

Quality Report

2020/21

**PROUD
TO MAKE A
DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



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1. Introduction

1.1 Statement on Quality from the Chief Executive

This has been an extraordinary year which has touched every part of the NHS, and our Trust is no exception. With this in mind my report is very different to previous years and reflects the impact that responding to the pandemic has had on the services we needed to provide for COVID patients; the need to keep non-COVID emergency care as safe as possible; and our ability to deliver planned, non-COVID care. There has also been a direct impact on the progression of some corporate objectives which were outlined in the previous year's Quality Report. This year the performance data contained within this document also needs to be read in the context of the impact of COVID-19 which has been profound.

This Quality Report outlines our priorities for 2020/21 along with areas where we need to continue to improve. Ensuring our patients have good clinical outcomes and, that our services are centred around them are two of the five main aims of the Trust and to achieve this we strive to do all we can to treat and care for people in a high quality, safe environment which both protects them from avoidable harm and improves their health. Our drive for continual improvement is embodied within our Corporate Strategy 'Making a Difference' which is supported by our Quality Strategy and Governance Framework.

Our five aims:

- Deliver the best clinical outcomes
- Provide patient centred services
- Employ caring and cared for staff
- Spend public money wisely
- Deliver excellent research, education and innovation

Our PROUD values underpin these aims:

- **Patient first** - Ensure that the people we serve are at the heart of all we do
- **Respectful** - Be kind, respectful to everyone and value diversity
- **Ownership** - Celebrate our successes, learn continuously and ensure we improve

- **Unity** - Work in partnership and value the roles of others
- **Deliver** - Be efficient, effective and accountable for our actions

In the last 12 months, we have cared for over 5,000 patients with COVID-19 which was a phenomenal achievement in terms of treating so many people with a virus that we had not even heard of just over 12 months ago. As well as supporting those patients who had the virus our teams never stopped providing emergency or urgent care to those with other illnesses and conditions like strokes, heart attacks and the vast majority of cancer care where it was appropriate and safe to do so. Our community teams turned how they work on its head to continue to provide as much care as possible to some of the most vulnerable people in our communities at a time when isolation and loneliness were also significant issues for those patients.

Whilst our efforts during the year in our hospitals was very much focussed on providing care for patients with the virus and urgent & emergency care, we were also concerned that a significant number of our other patients had to have their care paused. This was either because of the risks to them from COVID-19 or the restrictions placed on all hospitals as part of the COVID-19 NHS response. Where possible we quickly changed how we delivered care so that as many patients as possible could still have their outpatient appointment or treatment safely. Thanks to the hard work of our teams in our hospitals and community health services we continued to carry out thousands of online and telephone consultations so that patients did not have to leave their homes. We also developed new services like drive through blood testing at the Sheffield Arena and our diagnostic teams reconfigured our scanning and X-ray departments to safely accommodate urgent tests. Where care could not be provided, we quickly put in processes to monitor and clinically review those patients whose care was paused.

Re-designing care pathways and services has been no mean feat in an organisation of our size, which usually admits around 15,000 patients every month for planned care as well as providing emergency care for another 12,000 patients. Our teams took up that challenge without question and thanks to their fantastic work and innovation a significant amount of patient care has recommenced. I am proud to say that in the later part of 2020/21 the vast majority of our services were back up and running. Catching up on the care which was paused and our patients still need is our top priority as we move into 2021/22 as well as continuing to focus on the priorities outlined in this report which will further improve outcomes and as well as our patients' experiences whilst in our care.

Whilst a lot of our attention has been consumed by COVID-19 I would like to mention some other developments, investments and performance which were also achieved in 2020/21. A year when innovation and learning became our mantra.

Prior to the pandemic we were already focussed on how we can reduce the time patients need to stay in hospital or indeed if we can prevent admission at all if it is in the best interests of the patient. An example of this is the new Same Day Emergency Care service (SDEC) which has been launched which enables patients to be treated more quickly by allowing the Yorkshire Ambulance Service to bypass the Emergency Department, bringing patients straight to the SDEC service. Over the past 12 months the service has treated 2,011 patients and patient feedback has been very positive to date.

Colleagues in our Musculo-skeletal teams have piloted carrying out hip replacements as a day case procedure rather than the traditional 3–4-day hospital admission. Initial feedback has been extremely positive and learning from the approach is being shared more widely with other services.

Despite the constraints of COVID-19 our teams continued to push the boundaries of medical science and one example of this was a procedure to repair a rare, life-threatening

weakening in the wall of the largest artery in the body, in an area called the aortic arch. Our Interventional Radiologists used a minimally invasive procedure, inserting an expandable stent graft into the intricate structures of the aortic arch. Because of the patient's age and levels of fitness, she would not have been able to withstand conventional open-heart surgery. The procedure has been done just four times elsewhere in the UK.

The Care Quality Commission (CQC) undertook a two day inspection of the Trust's Maternity Services in March 2021. The inspection was only on maternity care and did not cover the Neonatal Unit, Gynaecology, or Jessop Wing Fertility services. The CQC published their report on 9 June 2021 and lowered the rating from Outstanding to Inadequate.

During the visit the CQC Inspectors found a number of areas of good practice within the maternity service and felt our staff are focused on the needs of the women receiving care. However, following the inspection, the CQC asked the Trust to take immediate action to address some systems and processes which they felt were not robust enough around risk management, learning from incidents and triage and assessment. We have responded with an action plan and many of the inspection recommendations have already been implemented.

Our staff are responding to the recommendations with the commitment and professionalism we see every day and remain completely focussed on continuing to deliver safe, good care to women and their babies.

2020/21 was a landmark for another reason within our Trust as we celebrated 50 years of Weston Park Cancer Centre where so many advances in cancer care and research have originated over the years. Continuing that legacy, we have used this past year to progress a business case for a multi-million-pound re- development of the Centre including a new research facility supported by our partner the University of Sheffield. This was a key strategic objective within our new corporate strategy which had to be paused this

year due to the limited capacity of teams and opportunities to do meaningful engagement with our partners and communities. We will resume this work in 2021 and use the learning from the past 12 months to shape our future direction of travel. Part of this work will include a new sustainability strategy as we are keen to build on the foundations of what we started pre COVID-19. We are very aware that our size means we have a significant impact on our environment and the prosperity of the City and wider region. We take these responsibilities very seriously and during the year we began to look at how we could accelerate the work already undertaken on sustainability, job creation, widening education opportunities and improving population health. With respect to sustainability, over two million patient contacts a year means it is important we consider how we deliver care and where possible reduce reliance on transport or multiple visits. We have started work on a piece of work to look at how we work now and how we can adapt. Our response to the COVID-19 outbreak will further inform this, particularly for outpatient appointments which have switched rapidly to video and telephone consultations due to the rules around physical distancing. Our new strategy for sustainability will widen our approach on this agenda during 2021/22.

Despite the pandemic, we continued to invest in our facilities where it was safe to do so including the complete refurbishment of our theatres at the Hallamshire Hospital and the planned next phase of modernising the main patient and visitor lifts too. Two more wards were refurbished at the Hallamshire Hospital along with Vickers 4 at the Northern General Hospital. We purchased the Longley Lane site adjacent to the Northern General Hospital and we will use this for the ongoing strategic development of services. We installed another radiotherapy linear accelerator at Weston Park Cancer Centre which brings the number to eight, one of the highest of any radiotherapy departments in the country. Over the course of its lifetime, the machine will provide 100,000 complex treatments to around 6,500 patients undergoing cancer treatment. Throughout the year we continued to work with our PFI partners to rectify issues identified with the Hadfield Building at the Northern General

Hospital site and we expect to re-open the facility subject to approvals in June 2021.

We continued to invest in IT systems to enhance clinical safety, efficiency, and patient experience. One of the most significant investments we have planned is a new Electronic Patient Record System. Work to complete the business case and begin procurement began during the year and will continue into 2021.

If there is a positive to come out of this year, it has to be the way partners across public and private sector organisations have come together for a common goal. The support we have had to overcome, what at times, seemed insurmountable challenges has been remarkable and many of the usual barriers which have prevented more collaborative working in the past have been put aside. We have strengthened existing partnerships and made new ones. Working within the Sheffield Accountable Care Partnership and South Yorkshire and Bassetlaw Integrated Care System has enabled us to share learning and plan together how we managed the response to COVID-19 for our region. Strong relationships with the City's Universities and business community have given us an opportunity to consider how together we can tackle the wider implications of the pandemic's impact on our region. A vision document was submitted to Government during the year outlining how this would be approached and we are excited to take this forward over the next few years.

Since the start of the pandemic the Trust has been a key participant in a number of research studies to develop understanding of Covid-19 and progress the development of possible future treatments and ways of diagnosing and preventing the virus. As one of the most research active Trusts in England, we have played a leading role in major flagship Covid-19 trials, recruiting the second highest number of patients in the country to the Oxford/AstraZeneca vaccine trial, and recruiting many patients to the nationwide RECOVERY trial, the first to show, back in March 2020, that a drug (dexamethasone) could improve survival in hospitalised Covid-

19 patients,. This trial continues to confirm and reject a number of possible treatments and provide vital evidence for our clinical teams. The Trust is also one of only 17 sites across the UK, and the only one in the Yorkshire and Humber, to test the safety and efficacy of a single-dose Covid-19 vaccine developed by the Janssen Pharmaceutical Companies of Johnson & Johnson. As well as treatment trials and vaccine trials, we have played a leading role in the Public Health England's SIREN study, which is looking at the real-world effect of Covid-19 infection and natural immunity in NHS workers. We are currently one of the top recruiting sites in the region for this study. To date we have supported over 40 Covid-19 studies, including 20 given urgent public health status by the Chief Medical Office and the Department of Health and Social Care. We also set up a sequencing service with the University of Sheffield which has contributed to the COG-UK datasets identifying SARS-CoV-2 introduction events into the UK, identification of more transmissible strains, surveillance of new emerging variants, plus staff and hospital transmission data. We have been recognised nationally as being one of the leading clinical virology translational labs for sequencing research.

Of course none of these achievements would have been possible without the 18,500 colleagues who work across the organisation. The priorities we have set out in this document to make further changes will also need their continued drive and passion if we are to deliver them. As a result, looking after our colleagues is as important as looking after our patients and their health and wellbeing will continue to be a key focus throughout 2021/22. You can find more information about this work later in the document.

Finally, I am so very proud of all our staff and volunteers for their tremendous achievements, self-sacrifice and dedication which I am in no doubt has been the basis for this organisation's success and for the quality of care provided to patients and the success of the biggest vaccination programme many of us will see in our lifetime. It has been a steep learning curve but one which as an 18,500

strong team we have embraced without question. There is not one person who has not played their part and I am in no doubt that this next challenge to reset our services and continue to focus on providing high quality, safe services for all our patients will be met with the same determination, creativity and pride as has been evident since the first cases of COVID-19 arrived at our doors.

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

1.2 Introduction from the Medical Director

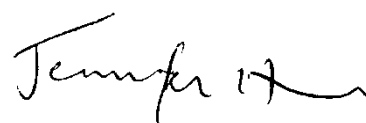
Quality Reports enable NHS Foundation Trusts to be held to account by the public, as well as providing useful information for current and future patients. This Quality Report is an attempt to convey an honest, open and accurate assessment of the quality of care patients received during 2020/21 at Sheffield 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 Board, which reports to the Healthcare Governance 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 2021/22. As with previous Quality Reports, the quality improvement priorities have been developed in collaboration with Governors and with representatives from NHS Sheffield Clinical Commissioning Group and Healthwatch Sheffield.

In developing this year's Quality Report we have taken into account the comments and opinions of internal and external parties on the 2019/20 Report. The proposed quality improvement priorities for 2021/22 were agreed in April 2021 by the Healthcare Governance Committee, on behalf of the Board of Directors. The final draft of the Quality Report was sent to external partner organisations for comments in June 2021 in readiness for the publishing deadline of 30 June 2021.



Dr Jennifer Hill
Medical Director (Operations)

2. Priorities for Improvement

This section describes progress against the priorities for improvement during 2020/21 and provides an update on progress in relation to improvement priorities from previous years. In addition, priorities for 2021/22 are outlined, along with an explanation of the process for their selection.

2.1 Priorities for Improvement 2020/21

Further improve the recognition and timeliness of the management of deteriorating patients leading to improved patient care and outcomes.

Background

To deliver high quality care and treatment to patients with a physiological deterioration in an acute hospital setting it is essential that a structured response and patient centred plan is provided. Evidence supports that use of systems and processes to facilitate visibility of where and when patients are deteriorating enables both improved response times, linked to improved patient outcomes and the ability to guide and direct improvement work to support the timely management of the deteriorating patient.

Achievements against objective

Achievements are described below. We consider that overall the objective was partly achieved.

The Trust has worked with the deteriorating patients committee alongside other work streams to develop this work and progress has included:

- All patient physiological observations undertaken in inpatient areas and those performed in the Emergency Department are now recorded electronically in the e-whiteboard
- A dashboard has been developed to capture the data gathered from the electronic observations from across the Trust
- The dashboard provides detail about all patients who score above a certain threshold on the early warning score. This can be broken down to; trust–

wide, hospital site, and ward level data including identifying individual patients

- Commencement of a pilot on the Acute Medical Unit of having an identified 'deteriorating patient bleep holder' to act as a first responder for all deteriorating patients requiring medical review on the unit

Next steps include:

- Roll out of the use of the dashboard trust-wide
- Development of a deteriorating patient flag / alert on the e-whiteboard and an associated standard operating procedure confirming the appropriate response has been commenced
- Evaluation of the 'deteriorating patient bleep holder' pilot which will include the utilisation of data available from the dashboard

Complete an end to end review of the complaints process to identify areas of good practice and areas for further improvement.

Background

A review of the complaints process had been requested to identify areas of good practice and areas for further improvement.

The purpose of this review was to identify and agree changes to the complaints process to ensure a personal approach, which seeks to resolve concerns in a timely manner and drives improvements to services.

Achievement against the objective

We consider that overall the objective was partly achieved. Progress has been delayed

by the operational pressures and staffing issues experienced as a result of COVID-19. However, a new Complaints Manager took up post in February 2021 and work has now commenced to review and improve existing processes and procedures.

Work to date includes:

- Considering ways to increase our focus on resolving issues before they escalate to become formal complaints. The aim of the new ways of working we are considering is to achieve rapid solutions and outcomes for complainants and staff.
- A more consistent approach to the risk assessment of formal complaints to ensure that investigations are proportionate to the complexity of the issues raised.
- Ensuring, wherever possible, that Complaints Co-ordinators have conversations with complainants to hear their experience, identify desired outcomes and agree a timescale for response.
- Reflecting these conversations in correspondence with complainants and in letters of response.

Further planned work to achieve the objectives includes:

- Developing and delivering bespoke training for both our complaints and PALS teams and for wider Trust staff to support effective resolution and learning from complaints. Training will include investigation skills using a systems-based approach and Just Culture principles.
- Improving the recording of complaints data on our complaints database, Datix, to provide more granular information in relation to complaints themes. This will, in turn, support focussed improvement work to address specific themes from complaints.
- Feeding the changes to the complaints process into a review of the complaints policy which will also take into account the new Parliamentary and Health Service Ombudsman NHS Complaint Standards; the new policy will be in place by December 2021.

To return to pre-COVID outpatient activity, in line with NHSE guidance

Background

To implement a programme of service restarts with the view to returning to 90% pre- COVID-19 outpatient activity.

Achievement against the objective

The Trust has worked hard to restart services following the COVID-19 pandemic including introducing telephone and video appointments where possible. For new appointments service levels achieved 74% of appointments volumes in comparison with 2019/20 activity levels. For follow up appointment service levels achieved 93% of appointment volumes in comparison with 2020/21 levels. From April 2021/22 national requirements are 70% of 2019/20 outpatient activity with a 5% increase each month.

2.2 Priorities for Improvement 2021/22

This section describes the Quality Improvement Priorities that have been adopted for 2021/22.

To ensure the Trust is constantly moving forward to improve our patient experience and care, new Quality Objectives are selected each year.

Our 2021/22 Quality Objectives have been selected after consideration of data from audit, incidents, and complaints, and consideration of areas likely to have a significant impact on the quality of care delivered to our patients.

Following discussion on 4 February 2021 at the Trust's Quality Board, 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 by the Healthcare Governance Committee in April 2021.

The objectives for 2021/22 are as follows:

Safety

- Improve the assessment of, and care provided to, those at the highest risk of inpatient falls.

Patient Experience

- Develop and improve individualised end of life care for patients and their carers.

Effectiveness

- Improve patient mealtime experience and communication of patients' texture modified diet and fluids

These three Quality Objectives span the domains within the Trust's Quality Strategy of patient safety, clinical effectiveness and patient experience.

How did we choose these priorities?

Quality Board workshop which includes Healthwatch representative, Trust governors, clinicians, managers, and members of the Trust Executive Group and senior management team.



Topics were suggested, analysed and developed into the key objectives for consultation.



Review by Trust Executive Group to enable the Chief Nurse and Medical Director to inform the Board of our priorities.



The Healthcare Governance Committee, on behalf of the Trust's Board of Directors, agreed these priorities in April 2021.

2021/22 Objectives

Safety

Improve the assessment of and care provided to those at the highest risk of inpatient falls.

Objective breakdown:

This is a one year objective.

The purpose of this objective is to consistently deliver the falls care bundle, which includes key interventions in line with NICE guidance that can improve the care and assessment to those at the highest risk of falling, and embed safety huddles 7 days a week on the ten wards with the highest number of inpatient falls.

Work will involve:

- Review of data to identify those wards where this work will be focussed
- Scrutiny of the falls data for these areas prior to the implementation of the work
- Identification of a lead for this work in each of the specified areas, who will be provided with support to take forward the required improvements.
- Ensuring consistency in the use of safety huddles in the identified areas with a focus on falls.

Objective output/metrics:

The primary outputs will be for each identified area to:

- achieve incremental improvement in compliance with the falls care bundle, as measured by a quarterly audit, with the aim of achieving 95% compliance by the end of March 2022.
- be able to evidence that safety huddles with a focus on falls are embedded across the 7 days.

Patient Experience

Develop and improve individualised end of life care for patients and their carers.

Objective breakdown:

This is a two year objective.

The purpose of this objective is 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).

Work will involve:

- Piloting the individualised plan of care for last days of life at Weston Park and Royal Hallamshire Hospitals, supported by education to staff
- Extending individualised plan of care for last days of life across other wards after evaluation of pilot, supported by education to staff
- Conversations with key stakeholders in the city with regards to roll out of ReSPECT to ensure consistent application in all care settings.

Objective output/metrics:

For 2021/22, the output will be the evaluation of individualised plan of care for last days of life and the development of a project plan for implementation of ReSPECT which is informed by the outcome of engagement with key stakeholders.

For 2022/23 the output will be the completed roll-out and evaluation of individualised plan of care for last days of life, improved results from National Audit of Care at the End of Life (NACEL) 2021/22 and the evaluation of implementation of ReSPECT

Effectiveness

Improve patient mealtime experience and communication of patients' texture modified diet and fluids

Objective breakdown:

This is a one year objective.

The purpose of this objective is to ensure that patients with swallowing difficulties are provided with an appropriate consistency of food and drink which they can safely swallow and that there is a positive mealtime experience which promotes optimal nutritional care and health and wellbeing.

Work will involve:

- Ward and Accident and Emergency (A&E) audit to be undertaken to monitor appropriate identification of patients requiring additional support with eating and drinking (using both the e-whiteboard Knife and Fork icon and bedside posters) and that this information is shared with all relevant staff through a pre meal safety huddle
- Quarterly audit of e-Whiteboard Knife and Fork icon
- 85% compliance with Meal Service Safety training which includes pre meal huddle, by September 2021
- Highlight nutritional safety in the monthly Trust safety briefing

Objective output/metrics:

Audits will demonstrate that the Knife and Fork icon was completed within 12 hours of admission for at least 95% of admissions and that safety huddles have taken place on 85% of occasions. There will be an increase in patient satisfaction with meal service with the patient dietary requirements fully met. Subsequently there will also be improved efficiencies identified as a result of real time meal ordering and reduced food wastage.

2.3 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*
- d. *Commissioning for Quality Improvement (CQUIN) Framework*
- e. *Care Quality Commission*
- f. *Data quality*
- g. *Patient safety alerts*
- h. *Staff survey*
- i. *Annual patient surveys*
- j. *Complaints*
- k. *Delivering same-sex accommodation*
- l. *Coroners regulation 28 (Prevention of future death) reports*
- m. *Never events*
- n. *Duty of candour*
- o. *Safeguarding*
- p. *Seven day service*
- q. *Learning from deaths*
- r. *Staff who speak up*
- s. *Rota gaps*

For the first six sections the wording of these statements, and the information required, are set by NHS Improvement and the Department of Health and Social Care. This enables the reader to make a direct comparison between different Trusts for those particular services and standards. It should be noted that these are based on the 2019/20 guidance as at time of completing this report, no guidance for 2020/21 was available.

a. Services provided

On 12 March 2020 the World Health Organisation announced a global pandemic in relation to COVID-19. Consequently during 2020/21, provision of the 74¹ relevant health

services provided and/or sub-contracted by Sheffield Teaching Hospitals NHS Foundation Trust was disrupted, specifically routine elective services that were not classed as Priority 1 or 2.

The funding of the relevant health services was on the basis of costs incurred, including additional expenditure and income of £77.5m in relation to COVID-19.

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

b. Clinical audit

During 2020/21, 58 national clinical audits covered relevant health services that Sheffield Teaching Hospitals NHS Foundation Trust provides and we participated in 90% of these.

The national clinical audits that Sheffield Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2020/21, are listed in table 1. The Chief Operating Officer for NHS England & Improvement provided a guide for clinical audit during the COVID-19 pandemic and below is an extract from the 'Reducing Burden and Releasing Capacity' paper sent to all Trusts. As a result of this, it is not possible to ascertain a denominator for cases that should be submitted, and therefore this year it is not appropriate to report a percentage of cases submitted.

“Given their importance in overseeing non COVID-19 care, clinical audits will remain open. This will be of particular importance where there are concerns from patients and clinicians about non COVID-19 care such as stroke, cardiac etc. However, local clinical audit teams will be permitted to prioritise clinical care where necessary – audit data collections will temporarily not be mandatory.”

¹ Defined as specialities provided on an out-patient basis

Table 1: Audit and confidential enquiries

Audits and confidential enquiries	Applicable to the Trust	Suspended/Cancelled/Participated
Acute care		
Case Mix Programme (CMP)	Yes	Participated
Surgical Site Infection Surveillance Service	Yes	Participated
Mandatory Surveillance of HCAI	Yes	Participated
RCEM Emergency Medicine (QIPS):		
Fractured Neck Of Femur	Yes	Participated
Infection Control	Yes	Did Not Participate*
Pain in Children	N/A	
The Trauma Audit & Research Network (TARN)	Yes	Participated
National Emergency Laparotomy Audit (NELA)	Yes	Participated
National Joint Registry (NJR)	Yes	Participated
National Neurosurgery Audit Programme	Yes	Participated
National Ophthalmology Audit	Yes	Did Not Participate*
National Bariatric Surgery (NBSR)	Yes	Participated
National Vascular Registry	Yes	Participated
UK Renal Registry National Acute Kidney Injury programme	Yes	Participated
Sentinel Stroke National Audit programme (SSNAP)	Yes	Participated
Blood and transplant - National Comparative Audit of Blood Transfusion programme		
2020 Audit of the management of perioperative paediatric anaemia 3	N/A	
Serious Hazards of Transfusion Scheme (SHOT)	Yes	Participated
Cancer		
National Audit of Breast Cancer in Older Patients (NABCOP)	Yes	Participated
National Gastro-intestinal Cancer Programme:		
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Participated
National Bowel Cancer Audit (NBOCA)	Yes	Participated
National Lung Cancer Audit (NLCA)	Yes	Participated
National Prostate Cancer Audit (NPCA)	Yes	Participated

Audits and confidential enquires	Applicable to the Trust	Suspended/Cancelled/Participated
Heart		
National Cardiac Arrest Audit (NCAA)	Yes	Participated
National Cardiac Audit Programme:		
National Audit of Percutaneous Coronary Interventions (PCI) (Coronary Angioplasty)	Yes	Participated
National Adult Cardiac Surgery Audit	Yes	Participated
Myocardial Ischaemia National Audit Project (MINAP)	Yes	Participated
National Audit of Cardiac Rhythm Management Devices and Ablation	Yes	Participated
National Congenital Heart Disease Audit (NCHDA)	N/A	
National Heart Failure Audit	Yes	Participated
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	N/A	
National Audit of Cardiac Rehabilitation	Yes	Participated
National Audit of Pulmonary Hypertension	Yes	Participated
Long term conditions		
Inflammatory Bowel Disease (IBD) programme:		
Biological Therapies Audit	Yes	Participated
National Asthma and COPD Audit Programme:		
Adult Asthma Secondary Care	Yes	Data collection suspended by the Trust due to the COVID-19 pandemic
Paediatric Children and Young People Asthma Secondary Care	N/A	
Pulmonary Rehabilitation	Yes	Participated
Chronic Obstructive Pulmonary Disease	Yes	Participated
UK Cystic Fibrosis Registry	Yes	Participated
National Adult Diabetes Audits:		
National Diabetes Inpatient Audit of Harms (NADIA)	Yes	Data collection suspended nationally due to the COVID-19 pandemic
National Diabetes in Pregnancy Audit	Yes	Participated
National Core Diabetes Audit & Insulin Pump Audit	Yes	Participated
National Diabetes Transition	Yes	Participated (data linked to NDA)

Audits and confidential enquires	Applicable to the Trust	Suspended/Cancelled/Participated
Mental health		
Learning Disability Mortality Review Programme (LeDeR Programme)	Yes	Participated
Mental Health Clinical Outcome Review	N/A	
National Clinical Audit of Anxiety and Depression (NCAAD)	N/A	
Prescribing Observatory for Mental Health (POMH-UK)	N/A	
National Clinical Audit of Psychosis	N/A	
Older people		
Falls and Fractures Audit programme (FFFAP):		
National Audit of Inpatient Falls	Yes	Participated
National Hip Fracture Database	Yes	Participated
Fracture Liaison Service Database	N/A	
Vertebral Fracture Sprint Audit	N/A	
National Audit of Dementia:		
Care in General Hospitals	Yes	Data collection suspended nationally due to the COVID-19 pandemic
Spotlight Audit in Memory Services	Yes	Data collection suspended nationally due to the COVID-19 pandemic
Other		
Elective Surgery (National PROMs Programme)	Yes	Participated
BAUS Urology Audits:		
Renal Colic	Yes	Participated
BAUS Bladder Outflow Obstruction Audit (BOO)	Yes	Did Not Participate*
Cytoreductive Radical Nephrectomy	Yes	Did Not Participate*
National Audit of Care at the End of Life (NACEL)	Yes	Data collection suspended nationally due to COVID-19 pandemic
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Participated, no new data entered, follow up data only due to nationally driven decision
Perioperative Quality Improvement Programme (PQIP)	Yes	Data collection suspended nationally due to the COVID-19 pandemic
Society for Acute Medicine Benchmarking Audit	Yes	Participated
UK Registry of Endocrine and Thyroid Surgery	Yes	Participated
British Spine Registry	Yes	Participated

Audits and confidential enquires	Applicable to the Trust	Suspended/Cancelled/Participated
Women's and children's health		
Child Health Clinical Outcome Review Programme	N/A	
Antenatal and newborn national audit protocol 2019 to 2022	Yes	Participated
Maternal, Newborn and Infant Clinical Outcome Review Programme:		
Perinatal Confidential Enquiries	Yes	Participated
Perinatal Mortality Surveillance	Yes	Participated
Maternal Mortality Surveillance and Confidential Enquiry	Yes	Participated
National Maternity and Perinatal Audit (NMPA)	Yes	Participated
National Neonatal Audit Programme (NNAP)	Yes	Participated
National Paediatric Diabetes Audit (NPDA)	N/A	
Paediatric Intensive Care (PICA Net)	N/A	
National Audit of Seizures and Epilepsies in Children and Young People	N/A	
Outcomes		
Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD):		
During 2020/21 there were no data collections for NCEPOD studies		

*Supporting statements

RCEM Emergency Medicine (QIPS): Infection Control

Data was not submitted for RCEM Emergency Medicine QIPS: Infection Control due to inability to identify the cohort of patients retrospectively. A change in process has been implemented to ensure that the Trust is able to fully participate in future audits.

National Ophthalmology Audit (NOD)

The Trust stopped submitting data to the national audit in 2020 for the data collection period 01/09/2018-31/08/2021, however, the data collection continues locally. Local data collection commenced prior to joining the National Cataract Audit and has continued in parallel throughout the period of the NOD audit. A local report will be produced annually

and reviewed by the Ophthalmology Directorate.

Adult Asthma Secondary Care

The COVID-19 Pandemic impacted on the referral of asthma patients, who were in the shielded group, so referrals were vastly reduced. Staff were also relocated to assist with the management of COVID-19 patients so in line with national guidance data capture was suspended.

BAUS: Bladder Outflow Obstruction Audit (BOO)

Local data were collected for the relevant time periods, but due to staff sickness, resource and time constraints, it was not possible to upload these data onto the national audit platform by deadline. The local data will be benchmarked against the national data and presented to the directorate.

BAUS: Cytoreductive Radical Nephrectomy

Data collection involved follow-up data for Cytoreductive Radical Nephrectomy already included in the BAUS Nephrectomy Audit (2017-19 data). The Trust did participate in the BAUS Nephrectomy Audit (2017-19 data) but the deadline for submission of follow-up data for Cytoreductive Radical Nephrectomy to BAUS was not met due to resource and time constraints.

Confidential Enquiries

The Trust has in place a process for the management of National Confidential Enquiry into Patient Outcome and Death Reports (NCEPOD) and develops action plans in response to published reports. It is a standing agenda item at the Clinical Effectiveness Committee which provides a forum for updates, and if any action plan requires an audit this is included on the Trust Clinical Audit Programme.

Data is continually collected and submitted to MBRRACE-UK (Mothers and Babies: Reducing Risk United Kingdom). The Trust has a 100 per cent participation rate.

National Clinical Audits

The reports of 49 national clinical audits were reviewed by the provider in 2020/21 and Sheffield Teaching Hospital NHS Foundation Trust intends to take actions to improve the quality of healthcare provided, examples of which are included below:

National Emergency Laparotomy Audit (NELA) Year 6 Published 12/11/2020

The report published in November 2020 covers the care received by NHS patients in England and Wales who underwent an emergency laparotomy between 1 December 2018 and 30 November 2019. This reporting period did not include the COVID-19 pandemic.

Quality Improvement work commenced in December 2018. This initially focussed on case ascertainment and then on the NELA pathway, which was approved by the Trust Executive Group and launched in July 2019.

The results for the Trust are in line/better than national average

- 100% case ascertainment submitted to NELA
- 82.4% of consultant surgeons and anaesthetists were present in theatre for high risk cases, slightly below the Academic Health Sciences Network mean of 85% and national mean of 89%
- 88% of high risk cases (risk of death \geq 5%) were transferred to critical care, slightly above the Academic Health Sciences Network mean of 84% and the national mean of 86%
- Risk of death was documented before surgery in 88% of cases, above the Academic Health Sciences Network mean of 81% and the national mean of 84%
- Best Practice Tariff (BPT)* achieved

*The enhanced tariff will be paid if 80% of high risk patients have a consultant surgeon and consultant anaesthetist present during surgery and are admitted directly to critical care from theatre.

National Sentinel Stroke National Audit Programme (SSNAP) April 2019 – March 2020

SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence based standards. These scores are combined to rate Stroke Services from A to E.

The annual results for 2019/20 show that the Trust maintained SSNAP level 'B'. Since this time there have been significant stroke pathway improvements in the more recent quarterly SSNAP results the Trust has scored level A in four consecutive quarters.

There have been significant stroke pathway developments since the reconfiguration of HASU in July 2019 to a regional hyper acute stroke centre. These include an increase in staffing, specifically stroke nurse practitioner posts, physiotherapy posts, occupational therapy posts and speech and language posts. There has also been the development of integrated band 4 therapy roles in the hospital

pathway, integrated ward working at SPARC, and the development of a new activity-coordinator role. All of the changes have made a positive impact to the more recent level A SSNAP scores.

National Oesophago-Gastric Cancer Audit 2020

The National Oesophago-Gastric Cancer Audit (NOGCA) evaluates the quality of care for patients with oesophago-gastric (OG) cancer in England and Wales. The 2020 annual report focuses on patients diagnosed between April 2017 and March 2019, and therefore reflects care before the COVID-19 pandemic began in March 2020. The Trust is an OG cancer specialist surgical centre. The Trust results are in line or better than the national average. These include notably:

- Case ascertainment has improved, now 85-100%
- Trust patients diagnosed after an emergency admission 13.5% v 13.3% nationally
- 30-day post-operative mortality rate for the Trust 0.8% v 1.7% nationally
- 90-day post-operative mortality rate for the Trust comparable (3.4%) with 3.3% nationally
- Oesophageal patients with positive longitudinal margins for the Trust 3.3% v 4.2% nationally
- Average length of Stay for the Trust 9 days v 11 days nationally

Quality Improvement Plan includes:

- The Trust continues to run awareness campaigns to promote early diagnosis/avoid emergency diagnosis
- Performance Status (PS) reporting is the single most important predictor of fitness for palliative oncology interventions. An educational meeting is planned by the Trust with the District General Hospitals (DGHs), asking them to improve PS reporting.

Local Clinical Audits

The reports of 306 local clinical audits were reviewed by the provider, Sheffield Teaching Hospital NHS Foundation Trust, in 2020/21. Examples of improvements to the quality of healthcare provided can be found below:

Local Audit of the Safer Surgery Policy

Since 2017, a formal Trust Wide Safer Procedure audit has been facilitated by the Clinical Effectiveness Unit and recognised on the Trust Clinical Audit Programme (TCAP) as a Trust priority. The overall aim of the audit, which is to measure compliance against the Trust's Safer Procedure Policy and identify and address any problems or areas of non-compliance, further promotes providing safer harm-free care to patients and effective team-working and communication.

Areas that have undertaken multiple audit cycles have demonstrated improvement in compliance with the audit standards and have reduced the level of risk significantly.

Improvement actions taken include:

- Nurse Led process introduced
- Do Not Disturb signs to ensure that staff are aware when this protected time is happening
- Checklists made available in each dental surgery for completion
- Nurses assigned to a specific dental surgery for the clinic
- Daily discussion at close of play with the admissions team to confirm the next day's list

The Chair of the Safer Procedure Committee is leading a review of safer procedure checklists in use across the Trust and the culture supporting their effectiveness.

Local Audit of the Consent to Examination or Treatment Policy

The Clinical Effectiveness Unit began to support clinical directorates to monitor compliance with the Consent to Examination

or Treatment Policy from April 2017 (following the Montgomery Ruling 2015) and to work alongside clinical teams to review and provide assurance that all healthcare professionals are providing appropriate information to patients and allowing sufficient time to make an informed decision to consent. At the end of March 2021, all Clinical Directorates are engaged with the Trust wide Consent Audit.

In addition to departmental actions, Trust Wide initiatives have included:

Procedure Specific Consent Forms: Several clinical areas have developed a combined patient information leaflet and consent form for common procedures.

Revision of Trust Consent Forms: Work is on-going to revise the Trust consent forms to reflect recent changes in legislation (Montgomery v Lanarkshire Health Board 2015), optimise compliance with the Trust Consent to Examination and Treatment Policy 2017 and focus on the process and quality of consenting.

Training and awareness: Directorates are inviting an external expert to provide training aimed at improving the informed consent journey for the patient.

Junior Doctor Induction: CEU has started attending the Central Monthly Junior Doctor Induction to talk about Consent to Treatment and Procedures. The main focus of the session is on ensuring patients have all of the information they need before they can decide whether to give their consent.

c. Clinical research

The number of patients receiving NHS Services provided or subcontracted by Sheffield Teaching Hospitals NHS Foundation Trust in 2020/21 that were recruited to studies during that period to participate in the National Institute of Health Research (NIHR) portfolio research trials was 5858.

Since the start of the pandemic, Sheffield Teaching Hospitals NHS Foundation Trust has been taking part in a number of research studies to develop understanding of COVID-19

and progress the development of possible future treatments for COVID-19 and ways of diagnosing and preventing the virus.

Nationally, to date, over 80 studies have been assigned Urgent Public Health Status by the Chief Medical Officer and the Department of Health and Social Care. Some of these have already finished with the results available, others are on-going and there are still more being set up.

The Trust have just over 40 COVID-19 studies running. Half of these studies are designated Urgent Public Health Studies including many of the large trials that the public may commonly hear about, such as the RECOVERY trial, REMAP-CAP, the Oxford/Astra Zeneca vaccine trial, SIREN Study, GENOMICC study, ISARIC trial, and Remdesivir trials.

Patient and public involvement and engagement (PPIE)

During 2020/21 the Trust has been adapting and growing its already significant patient and public involvement and engagement activity. During the pandemic, we have adopted an inclusive approach and worked with and supported our public contributors to enable their continued involvement in Trust research remotely to ensure it is relevant and of clear patient benefit. We have adapted our communication methods with individuals in these groups, to ensure no-one is excluded from being involved by virtue of their access to digital technologies and understanding of technology platforms. This has helped maintain and strengthen existing positive relationships. To increase the diversity of our panels and specific project public involvement groups to ensure they represent our local communities, we have engaged with other local groups and networks to increase awareness research and opportunities to get involved at the Trust.

We were invited to join the Yorkshire and Humber Clinical Research Network B.A.M.E. project group. This group was formed soon after the start of the pandemic in response to the poorer outcomes from COVID-19 faced by ethnic minorities, and the urgent need to

address these issues and other barriers faced by some in accessing health research. Through this, the Trust's Research and Innovation Manager, chaired an engagement webinar in March 2021 that was aimed at community leaders and ethnic groups to share appropriate and sensitive health messages about COVID-19 treatments and vaccines. Understanding concerns of local communities and engaging appropriately with the communities we serve, is essential to ensure awareness of research and the opportunities that exist. The project group also collects misinformation that circulates around aspects such as COVID-19 vaccination and attempts to dispel myths and ensure communities have access to factual information via media that they habitually use.

The Clinical Research and Innovation Office (CRIO) previously reported on their selection to be one of ten 'test bed' sites in the UK that trialled a set of national standards for public involvement in research. As a result of this, opportunities for sharing our experiences of this regionally and nationally continue. We were invited to host a virtual group session around the "Communications" Standard at the Pioneering Partnerships event in October 2020, and to discuss the work that we did as part our trialling of these Standards. This event brings together key stakeholders from the research community with the aim of enabling people to confidently deliver PPIE activities; our experiences of the "test bed" project enabled us to share the value of involving patients to ensure their voice is at the heart of research. Our experiences and feedback have also been captured and shared in implementation stories developed by the National Institute for Health Research Standards Partnership; these provide guidance and support for other public involvement teams, researchers and members of the public.

Locally, involvement in this project continues to ensure our strong partnerships with the National Institute for Health Research funded infrastructures hosted at the Trust.

Public involvement contributors have continued to make a substantial impact to

research nationally by co-authoring journal publications, sitting on Trial Steering Committees for large National Institute for Health Research funded grants led by the Trust, being lay members on Research Ethics Committees, and championing research across the region. The involvement and experiences of these individuals continue to be shared with other public contributors from the Trust via a bi-annual Patient and Public Involvement newsletter. Many also take up opportunities to feed into research prioritisation exercises, and national consultancy surveys and events aimed at progressing public involvement in research and ensuring appropriate guidance and resources are available to both members of the public and researchers alike.

We have also been involved in the national Health Research Authority COVID19 Public Involvement matching service, and via this, public contributors have provided rapid reviews for COVID19 research to ensure that despite the pandemic, research remains underpinned by meaningful public involvement.

Events

We remain committed to engaging and involving more diverse groups, and our event activities over the last year were developed with this in mind albeit taking in account we were limited to digital and virtual methods only.

We have continued to get involved with national campaigns to promote healthcare research and the patients and public who get involved to ensure research is appropriate and fair for all participants.

International Clinical Trials Day is celebrated annually, and for 2020, in recognition of the need to engage with local communities that the Trust serves, we delivered a live discussion about COVID19 research for members of the public, which highlighted the integral the Trust has played in developing treatments and vaccines for COVID19 and furthering understanding of the disease. Feedback from attendees was excellent and as such similar events are planned for the coming year. Whilst virtual events has been a

departure from the norm, this method of communication has actually reached more people; we achieved over 1700 page views in the week after this event far exceeding the capacity we could have at a face to face event.

More recently, we have celebrated the involvement of our research staff and participants in COVID research trials via the ResearchVsCovid campaign.

Training and support

The CRIO normally offers public involvement volunteers the opportunity to attend training in research and public involvement. The pandemic has prevented us from holding face to face events but we have directed public contributors to online resources and training opportunities, and continue to explore opportunities for offering training via virtual means. We have supported the Sheffield NIHR Biomedical Research Centre when they delivered public involvement training to researchers and highlighted the support available from CRIO in involving and engaging the public in research.

Communications

We were responsive to the COVID-19 pandemic and swiftly updated our website to inform the public about changes to public involvement and research at the Trust as a result of the pandemic, and to direct them to scientifically based sources of information. Additionally, it is recognised that the public do not always find out about the results of research, so we have ensured that for COVID19 trials, links to press releases and study results are updated when they are made available.

To improve our communications with staff, we have identified opportunities to promote and share the successes of researchers at the Trust via national campaigns, and share details of relevant events via Trust Communications.

Staff Engagement

Increasing staff engagement and raising awareness of research at the Trust is key to

ensuring that patients have the opportunity to get involved in and participate in research. The Research Champions and Cafes strategy was launched last year to spread the knowledge of current research activities and promote patient involvement, and to share information about research in a friendly and approachable environment. Due to the pandemic and a necessary focus on delivering clinical care and urgent public health research trials, it has not been possible to progress the excellent introduction of these schemes. This will be a focus for us going forward. The Jessop Wing who successfully delivered several Research Cafes have plans underway for a virtual cafe in summer 2021, and if successful it may be that other Directorates can be supported to offer a hybrid model of face to face and virtual cafes.

d. Commissioning for Quality and Innovation (CQUIN Framework)

During 2020/21 there were no CQUIN schemes. This was a result of the global Covid-19 pandemic. The income received by the Trust during 2020/21 included a value in the baseline that in previous years would have been linked to achievement of CQUIN.

e. Care Quality Commission (CQC)

Sheffield Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is fully registered.

Sheffield Teaching Hospitals NHS Foundation Trust has the following conditions on 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

- 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.

Maternity and Midwifery Services

The Care Quality Commission (CQC) undertook a two day inspection of the Sheffield Teaching Hospitals NHS Foundation Trust Maternity and Midwifery Services in March 2021. The inspection report published on the 9 June 2021 rated the service as Inadequate. Immediately following the inspection CQC has taken enforcement action in relation to Maternity and Midwifery Services under Section 31 of the Health and Social Care Act 2008.

In response to the conditions to registration and the enforcement action the Trust has produced a detailed action plan to address the areas raised by CQC. This is monitored closely by the Trust's Healthcare Governance Committee and the newly established Maternity Oversight Committee, chaired by the Trust's Chief Nurse.

Following receipt of the enforcement action on the 12 March 2021 the Trust undertook a number of immediate actions, this included enhancing the Maternity Escalation Divert and Closure Policy to ensure monitoring of clinical acuity and activity alongside staffing, and to anticipate and escalate any delays in care. A prioritisation tool for women attending the Labour Ward Assessment Unit was developed and implemented to provide visual oversight of activity and waiting times.

The Trust action plan continues to be progressed and a monthly update on all actions is provided to CQC by the 28th of each month.

Mental Health Provision

Following a serious incident which triggered a request from CQC for information relating to our mental health governance arrangements, we were required to provide assurances to CQC of actions being taken to address a number of areas of concern. In response, the Trust has agreed a detailed action plan to address the issues identified by CQC, which related to mental health risk assessments, staff training, and the environment. Oversight of the action plan is provided through a new Mental Health Working Group which meets weekly and is chaired by the Medical Director (Development). Actions within the action plan include:

- carrying out quarterly audits of mental health risk assessments and escalations in Acute and Emergency Medicine
- implementing a Trust-wide audit of mental health risk assessments and building this into the Trust Clinical Audit Programme

- developing an implementation plan to support the Mental Health Strategy, including a suicide prevention plan
- setting up a mental health training expert group with input from Sheffield Health and Social Care Trust to design a comprehensive programme of staff training based on role-specific training needs assessments
- developing a Trust-wide ligature risk reduction standard operating procedure based on previous ligature risk assessment work.

Regular updates on progress against all actions are provided to CQC.

Sheffield Teaching Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

f. Data quality

Sheffield Teaching Hospitals NHS Foundation Trust submitted records during 2020/21 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 per cent for admitted patient care

100 per cent for outpatient care

99.4 per cent for Accident and Emergency Care

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

100 per cent for admitted patient care

100 per cent for outpatient care

100 per cent for Accident and Emergency Care

Sheffield Teaching Hospitals NHS Foundation Trust was not subject to a Payment by Results audit process during 2020/21. Sheffield

Teaching Hospitals NHS Foundation Trust continues with the following programmes to improve its data quality. A number of the normal activities were severely disrupted during 2020 but:

- The Electronic Patient Record and Data Quality Team continue to be well established 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.
- 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.
- The Trust systems trainers are now fully integrated within the Performance and Information function, to support users in learning from errors, and further improve training to focus on data quality.
- The Administrative Profession Programme has been launched with a view to ensuring all those undertaking administrative functions are suitably trained and supported. This includes standardisation of procedures, and availability of standard operating procedures for all tasks.
- The Trust has had to support an increasing number of national returns and we continue to review information received in to the data warehouse to support data quality accurately
- The Trust has undertaken a range of discreet projects where data quality has been identified such as clinical coding and the accurate, complete and timely processes as set out nationally and locally of various requirements

The Data Security & Protection Toolkit assessment, the replacement of the Information Governance Toolkit, has been collated in full in readiness for the submission due in June 2021.

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 changes made as a result of Patient Safety Alerts:

- A range of standard operating procedures have been developed and launched in

relation to the management of pleural procedures

- Steroid emergency card guidelines were developed and introduced to support the early recognition of and treatment of adrenal crisis in adults.
- All electrodes stickers purchased for use with emergency resuscitation equipment are now procured via a national contract to ensure they are compliant with guidelines and reduce the risk of foreign body aspiration during advanced airway management

Fig: Patient Safety Alert

Reference	Title	Issued	Deadline (action complete)	Open/ Closed
NatPSA/2020/002/NHSPS	Interruption Of High Flow Nasal Oxygen During Transfer	01/04/2020	08/04/2020	Closed
NatPSA/2020/003/NHSPS	Blood Control Safety Cannula And Needle Thoracostomy For Tension Pneumothorax	02/04/2020	09/04/2020	Closed
NatPSA/2020/008/NHSPS	Deterioration Due To Rapid Offload Of Pleural Effusion Fluid From Chest Drains	01/12/2020	01/06/2021	Closed
NatPSA/2020/006/NHSPS	Foreign Body Aspiration During Intubation, Advanced Airway Management Or Ventilation	01/09/2020	01/06/2021	Closed
NatPSA/2020/007/MHRA	Philips Respironics V60 Ventilator ? Actions To Be Taken To Avoid Potential Unexpected Shutdown Leading To Complete Loss Of Ventilation	23/09/2020	07/10/2020	Closed
NatPSA/2020/004/NHSPS	Risk Of Death From Unintended Administration Of Sodium Nitrate	06/08/2020	06/11/2020	Closed
NatPSA/2020/005/NHSPS	Steroid Emergency Card To Support Early Recognition And Treatment Of Adrenal Crisis In Adults	13/08/2020	13/05/2021	Closed
NatPSA/2021/001/MHRA	Supply Disruptions Of Sterile Infusion Sets And Connectors Manufactured By Becton Dickinson (Bd)	11/03/2021	31/03/2021	Closed

h. NHS Staff Survey

The response rate to the 2020 survey from Trust staff was 42 per cent which was just below the national average for our benchmarking group of Combined Acute and Community Trusts (45 per cent).

The benchmarked findings of the 2020 survey are now presented as ten theme scores (scored out of ten) which can be seen in the table below.

Fig: Response rate to the NHS Staff Survey: Staff involvement

2018/19		2019/20		2020/21	
Trust	National Average	Trust	National Average	Trust	National Average
46%	41%	46%	46%	42%	45%

Fig: Staff survey results

	2020/21		2019/20		2018/19	
	Trust	Benchmarking group	Trust	Benchmarking group	Trust	Benchmarking group
Equality, diversity and inclusion	9.3	9.1	9.2	9.2	9.3	9.2
Health and wellbeing	6.1	6.1	6.0	6.0	5.9	5.9
Immediate managers	6.9	6.8	6.9	6.9	6.8	6.8
Morale	6.4	6.2	6.3	6.2	6.3	6.2
Quality of appraisals	N/A	No longer a theme in 2020 survey	5.7	5.5	5.6	5.4
Quality of care	7.5	7.5	7.4	7.5	7.4	7.4
Safe environment – bullying and harassment	8.5	8.1	8.4	8.2	8.4	8.1
Safe environment – violence	9.5	9.5	9.5	9.5	9.5	9.5
Safety culture	6.9	6.8	6.9	6.8	6.8	6.7
Staff engagement	7.0	7.0	7.1	7.1	7.0	7.0
Team working	6.3	6.5	6.5	6.7	6.5	6.6

There have been some changes to the 2020 Staff Survey to help understand the impact of the Covid-19 pandemic on staff experience and some questions felt to be less relevant were removed. These changes mean that there are 10 themes reported on in the benchmarked report this year compared to 11 last year (the quality of appraisals theme has been removed).

Of the ten themes in the 2020 benchmarked report the Trust scored above average for our benchmarking group of Acute /Acute & Community Trusts for five themes. These are:

- Equality, diversity & inclusion
- Immediate managers
- Morale
- Safe environment – bullying & harassment

- Safety culture

The Trust scored in line with the national average for a further four themes, which were:

- Health and wellbeing
- Quality of care
- Safe environment – violence
- Staff engagement

Only one theme scored below average:

- Team Working

The highest score overall achieved was Safe Environment – Violence (9.5) and the lowest Health and Wellbeing (6.1) albeit this was still average for our benchmarking group.

The only statistically significant changes are an improvement in the Health and Wellbeing score theme and deterioration in the Team working theme.

It was particularly pleasing to note in the survey that the percentage of staff recommending the Trust as a place to work to work increased for the sixth year running to 71.0% (well above the average of 66.9%). The percentage of staff recommending the Trust as a place for treatment also improved by 3% and at 84% is well above the average of 74%.

The staff survey results will be used to create the directorate staff survey action plans and at a Trust level the implementation of the 10 Trust people strategy workstreams continues which will also improve staff experience.

Whilst we continue to work to improve all aspects of staff experience this year we have focused very much year on thanking staff through the distribution of donations, local recognition initiatives and supporting staff health and wellbeing during the pandemic. We have continued to develop and promote both the Trust and the National NHS health and wellbeing offer developed in response to Covid.

We were successful in obtaining funding from Sheffield Hospitals Charity to set up and maintain nearly 50 Calm rooms and 3 Chapel Breathing spaces across the Trust, and

several wellbeing grants to further support staff during the pandemic. In addition we have worked with the Charity to secure funding from the National Charities to fund a range of initiatives including additional psychological support for teams, Schwartz Rounds and additional Mental Health First Aid training to complement our existing comprehensive employee assistance programme.

The Trust was proud to be a finalist at the National Employee Benefits awards in Autumn 2020 for best Mental Health Strategy and winners of the Best Voluntary Benefits award.

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 the action being taken to embed best practice across all areas of the organisation. The EDI Board has a diverse and broad membership that includes senior leaders and representatives of the Trusts Staff Network Groups and reports to the Trust Executive Group, the Human Resources and Organisational Development Committee and the Healthcare Governance Committee. The group and oversees any work carried out in respect of workforce, patients, and service design and delivery.

The Trust's new Equality, Diversity and Inclusion (EDI) Strategy (2021-2025) reflects our commitment to being an inclusive organisation where our workforce feel valued and supported to bring their whole selves to work, and where our patients and service users can easily access high quality services that are designed to meet their individual needs.

The Strategy is built around the four goals of the NHS Equality Delivery System (EDS2), which looks at service user outcomes, patient experience and the diversity of both our workforce and leadership. It shows what we have achieved to date, what we plan to focus on going forward and 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.

The COVID-19 pandemic has further highlighted the inequalities that already existed in our society and shone a spotlight on racism and its negative effects. Therefore, a key focus of our Strategy is tackling systemic discrimination and addressing health inequalities.

Throughout the challenges of the past year we have maintained our focus on EDI and have continued to make significant progress towards our aim and aspirations. Our achievements over the past year have included:

- Development of a COVID-19 Individual Staff Impact Assessment process to ensure the health and wellbeing of our staff is protected and supported
- Provision of support to staff who have been identified as clinically vulnerable to COVID who are transitioning from shielding back to the workplace
- Creation of a Rapid Equality Impact Assessment (REIA) process to ensure that key documents and decisions are assessed for their impact on people and communities that includes a quality assurance system
- Completion of REIA's on key documents and decisions during the pandemic, such as:
 - COVID-19 Risk Stratification for At-Risk Groups
 - Guidance for Patients and Visitors
 - Programme for vaccination roll out
- Collaborative working with the Sheffield Accountable Care Partnership (ACP) to address the causes and address the outcomes of inequalities experienced by our communities
- Development of recording and monitoring systems to gather and analyse patient diversity data and ensure an on-going commitment to the Accessibility Standards for Public Sector Websites and Apps, as well as the Accessible Information Standard
- Provision of guidance on the development of Virtual Clinics to ensure they are inclusive and meet people's needs
- Drafting a Race Equality Charter to ensure that our staff and patients understand our expectations and their responsibilities when it comes to treating people with fairness, dignity and respect
- Introduction of an email appointments system to send patients their invite to attend electronically, increasing the accessibility of our communication
- Appointment to a dedicated role to support pregnant women from minority backgrounds to access maternity services, specifically during the pandemic
- Development of draft Guidance for Trans, Non-Binary and Gender Diverse Patients and Staff that supports the provision of inclusive and patient-centred services and promotes an understanding of the barriers that these communities face
- Drafting a Workplace Adjustments Policy and Passport for staff with disabilities or long-term conditions
- Development of an EDI data dashboard to monitor the progress we're making on all aspects of the agenda
- Introduction of a Diversity and Inclusion Calendar that highlights significant dates and events, and have agreed those dates we will mark as a Trust over the next 12 months. During the year we have celebrated key EDI events across the Trust with a wide range of communications and activities, all supported by the Leadership Team
- Launched a selection of EDI online e-learning training and awareness programmes for staff and developed focused learning and development sessions for specific teams and service areas
- Established a 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

- Implementation of an approach to Representative (Diverse) Recruitment Panels so that by February 2022 our recruitment process is representative in terms of both ethnicity and gender
- Reviewed our leadership and management development programmes to embed the skills and knowledge required to promote an inclusive workplace and to recognise and value diversity, and set participation targets for all our programmes
- Developed a EDI skills assessment approach for Trust Leaders, including Non-Executive Directors and Governors

At the Trust, we are continually learning about what discrimination is and how it is felt by those experiencing it within the NHS. Our aim is to continue to seek, listen to and value feedback from our staff and from our patients and use this to improve what we do and how we do it.

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 area where we need to take further action to improve the experiences of our staff. The Trusts' Equality, Diversity and Inclusion (EDI) Team is providing support to our Staff Network Groups which provide peer

support for staff, act as a voice for the organisation on issues that impact on black, Asian and ethnic minority, disabled and lesbian, gay, bisexual and Trans (LGBTQ+) staff and provide advice and guidance to the Trust on a wide range of issues.

Fig: Work Race Equality Standard (WRES)

WRES Metric	Metric Description	Ethnic Group	2019	2020	Direction	Representative Target	North East & Yorkshire 2019	National 2019
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	13.55%	14.07%	▲	19%	10.5%	19.7%
		BME 8a + & VSM	4.35%	5.38%	▲	13%	-	6.5%
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	1.38	1.24	▼	1.00	1.40	1.46
Metric 3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process	BME	1.19	0.95	▼	1.00	1.18	1.22
Metric 4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	White	1.03	1.03	▶	1.00	1.05	1.15
Metric 5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	22.1%	21.1%	▼	0%	26.1%	27.8%
		BME	19.0%	23.6%	▲	0%	26.0%	29.8%
Metric 6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	19.5%	18.6%	▼	0%	21.6%	24.2%
		BME	21.2%	22.4%	▲	0%	26.1%	29.0%
Metric 7	KF 21. Percentage believing that Trust provides equal opportunities for career progression or promotion	White	89.8%	89.2%	▼	100%	88.3%	86.3%
		BME	71.2%	73.2%	▲	100%	74.5%	69.9%
Metric 8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? B) Manager/team	White	5.6%	4.7%	▼	0%	5.5%	6.4%
		BME	11.3%	12.6%	▲	0%	12.8%	15.3%
Metric 9	Percentage of BME Board membership	White	85%	86%	▲	81%	87.7%	86.6%
		Unknown	15%	14%	▼	0%	6.5%	5.0%
		BME	0%	0%	▶	19%	5.8%	8.4%

Fig: Workforce Disability Equality Standard (WDES)

WDES Metric	Metric Description	Disability Group	2020
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%
		Disabled 8a+ & VSM	2.06%
Metric 2	Relative likelihood of Disabled staff compared to non-disabled being appointed from shortlisting across all posts	Non-disabled	1.31
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
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%
		Non-disabled	20.1%
	ii. Managers	Disabled	12.6%
		Non-disabled	6.8%
	iii. Other colleagues	Disabled	21.5%
		Non-disabled	13.1%
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	48.4%	
	Non-disabled	42.0%	
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%
		Non-disabled	89.3%
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%
		Non-disabled	19.8%
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%
		Non-disabled	53.0%
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%
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
		Disabled	6.7
		Non-disabled	7.1
Metric 10	Percentage difference between the organisations Board voting membership and its overall workforce By voting membership of the Board	Disabled	0%
		Non-disabled	79%
		Unknown	21%
	By voting membership of the Board	Disabled	0%
		Non-disabled	79%
		Unknown	21%
	By Executive membership of the Board	Disabled	0%
		Non-disabled	71%
		Unknown	29%

i. Annual patient surveys

Seeking and acting on patient feedback remains a high priority and the Trust continues to undertake a wide range of patient feedback initiatives regarding the services they provide. Survey work during 2020/21 included participation in the National Survey Programme for urgent and emergency care and inpatients. National results, including comparative scores, will be available during 2021.

During 2020/21, the Care Quality Commission published results from the Inpatient Survey (2019) and National Cancer Survey (2019). The 2020 National Maternity Survey was cancelled due to the pandemic however the Trust participated in the CQC Maternity Survey to pilot a mixed-methods approach and further detail on this is outlined below.

National Inpatient Survey 2019

The National Inpatient Survey 2019 was carried out across 143 acute and specialised NHS Trusts. All adult patients (aged 16 and over) who had spent at least one night in hospital, and were not admitted to maternity or psychiatric units during July 2019 were eligible to be surveyed. A total of 1177 eligible patients from this Trust were sent a survey, and 565 were returned, giving a response rate of 48 per cent. This is compared to the national response rate of 45 per cent.

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 one question. 'In your opinion, had the specialist you saw in hospital been given all of the necessary information about your condition or illness from the person who referred you?'

In terms of the question relating to overall experience, the Trust score of 8.2 was ranked 'about the same' as the national average.

National Cancer Patient Experience Survey 2019

The National Cancer Survey 2019 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 2019. A total of 2,045 eligible patients from the Trust were sent a survey, and 1,262 were returned, giving a response rate of 62 per cent. This is compared to the national response rate of 61 per cent.

The Trust scored within the expected range on 39 out of 51 questions, above the expected range on three questions and below the expected range on one question. Areas where the Trust scored above the expected range were:

- Patient definitely given practical advice and support in dealing with side effects of treatment.
- Hospital staff told patient they could get free prescriptions.
- Hospital staff told patient who to contact if worried about condition or treatment after leaving hospital.

The area where the Trust scored below the expected range was:

- Being given easy to understand written information about the type of cancer they had.

This question scored 71 per cent compared to a national average of 74 per cent. The Trust also scored below the expected range for this question in the 2016, 2017 and 2018 surveys. The Trust will be undertaking a further local survey focusing on this issue to gain a better understanding of what improvements are required.

Directorates and teams providing care for patients with cancer have used the patient comments from the National Cancer Survey, which provide substance and context to scores, to produce an action plan to improve services for patients.

Maternity Survey Pilot Project 2020

Whilst the 2020 National Maternity Survey was cancelled due to the COVID-19 pandemic, the Trust participated in a project with the CQC to pilot a mixed methodology approach. For the pilot project, 237 patients were provided with the survey in the standard method (postal paper survey) and 217 were sent the survey using a web link method to complete the survey online. The standard method gave a 38.4 per cent response rate, and the 'push-to-web' method generated a 52.5 per cent response rate. Of the 52.5 per cent of responders to the 'push-to-web' method, 18.4 per cent opted to respond to a paper survey, and 81.6 per cent opted to respond to the online survey.

The highest scoring questions were:

- Thinking about your care during labour and birth, were you spoken to in a way you could understand?
- Thinking about your antenatal care, were you spoken to in a way you could understand?
- Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?

The lowest scoring questions were:

- Were you offered any of the following choices about where to have your baby?
- During your pregnancy were you given a choice about where your antenatal check-ups would take place?
- Were you given a choice about where your postnatal care would take place?

An action plan was produced using feedback from this pilot survey which included the following:

- The personalised care plan and hand-held records have been reviewed and include clear prompts to ensure that options for place of birth are discussed at both the initial booking appointment and again at the 36 week antenatal visit. Awareness raising has been undertaken with

midwives to promote the importance of these discussions.

- To ensure women can access support in the antenatal period, they are now given a details of how to contact the maternity triage service which is available 24 hours a day, 7 days a week.
- To address concerns about access to midwifery support between planned appointments in the post natal period, details of a where to access additional support and telephone numbers for the relevant midwifery team are now included on information given out after birth. All staff have been reminded of the importance of signposting women to this information.

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. From April 2020 the standard FFT question was changed from 'Would you recommend this service to friends and family' to 'Overall, how was your experience of our service' with a six point scale, ranging from 'very good' to 'very poor'.

Rather than a recommended percentage score, FFT scores are now calculated in positive and negative percentage scores. Response rates are no longer reported nationally.

In March 2020 FFT was paused in line with national guidance across all areas where feedback cards were being used, mainly affecting inpatients and maternity services. FFT continued to run as normal for A&E, outpatients and day case where short message service / interactive voice mail (SMS/IVM) was the main method of collection. FFT stopped completely across community services, where both SMS/IVM and feedback cards were being used.

FFT restarted nationally in December 2020 with the Trust restarting slightly earlier in October, with all areas collecting FFT using

solely electronic methods. The majority of areas are using SMS/IVM, however where areas do not think this is appropriate for their patient group, an online version of the FFT survey is being utilised.

During 2020/21, the overall positive score across all services was 93%.

The Trust has also chosen to ask a follow-up question in order to understand why patients select a particular response. The FFT allows us to look in more detail at patient feedback at individual ward and service level and provides us with a high volume of free-text comments as well as voice messages.

From April 2020, the requirements to gather FFT feedback in a fixed time period has been removed and therefore it will not be possible to report accurate response rates. The Trust will therefore monitor the number of responses received to ensure patients continue to be given the opportunity to feedback about their care and our FFT data is robust.

FFT results are monitored through monthly reports of positive scores and negative scores. The report also provides the facility for all wards and departments to review anonymous patient comments relevant to their area.

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 per cent, A&E of 86 per cent, maternity services of 95 per cent, community services of 90 per cent and outpatient services of 94 per cent.

The scores across all areas of FFT comparing with 2019/20 are detailed below.

When the Trust's positive score targets are not being met, the relevant areas are highlighted in the monthly reports. Positive scores are monitored and reported on a quarterly basis in the Integrated Quality Report and monthly in FFT reports that are reviewed by the Patient Experience Committee.

Due to the COVID-19 pandemic, FFT national submission of data was paused. This restarted in December 2020 and national data from December 2020 to February 2021 is now available. The national data included in this report covers December 2020 – February 2021.

Fig: Scores for FFT*

FFT Area	2019/2020				2020/2021			
	Sheffield Teaching Hospitals NHS Foundation Trust		National		Sheffield Teaching Hospitals NHS Foundation Trust		National (December 2020 – February 2021)	
	Positive Score	Negative Score	Positive Score	Negative Score	Positive Score	Negative Score	Positive Score	Negative Score
Inpatient	96%	2%	96%	2%	93%	4%	95%	3%
Outpatient	95%	3%	94%	3%	94%	2%	93%	3%
Maternity	97%	1%	96%	1%	88%	8%	90%	4%
Community	90%	4%	95%	2%	93%	3%	95%	2%
A&E	85%	10%	85%	9%	85%	9%	88%	7%

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, we take a proactive working approach to solving problems 'on the spot'.

All telephone calls, emails or face to face enquiries received by the Patient Access and Liaison Service (PALS) are assessed and if staff feel they can be dealt with quickly e.g. 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 an informal concern. During 2020/21, we received 1,393 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 complaint and processed accordingly. During 2020/21, 1,085 complaints requiring a more detailed and in-depth investigation were received.

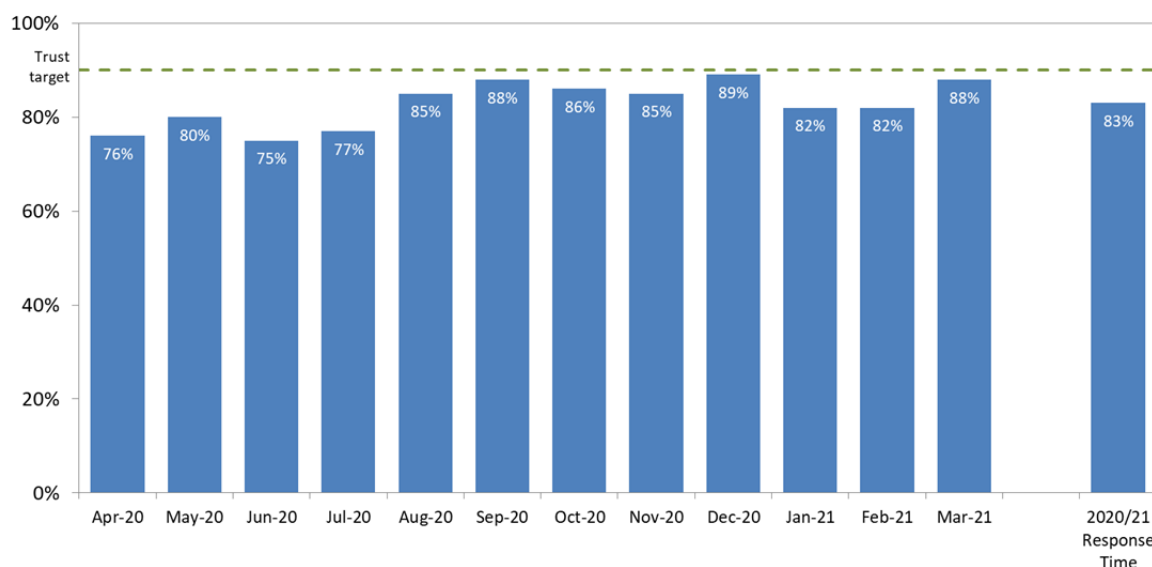
A monthly breakdown of formal complaints and informal concerns received during 2020/21 is provided below.

Of the complaints closed during 2020/21, 367 (37%) were upheld by the Trust. The Parliamentary and Health Service Ombudsman investigate complaints made regarding Government departments and other public sector organisations and the NHS in England. They are the final step of the complaints process, giving complainants an independent and objective body to review their complaint. During 2020/21 the Parliamentary and Health Service Ombudsman closed five cases regarding the Trust, one (20%) was partially upheld and no complaints were fully upheld with two of those being closed with no further investigation required by the PHSO.

Fig: Complaints received during 2020/21 by month

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
New informal concerns received	99	90	116	146	99	140	95	84	96	118	134	176	1393
New formal complaints received	40	48	71	79	87	131	101	106	97	106	103	116	1085
Total	139	138	187	225	186	271	196	190	193	224	237	292	2478

Fig: Breakdown of complaints response times by month



The complaint response time target is that at least 90 per cent of complaints are to be closed within the agreed timescale. This target was not achieved in 2020/21 as a result of the backlog of complaints which developed during the national pause in the complaints process, due to COVID-19, from 23 March 2020 until 30 June 2020.

Following this timescales, for responses to complaints, were relaxed in the Trust to allow front line staff to continue to prioritise the delivery of front line clinical care.

Monthly complaints reports are produced for the Patient Experience Committee showing the number of complaints received and target response times so that activity is monitored at directorate level.

This reporting process ensures that at all levels the Trust is continually reviewing information, so that any potentially serious issues, emerging themes or areas where there is a notable increase in the numbers of complaints received, can be thoroughly investigated and reviewed by senior staff. Findings from analysis of complaints show that

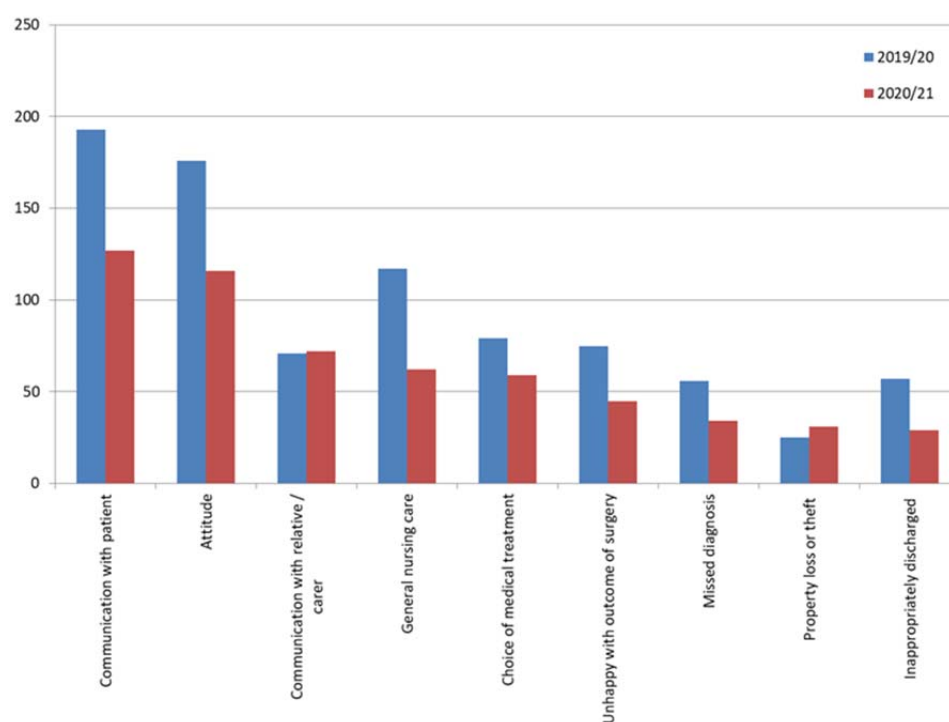
the top five themes of complaints are the same as those identified last year.

When presented as a percentage, complaints relating to 'Attitude' are 3% lower than last year, complaints relating to 'Communication with patient' have decreased by 3.3% and those relating to 'General nursing care' have decreased by 2.8%. Communication with relative/carer increased slightly (0.1%) which reflects that visiting was restricted during the COVID-19 pandemic and carers/family members could not as easily access staff to speak about care and treatment.

We remain committed to learning from, and taking action as a result of, complaint investigations.

The Patient Experience Committee 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

Fig: Breakdown of complaints by theme



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 2020/21.

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

The Trust did not receive any Prevention of Future Death (Regulation 28) reports during 2020/21, but was required to respond to two letters of concern from the Coroner.

The first related to falls risk management. In response to this, the Trust provided an outline of the current improvement programme which aims to minimise the risk of patient falls. This work is being overseen by the Falls Steering Group.

The second related to delays transferring a patient from another hospital for specialist treatment. In response to this the Trust has been working with the ambulance service concerned to improve awareness and communication and hence reduce delays in transfer to an appropriate setting.

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 2020/21 three Never Events occurred at the Trust. One was in relation to 'wrong site surgery', one 'incorrect implant/ prosthesis', and one 'retained foreign object post procedure'. This demonstrates a reduction in Never Events to 3 from 9 in the previous year.

Learning from Serious Incidents and Never Events is shared through multiple forums within the Trust, including the Trust's Safety and Risk Forum, and Clinical Management Board, to support wider learning.

n. Duty of Candour

The Trust incident management policy has been reviewed and updated and work to update the Duty of Candour policy has commenced following recently updated Care Quality Commission guidance. The Duty of Candour refresher training planned for 2020/21 was postponed pending publication of new CQC guidelines and this will now be provided for Trust staff during Q3 2021/22.

All incidents, including those which trigger the Duty of Candour, are reported on Datix, which is the Trust's electronic incident management system. In order for Duty of Candour to be considered, an incident has to be classed as a both a patient incident and an incident of moderate, major, or catastrophic severity. When this happens a trigger is instigated within Datix to consider whether Duty of Candour applies. During 2020/21 576 incidents met this criterion.

Of these incidents 317 were related to hospital acquired COVID-19 and Duty of Candour has been completed in all of these cases with the exception of a number where adequate contact details for relevant next of kin could not be obtained. Where this occurred all reasonable attempts were made to identify appropriate contact details.

Duty of Candour was noted to be applicable to 184 of the remaining 259 incidents. A random sample of the 75 incidents where Duty of Candour was not applied is being audited to provide assurance that this was an appropriate decision and they did not meet the criteria and were in line with national guidance.

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 Partners consists of Sheffield City Council, South Yorkshire Police, and NHS Sheffield Clinical Commissioning Group (CCG). The Partnership Executive Board leads and holds these individual agencies to account to ensure that children and adults at

risk are protected from all forms of abuse, neglect or exploitation.

The Trust provides mandatory safeguarding training to all grades of staff and 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. This includes the mandatory quarterly reporting to NHS improvement (NHSI) of Female Genital Mutilation cases identified, Prevent training compliance and Prevent referrals.

The Trust's Safeguarding Team supports staff to identify and assist adults at risk 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.

The Trust Safeguarding Team recruited two additional members of staff in 2020/21 to enhance the access to and availability of safeguarding advice and support

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 of 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

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital.

Standard 5

Hospital inpatients must have scheduled seven-day access to diagnostic services. Consultant directed diagnostic tests and completed reporting will be available seven days a week:

- Within one hour for critical patients
- Within 12 hours for urgent patients

Standard 6

Hospital inpatients must have timely 24 hour access, seven days a week, to consultant directed interventions that meet relevant speciality guidelines, either on-site or through formally agreed networked arrangements with clear protocols. This includes critical care, interventional radiology, interventional endoscopy, emergency general surgery, urgent radiotherapy, PCI, cardiac pacing, renal replacement therapy.

Standard 8

All patients on Acute Medical Units, Acute Surgical units, Intensive therapy units and all high dependency areas are seen by a consultant twice daily. All patients on general wards should be reviewed during a consultant delivered ward round at least once in every 24 hours seven days a week unless it has been determined that this would not affect the patients care pathway.

In November 2018 the national survey tool was replaced by a board assurance framework consisting of a standard measurement and reporting template, completed by trusts with self-assessments of their delivery of the Seven Day Service clinical standards. This self-assessment is now formally assured by the Trust Board of Directors and the completed template submitted to regional and national

Seven Day Service leads to enable measurement against the national ambitions for Seven Day Service.

The Seven Day Service audit was postponed during 2020/21 and therefore there is no audit data to present.

q. Learning from deaths

During 2020/21, 2,988 of Sheffield Teaching Hospitals NHS Foundation Trust's patients died, including 26 neonatal deaths. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 733 in the first quarter;
- 466 in the second quarter;
- 862 in the third quarter;
- 927 in the fourth quarter.

13 late foetal losses, 29 stillbirths and 9 termination of pregnancy were also recorded.

During 2020/21, 2,543 Medical Examiner (ME) reviews were completed, of which 229 adult deaths were referred for Structured Judgement Review (SJR) case record review. A total of 125² of SJRs have been completed (54.6 per cent of those referred) and seven³ serious incident investigations were carried out related to these cases.

In three cases a death was subjected to both a case record review and a serious incident investigation.

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

- 64 in the first quarter (8.7 per cent of all deaths);
- 41 in the second quarter (8.8 per cent of all deaths);
- 13* in the third quarter (1.5 per cent of all deaths);
- 7* in the fourth quarter (0.8 per cent of all deaths).

* Data correct as at 12 May 2021

² Source: Local SJR Database and Datix PALS (12 May 2021)

³ Source: Information Services Report 'IP/ED Deaths with Possible DI Datix Link' (11 May 2021)

All 26 neonatal deaths have received a case record review, the equivalent of a SJR.

No cases, representing 0 per cent (0%) of the patient deaths during the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient.

The three cases identified for further investigation are being managed in line with Trust Incident Management processes. 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 (MGC).

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. There are on-going discussions with Directorate Governance Leads and the MGC to standardise feedback mechanism for learning so that common themes can be identified by the SJR Facilitator.

Analysis of the data collected on the SJR Datix platform regarding overall care has identified areas of potential intervention. Some of these areas of work reflect national issues, such as the quality of documentation and the move to an electronic patient record will help to mitigate this. Examples of learning and actions being taken as a result of the LfD process include:

- Over the 12 month period, an issue has been highlighted relating to bridging protocol processes within the Trust. As a result, the MGC has requested a Trust-wide audit of bridging protocol processes to be undertaken during 2021/22.
- A review of M&M meetings across the Trust was completed and a full report and action plan approved by the MGC in January 2021 and the Clinical Effectiveness Committee in March 2021. Work to improve the governance surrounding M&M and the relationship between local M&M meetings and the

MGC has been included in the work plan for 2021/22 with a completion date of 30th June.

- There continues to be a number of incidents reported relating to oxygen management, principally related to transfer of patients on portable oxygen. No significant harm to patients has occurred, but this issue was referred to the Medical Gases Committee for action and the mandatory training packages for oxygen prescription and cylinder handling are being updated for completion by 31st May 2021. The MGC will follow up with the Medical Gases Committee on progress with this action during 2021/22.

118 case record reviews and 11 investigations have been completed after 31st March 2020 which related to deaths which took place before the start of this reporting period (1st April 2020). None are awaiting a first review. Seven of the 118 case record reviews scored 2, 'poor':

- One was reviewed by MGC in January 2021 and a letter from the Coroner was issued with recommendations for immediate improvement.
- One case was reported as a serious incident to Sheffield CCG in November 2019 with monitored actions for improvement.
- One was reviewed by MGC in April 2021 and was awaiting a coronial inquest verdict. This would be monitored by MGC until inquest had taken place.
- Two cases have received a contextual response and action plan from the relevant directorates and are scheduled for MGC review in May 2021.
- A contextual directorate response is being gathered for the remaining two, prior to MGC review.

r. Staff who speak up

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

The two main policies which support staff in doing this are: the Raising Concerns at Work

Policy and the Acceptable Behaviour at Work Policy.

We encourage all staff to raise concerns with their line manager or someone within their line management structure in the first instance but if they feel unable to do this we do have four Freedom to Speak Up Guardians in the Trust who are supported by a number of trained Freedom to Speak Up Advocates who are located across the organisation. Their contact details can be found on the Human Resources intranet page and are publicised on posters across the organisation.

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 / Advocate who they raised their concern with and/or the investigating manager.

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

s. Rota gaps

Due to vacancies, COVID-19 related or unanticipated sickness some specialties have elements of their staff rota that need to be filled. The Trust has a very successful internal locum bank, with which more than 90 per cent of Trust doctors in training are registered, and this provides a cohort of doctors who are familiar with the Trust, its processes, procedures and IT systems who can be utilised to fill gaps at short notice as required.

- Deploying alternative non-medical staff to carry out clinical and non-clinical tasks where appropriate

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. In addition to its core non-medical and dedicated co-ordinating staff, the service relies on fixed contributions from junior medical staff from each participating specialty.

- Novel recruitment strategies

The Trust has devised innovative ways of attracting and maintaining medical staff who wish to take time out of training by creating posts catering for the needs of both the service and individuals. This has been done through the creation of Trust Clinical Fellows/Career Development posts, who are offered a combination of clinical work and development opportunities outside a traditional numbered training post, this approach has met with some success.

The Trust has also worked in conjunction with the Royal Colleges to consider suitably trained doctors from overseas in specialties such as Anaesthetics, Ophthalmology and Oncology. This has helped support service provision whilst providing development opportunities to the wider medical workforce from overseas that a large teaching hospital can offer.

A number of approaches have been explored relating to the training of non-medical staff to undertake tasks traditionally carried out by doctors. These include the training of Advanced Clinical Practitioners who train for between one and three years before they are fully-qualified, and the appointment of a cohort of Physicians' Associates. At present, Physicians Associates are not permitted to 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.

3. Quality performance information 2020/21

These are 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

Fig: Quality Performance Information

Prescribed Information	2018/19	2019/20	2020/21
<p>The value and banding of the Summary Hospital-Level Mortality Indicator (SHMI) for the Trust for the reporting period.</p> <p>National Average: 1.00 Highest performing Trust score: 0.70 Lowest performing Trust score: 1.18 <i>(Figures for January 2020 – December 2020)</i></p>	0.97*	1.00	1.00
<p>The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period.</p> <p>National average:37% Highest trust score: 61% Lowest trust score: 8% <i>(Figures for January 2020 – December 2020)</i></p>	Banding: as expected	Banding: as expected	Banding: as expected
	34%*	34%	34%

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.

The SHMI makes no adjustment for palliative care because there is considerable variation between trusts in the way that palliative care codes are used. 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 is taking the following actions to improve this coding rate, and so the quality of its services, by using additional sources of information within the Coding Department to improve accuracy. Building on this, an Information Services User Report will be utilised to help ensure the process of palliative care coding is streamlined.

Prescribed Information	2018/19 Finalised	2019/20 Finalised	2020/21
Patient Report Outcome Measures (PROMs)			
The Trust's EQ5D patient reported outcome measures scores for:			
(i) Hip replacement surgery primary			
Trust score:	0.431	0.453	**
National average:	0.465	0.468	**
Highest score:	0.522	0.536	**
Lowest score:	0.407	0.330	**
(ii) Hip replacement surgery revision			
Trust score:	*	*	**
National average:	0.287	0.305	**
Highest score:	0.396	0.374	**
Lowest score:	0.206	*	**
(iii) Knee replacement surgery primary			
Trust score:	0.335	0.342	**
National average:	0.338	0.342	**
Highest score:	0.386	0.421	**
Lowest score:	0.270	0.243	**
(iv) Knee replacement surgery revision			
Trust score:	*	*	**
National average:	0.288	0.314	**
Highest score:	0.297	0.325	**
Lowest score:	0.196	*	**

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

** Denotes data not yet released

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.

Due to the COVID-19 NHS Digital have not published data for 2020/21.

Measures of Quality Performance	2018/19	2019/20	2020/21
<p>Readmissions</p> <p>The percentage of patients aged: 0 to 15; and</p> <p>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.</p> <p><i>Comparative data is not available</i></p> <p>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.</p> <p>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. The Trust readmission data is not an outlier and therefore the Trust's Readmission Group has been paused readmission rates continue to kept under review and the group will be reconvened if the data suggests there are reasons for concern</p>	0%	0%	0%
	16.49%	15.23%	18.22%
<p>Responsiveness to personal needs of patients</p> <p>The Trust's responsiveness to the personal needs of its patients during the reporting period.</p> <p>**Due to the COVID-19 pandemic the 2020 National Inpatient Survey was postponed, using a sample of inpatients from November 2020, rather than July 2020. Due to this, data from Picker Europe or CQC are not available at the time of writing this report. The data below was reported in last year's report and is from the 2019 National Inpatient Survey.</p> <p>National average: 91% (this is based on the average scores across all NHS trusts who are contracted with Picker Europe, the CQC's national surveys contractor)</p> <p>The Trust score is made up of the following: Did you get enough help from staff to eat your meals? – 86% Do you think the hospital staff did everything they could to help control your pain? – 93% Treated with respect and dignity – 98%</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described as the data is provided by National CQC Survey Contractor.</p>	93%	92%	**

Measures of Quality Performance	2018/19	2019/20	2020/21
<p>Patients risk assessed for venous thromboembolism (VTE)s</p> <p>The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.</p> <p><i>Comparative data is not available</i></p> <p>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.</p> <p>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</p>	95.04%	95.35%	95.12%
<p>Rate of Clostridium Difficile</p> <p>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.</p> <p>Please note the rates for 2019/20 onwards are not comparable with previous years as the definition of a Hospital Onset/Healthcare Associated case changed that year to include more cases than previously. The rates are as given in May 2021 on the Public Health England HCAI database which uses KH03 occupied overnight beds per 100,000 as a denominator for this parameter.</p>	16.2	22.07 (115 cases)	20.21 (105 cases)
<p>The rate per 100,000 bed days of hospital 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.</p> <p>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 of May 2021 on the Public Health England HCAI database using KHO3 occupied overnight beds per 100,000 as denominator for this parameter.</p> <p>During 2020/21 there have been a) 105 C.difficile Hospital Onset/Healthcare associated episodes detected and b) 44 C.difficile Community Onset/Healthcare associated episodes detected within the Trust; total of 149. Due to the COVID-19 pandemic, no national thresholds were allocated to trusts for 2020/21. The Trust determined an in-house threshold of 154 for 2020/21 based on the 2019/20 out-turn, and therefore this objective was achieved</p>	Not recorded	7.49 (39 cases)	8.47 (44 cases)

Measures of Quality Performance	2018/19	2019/20	2020/21
<p>Hospital Onset/Healthcare Associated episodes have a root cause analysis undertaken to identify if there has been any possible lapse in care. As of May 2021, 10% of cases where an RCA has been completed have been highlighted as possibly having a lapse in care. This is similar to 2019/20 and actions continue to be taken to address the issues identified in these RCAs.</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described as the data is provided by Public Health England.</p> <p>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.</p> <p>Percentage of patients who waited less than 62 days from urgent referral to receiving their treatment for cancer</p> <p>Urgent GP referral for suspected cancer</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust achievement</p> <p>National Standard</p> <p>NHS Cancer Screening Service referral</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust achievement</p> <p>National Standard</p> <p><i>Data Source: Open Exeter National Cancer Waiting Times Database</i></p> <p>Rate of patient safety incidents</p> <p>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.</p> <p>Number of incidents reported</p> <p>Incident reporting rate data for the financial year 2020/21 is not available from the National Reporting and Learning System (NRLS) until September 2020. For previous years six month data was published and reported in this report, but this data is now being published annually.</p> <p>The number and percentage of patient safety incidents that resulted in severe harm or death</p> <p>* The figures for 2019/20 are different to those documented in last year's Quality Report as they have now been validated.</p>	<p>74.70%</p> <p>85%</p> <p>87.04%</p> <p>90%</p> <p>23,490</p> <p>45.8</p> <p>61 (0.3%)</p>	<p>73.22%</p> <p>85%</p> <p>87.40%</p> <p>90%</p> <p>22,690*</p> <p>45.15*</p> <p>45* (0.3%)*</p>	<p>61.8%</p> <p>85%</p> <p>60.0%</p> <p>90%</p> <p>**</p> <p>**</p> <p>**</p>

Measures of Quality Performance	2018/19	2019/20	2020/21
Sheffield Teaching Hospitals NHS Foundation Trust encourages reporting of all incidents and as a result has seen the numbers of reported incidents increase, reflecting a continually improving safety culture. The numbers of incidents reported are monitored by the Safety and Risk Forum and at local Directorate governance meetings.			
Maximum six week wait for diagnostic procedures			
Sheffield Teaching Hospitals NHS Foundation Trust achievement.	98.75%	99.38%	69.94%
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	87.30%	83.99%	85.89%
National Standard	95%	95%	95%
MRSA blood stream infections			
Hospital Onset bacteraemia cases in Sheffield Teaching Hospitals NHS Foundation Trust	2	3	3
Trust assigned cases in Sheffield Teaching Hospital NHS Foundation Trust (No longer applicable)	n/a	n/a	n/a
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	91.6%	90.9%	80.30%
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	93.4%	92.4%	75.94%
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	85.2%	81.6%	72.06%
National Standard	90%	90%	90%
Never Events (Count)			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	4	9	3

Measures of Quality Performance	2018/19	2019/20	2020/21
Certification against compliance with requirements regarding access to healthcare for people with a learning disability			
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	60%	59%	53.14%
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.	81%	81%	84%
National average: Combined Acute and Community Trusts – 74.30%. All Trusts – 74.2%			
Highest performing Trust score:(Combined Acute and			

Measures of Quality Performance	2018/19	2019/20	2020/21
<p>Community Trusts): 91.7% Lowest performing trust score: (Combined Acute and Community Trusts): 49.7%</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust considers that this data is as described, as the data is provided by the national CQC survey contractor.</p> <p>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 and the Quarterly NHSI People Pulse and utilising our Microsystems Academy approach.</p>			
<p>Friends and Family Test – Positive Score (patients who have scores 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.</p> <p>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.</p> <p>Sheffield Teaching Hospital NHS Foundation Trust continues to take the following actions to improve this rate, and through this the quality of its services:</p> <ul style="list-style-type: none"> • 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 left 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* • The Patient Experience Committee monitors FFT monthly for all elements of the FFT to identify any trends or concerns and takes the necessary action should the positive score fall in any particular area of the Trust. <p>It's important to note that due to COVID-19 the use of FFT feedback cards was paused in March 2020, this was predominantly in Inpatient and Maternity. FFT activity was stopped in all Community areas. FFT restarted in Inpatients in October 2020 and in Maternity and Community Services in November 2020. Since restarting, only electronic methods have been used.</p>	<p>All areas 94%</p> <p>Inpatient 96%</p> <p>A&E 87%</p> <p>Maternity 97%</p> <p>Outpatient 95%</p> <p>Community 90%</p>	<p>All areas 94%</p> <p>Inpatient 96%</p> <p>A&E 85%</p> <p>Maternity 97%</p> <p>Outpatient 95%</p> <p>Community 90%</p>	<p>All areas 93%</p> <p>Inpatient 93%</p> <p>A&E 85%</p> <p>Maternity 88%</p> <p>Outpatient 94%</p> <p>Community 93%</p>

4. Statements from our Partners on the Quality Report

Governor involvement in the Quality Board

Three governors are currently members of the Quality Board.

It has been a difficult year in terms of meeting face to face. However, we have had the opportunity to attend the Quality Board Workshop which focussed on the Quality Objectives for 2021/2022.

The governor's aim is to influence good care and to ensure the Trust responds to best practice.

Governors are always welcomed and our opinions are always sought.

Kath Parker, Patient Governor

18 June 2021

Statement from NHS Sheffield Clinical Commissioning Group

NHS Sheffield Clinical Commissioning Group (CCG) has reviewed and commented on the information initially provided by Sheffield Teaching Hospitals NHS Foundation Trust (STH) for this report as a means of checking the factual accuracy. The CCG view is that, after taking into account amendments made based on our feedback, this final report is materially accurate and gives a fair representation of the Trust's performance.

STH provides a very wide range of general and specialised services, and it is right that all these services should aspire to make year-on-year improvements in the standards of care they can achieve. The report fairly articulates where this has been achieved and also where this has been more challenging.

The CCG supports the Trust's identified Quality improvement Priorities for 2021/22. In addition, and as articulated in the report the CCG welcomes additional actions the Trust will be taking in response to maternity and mental health CQC feedback and to recover activity and reduce inpatient and outpatient

waiting lists following interruptions to planned treatment due to Covid-19.

During 2020/21 Covid-19 has had a huge impact on how the Trust operates. Plans have been put in place to address increased waiting lists and we are assured the Trust are working towards recovery plans, in particular priorities identified in the 2020/21 Operational Planning Guidance.

The CCG's overarching view is that STH continues to provide, overall, high-quality care for patients, with dedicated, well-trained, specialist staff and good facilities. This quality report evidences that the Trust has achieved positive results in several key objectives for 2020/21. Where issues relating to clinical quality have been identified in year, the Trust has put in place plans to address concerns raised and the CCG has worked closely with the Trust to provide support where appropriate to allow improvements to be made.

Our aim is still to pro-actively address issues relating to clinical quality so that standards of care are upheld whilst services recover from the impact of Covid-19 and then continue to evolve to ensure they meet the changing needs of our local population and in particular look to reduce inequalities. The CCG will continue to work with the Trust to recover from the pandemic, considering appropriate targets and deliver improvements identified by CQC; whilst at the same time incentivise the delivery of high quality, innovative services.

Submitted by Beverly Ryton on behalf of:

Zak McMurray, Medical Director, and Sophie Ludlam, Deputy Director of Contracting

24 June 2021

Statement from the Chair of Sheffield City Council Healthier Communities and Adult Social Care Scrutiny Policy Development Committee

Thank you for sharing the Trust's 2020/21 Quality Report with us. On behalf of the

Healthier Communities and Adult Social Care Scrutiny Committee, I'd like to start by saying thank you to all of the Trust's staff for their hard work this year, delivering vital services to Sheffield people in such challenging times.

Quality Priorities

We note the update on last year's priorities. We recognise the challenges that Covid has presented in implementing some of these priorities, and are pleased to note that work to deliver them will continue this year.

We're pleased to see that the Trust has included HealthWatch and the VCF representatives in the selection of Quality Priorities for this year. We look forward to seeing progress on them. We'd like to reiterate comments made in previous years, that the Quality Report tends to focus on hospital based services. We would be keen to see a greater emphasis in future reports on Community Services, which form such an important part of the Trust's provision.

Performance

We're pleased to note that the Trust's staff survey results are in line with the national average or above; and that progress is already being made on implementing the Trust's Equality, Diversity and Inclusion Strategy. We look forward to seeing the impact of the strategy in future Quality Reports.

We recognise the challenge that responding to Covid has posed to health service performance – and that this is not an issue unique to Sheffield. However, we are keen to see rapid performance improvement on key indicators that are currently below target - such as cancer referrals and screening times, waits for diagnostic procedures and referral to treatment times. We hope to see updates on these during the year.

Cllr Steve Ayris, Chair, Healthier Communities and Adult Social Care Scrutiny Committee.

23 June 2021

Statement from Healthwatch Sheffield

Thank you for sharing this year's Quality Account with us. This response includes reflections from both staff and volunteers at Healthwatch – we receive a great deal of feedback from the public about Sheffield's Hospitals and would normally review this in order to comment more thoroughly, but our ability to do this has been impacted by this year's particularly short timescale for response.

Priorities from last year

The objective to improve the complaints process was of particular interest to us last year. We reiterate our comment that progress on this objective would benefit from greater involvement of patients, families, and the public who might use the system and have insights on how it could work better. We would also find it useful to be kept up to date on the progress of this review, to make sure we are giving accurate advice and information to members of the public who contact us.

In relation to the priority around the management of deteriorating patients, it is important to ensure as part of the next steps, that the patient (and where relevant, family and carers) are kept informed about physiological deterioration and that they are included in decision-making.

When continuing work to return to pre-COVID outpatient activity, we would encourage the Trust to ensure that appropriate support is offered to patients who have to be on a waiting list for longer than usual.

We would also urge the Trust not to forget about the objectives which were marked as partially achieved from the year before, for example the focus on improving patient letters. A target was set for August 2020 to start converting all letters to the new format – it would be good to see if this was met, how patients and the public have been involved in reviewing or monitoring this, as well as if there is an update on the Accessible Information Standards Group which had been planned.

Priorities for this year

We broadly support the Trust's objectives for this year's priorities. We note that improved feedback would be a key measurable for end of life care – for good practice in this area, the Trust could look at the FAMCARE surveys which St Luke's Hospice sends to family members to learn about their experiences. This objective also mentions having conversations with key stakeholders – when the Trust starts this work it would be useful to make details about this engagement public, and create a clear way for relevant stakeholders to come forward and get involved in this work.

We note that this year's objectives do not reflect the issues that have been reported by the Care Quality Commission (CQC) in relation to Maternity Services and Mental Health Provision. We realise that the objectives were set before the CQC reports were published, but hope that the Trust is making adequate space in its workplan to address these issues in a broader sense, and beyond the urgent actions required by the CQC. These investigations raised significant issues, especially around maternity care, and we are concerned that the Quality Account does not talk more broadly about this, and show a commitment to better understand how the issues raised by the CQC impact on people. We hope to be reassured through their actions that the Trust is prioritising these findings and listening to the people who have been using their services. We would also encourage the Trust to consider partnership working to improve these areas of care – including voluntary sector organisations who work closely with the relevant patient groups.

Patient surveys

We are pleased to see positive responses to the National Inpatient Survey, as well as the National Cancer Patient Experience Survey. In relation to the below average score on "Being given easy to understand written information about the type of cancer they had", we would encourage the Trust to evaluate to what extent accessibility is an issue across departments and, if necessary, take a Trust-wide approach

to addressing accessibility issues (perhaps linking in to continuing work from the 2019-20 objective on accessibility). It is reassuring, however, to see reference to actions that are being taken in response to these patient surveys despite overall positive results.

Friends and Family Test (FFT)

We welcome the shift from the standard question to 'Overall, how was your experience of our service?', and the free text comments which will provide a space for detailed qualitative learning. The shift to greater SMS collection and web forms should help to improve reach, though particular care should be taken to hear from those who don't use electronic devices. The Trust could review the volume of responses across different services and wards to understand if a different approach is required in some areas of care. When describing analysis of the new system, it would be useful to see what constitutes a positive or negative score (for instance, how the mid-range scores are counted). As this is a new system, it would also be helpful to see some examples of where people's comments have helped to drive improvement or to trigger action in some way.

Complaints

We note that response time targets have not been met this year – but understand that the Trust is dealing with a backlog due to the pandemic and hope to see that this improves next year.

It is important to recognise that making a complaint whilst in poor physical or mental health can take great effort. It would therefore be valuable to make available some understanding of what changes have been made in line with last year's objective, with some specific examples. This helps to demonstrate whether the process has improved, as well as showing that the effort of the service user in making the complaint is worthwhile and their feedback is used constructively. This would in turn encourage others to raise issues where they experience them and drive continual service improvement.

25 June 2021

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.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS 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 2020/21.

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 2020 to March 2021
- papers relating to quality reported to the Board over the period April 2020 to March 2021
- feedback from Commissioners dated 24 June 2021
- feedback from Governors dated 18 June 2021
- feedback from local Healthwatch organisations dated 25 June 2021
- feedback from Overview and Scrutiny Committee dated 23 June 2021
- the latest national patient surveys, dated June 2020 (Cancer) and July 2020 (Inpatients)
- the latest national staff survey published March 2021

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. At the time of completing this report, no supporting guidance for 2020/21 was available. The Quality Report has been prepared in accordance with supporting guidance for 2019/20 (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



Annette Laban

Chair

30/06/2021



Kirsten Major

Chief Executive

30/06/2021

For more information or if you would like this document provided in a different language or large print please contact:

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