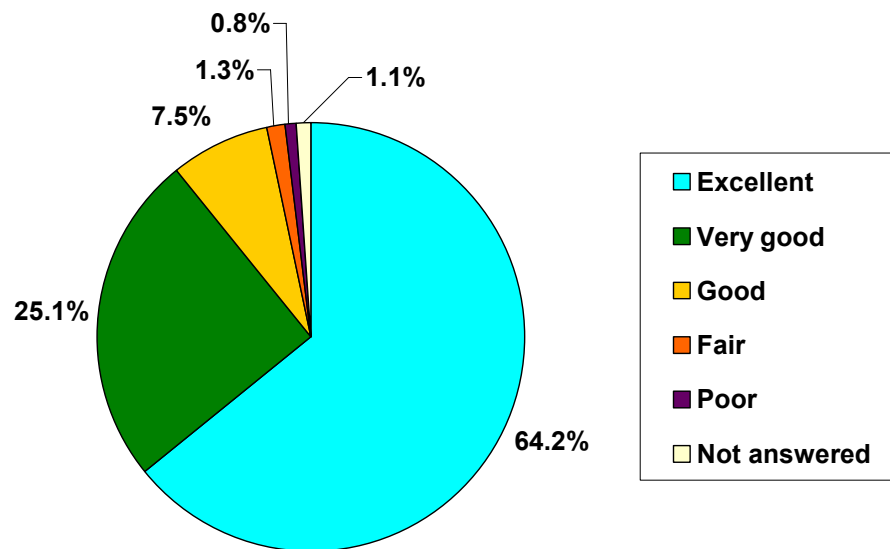
XXXX

other information

2.4 Patient Experience

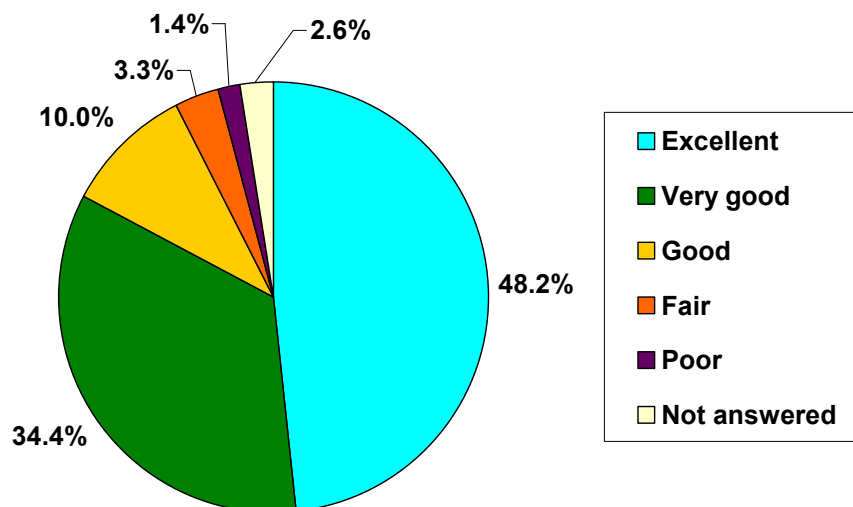
2.4.1 OUT-PATIENT SURVEY 2012 -13

The 2012 Out-patient Survey of 850 families (31.2% response) showed that the majority of our clinic patients ranked their care well:



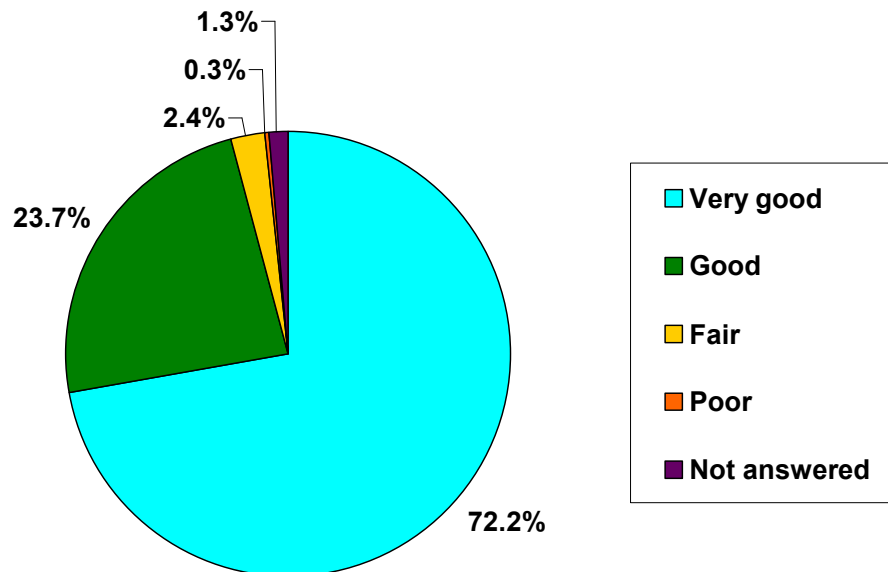
2.4.2 IN-PATIENT SURVEY 2012 -13

The 2012 In-patient Survey of 850 families (35% response) showed that the majority of our ward children and parents ranked their care well:



2.4.3 A&E PATIENT SURVEY 2012 -13

The 2012 A&E patient Survey of 850 families (30.8% response) showed that the majority of our patients ranked their care well:



All surveys demonstrated that the chief problems were with access, car parking, way-finding and the facilities. We intend that our building plan will improve all of these issues over the next three years.

Comments included:

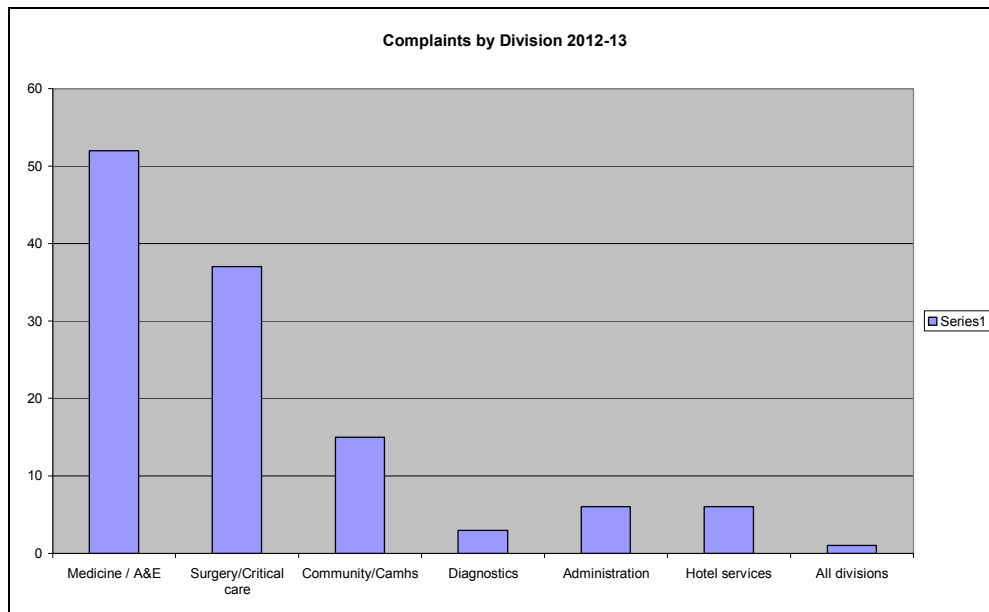
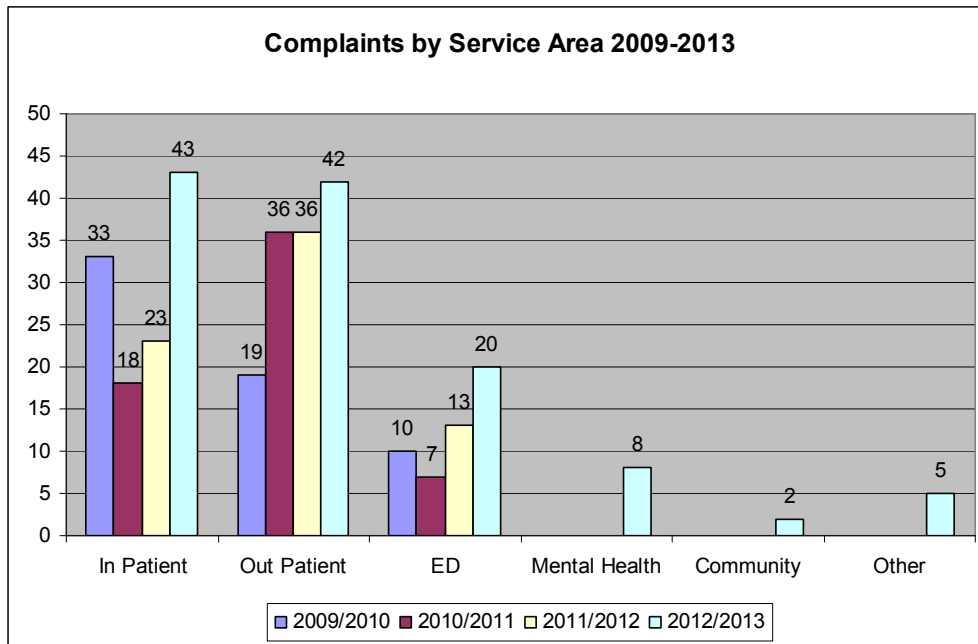
- A&E: “The caring nature of all staff. The speed at which we were seen was fantastic. The parking worry is taken away with the spaces outside on the main road leaving you able to focus on your child.”
- A&E: “Because I was suffering and really scared. So I was not feeling safe with them and also that a piece of glass was stuck in my foot and I told them to do a x-ray on my foot but they didn’t listen to me and I am still a bit more scared.”
- In Patient:” We lost all confidence in our local hospital. The children’s hospital has always picked up the pieces and cured the problem. This is our 1st choice hospital and would recommend it to anyone. Wish we could find an adults hospital that we had as much faith in! Thanks.”
- In Patient:” It was very noisy & no one told anyone when to be quiet. Why did they ask my bedtime which is about 8pm if there was not going to be any quiet until midnight?”
- Out Patient:” My child is acutely sensitive and I explained this to the staff on arrival that she does not respond well to negative words and to pass this on to the consultant. The nurse did so and the consultant handled her very well.”
- Out Patient:” Not having to be left in the foyer whilst my mum or dad parks the car. (We travel from 60 miles away & I can’t walk far).”

2.5 Complaints

During the financial year 2012/2013, a total of 120 formal complaints were received as at 31 March 2013. The rate of complaints is set out in the following table:

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

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



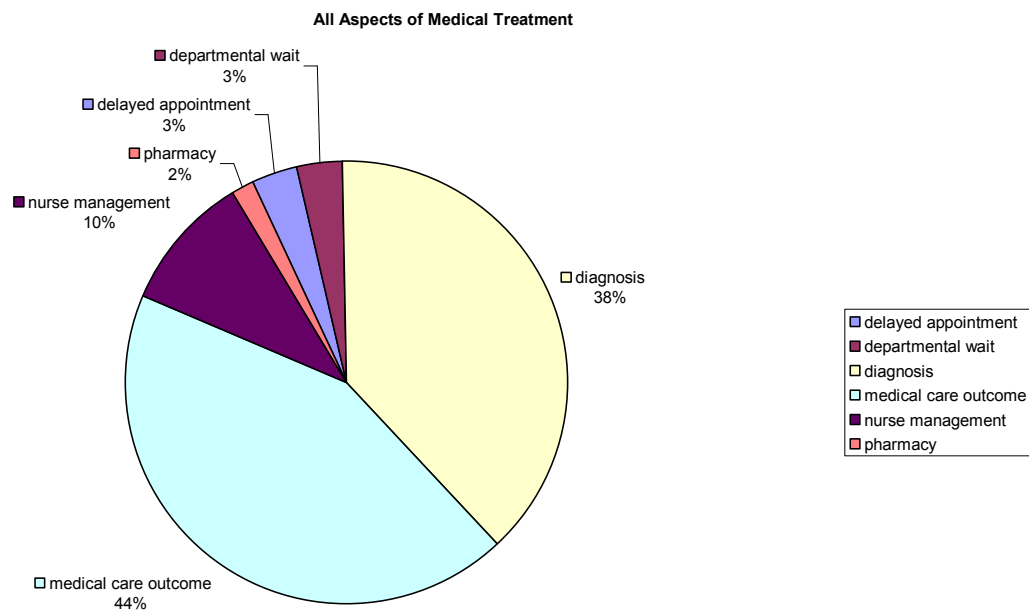
2.5.1 REASON FOR THE COMPLAINT

Complaints are coded according to national coding descriptions:

Type of Complaint	No.
All aspects of clinical treatment	61
Appointments, delay / cancellation (out patient)	17
Attitude of staff	9
Admission, discharge & transfer arrangements	9
Communication written and oral	6
Appointments, delay / cancellation (in patient)	4
Personal records	3
Transport	2
Breach of confidentiality	2
Condition of premises	2
Failure to follow agreed procedure	1
Car Parking	1
Consent	1
Equipment	1
Mortuary & PM Arrangements	1

* 8 complaints were jointly made to more than one health care organisation and require a response from us because of our involvement in transporting infants from district maternity unit to neonatal critical care units at Jessop Hospital or Leeds.

The main types of complaint received in the 'all aspects of clinical treatment are as follows:



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

- The diagnosis – this varies from the family not accepting the diagnosis to the diagnosis being shown to be inaccurate.
- Medical care outcome – this varies from the treatment not correcting the symptoms to the child experiencing known complications of treatment.
- Nursing care - this extends from poor communication to poor resident parent facilities on wards.

- Appointment frustrations feature again within this category – from extended waits within departments to appointments being delayed.

2.5.2 LEARNING FROM COMPLAINTS

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

Some of the complaints which were made include:

- Confusing guidelines for the management of an intravenous line (Portacath).
- Blood sugar monitoring failed to be carried out on a patient with diabetes who had been admitted for an unrelated condition.
- Miscommunication and misunderstanding led to a family to believe that surgery would be carried out on a certain date.
- Dissatisfaction with post operative care and poor communication before and following surgery.
- Perception of Inappropriate referral for safeguarding assessment.
- Poor attitude of catering staff
- Lack of pain relief
- Conflicting advice from medical staff
- Expectation of transport home following admission
- Cancellations and delays associated with appointments.

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

- Review and redraft of care plans and guidance for Portacaths which resulted in the production of an SCH Policy for the Management of Portacaths in addition to the production of a Portacath Information Leaflet.
- All patients with diabetes will have their blood sugar monitored even if the admission is not related to their diabetes.
- The booking form for patients coming in for surgery has been amended to enable additional information regarding admission to be recorded.
- Nurse Educator to address specialised nursing care and effective communication with all staff.
- Safeguarding protocols and procedures reviewed and additional safeguarding training for junior medical and surgical staff identified.
- Appropriate internal process with Human Resources
- Departmental staff receiving updated training on application of pain relief.
- Additional training delivered by the Consultant to junior medical staff to prevent conflicting advice in relation to application of eye drops.
- Redesign of our appointments booking processes and transformation of our hospital pathways to reduce the duration of processes such as pharmacy dispensing and discharge letter production.

There is an ongoing process to improve communication; we plan to launch a new website this year with increased patient access to leaflets, patient pathways and directed enquiries. We intend our new patient administration software to reduce some of the cancellations that result from overbooking, appointments reminders go out via SMS texts. Training remains a priority, with all nursing areas now having access to clinical skills training and dedicated training time being facilitated.

2.5.3 REFERRALS TO THE OMBUDSMAN

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

Complaint Ref	Division	File to PHSO	Summary of Complaint	PHSO Decision
COM 50	Medicine	February 2012	Lack of information provided to family	Awaiting decision
COM 82	Medicine	March 2013	Safeguarding procedures initiated due to persistent use of alternative remedies against medical advice.	Awaiting decision

2.6 Serious Untoward Incidents

During the last financial year 2012/13, the Trust reported 7 Serious Untoward Incidents.

- Communication failure: Following death, a patient was transferred to an external hospital without consent of the Coroner and in breach of local guidelines.
 - Discussions and guidance agreed with Coroner, review and dissemination of local guidelines
- Confidential data management – Medical records were left unattended in a public area by a contracted third party courier during delivery. No breach of confidentiality resulted.
 - Review of contracts held by Trust with postal service provider
- Delay to escalation of care: Communication between clinical teams did not result in timely transfer of care between ward and CCU..
 - Revised observation chart with clear thresholds to seek assistance and timed instructions on required medical response.
- Delay in return of samples to families: Delay in returning samples, retained with family consent, after agreed examination period.
 - Merger of two internally used databases and change to oversight of service.

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

1. Over dosage of opiate to a child who had not previously had opiates.
2. Potential delay in diagnosis in Emergency Department. Patient was later transferred out of Trust for specialised care.

3. An unnecessary X Ray scan on two patients.

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

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

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

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

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

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

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012-13;
- 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 2012 to June 2013
 - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
 - Feedback from the commissioners dated xxxxx
 - Feedback from governors dated xxxxx
 - Feedback from Local Healthwatch organisations dated xxxxx
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, entitled Risk Management Annual Report, April 2013
 - The In-patient survey 2012
 - The Outpatient Survey 2012
 - The national staff survey 2012
 - The A&E Survey 2012
 - The Head of Internal Audit's annual opinion over the trust's control environment dated xxxxx
 - CQC quality and risk profiles dated xxxxx
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual)

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

By order of the Board

NB: sign and date in any colour ink except black

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

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

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

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

4.1 Consulted Agencies or Groups:

4.1.1 SHEFFIELD CLINICAL COMMISSIONING GROUP

The first draft report was provided to NHS Sheffield on **xxxxx**. A final draft was supplied on **xxxxx**.

SCH QUALITY ACCOUNTS 2012/13

STATEMENT FROM SHEFFIELD CLINICAL COMMISSIONING GROUP

xxxxx

4.1.2 SHEFFIELD HEALTH WATCH

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

**Sheffield Children's NHS Foundation Trust Quality Report 2012-13
Statement from Sheffield Health Watch**

[REDACTED]

4.1.3 YORKSHIRE OVERVIEW AND SCRUTINY COMMITTEE

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

**Sheffield City Council – Healthier Communities and Adult Social Care
Scrutiny Committee**

**Response to Sheffield Children’s Hospital NHS Foundation Trust
Quality Report**

xxxxx

4.1.4 COUNCIL OF GOVERNORS SHEFFIELD CHILDREN'S NHS FT

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

**Extract from the draft minutes of the council of governors meeting held on
xxxxx**

Draft Quality Report

xxxxx

4.1.5 TRUST EXECUTIVE GROUP

The Trust Executive Group was sent the Quality Report on [REDACTED] and considered the document at the meeting on [REDACTED]. The committee comprises of clinical directors, general managers and executive directors and is the principle management forum within the Trust.

QUALITY REPORT

[REDACTED]

4.1.6 CLINICAL GOVERNANCE COMMITTEE

The Clinical Governance Committee was sent the Quality Report on [REDACTED] and considered the document at the meeting on [REDACTED]. The committee comprises of lead clinicians and directorate representatives from across the specialities within the Trust, it is also attended by a representative from NHS Sheffield. The attached are the minutes of that meeting.

User Involvement – Quality Report

[REDACTED]

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