

Quality Report 2021/22

**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

There is no doubt that this has been another extraordinary year as the pandemic continued to change all aspects of our lives. For our Trust and the rest of the NHS, 2021/22 was characterised by continued restrictions in the way we could deliver care and fluctuating numbers of COVID-19 cases, with several peaks in demand which at times exceeded the first wave of the pandemic.

During those peaks we also had two Care Quality Inspections which regrettably have seen our rating change from Good to Requires Improvement overall. I will talk about this more later in this section and most importantly the work we have already carried out and plan to undertake to address the issues raised.

Since the start of the pandemic, we have cared for over 10,000 patients with COVID-19 which is a phenomenal achievement. Testament to that care is the fact that our outcomes for patients with the virus were amongst the best in the NHS.

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 cancer care. Our community teams also worked exceptionally hard to deliver care to some of the most vulnerable in our communities at a time when isolation and loneliness were also significant issues for those patients. New initiatives like our Social Prescribing project developed in conjunction with community groups and Sheffield City Council were particularly impactful during the past year enabling community teams to signpost patients who were isolated and lonely to have social support and buddying.

Throughout 2021 a major priority was the roll out of the COVID-19 vaccination programme and whilst we were lead provider for South Yorkshire and Bassetlaw, the delivery of the programme was a collective Herculean effort by the region's NHS organisations, Local Authorities and Public Health colleagues. As well as establishing mass vaccination centres and hundreds of community pop up clinics we also delivered a vaccination programme for NHS, social care and nursing and care home staff. This work continues into 2022/23 with the expansion of cohorts and booster doses.

As we came to the end of 2021, most of our services were back up and running and we continued to adapt how we delivered care so that as many patients as possible could have their appointments or treatment safely. We continued to have a particular focus on treating those people whose operation or procedure had to be postponed due to the pandemic as well as managing the surge in new referrals we have received in the latter part of 2021. Previously we have had some of the best waiting times in the NHS and we want to return to that position because it is what our patients expect from us. Many of these plans have been severely tested by the post-Christmas wave of omicron and COVID-19 admissions.

We have seen a rise in demand for emergency care over the year and the impact of COVID-19 has been a major factor in waiting times in our A&E department for several reasons. Apart from the reduced physical capacity in waiting areas due to social distancing and increased time needed to test patients coming in for the virus, we have had less beds available to admit patients into because of the number of COVID-19 patients in our hospitals. We have also had more delays in patients moving on from our care to nursing homes or other settings because of COVID-19 outbreaks and reduced social care capacity.

In addition to the re-design of services, two other factors were pivotal to being able to manage both COVID-19 and non-COVID-19 patients simultaneously. One was the incredible work our laboratory services continued to do in respect of staff and patient testing and being fleet of foot in adapting to the changing national guidance. This had a huge impact on our ability to plan the workforce we had available to respond to demand and was fundamental to protecting our staff as well as patients.

Whilst our staff have been incredible, we should not underestimate the demands which have been placed on them. Particularly in the last year these demands increased as we continued to provide COVID-19 care but also began our recovery work to restart care which had to be paused for so many patients. Of

course, our staff were also victims of the virus which at times saw our sickness rate more than double the figure we would normally expect, and this also had an impact on our ability to progress our recovery work as quickly as we had hoped.

With all of 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-19 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 and quality objectives which were outlined in the previous year's Quality Report. This year the performance data contained within this document therefore needs to be read in the context of the impact of COVID-19 which has been profound.

This Quality Report outlines our priorities for 2022/23 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 strategic 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 new Corporate Strategy 'Making a Difference – the next chapter 2022-2027 which was developed in 2021 following extensive engagement with patients, public, our staff and partners. The strategy is supported by our Quality Strategy and Governance Framework.

Whilst our previous strategic mission and vision were confirmed to still be relevant and appropriate, we have added a sixth strategic aim which is focussed on being a sustainable organisation.

Our six aims:

- Deliver the best clinical outcomes
- Provide patient centred services
- Employ caring and cared for staff
- Be a sustainable organisation
- 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

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 2021/22. A year when innovation, improvement and learning was our mantra.

Prior to the pandemic we were already focussed on how we reduce the time patients need to wait for care, stay in hospital or indeed if we can prevent admission at all. Some examples of this work included trialling day case hip and knee surgery to enable patients to go home the same day as their surgery instead of a potential hospital stay of three or more days. The trial was successful following the design of a new pathway. Our aim is to use this method to convert at least 80% of unicompartment knee replacements to day case.

Wherever possible we re-design our services in collaboration with patients and staff and encourage patients to be in control of their care where it is safe and possible to do so. A great example of this is the work we have done on Patient Initiated Follow Up. After careful testing, we now encourage patients to manage their condition proactively, in collaboration with their clinician, by giving

them the freedom to access follow up outpatient appointments when they need it, rather than creating a planned appointment which they may feel they do not need and cause them inconvenience by having to come to hospital. This is avoiding unnecessary hospital appointments and freeing up clinic appointments for patients who need it most.

Another example of shaping care around the needs of patients is a new virtual screening system for patients with Motor Neurone Disease. Respiratory assessments are essential to identify patients with Motor Neurone Disease that may be in early respiratory failure, with screening required every three months. Prior to the pandemic this was done in the hospital but after working with a patient group a new virtual system was launched which enables symptom assessments to be conducted by either video or telephone by the Motor Neurone Disease Respiratory Physiotherapist. A drive-through blood gas clinic was also set up at Sheffield Arena, an addition to the drive through phlebotomy service. Vulnerable patients now do not have to attend hospital for regular assessments unless it is necessary, also decreasing the risk of them catching COVID-19.

The award winning Long Covid service is another fantastic example of how co-creation with patients and partner organisations can meet a need quickly and effectively. The Sheffield Post Covid Rehabilitation Hub was set up in January 2021 by our Trust and NHS Sheffield Clinical Commissioning Group to help patients with symptoms of Long Covid. The team who developed the service also included patients who had Long Covid, known as 'experts by experience', to ensure their needs were central to the service design. It has so far had more than 1,200 patients referred to it for help assessing their needs and accessing relevant services.

As well as innovating we recognise that we need to remove variation in our systems and processes to support optimal patient care and flow. This work will also be an important pre-requisite for the implementation of our new electronic patient record system which is the catalyst for the next phase of our digital transformation to support the delivery of safe, high-quality care. The new system will be in place by 2024.

Removing variation will also ensure consistency in our patient's experience of our

services and care. In July 2021 the Trust-wide Vanquishing Variation Group established a Patient First Group consisting of patient and carer representatives. So far, the group have provided feedback on our PROUD behaviours consultation, communication with patients, outpatient booking systems, the My Pathway Patient App and patient discharge process. The Group provides us with valuable insights which help transform and improve services for patients by putting their experience at the core of changes.

We intend to develop a comprehensive Sustainability Plan that contains a wide range of carbon reduction initiatives and broader sustainability goals. 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 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 has informed 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 2022/23.

Care Quality Commission findings

In March 2021 we had an unannounced visit by the Care Quality Commission to inspect maternity services at the Trust. The inspection did not cover the Neonatal Unit, Gynaecology, or Jessops Fertility services. During the visit the CQC Inspectors found several areas of good practice within the maternity service and felt staff were focused on the needs of the women receiving care. Doctors, midwives and other healthcare professionals worked together as a team to benefit families. Medical staffing, including on site Consultant cover, was very good both in and out of hours. Infection control and cleanliness was also of a good standard and there is a culture where staff felt respected, valued, and supported. They also commented that the service promoted equality and diversity in daily work. However, several areas were identified for significant improvement and as a consequence the rating was changed from Outstanding to Inadequate. Many of the issues raised have already been addressed and work continues to embed those changes. Some of the changes made include the recruitment of additional midwives, midwifery support assistants and nurses as well as

overhauling our governance and risk processes. Elements of our assessment process needed further review which we have also done. We are also one of the first four hospitals in England to offer the Tommy's App. The Tommy's App personalises maternity care by identifying each woman's chance of having a premature birth (when baby is born early) and of developing complications during pregnancy such as problems with placental function. By identifying the chance of complications early, the Tommy's App ensures that the right monitoring and care can be offered throughout pregnancy according to each woman's individual needs.

In October 2021 the Care Quality Commission carried out another inspection of maternity services again, along with a selection of other services and some wards at the Trust. Whilst the CQC did highlight positive aspects of the care and services we provide, they also found areas where we needed to make improvements. Some of those improvements we were already working on and have made progress, but we know we still have more work to do. As a result, the Trust overall rating was changed from Good to Requires Improvement.

The need to recruit more staff in some areas including nursing was a significant concern and I am pleased to report that we have already recruited over 500 new nurses since the inspection. Recruitment continues to be a key focus as we move into 2022/23. An improvement in care for patients with mental health conditions was another area where we had already started to make improvements internally but also with partners across the City who also have responsibility for the care of people with mental health conditions. Improved waiting times for treatment or care was a concern we had prior to the inspection and continues to be driven as part of our COVID recovery plans.

Risk assessment processes including recording and mitigation of potential risks is another focus for further improvement. We recognise that our current processes are complex and often the practical actions to recognise and mitigate risks are taken by staff but that this is not always recorded as expected because we do not make the process as simple or quick as it could be. This work on our systems and processes along with the procurement of the new electronic patient record system will also address the need to improve aspects of our record keeping.

We work hard to get things right but when we don't, we want to record what happened and learn from it to limit the chance of it recurring. Our staff survey results show this is an area where we are better than many other organisations in terms of staff feeling able to report incidents, but we need to be better at responding to the reports, making changes where it is appropriate more quickly and sharing learning from incidents more widely and as soon after the incident as we can. Earlier references to how we have co-created services and developments demonstrate our commitment to patient and public engagement and involvement, but we agree with the Care Quality Commission that we should do this more routinely. We are also reviewing how we collect and use patient feedback to inform our priority and improvement areas.

Addressing the remaining issues raised following both inspections will continue to be at the heart of our improvement and recovery programme.

Caring for patients has been a priority but so has caring for our staff. Without them we would not have got through this year, and it has been gruelling on every single person, not just those in direct patient care. We have invested a lot of time listening to what our staff needed during the past year and trying to do all that we could to keep them well physically and mentally during such difficult times. We extended our 24-hour mental health counselling service to staff family members, encouraged people to take their leave, developed toolkits for managers to be able to give additional support to teams and increased the number of 'Calm Rooms' to create a peaceful place where staff can go to recharge, have something to eat and drink and just take a few moments away from what is happening. As well as using digital technology to provide care for patients we also encouraged its use for team working especially given a proportion of colleagues were remote working. However, I think the biggest thing we continued to do was focus on being kind to each other, encouraging a culture of recognition and understanding of the situations people were in professionally and personally and taking time to say thank you.

During the year we also continued to progress the ambitions set out in our People Strategy and I am particularly pleased that we have expanded our staff networks to include a new Women's Network. I am also delighted that we have been given a Stonewall Silver Award for

our commitment to inclusion of lesbian, gay, bi, trans and queer (LGBTQ+) people in the workplace. We have been engaging with staff to develop a PROUD behaviours framework to support our PROUD values and we plan to launch and embed this across the Trust in the summer of 2022. We also launched our first Race Equality Charter. The Charter was created in collaboration with the Race Equality and Inclusion Staff Network Group and signals a step change in terms of the Trust's commitment to being anti-racist in everything we do and stand for.

One area I would particularly like to highlight and which has proven to be even more important during the past year in our work on equality, diversity, and inclusivity relates to the specific impact of COVID. There was clear evidence that colleagues including those from a Black, Asian or Minority Ethnic heritage, those with underlying health conditions, those with a high BMI or those over a certain age may be more affected by COVID-19. As a result, we offered additional health assessments for those potentially more at risk from complications of COVID-19. We have also worked hard with colleagues across the organisation to raise awareness of the importance of vaccination. Our clinical experts ran staff Q&A sessions, and we encourage one to one conversation between clinical experts and individual staff who had questions or concerns.

It was encouraging that despite another unusual and exceptionally busy year our staff survey results for recommending the Trust as a place to work and for family and friends to be treated remained above average. However, in line with many other Trusts, our scores in many areas of the survey dropped and we will be looking to work with colleagues to identify how we can make improvements where it matters most to staff. You can read more about this later in this report.

Despite the pandemic, we continued to invest in our facilities where it was safe to do so and in total, we have invested over £47 million in 2021/22. We continued to progress the overhaul of our theatres and lifts at the Hallamshire Hospital along with ward refurbishments at both the Hallamshire and Northern General Hospitals. We also refurbished the Breast Clinic and Endocrine Investigation Unit at the Hallamshire along with the Pharmacy at the Northern General. We invested heavily in additional and replacement major medical equipment and

expanded the Wheata Place Community Dentistry Centre. Other remaining investments were in new equipment, infrastructure and adaptations to departments or services to enable us to manage the pandemic as safely and effectively as possible.

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 were able to re-open the facility in the Summer of 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. A preferred supplier has now been chosen for this following an extensive engagement and procurement process. The system is due to be implemented by 2024.

The events of 2020 and 2021 fundamentally changed how our organisation served patients and will leave a legacy with all staff that work across our services, resulting in the need to adopt different approaches to how we work together and across health and social care. Our patients are now experiencing a lengthened time to access care and treatment in both primary and secondary care settings and will do for some time. All our efforts will therefore need to focus on building our services back up to be stronger than ever to support patients. We can only do this in two ways; by having a workforce that have been able to recover, feel supported and where the significant shortfalls in staffing have been addressed; and by building on our work with our partners in ways that we have done during the pandemic where traditional boundaries were overcome and a collective intent and desire to move ahead was achieved.

Prior to the global pandemic, demand for NHS services was increasing rapidly because of a growing and aging population requiring increasingly complex care. This has exacerbated longstanding pressures facing the NHS and to meet these challenges, the health and care system is transforming. This presents exciting opportunities to collaborate and integrate where appropriate. We have learnt about how to successfully integrate and transform services across the community and acute interface over many years. We have also learnt how to provide services locally at scale across a broad geography in partnership with other local Trusts. We can see that further

opportunities also exist to build a resilient network of health and social care for the people we serve, and our existing and emerging partnerships will bring these to fruition. One example of our partnership work is the development of the South Yorkshire and Bassetlaw Pathology network which we will host and are currently designing with our partner NHS Trusts. Another example is that patients undergoing treatment for cancer are now able to receive some of their treatment closer to home due to a partnership with primary care

WestonPark@BurleighMedicalCentre is an extension of the day-case unit at Weston Park Cancer Centre where suitable patients can receive systemic anti-cancer therapy. This new collaboration means that some patients from the Barnsley area who used to travel to Sheffield for their cancer treatment can now receive treatment closer to home.

As one of the most research active Trusts in England, we have played a leading role in major flagship COVID-19 trials. To date the Trust has supported over 50 COVID-19 studies, including a number which were given urgent public health status by the Chief Medical Officer and the Department of Health and Social Care. This has contributed to the development of treatments for Covid-19 and ways of diagnosing and preventing the virus.

In partnership with the City's universities, we have continued to lead and contribute to international and national research not just on COVID-19 but across the spectrum of health conditions we provide care for. We continue to be one of the National Institute for Health Research Yorkshire and Humber Clinical Research Networks top 10 NHS organisations for recruitment volumes and actively seek to increase the involvement of patients in all parts of the research process.

Our clinical research facilities at the Royal Hallamshire and Northern General hospitals in Sheffield were awarded £7.9m in funding which will support the development and testing of new treatments for diseases, many of which currently have no cure. The funding from the National Institute for Health Research is more than twice the amount of the £3.1m which was awarded in the previous round of funding in 2017.

Some of the examples of the research and innovation work we have been involved in outside of COVID-19 include the development

of CFHealthHub which is a digital learning health system developed to help patients with Cystic Fibrosis monitor their condition and reduce the need for hospital admission. Now used in 60% of adult Cystic Fibrosis centres in England, CFHealthHub allows patients to monitor their health from home using real-time data collected from their nebuliser and transferred to an app on their phone. The data includes information such as how much medication they have successfully taken each day, which can help them to identify the reason for any changes or decline in their condition. Patients can also share this data with their clinical team who can use it to provide strategies to manage their treatment.

We have also secured a £1 million grant to trial a novel technique of haemorrhoid surgery using radiofrequency ablation. The pioneering research, named the ORION trial, is being conducted in partnership with the University of Sheffield and will assess whether radiofrequency ablation is as effective as existing surgical methods of treating haemorrhoids. It will also investigate whether this method is superior in terms of pain and recurrence. Funded by the National Institute for Health Research the trial will include 16 hospitals within the UK.

Colleagues in our Gastroenterology service have developed a new national training programme to improve early and effective treatment of acute upper gastrointestinal bleeding. Acute upper gastrointestinal bleeding) is a medical emergency causing 50 - 70,000 hospital admissions each year in the UK. The programme, which was developed in line with the British Society of Gastroenterology's Endoscopy Quality Improvement Project Initiative, aims to improve early and effective treatment of upper gastrointestinal bleeding to reduce mortality and the length of hospital stay for patients.

Building on the success of the Sheffield Institute for Translational Neuroscience we have put forward an ambitious bid for an National Institute of Health Research Biomedical Research Centre with a much-expanded clinical remit. The plans include improving early diagnoses of dementias and pulmonary vascular disease; optimising care pathways for patients with motor neuron disease and HIV; developing new vaccines for infectious diseases and treatments that delay the progression of neurodegenerative disorders; and, improving outcomes for patients with cardiovascular disease. We will

do this by building on a strong existing partnership between our leading expert clinical teams and top-performing academic departments at the University of Sheffield. This partnership already has an established track record in delivering impactful benefits for patients with debilitating conditions. We expect to know the outcome of our bid later this year.

After another challenging year, I want to pay tribute to everyone who has contributed to the incredible response to the situation we have found ourselves in. Our partners and charities have been unrelenting in their support and our Board and Governors have provided the stability, discussion and challenge which is so important during such turbulent times. Above all I am so very proud of all our staff and volunteers for their tremendous commitment, flexibility, and sheer hard work to deliver the care needed and the biggest vaccination programme many of us will see in our lifetime.

As we move forward into 2022/23 the context within which we will need to deliver our priorities will be dominated by the continuation of the pandemic, the need for us to recover our performance and address the issues raised by the Care Quality Commission. Our overriding priority will be to deliver safe, high-quality care for all our patients and a brilliant place to work for our staff.

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 2021/22 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.

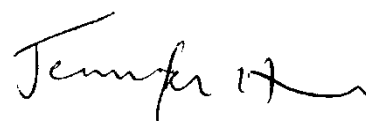
The Quality Board, which reports to the Quality Committee and incorporates stakeholder membership including staff, Governors, Healthwatch Sheffield and voluntary and community sector representation, oversees the selection of the Trust's quality improvement priorities.

As a Trust, we have considered carefully which quality improvement priorities we should adopt for 2022/23. 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 2020/21 Report. The proposed quality improvement priorities for 2022/23 were

agreed in April 2022 by the Quality Committee, on behalf of the Board of Directors. The final draft of the Quality Report was sent to external partner organisations for comments in May 2022 in readiness for the publishing deadline of 30 June 2022.

In response to the publication of the CQC Inspection Report in April 2022 the Trust has developed a high level action plan covering 17 key outcomes. The implementation of this action plan will be a key priority for the Trust during 2022/23 and will be overseen by the Board of Directors, supported by Trust Executive Group and the Quality Committee.



Dr Jennifer Hill
Medical Director (Operations)

2. Priorities for Improvement

This section describes progress against the priorities for improvement during 2021/22 and provides an update on progress in relation to improvement priorities from previous years. In addition, priorities for 2022/23 are outlined, along with an explanation of the process for their selection.

2.1 Priorities for Improvement 2021/22

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

Background

Inpatient falls is one of the highest reported incidents within the Trust, with some areas having more patients at risk of falls than others. The focus of the objective was on improving the assessment and care provided to those patients on the wards with the highest number of falls.

Achievements against objective

The Strategic Falls Group worked with 10 wards with the highest number of falls over the previous 12 months, this work involved:

- Developing and undertaking a monthly audit against nationally recognised key interventions, as recommended in the National Institute for Health and Care Excellence (NICE) guidance, assessment and prevention of falls in older people.
- Undertaking ward based education for staff
- Relaunching safety huddles – regular multidisciplinary meetings where patients at risk are discussed to increase awareness of these risks within the team.

Measures of success for this work were agreed and include, for these 10 areas:

- Each area will achieve 95% completion of the audit by the end of March 2022
- The audit results will show incremental improvement in compliance
- Falls safety huddles will be embedded across 7 days of the week

All 10 wards are undertaking falls safety huddles. A final report from the audit is being produced with the support of the Clinical Effectiveness Unit, this will inform next steps and future actions. Initial review of the data has shown good compliance with the audit with improving results. Individual ward areas are developing local action plans related to the audit outcomes.

The Strategic Falls Group will continue to monitor this work.

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

Background

National guidance relating to End of Life Care (EoLC) promotes personalised care planning as the gold standard. For example, the 'Leadership Alliance for the Care of Dying People' outlines the priority that "an individual plan of care, which includes food and drink, symptom control, and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion".

Care Quality Commission (CQC) visit reports (2016 and 2018) and the Trust's 'National Audit of Care at the End of Life' results (2018-2021) identified an ongoing need to improve the delivery and documentation of personalised EoLC for our patients and those important to them. Staff feedback also highlighted their need for a document to provide prompts to aid them in the delivery of care at the end of life.

In response to this, a 'Caring for Dying Patients: Personalised Plan of Care' document and digital nursing care plans were developed

to ensure that patients who are in their last days of life have a documented personalised plan which establishes and addresses their individual needs, wishes, and priorities for their EoLC.

Achievement against the objective

Over the past 12 months:

- The 'Caring for Dying Patients: Personalised Plan of Care' document has been rolled out to phase 1 inpatient wards at the Trust: Weston Park Hospital wards, Geriatric Medicine wards and the Palliative Care Unit.
- Training in caring for dying patients was delivered to the phase 1 wards to include recognition of dying, communication of dying, and developing a personalised plan of care to support dying patients and those important to them.
- An audit associated with the first phase of the roll-out is underway to assess whether the new document improves the quality of documentation and the care of patients at the end of life.
- Engagement and awareness communications have taken place to increase nursing staff knowledge of and use of the digital nursing care plans.
- Following City-wide conversations the implementation of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) across Sheffield has been agreed and a Project Manager has been appointed to lead the roll-out across the city.

This objective will continue in 2022/23. Over the next year, the Care of Dying Patients document will be rolled out to all wards across the Trust. In addition, the Trust will engage with the city-wide ReSPECT Project Group with regards to roll out of ReSPECT at the Trust.

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

Background

It is important that there is robust communication of patients' texture modified diet and fluid needs. This ensures that patients with swallowing difficulties are provided with an appropriate consistency of food and drink which they can safely swallow. A positive mealtime experience promotes optimal nutritional care and health and wellbeing. Implementation of a bedside meal ordering system is one of the national priorities identified as a result of the 'Independent Review of NHS Food' (October 2020¹).

Achievement against the objective

A series of actions and outcome measures were agreed at the start of the process. Outcome measures in relation to communication of patients' texture modified diet and fluid needs have all been achieved. An audit undertaken in August 2021, which will be repeated in August 2022, demonstrated:

- Electronic whiteboard Knife and Fork (icon appropriate identification of patients requiring additional support with eating and drinking) completion for 95.9% of admissions against a target of 95%
- Compliance with pre-meal safety huddles on 92.5% of occasions against a target of 90%
- Compliance with Meal Service Safety training of 94.3% in the acute Trust and 93% in community against a target of 90%
- In addition, audit demonstrated 91.9% compliance with use of bedside posters reflecting dietary needs.

In addition, Continuing Professional Development (CPD) funding was secured to appoint a Lead Nurse for nutrition to support this important patient safety work for 12 months until January 2023.

¹ NHS England (2020) The Independent Review of NHS Food

<https://www.gov.uk/government/publications/independent-review-of-nhs-hospital-food>

Work is ongoing to create a paper version of a bedside safety information board until an electronic solution is available, and a Care Group representative task and finish group aims to have this finalised before the end of May 2022. Progress will be monitored through the Nurse Director Meeting and Trust Nutritional Steering Group.

Implementation of an electronic bedside meal ordering system was delayed due to the COVID-19 pandemic. Ongoing collaboration with the digital team has enabled a pilot on 3 wards in the Trust. The benefits realised so far from this pilot are:

- Improved patient experience – receiving meals of their choice, ordered in a timely way
- Use of the data to assess popularity of menu items which will help future menu planning
- Reduction in waste compared to pre pilot analysis of waste

2.2 Priorities for Improvement 2022/23

This section describes the Quality Improvement Priorities that have been adopted for 2022/23.

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

Our 2022/23 Quality Objectives have been selected after consideration of data from audit, incidents, complaints and patient feedback, and consideration of areas likely to have a significant impact on the quality of care delivered to our patients.

Following discussion on 8 March 2022 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. A fourth quality objective addressing patient safety was added after discussion at the Trust Executive Group on 6th April 2022. These four Quality Objectives were approved by the Quality Committee, on behalf of the Board of Directors, in April 2022.

The objectives for 2022/23 are as follows:

Patient Experience

- Develop and improve individualised end of life care for patients and their carers.
- Improve the care of patients with Learning Disabilities

Safety

- Improve the identification, escalation and response to deteriorating patients

Effectiveness

- Improve individualised care of patients with dementia

These four Quality Objectives span the 'Patient Experience', 'Safety' and 'Effectiveness' domains within the Trust's Quality Strategy.

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 Quality Committee, on behalf of the Trust's Board of Directors, agreed these priorities in April 2022.

2022/23 Objectives

Patient Experience

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

Objective breakdown:

This is the second year of 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:

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

Objective output/metrics:

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

Improve the care of patients with Learning Disabilities (LD).

Objective breakdown:

This is a one year objective.

The purpose of this objective is to review LD patients waiting for care to ensure equality of access and improve use of the Hospital Passport across the Trust.

Work will involve:

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

Objective output/metrics:

- Significant on-going improvement in the use of the Hospital Passport and documentation
- Ensure that LD patients have an equal wait time

Safety

Improve the identification, escalation and response to deteriorating patients

Objective breakdown:

This is a one year objective.

The purpose of this objective is to improve the identification and timeliness of response to deteriorating patients.

Work will involve:

- Audit compliance with NEWS2 to identify a baseline on 6 wards with highest numbers of deteriorating patients
- Introduce a deteriorating patient bleep holder on all inpatient wards and audit compliance. Address any barriers to deteriorating patient bleep holders identified.
- Test and introduce an e-whiteboard alert for escalation of patient deterioration and audit use.
- Audit inclusion of deteriorating patients in ward safety huddles

-
- Audit time from escalation to response and identify areas requiring further education and input
 - Significant improvement in the completion of cognitive assessment in patients over the age of 60

Objective output/metrics:

Demonstrate improvement in timely escalation and response to patient deterioration.

Effectiveness

To improve individualised care of patients with dementia.

Objective breakdown:

This is a two year objective.

The purpose of this objective is to improve staff training on Dementia care and embed cognitive assessment on admission. The objective also aims to enhance dementia/cognitive care planning

Work for 2022/23 will involve:

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

Objective output/metrics:

- Significant improvement in training compliance
- Care plan in use on all patients

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. Equality, Diversity and Inclusion*
- j. Annual patient surveys*
- k. Complaints*
- l. Delivering same-sex accommodation*
- m. Coroners regulation 28 (Prevention of future death) reports*
- n. Never events*
- o. Duty of candour*
- p. Safeguarding*
- q. Seven day service*
- r. Learning from deaths*
- s. Staff who speak up*
- t. Rota gaps*

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.

a. Services provided

During 2021/22, provision of the 74² relevant health services provided and/or sub-contracted by Sheffield Teaching Hospitals NHS Foundation Trust continued to be disrupted by the COVID-19 pandemic. Routine elective services continued to be impacted because of reduced elective capacity and staffing shortages because of COVID-19. The focus for routine elective activity was to ensure the delivery of Priority 1 or 2 cases.

The funding of the relevant health services was based on costs incurred, including additional expenditure and income of c£23m 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 2021/2022, 49 national clinical audits covered relevant health services that Sheffield Teaching Hospitals NHS Foundation Trust provides.

During that period Sheffield Teaching Hospitals NHS Foundation Trust participated in 49 of national clinical audits which it was eligible to participate in. The national clinical audits that Sheffield Teaching Hospitals NHS Foundation Trust was eligible to participate in during 2021/22 are documented in Table 1.

The national clinical audits that Sheffield Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2021/22, are listed below.

² Defined as specialities provided on an out-patient basis

Table 1: Audit and confidential enquiries

Audits and confidential enquires	Applicable to the Trust	Suspended/Cancelled/Participated
Acute care		
Case Mix Programme (CMP)	Yes	Participated
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 Vascular Registry	Yes	Participated*
Chronic Kidney Disease registry/ The Renal Association/The UK Renal Registry	Yes	Participated
Sentinel Stroke National Audit programme (SSNAP)	Yes	Participated
Blood and transplant - National Comparative Audit of Blood Transfusion programme:		
2021 Audit of Patient Blood Management & NICE Guidelines	Yes	Participated
2021 Audit of the perioperative management of anaemia in children undergoing elective surgery.	NA	
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
Heart		
National Cardiac Arrest Audit (NCAA)	Yes	Participated* (only in part due to redeployment)
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)	NA	
National Heart Failure Audit	Yes	Participated

Audits and confidential enquires	Applicable to the Trust	Suspended/Cancelled/Participated
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	NA	
National Audit of Cardiovascular Disease Prevention	NA	
National Audit of Cardiac Rehabilitation	Yes	Participated*
National Audit of Pulmonary Hypertension	Yes	Participated
Long term conditions		
Inflammatory Bowel Disease (IBD) programme:		
Inflammatory Bowel Disease Audit	Yes	Participated
National Asthma and COPD Audit Programme:		
Adult Asthma Secondary Care	Yes	Participated*
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 Core Audit	Yes	Participated
National Pregnancy in Diabetes Audit	Yes	Participated
National Diabetes Footcare Audit	Yes	Participated
National Inpatient Diabetes Audit, including National Diabetes In-patient Audit – Harms	Yes	Participated
Mental health		
Learning Disability Mortality Review Programme (LeDeR Programme)	Yes	Participated
Mental Health Clinical Outcome Review	NA	
National Clinical Audit of Anxiety and Depression (NCAAD)	NA	
Prescribing Observatory for Mental Health (POMH-UK)		
a. Prescribing for depression in adult mental health services	NA	
b. Prescribing for substance misuse: alcohol detoxification	NA	
National Clinical Audit of Psychosis	NA	
Older people		
Falls and Fragility Fractures Audit programme (FFFAP):		
National Audit of Inpatient Falls	Yes	Participated
National Hip Fracture Database	Yes	Participated
Fracture Liaison Service Database	NA	
Vertebral Fracture Sprint Audit	NA	

Audits and confidential enquires	Applicable to the Trust	Suspended/Cancelled/Participated
Other		
Elective Surgery (National PROMs Programme)	Yes	Participated
BAUS Urology Audits:		
b. Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)	Yes	Participated*
National Audit of Care at the End of Life (NACEL)	Yes	Participated
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Participated
Society for Acute Medicine Benchmarking Audit	Yes	Participated
Respiratory Audits:		
National Outpatient Management of Pulmonary Embolism	Yes	Participated
Cleft Registry and Audit Network Database	NA	
Women's and children's health		
Child Health Clinical Outcome Review Programme (NCEPOD)	NA	
Maternal, Newborn and Infant Clinical Outcome Review Programme:		
Perinatal Confidential Enquiries	Yes	Participated
Perinatal Mortality Surveillance	Yes	Participated
Maternal Mortality Surveillance and Confidential Enquiry	Yes	Participated
National Perinatal Mortality Review Tool	Yes	Participated
National Maternity and Perinatal Audit (NMPA)	Yes	Participated
National Neonatal Audit Programme (NNAP)	Yes	Participated
National Paediatric Diabetes Audit (NPDA)	NA	
Paediatric Intensive Care (PICA Net)	NA	
National Child Mortality Database	Yes	Participated
National Audit of Seizures and Epilepsies in Children and Young People	NA	
Outcomes		
Medical and Surgical Clinical Outcome Review Programme, National Confidential Enquiry into Patient Outcome and Death (NCEPOD):		
Epilepsy	Yes	Participated

*Supporting statements

National Vascular Registry

The Vascular Directorate have a plan to improve case ascertainment. This will include a business plan to appoint a dedicated National Vascular Registry audit clerk/coordinator to help facilitate data collection and consultant time to submit data.

The following National Clinical Audits all reported that the Trust participated but only in part but due to staff redeployment to assist with the management of COVID-19, resource and time constraints:

- National Cardiac Arrest Audit (NCAA)
- Adult Asthma Secondary Care
- National Audit of Cardiac Rehabilitation

- Management of the Lower Ureter in Nephroureterectomy Audit (BAUS Lower NU Audit)

National Clinical Audits

The reports of 31 national clinical audits were reviewed by the provider in 2021/22 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 Audit of Pulmonary Hypertension (NAPH)

The National Audit of Pulmonary Hypertension (NAPH) sets out to measure the quality of care provided to people referred to pulmonary hypertension services in Great Britain (including patients referred from Wales).

Audit standard - Patients receiving a Pulmonary Hypertension (PH) drug should have pre-treatment cardiac catheterization.

Pulmonary Vascular Disease Unit (PVDU) have recommenced right heart catheter (RHC) procedures since the initial COVID-19 lockdown. The Trust has designed (October 2020) a new PH patient referral pathway and referrals are now triaged within 24/48 hours of receipt.

We are aiming to have capacity for RHC's in line with pre- COVID-19 levels and this will reduce the need for patients to receive PH drugs.

Audit standard - Patients should have a pre-treatment vasoreactivity study recorded:

This audit is targeted at patients with a diagnosis of Idiopathic Pulmonary Hypertension without comorbidities. A further audit is planned with a review from a sample set of notes and a position statement will be published. This may lead to feedback to the NAPH User Group/ project board to suggest amending the wording of the standard.

Audit standard - Waiting times for pulmonary endarterectomy should be <4 months:

This is a recognised UK problem and the Sheffield Centre has streamlined referral systems and pathways to ensure there are no delays.

There are currently only 8 specialist Pulmonary Hypertension centres in the UK. The Sheffield service is the largest contributor to the national audit with over 30% of patients in the UK on Pulmonary arterial hypertension (PAH) therapies being managed in Sheffield.

IBD Registry- Inflammatory Bowel Disease Audit 2020/21 Biologics

This is a continuous programme of data collection to support improvement in the quality of care for patients with inflammatory bowel disease (IBD) in the UK. The data provides an ongoing review of clinical performance against the biological therapies key performance indicators (KPIs).

Historically insufficient data were submitted to the IBD Registry due to local IT challenges resulting in a lack of evidence of the Trust's compliance with the KPIs.

A new local IBD database has been established and has significantly increased the number of patient records submitted to the IBD Registry. However the datasets submitted do not meet the requirements to assess the Trust's performance against the KPIs. The Registry is working with the British Society of Gastroenterology IBD section in reviewing an extension to these clinical KPIs, potentially to include capturing other key treatments such as steroid use in patients. Following this, a process will be agreed for collection of these key data within the local database. This will enable improvements to be made to the data quality being submitted and enable changes in practice to be monitored and improvements to be identified in future audit cycles.

The Trust has now been recognised to have the highest case ascertainment at 100% out of all the participating organisations in the IBD Registry. Focus will now be placed on improving the compliance against the KPIs.

NCAPOP - Bowel Cancer National Audit (NBOCAP) April 2019 - March 2020

Bowel Cancer National Audit (NBOCAP) evaluates the quality of care for patients with bowel cancer in England and Wales. The 2021 annual report focuses on patients diagnosed between 1 Apr 2019 – 31 Mar 2020, and therefore reflects care before the COVID-19 pandemic began in March 2020.

The Trust is a bowel cancer specialist surgical centre. The Trust results are in line or better than the national average. These include notably:

- Case ascertainment
- Data completeness for TNM staging (97%) and ASA grade (100%)
- Data completeness of performance status (100%)
- Proportion of patients seen by a Clinical Nurse Specialist
- 30-day unplanned readmission
- 30-day unplanned return to theatre
- 90-day mortality rate
- 2-year mortality rate
- 18 month unclosed ileostomy

Quality Improvement plan includes:

- Continued focus on Neo-adjuvant treatment in the multi-disciplinary rectal cancer team
- Discussion of rates of unplanned return to theatre at Mortality and Morbidity meetings
- Adoption of robotic surgery for colorectal cancer resections at the Trust
- Access to mismatch repair (MMR) or microsatellite instability (MSI) testing and other genomics testing which has already been adopted at the Trust
- Individual trusts/hospitals/MDTs and surgeons ensure that they are performing enough rectal cancer resections each year to meet the minimum threshold defined by NICE. The aim is that all rectal cancer resections will be performed by three robotically-trained surgeons. A third colorectal surgeon has just begun his training

Work is ongoing to

- Improve completion and accuracy of pre-treatment TNM staging
- Improve completion and accuracy of new genomics data items for all patients

Local Clinical Audits

The reports of 153 local clinical audits were reviewed by the provider, Sheffield Teaching Hospital NHS Foundation Trust, in 2021/22. An example of improvements to the quality of healthcare provided can be found below:

Sheffield Teaching Hospitals Ophthalmic Directorate Cataract Audit 2020-21

The Trust ceased participation in the National Ophthalmology Audit in 2020 but continues to collect data locally and a local report will be produced annually by the Ophthalmology Directorate.

3,940 eyes were included in the first local report including data from 1 September 2020 to 31 August 2021. The data demonstrate excellent outcomes from intra-ocular lens procedures. The Posterior Capsular Rupture (PCR) complication rate meets national standards.

c. Clinical research

The number of patients receiving NHS Services provided or subcontracted by Sheffield Teaching Hospitals NHS Foundation Trust in 2021/22 that were recruited to studies during that period to participate in the National Institute of Health Research portfolio research trials was 6516.

Since the start of the COVID-19 pandemic, Sheffield Teaching Hospitals NHS Foundation Trust has taken part 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.

Nationally over 95 studies were 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 while others are on-going.

The Trust has just over 60 COVID-19 studies running or nearing completion. 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, SIREN Study, GENOMICC study, ISARIC trial, and Remdesivir trials. The Trust has also significantly contributed to COVID vaccine research including the Oxford/Astra Zeneca, Janssen and Moderna vaccine trials.

Some of the outputs from the COVID-19 research that we have supported include:

- Contributed to the availability of vaccines administered as part of the worldwide vaccination programme (5.07billion people worldwide have received a dose of a COVID-19 vaccine to date)
- Medicines being repurposed and adopted into standard NHS care to help patients diagnosed with COVID-19 including Dexamethasone, Remdesivir, Tocilizumab, Baricitinib (RECOVERY/REMAP-CAP)
- Mapping of new strain presence within the UK
- Appropriate pathway for patients positive for COVID-19 attending Accident and Emergency (PRIEST)
- 23 robust genetic associations identified in patients with COVID-19 which can inform decision making and treatment targeting (Genomicc)

We have also recommenced over 900 of our non- COVID-19 research studies, balancing this activity alongside the remaining active COVID-19 studies, and setting up new non-COVID-19 research studies including vaccine studies in other disease areas.

Patient and public involvement and engagement (PPIE)

During 2021/22 the Trust has continued to adapt and grow its patient and public involvement and engagement activity.

During the COVID-19 pandemic, we 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 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 continued to engage with other local groups and networks to increase awareness research and opportunities to get involved at the Trust.

We are actively engaged with local partner NHS Trusts in Sheffield and the Yorkshire and Humber Clinical Research Network Black, Asian and ethnic minority project group to establish mechanisms and a united platform for ethnic minority and under-served populations within Sheffield to have access to information regarding active research trials and opportunities.

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 COVID-19 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 albeit 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 2021, we delivered a live discussion about the progress made in COVID19 research for members of the public, which highlighted how integral the Trust was in developing treatments and vaccines for COVID19 and furthering understanding of the disease. Members of the public submitted questions in advance via an online form to the expert panel of researchers and scientists from the Trust and University of Sheffield. Feedback from attendees was excellent and similar events are planned for the coming year.

Training and support

The **Clinical Research and Innovation Office** normally offers public involvement volunteers the opportunity to attend training in research and public involvement. While the COVID-19 pandemic prevented us from holding face to face events, we directed public contributors to online resources and training opportunities and continue to explore opportunities for offering training via virtual means.

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 COVID-19 pandemic, and to direct them to scientifically based sources of information. It is recognised that the public do not always find out about the results of research, so we have ensured that for COVID-19 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.

d. Commissioning for Quality and Innovation (CQUIN Framework)

During 2021/22 there were no CQUIN schemes. The income received by the Trust during 2021/22 included a value in the

baseline that 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.

Full Inspection

From 5 to 7 October 2021, CQC carried out an unannounced inspection of the urgent and emergency, maternity, medical, surgical and community inpatient services provided by the Trust. An announced 'well-led' inspection took place between 9 and 11 November 2021, during which the CQC looked at the quality of leadership at the Trust and how well the Trust manages the governance of its services.

In additional to the CQC Inspection Report, on 9 March 2022 the Trust was issued with a Section 29A warning notice of the Health and Social Care Act 2008. The warning notice identified a number of areas of improvement regarding the quality of healthcare, with the Trust required to make these improvements by the 17 July 2022.

The Trust's Inspection Report was published on 5 April 2022 with the Trust achieving an overall rating of 'Requires Improvement'. The Trust-wide ratings are detailed below:

Fig: 2021 CQC Rating

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

In response to the CQC Inspection Report and the Section 29A warning notice, a high-level

action plan has been developed by the Trust covering 17 key outcomes. The approved high-level action plan was submitted to CQC by 5 May 2022. Work is underway to make the required improvements. The implementation of the actions will be overseen by the Trust Executive Group and the Quality Committee.

Maternity and Midwifery Services

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

The Trust has provided a monthly update to CQC on this action plan along with reports written to provide assurance to the senior leadership team and/or Trust Board to demonstrate compliance with the conditions. These include the Maternity Dashboard and an update of training compliance figures separated into each individual module of learning.

Following the full inspection in October which included maternity services, the Trust has refreshed its existing action plan.

Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) Inspection

CQC carried out an inspection in relation to IR(ME)R in Nuclear Medicine and Radiotherapy on 19 and 20 May 2021. An improvement notice was issued by CQC under the Health and Safety at Work Act 1974 and the Ionising Radiation (Medical Exposure) Regulations 2017 relating to written policies and procedures. The Trust was required to address the issues highlighted by 27 August 2021.

An action plan was developed to address the issues highlighted and submitted to CQC on 6 July 2021. Delivery of the action plan was overseen by the Radiation Safety Committee, with Executive oversight from the Medical Director (Operations). Following a compliance inspection visit on 27 August 2021, CQC confirmed they were satisfied that the actions taken had addressed the requirements of the Improvement Notice which was lifted.

Mental Health Provision

As reported last year, 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 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 was provided through a new Mental Health Working Group which met weekly and was chaired by the Medical Director (Development), with monthly updates being submitted to CQC. All actions relating to this action plan were closed by October 2021.

Mental Health Provider Collaboration Review

A CQC Provider Collaboration Review (PCR) focusing on the provision of Mental Health services to children and young people (CYP) aged 0-18 in response to COVID-19 commenced on 5 July 2021.

This was an Integrated Care System wide review and CQC selected South Yorkshire and Bassetlaw as one of the systems to be involved. The review consisted of field work interviews/ focus groups with the CQC Children's team tracking 6 cases across South Yorkshire and Bassetlaw with a condition-specific focus on:

- Anxiety, including social anxiety
- Depression
- Eating disorders
- Self-harm
- Suicidal behaviours, including overdoses

On 9 December 2021 the Trust received a letter from CQC under Section 64 of the Health and Social Care Act 2008 requesting documentation in relation to the quality of care for young people with mental health needs in Sheffield. The letter was also sent to Sheffield Children's, Sheffield Health and Social Care and Sheffield Clinical Commissioning Group.

The Trust provided the information by the deadline on 20 December 2021.

In response a focussed child and adolescent Mental Health Act Review in Sheffield was undertaken. This review took place on the 25 and 26 April 2022. The principal areas visited included the Accident and Emergency Department and Acute Medical Unit, the two areas where young people subject to the mental health act are most likely to be encountered in the Trust. The outcome report is awaited.

Following the review, Sheffield Children's Hospital, as the lead organisation, will receive within 20 days of the visit the outcome report which will be shared with partner organisations including Sheffield Teaching Hospitals NHS Foundation Trust.

f. Data quality

Sheffield Teaching Hospitals NHS Foundation Trust submitted records during 2021/22 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
- 99.5 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 2021/22.

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 2021/22 but:

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

The Data Security & Protection Toolkit assessment has been collated and submitted in full for the submission in March 2022.

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:

- The Trust guidelines for Using Ultrasound Gel – Good Infection Prevention and Control Practice were updated and re-launched in line with the guidance in the alert.
- All medical air flow meters were removed from circulation with exception of a very small number for use in one specified area in line with an appropriate risk assessment.
- A patient information leaflet titled 'Discharge advice following ingestion of a super strong magnet' was developed and published.

Fig: Patient Safety Alerts

Reference	Title	Issued	Deadline (action complete)	Open/Closed
NatPSA/2021/009/NHSPS	Infection Risk When Using Ffp3 Respirators with Valves or Powered Air Purifying Respirators (Papr) During Surgical and Invasive Procedures	25/08/2021	25/11/2021	Closed
NatPSA/2021/003/NHSPS	Eliminating The Risk of Inadvertent Connection to Medical Air Via a Flowmeter	16/06/2021	16/11/2021	Closed
NatPSA/2021/008/NHSPS	Elimination Of Bottles of Liquefied Phenol 80%	25/08/2021	25/02/2022	Closed
NatPSA/2021/006/NHSPS	Inappropriate Anticoagulation of Patients with A Mechanical Heart Valve	14/07/2021	28/07/2021	Closed
NatPSA/2022/002/MHRA	Philips Health Systems V60, V60 Plus and V680 Ventilators - Potential Unexpected Shutdown Leading to Complete Loss of Ventilation	29/03/2022	31/05/2022	Open
NatPSA/2021/005/MHRA	Philips Ventilator, Cpap and Bipap Devices: Potential for Patient Harm Due to Inhalation of Particles and Volatile Organic Compounds	23/06/2021	21/02/2022	Closed
NatPSA/2021/007/PHE	Potent Synthetic Opioids Implicated in Increase in Drug Overdoses	18/08/2021	20/08/2021	Closed
NatPSA/2022/001/UKHSA	Potential Contamination of Alimentum and Elecare Infant Formula Food Products	04/03/2022	11/03/2022	Closed
SHOT/2022/001	Preventing Transfusion Delays in Bleeding and Critically Anaemic Patients	18/01/2022	15/07/2022	Open
NatPSA/2021/004/MHRA	Recall Of Co-Codamol 30/500 Effervescent Tablets, Batch 1k10121, Zentiva Pharma Uk Ltd Due to precautionary risk of causing overdose	16/06/2021	21/06/2021	Closed

h. NHS Staff Survey

The response rate to the 2021 survey from Trust staff was 38% per cent which was below the national average for our

benchmarking group of Combined Acute and Community Trusts (47.3 per cent).

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

2019/20		2020/21		2021/22	
Trust	National Average	Trust	National Average	Trust	National Average
46%	46%	42%	45%	38%	50.1%

Fig: Staff survey results

	2019/20		2020/21		2021/22	
	Trust	Benchmark group	Trust	Benchmark group	Trust	Benchmark group
We are compassionate and inclusive					7.2	7.2
We are recognised and rewarded					5.8	5.8
We each have a voice that counts					6.7	6.7
We are safe and healthy					5.9	5.9
We are always learning					5.2	5.2
We work flexibly					5.8	5.9
We are a team					6.5	6.6
Staff engagement	7.1	7.0	7.0	7.0	6.7	6.8
Morale	6.1	5.9	6.2	6.0	5.8	5.7

The NHS Staff Survey changed since 2020 and includes new questions and changes in the survey reporting to bring it in line with the NHS People Promise.

There is a theme for each of the 7 elements of the NHS People Promise and the Staff Engagement and Morale themes have been retained from previous years. As in previous years each theme is scored out of 10. Each of the themes has been broken down into sub-theme scores.

The Trust is **above average** for our benchmark group (Acute and Community Trusts) for one of the themes:

- Morale

The trust was **average** for five themes:

- We are compassionate & inclusive

- We are recognised & rewarded
- We each have a voice that counts
- We are safe & healthy
- We are always learning

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

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

The highest score overall was achieved in We are compassionate and inclusive (7.2) and the lowest We are always learning (5.2) albeit this was average for our benchmarking group.

Due to the changes in the survey reporting comparisons can only be made to last year for the Staff Engagement and Morale theme

scores which in line with the national picture showed a deterioration.

The percentage of staff who would recommend the Trust to friends and family as a place to be treated remains above the benchmark average at 76.2% (down from 84.0% in 2020). The percentage of staff recommending the Trust as a place to work also scored above the benchmark average at 62.3% (71.0% in 2020).

Each directorate will address their staff survey results in their recovery plans for 2022/23. At a Trust level the implementation of the 10 Trust people strategy workstreams continues which will also improve staff experience.

We recognise that in order to deliver consistently high-quality clinical services it is important to have colleagues who feel valued and cared for and who are willing to go over and above.

Whilst we continued to work to improve all aspects of staff experience this year we have focused on rewarding and recognising staff. We continue to recognise the great work that individuals and teams carry out via our Long Service Awards and at local department level. We have also introduced a new High Five Recognition app to enable colleagues to thank and appreciate each other.

In addition, in recognition of the hard work of all staff during the COVID-19 pandemic, the Board of Directors awarded an additional thank you gesture of £200 which was much appreciated by colleagues.

The Trust's reward programme for colleagues has continued to be expanded, which includes salary sacrifice options and staff discounts. This year we have also strengthened our relationship with Sheffield Credit union enabling colleagues to both save and have loans via salary deductions.

In November 2021 we were finalists the national Employee Benefits Awards, is open to all sectors.

We have also worked to continue to support staff Health and Wellbeing by extending the

service offered by our Employee Assistance Programme provider Vivup to cover staff family members (over the age of 16 living in their household). We have continued to support the creation and maintenance of CALM rooms across the Trust funded by Sheffield Hospitals Charity and now have 62 CALM rooms and 3 Breathing Spaces in the Chapels.

Schwartz Rounds, sessions for staff from all disciplines to discuss difficult emotional and social issues arising from patient care, are now being carried out in Integrated Community Care, Medicine and Pharmacy Services, Obstetrics, Gynaecology & Neonatology, with plans to move to site based Rounds during 2022/23.

To support staff who have caring responsibilities outside of work funding was obtained from the Integrated Care System to pilot a Carers Forum at the Trust. This has been running since June 2021 and has evaluated very well

To support the implementation of the NHS People Plan, regular Wellbeing Conversations are being encouraged and are included in the annual appraisal process as a minimum. Additional funding from the Integrated Care System was secured to support the recruitment and training of Wellbeing Champions across the Trust which is ongoing.

The Trust is committed to involving colleagues in decision-making, engaging them on key developments and keeping them informed of change across the organisation. We use a range of well-established communications channels to ensure that all colleagues are aware of both internal and external developments that may affect the Trust. These include a regular briefing from the Chief Executive which this year has continued online and a weekly email bulletin to all colleagues, as well as using our social media feeds. Our intranet pages provide access for colleagues to Trust policies, guidance and online resources. In addition, we have the external Vivup portal which holds wellbeing information and information on the full range of staff

benefits and discounts which staff can access from everywhere.

The Trust has a well-established Partnership Forum where management and union representatives meet to discuss Trust-wide workforce issues. Through this forum, policies and procedures are formally agreed and wider views sought on a broad range of subjects that may affect colleagues, including formal consultation on areas of organisational change.

The Trust's Freedom to Speak Up Guardians, supported by the Freedom to Speak Up Steering Group, have focused on expanding our support infrastructure for employees wishing to raise concerns.

The Trust currently has three Freedom to Speak Up Guardians supported by a number of Freedom to Speak Up Advocates from across the organisation. Their contact details can be found on the Human Resources intranet page and are publicised on posters across the organisation.

Regular communication bulletins, including profiles of Guardians and Advocates, have

been issued to increase awareness of these roles across the Trust. This year we have introduced the National Quarterly Pulse survey to ensure we get more regular feedback from staff on their staff experience.

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

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

Fig: Work Race Equality Standard (WRES)

- ▲ ▼ change in a positive direction
 ▲ ▼ change in a negative direction
 ► no change

WRES Metric	Metric Description	Ethnic Group	2020	2021	Direction	Representative Target	National 2020
Metric 1	Percentage of BME staff in Bands 8-9, VSM (including Executive Board members and senior medical staff) compared with the percentage of BME staff in the overall workforce	BME Staff in Post	14.07%	14.80%	▲	19%	21.0%
		BME 8a + & VSM	5.38%	6.12%	▲	13%	6.8%
Metric 2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	White	1.24	1.33	▲	1.00	1.61
Metric 3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process	BME	0.95	1.31	▲	1.00	1.16
Metric 4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	White	1.03	0.99	▼	1.00	1.14
Metric 5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	21.1%	20.4%	▼	0%	27.9%
		BME	23.6%	21.0%	▼	0%	30.3%
Metric 6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	18.6%	18.5%	▼	0%	23.6%
		BME	22.4%	26.8%	▲	0%	28.4%
Metric 7	KF 21. Percentage believing that Trust provides equal opportunities for career progression or promotion	White	89.2%	90.0%	▲	100%	86.9%
		BME	73.2%	72.9%	▼	100%	71.2%
Metric 8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? B) Manager/team	White	4.7%	4.9%	▲	0%	6.0%
		BME	12.6%	14.1%	▲	0%	14.5%
Metric 9	Percentage of BME Board membership	White	86%	86%	►	81%	
		Unknown	14%	7%	▼	0%	
		BME	0%	7%	▲	19%	10.0%

Fig: Workforce Disability Equality Standard (WDES)

WDES Metric	Metric Description	Disability Group	2021
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	3.92%
		Disabled 8a+ & VSM	2.26%
Metric 2	Relative likelihood of Disabled staff compared to non-disabled being appointed from shortlisting across all posts	Non-disabled	1.15
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	0.00
Metric 4	a. Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from: i. Patients/service users, their relatives or other members of the public	Disabled	24.6%
		Non-disabled	19.0%
	ii. Managers	Disabled	14.1%
		Non-disabled	6.5%
	iii. Other colleagues	Disabled	22.1%
		Non-disabled	12.7%
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	51.4%	
	Non-disabled	44.9%	
Metric 5	Percentage of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion	Disabled	83.5%
		Non-disabled	89.4%
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	31.7%
		Non-disabled	21.9%
Metric 7	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work	Disabled	39.8%
		Non-disabled	51.2%
Metric 8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled	79.3%
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	6.6
		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	13%
		Non-disabled	67%
		Unknown	20%
	By voting membership of the Board	Disabled	13%
		Non-disabled	67%
		Unknown	20%
By Executive membership of the Board	Disabled	0%	
	Non-disabled	88%	
	Unknown	13%	

i. Equality, Diversity and Inclusion

The Trust has a strong governance framework in place which includes a dedicated Equality, Diversity and Inclusion (EDI) Board that oversees the development and implementation of our strategic approach and the embedding of best practice across all areas of the organisation. The EDI Board has a diverse and broad membership that includes senior leaders, service managers and representatives of the Trusts' four Staff Network Groups. It reports to the Trust Executive Group, the Human Resources and Organisational Development Committee and the Quality Committee. The EDI Board oversees the activities taken across the Trust to advance equality, celebrate diversity and promote inclusion for our workforce and patients.

The Trust's 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.

Over the past year we have continued to maintain our focus on EDI and have made significant progress against our objectives. Our achievements over the past year we have:

- Run four cohorts of our Reciprocal Mentoring Programme, where members of the Trust's leadership team are paired with members of our Staff Network Groups to provide a sharing of lived experience and

strategies for success, with 94 colleagues benefitting from the programme so far

- Launched our Race Equality Charter during Black History Month 2021; a series of events and activities are being planned to bring this to life across the Trust over the next 12 months
- Developed our EDI Training Directory and delivery of a range of sessions, including session on 'Understanding Microaggressions', to increase awareness and improve understanding across the Trust
- Continued collaborative working with the Sheffield Accountable Care Partnership (ACP) to address the causes and address the outcomes of inequalities experienced by our communities
- Worked on an EDI Data Dashboard which will give us access to live, anonymised patient and colleague diversity data which we will use to better understand the profile of our service users and workforce
- Established a network of Dyslexia Assessors – a group of 24 individuals from a variety of roles and service areas across the Trust – who have been trained to support colleagues who are experiencing difficulties at work due to having dyslexia
- Introduced a new Diversity Calendar, which has been produced in partnership with other public sector organisations across Sheffield and in collaboration with our four Staff Network groups, that highlights significant dates and events and identifies those we will mark as a Trust over the next 12 months. During the past year we have celebrated a number of dates with a wide range of communications and activities and plan to continue this going forward
- Introduced targets for increasing representation in our leadership and management development programmes, so that at least 20% of all participants are Black, Asian or another ethnic minority, 19% have a disability or long-term condition and 7% are LGBTQ+

- Published our Workforce Race Equality and Workplace Disability Equality Metrics and created separate action plans for each which have been actively managed and monitored
 - Produced and published our annual Gender Pay Gap data and report
 - Achieve a ranking of 209th in our first ever Stonewall Workplace Equality Index (WEI) submission and received a Silver Award for our Bi and Trans inclusion work
 - Continued to embed our approach to Equality Impact Assessments (EIAs) by making it a key part of policy development and ensuring that all key decisions, changes and proposals are supported by a Rapid EIA
 - Focussed on implementing inclusive recruitment practices, including continuing to embed our Representative (Diverse) Recruitment Panels approach for Agenda for Change Band 8a+ posts and Consultants in our medical workforce
 - Working more closely with our communities on issues that matter to them, including targeted engagement with our Black, Asian and ethnic minority communities – including our local Roma communities – to better understand experiences of accessing and receiving services from us. For example, we have worked with Sheffield and District African Caribbean Community Association (SADACCA) to produce case studies of experiences of our Accident and Emergency services
 - Launched our fourth Staff Network Group, the Women’s Network, and have continued to support and recruit to the core roles within our PROUDER LGBTQ+, Trust Ability and Race Equality and Inclusion (REIN) networks
 - Participated in the NHS Faith Competency Project lead by Dr YingFei Héliot, Senior Lecturer in Organisational Behaviour at Surrey Business School
 - Rolled out a series of Deaf Awareness and Introduction to British Sign Language (BSL) training courses for patient-facing colleagues
 - Created and delivered ‘Understanding Trans and Gender Identity’ training to support the implementation of our ‘Supporting Trans, Non-Binary and Gender Diverse Patients and Staff’ guidance
 - Ensured that conversations about individual health and wellbeing form part of regular colleague reviews
 - Appointed two new EDI Leads for Health and Wellbeing following a successful bid for funding from the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). These roles are raising awareness of the offers available and ensuring these are accessible to under-represented groups in the workforce
 - Made conversations around EDI easy to have within team settings through embedding the ‘Conversation Corners’ approach in all our LEAD Managers Briefings
 - Ensured that EDI considerations are a key focus in our service improvement programmes, for example in the Patient Initiated Follow-Ups (PIFU) project, Attend Anywhere (virtual clinics) project, Phlebotomy service review and the Enhanced Triage Pathway
 - Collaborated with Sheffield Clinical Commissioning Group (CCG) on ensuring that referrals into secondary care contain details of patient needs / requirements in relation to the Accessible Information Standard (AIS)
- The Trust is continually seeking to improve its engagement and involvement of colleagues, patients and the wider community in everything we do. We want to understand the experiences, both positive and negative, of our colleagues and patients and will ensure that these are used to improve ourselves as an employer and service provider.
- j. 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. It is important to listen to patient views to ensure continual review of the patient experience and when developing or evaluating services. The patient surveys programme provides the Trust with high level patient experience feedback relating to the care they have received. The Friends and Family Test provides a snapshot of a patient's experience and gives patients and carers the chance to easily provide feedback at any point in their journey. Following each national survey, an action plan is developed which is signed off at the Patient Experience Committee (PEC) and either monitored at PEC or local Governance meetings. For the Friends and Family Test, top themes are pulled out each month to report on the dashboard to discuss at PEC. Regular Deep dives are completed to provide more granular data on the themes and help inform improvements.

Survey work during 2021/22 included participation in the National Survey Programme for cancer care, maternity services and inpatients. The results for the 2021 Maternity Survey have been published and national results, including comparative scores, will be available during 2022 for the National Cancer Patient Experience Survey and the National Inpatient Survey.

During 2021/22, the Care Quality Commission published results from the National Adult Inpatient Survey (2020), the National Urgent and Emergency Care Survey (2020), the National Cancer Patient Experience Survey (2020) and National Maternity Survey (2021).

National Adult Inpatient Survey 2020

The National Inpatient Survey 2020 was carried out across 137 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 November 2020 were eligible to be surveyed. A total of 1250 eligible patients from the Trust were sent a survey, and 540 were returned, giving a response rate of 46.5 per cent (national response rate of 46 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; 'During your time in hospital, did you get enough to drink?'

In terms of the question relating to overall experience, the Trust score of 8.6 was ranked 'about the same' as the national average.

National Urgent and Emergency Care Survey 2020

The National Urgent and Emergency Care Survey 2020 was carried out across 126 NHS Trusts with a Type 1 accident and emergency (A&E) department and 59 with a Type 3 department. Patients were eligible for the survey if they were aged 16 years or older and had attended A&E (Type 1), or Minor Injuries (Type 3) during September 2020. For A&E, the response rate for the Trust was 28.3 per cent compared with the national response rate of 30.5 per cent. For Minor Injuries, the response rate was 14.5 per cent compared with the national response rate of 30.8 per cent.

Compared to other trusts participating in the National Urgent and Emergency Care Survey, this Trust scored 'about the same' as other trusts on all questions for Type 1 services and 'about the same' for all but one question for Type 3 services. The Trust scored 'worse' than most other Trusts on one question; 'While you were in the Urgent Treatment Centre, did you feel threatened by other patients or visitors?'

National Cancer Patient Experience Survey 2020

The National Cancer Survey 2020 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 2020. A total of 1375 eligible patients from the Trust were sent a survey, and 794 were returned, giving a response rate of 58 per cent (national response rate of 59 per cent).

The survey was offered on a voluntary basis and 55 Trusts participated. No national benchmarking data was published.

The Trust scored 8.9 for the overall average rating of care from very good to very poor. This is consistent with the 2019 score of 8.9.

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.

National Maternity Survey 2021

The 2021 survey of women's experiences of maternity services involved 122 NHS acute Trusts in England. Women were eligible for the survey if they had a live birth during February 2021 were aged 16 years or older, and gave birth in a hospital, birth centre, maternity unit, or at home. A total of 403 eligible patients from this Trust were invited to take part in the survey and 224 completed the survey giving a response rate of 56 per cent. The national response rate was 52 per cent.

The Trust scored 'better' than other trusts for one question, 'worse' for four questions and scored 'about the same' as other trusts for the remaining 45 questions.

The Trust performed 'better' than other trusts for the question;

- In the six weeks after the birth of your baby, did you receive health and advice from a midwife or health visitor about feeding your baby?

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

- After your baby was born, did you have the opportunity to ask questions about your labour and the birth?
- When you were at home after the birth of your baby, did you have a phone number for a midwifery or health visiting team that you could contact?
- Were you given information about any changes you might experience to your mental health after having your baby?

- Were you told who to contact if you needed any advice about any changes you might experience to your mental health after the birth?

In response to this survey and the themes arising from Maternity FFT (below) the service has identified a range of actions, for example:

- Implementation of personalised care plans to support good communication throughout pregnancy.
- Provision of staff training to promote active listening.
- Refresh patient information and make these accessible in a variety of formats to support choice during pregnancy and discussion regarding key topics such as postnatal mental health.
- Revert to pre-pandemic arrangements for partner presence and visiting.

Friends and Family Test

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

The Trust has also chosen to ask a follow-up question in order to understand why patients select a particular response.

During 2021/22, the overall positive score across all services was 90.3%. This is below the National score of 90.8%.

FFT responses are collected through ward iPads, text messaging and online responses. The Trust paused the use of postcards due to the COVID-19 pandemic. However, to ensure FFT is inclusive for all patients we are

currently reinstating postcards, including “Easy-read” versions for patients who would benefit from this feedback option.

FFT results are monitored through monthly reports and wards and departments are able to access patient comments relevant to their area via the patient experience portal, Envoy.

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. 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.

The scores across all areas of FFT comparing with 2020/21 are detailed below. National FFT data reporting was paused in 2020 due to the impact of COVID-19. The National data for 2020/21 in the table below includes data from December 2020 when national reporting resumed.

Fig: Scores for FFT*

FFT Area	2020/21				2021/22			
	Sheffield Teaching Hospitals NHS Foundation Trust		National (December 2020 – March 2021)		Sheffield Teaching Hospitals NHS Foundation Trust		National	
	Positive Score	Negative Score	Positive Score	Negative Score	Positive Score	Negative Score	Positive Score	Negative Score
Inpatient	93%	4%	94%	3%	91%	5%	94%	3%
Outpatient	94%	2%	93%	3%	94%	3%	93%	3%
Maternity	88%	8%	93%	3%	80%	14%	92%	4%
Community	93%	3%	96%	2%	91%	3%	94%	3%
A&E	85%	9%	83%	7%	77%	15%	78%	14%

k. Complaints

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

All contacts received by the PALS are assessed to see if they can be dealt with quickly 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 a concern (informal complaint). During 2021/22, we received 2,251 informal concerns which we were able to respond to quickly.

If the concern or issue cannot be dealt with informally or if the enquirer remains concerned, the issue is categorised as a formal complaint and processed accordingly. During 2021/22, 1,198 formal complaints were received. The number of formal complaints received by the Trust has increased overall by 10.4%. This increase reflects the decrease received last year, largely due to the nationwide pause in the complaint process in 2020/21 due to the COVID-19 Pandemic.

A monthly breakdown of formal complaints and concerns received during 2021/22 is provided below.

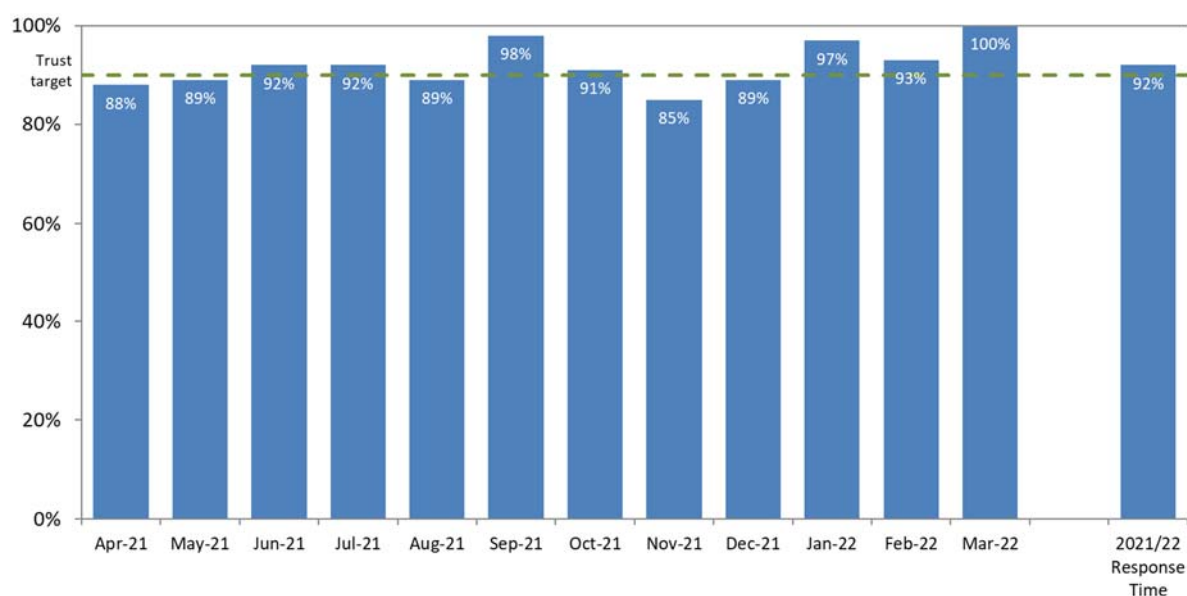
Of the formal complaints closed during 2021/22, 519 (44%) were upheld or partially upheld by the Trust.

Where complainants remain unhappy with the Trust's response, they can refer to the Parliamentary and Health Service Ombudsman (PHSO) to get an independent and objective body to review their complaint. The PHSO investigate complaints made regarding Government departments and other public sector organisations and the NHS in England. During 2021/22 the Parliamentary

and Health Service Ombudsman closed two cases regarding the Trust, one (50%) was upheld. The other case was not upheld.

Fig: Complaints received during 2021/22 by month

	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
New informal concerns received	152	143	156	195	178	183	216	202	158	231	195	242	2251
New formal complaints received	107	92	116	108	113	123	109	86	81	84	84	95	1198
Total	259	235	272	303	291	306	325	288	239	315	279	337	3449

Fig: Breakdown of complaints response times by month

The complaint response time target is that at least 90 per cent of complaints are closed within the agreed timescale. This target was achieved in 2021/22 with 92% being responded to in time, or with an extension.

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

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

Complaints usually have more than one subject for each case recorded and to ensure we fully capture the patients concerns and experiences the top 10 subjects reported for each complaint are highlighted in the graph. When presented as a percentage, complaints relating to 'Attitude' are 1.2% higher than last year. Complaints relating to 'Communication with patient' have increased by 0.6%, although this has remained

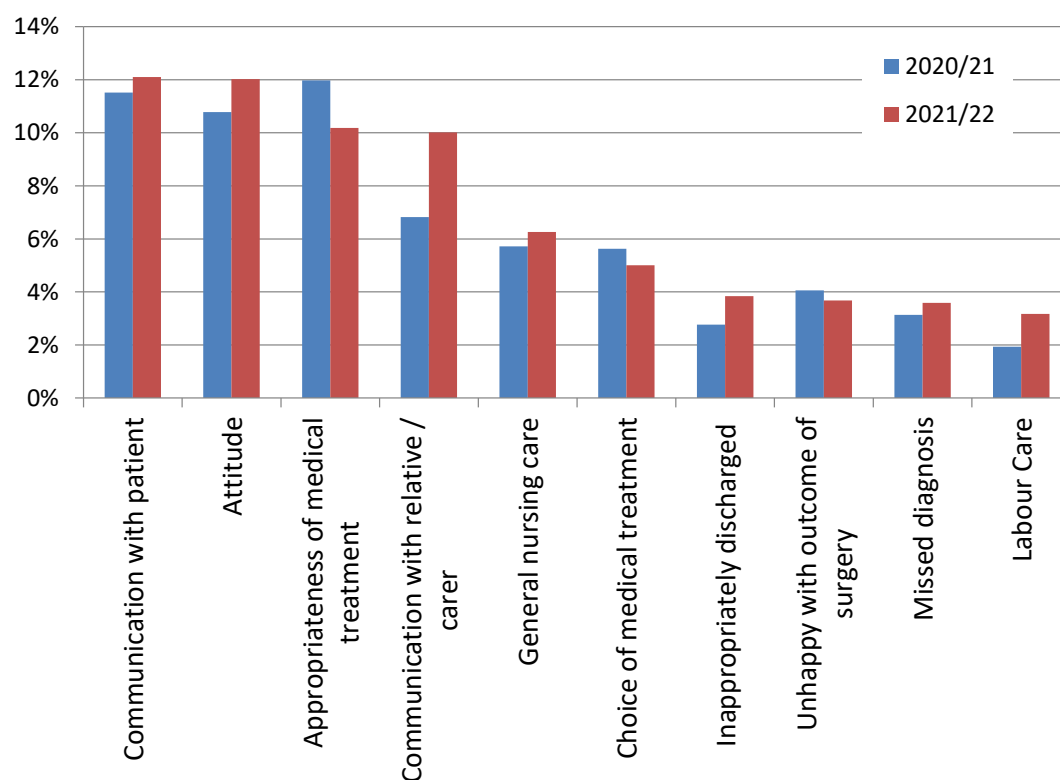
consistent with this being 12% of the overall Complaints received. Those relating to 'Communication with Relative/Carer' have also increased by 3.2%. This increase has been reflective of the changes in which services have been delivered due to COVID-19. This includes visiting and attendance restrictions that were put in place which prevented carers/relatives being able to attend appointments as they may have been used to.

Complaints regarding 'Appropriateness of medical treatment' have decreased by 1.8%. Work has also been ongoing with the Complaints and PALS team to review the

categories used to ensure consistency in reporting.

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



I. Delivering same-sex accommodation

The Trust is 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. During 2021/22 there were three breaches of this standard all of which occurred on a single occasion in January 2022. Due to a period of exceptional operational demand combined with closure of a number of beds due to COVID-19 a decision was made after careful clinical consideration to place 3 surgical patients in the Northern General Hospital Post Anaesthetic Care Unit (PACU) overnight. Due to further clinical implications changes were made to the patients identified for transfer, resulting in two women and one man being placed in PACU overnight. There were no other surgical patients being nursed in PACU at the time and the PACU staff kept curtains around the patients at all times. The following morning the three patients were able to be moved to suitable accommodation or discharged home. This is the first time a breach of same sex accommodation has occurred since January 2019.

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

The Trust received two Regulation 28 Reports during 2021/22 they are as follows:

1. On 12 April 2021 a Regulation 28 concerned a patient who transitioned from Sheffield Children's Hospital to the Trust with significant co-morbidities: Crohn's disease, Rheumatoid arthritis, diabetes, a chromosomal abnormality and learning disability.

The patient was admitted on 25 September 2016 for surgical treatment of a corneal ulcer and died on 19 October 2016. The Coroner found the death was contributed to by neglect and issued a Regulation 28 Report due to:

- Concerns about the application of the Mental Capacity Act and Best Interest meetings, particularly at a senior consultant level. A range of training programmes have been developed and delivered including sessions led by the Coroner.
 - Concerns about lack of engagement with the hospital passport. Work has since been undertaken to promote the passport and will be the focus of a quality objective in 2022/23.
2. On 7 July 2021 a Regulation 28 concerned a patient admitted on 10 April 2019 for surgical cancer treatment. The patient was extubated which was considered inappropriate, and the Coroner raised concerns regarding referral to professional bodies being timely and action being taken at the earliest stage rather than waiting for a Coroner's Inquest. The Trust has provided assurance that our processes are in line with national guidance.

n. 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 2021/22 six Never Events occurred at the Trust. Three were in relation to 'wrong site surgery', and three in relation to a 'retained foreign object post procedure'.

Learning from Serious Incidents and Never Events is shared through multiple forums within the Trust, including the Trust's Safety and Risk Forum, Management Board Briefing, relevant subject committees and via Trust-wide monthly safety messages from the Medical Director (Operations).

Over the past year the Trust has revised its processes for identification and reporting of serious incidents; during this time the number of Serious Incidents reported externally has increased. As a result, the Trust continues to

work with partners to strengthen learning opportunities and ensure improvements are sustainable and embedded.

o. Duty of Candour

The Trust Incident Management Policy reflects the expectation in relation to Duty of Candour. In addition, in August 2021 a Duty of Candour Policy was published to provide explicit guidance in line with Care Quality Commission guidance supported by a safety message of the month) promoting Duty of Candour. Duty of Candour refresher training was provided for Trust staff during Q3 2021/22 and staff can access an e-learning resource.

All incidents, including those which trigger the Duty of Candour, are reported on Datix, the Trust's electronic incident management system. For Duty of Candour to be considered, an incident has to be classed as an incident of moderate, major, or catastrophic severity, and a trigger is instigated in Datix to consider whether Duty of Candour applies. During 2021/22 983 incidents met this criterion.

Of these incidents 247 were related to hospital acquired COVID-19 and Duty of Candour has been completed in all cases with the exception of those where contact details for relevant next of kin could not be obtained.

There has been a 214% increase in the number of incidents reported to meet the duty of candour criteria demonstrating an increased understanding of the duty of candour regulations.

Duty of Candour was noted to be applicable to 579 of the remaining 736 incidents. A random sample of the 157 incidents where Duty of Candour was not applied is being undertaken to provide assurance that this was an appropriate decision in line with national guidance and they did not meet the criteria. An annual audit is also undertaken to monitor ongoing compliance.

p. Safeguarding

The Trust is one of a number of agencies who report to and support the obligations of the

Sheffield Safeguarding Partnership for Children, Young People and Adults. The Statutory Safeguarding Partners consist of Sheffield City Council, South Yorkshire Police, and NHS Sheffield Clinical Commissioning Group (CCG). The Partnership Executive Board leads and holds all other partner agencies to account to ensure that children and adults at risk are protected from all forms of abuse, neglect or exploitation.

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

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

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

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

Mandatory quarterly reports are submitted to NHS improvement (NHSI) in respect of cases of Female Genital Mutilation identified, Prevent training compliance and Prevent referrals.

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

The Trust Safeguarding Team has recruited to a network of Safeguarding Champions across the organisation during 2021/22, to offer local additional support to front line staff to recognise and respond to abuse or neglect.

q. Seven day services

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

The four priority clinical standards are:

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

To support quality improvement and measure progress in the achievement of seven-day hospital services, the Trust has taken part in the NHS England case note review since April 2016. This covers the management of patients admitted as an emergency, measuring practice against the four priority clinical standards.

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. Key findings from the spring 2019 and autumn 2019 surveys demonstrated that the Trust had made continuing progress to meet these standards

The Seven Day Service audit was postponed during 2020/21 and 2021/22 and therefore there is no audit data to present.

r. Learning from deaths

The Trust is committed to learning from all patient deaths. During 2021/22, 2,755 patients died whilst an inpatient at the Trust, including 41 neonatal deaths. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- 574 in the quarter 1
- 652 in the quarter 2
- 757 in the quarter 3
- 772 in the quarter 4

Sadly, there were also four late foetal losses, 36 stillbirths and four terminations of pregnancy recorded during 2021/22.

During 2021/22, 2,157 deaths were reviewed by the Medical Examiner, of which 153 adult deaths were referred for Structured Judgement Review (SJR) case record review. A total of 124 SJRs have been completed (81 per cent of those referred), one of which was also subject to a Serious Incident (SI) investigation.

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

- 41 in the first quarter (7.1 per cent of all deaths)
- 30 in the second quarter (4.6 per cent of all deaths)
- 32* in the third quarter (4.2 per cent of all deaths)
- 21* in the fourth quarter (2.7 per cent of all deaths)

* Data correct as of 6 May 2022

All 41 neonatal deaths have received a case record review, the equivalent of an SJR.

No cases, representing 0 per cent 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 cases subject to a SI 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.

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 ongoing discussions with Directorate Governance Leads and the Mortality Governance Committee to standardise feedback mechanism for learning so that common themes can be identified by the SJR Facilitator.

Analysis of the completed SJRs has identified areas for improvement. Some of these areas of work reflect national issues, such as the quality of documentation, which the move to an electronic patient record will help to mitigate. Examples of learning and actions being taken include:

- Discussions and documentation relating to DNACPR (Do Not Attempt Cardiac Pulmonary Resuscitation). A Trust wide DNACPR Audit has been carried out and was presented to the Trust Safety and Risk Forum in April 2022. The 14-point action plan focusses on improving communication about and recording of DNACPR decisions and sharing the audit outcomes with clinical teams. The work also links with the Trust quality objective to improve documentation of care delivered in the last days of life and to improve escalation and advance care planning through the implementation of ReSPECT.
- issues monitoring and incomplete documentation relating to fluid balance. This was highlighted as a 'Safety Message of the Month'.

s. Staff who speak up

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

The two main policies which support staff in doing this are: the Freedom to Speak Up 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 but if they feel unable to do this we have three Freedom to Speak Up Guardians in the Trust who are supported by a number of trained Freedom to Speak Up Advocates across the organisation. Their contact details can be found on the Human Resources intranet page and are publicised on posters across the organisation. Staff may also raise concerns through a dedicated email address where they will be picked up and investigated.

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. We will also seek feedback from concern raisers at the end of the process to allow us to learn and improve.

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

t. Rota gaps

There have been significant challenges in filling medical rotas due to COVID-19 related sickness absence. The Trust has a very successful internal locum bank, with which around 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.

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

Several 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, and the appointment 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 2021/22

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	2019/20	2020/21	2021/22
<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: 0.72 Lowest performing Trust score: 1.19 (Figures for December 2020 – November 2021)</p>	1.00 Banding: as expected	1.00 Banding: as expected	0.98 Banding: as expected
<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:39% Highest trust score: 64% Lowest trust score: 11% (Figures for December 2020 – November 2021)</p>	34%	34%	39%

Sheffield Teaching Hospitals NHS Foundation Trust considers that these data are as described as the data are extracted from the NHS Digital SHMI data set (published 14th April 2022).

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

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

Sheffield Teaching Hospitals NHS Foundation Trust is taking the following actions to improve this coding rate, and so the quality of its services by implementing a business-as-usual process relating to palliative care coding. This process ensures all activity is captured by using additional sources of information within the Coding Department to improve accuracy and utilising an Information Services User Report to help ensure the process of palliative care coding is streamlined. In 2021/22 the Trust rate of palliative care coding increased to be in-line with the national average.

Prescribed Information	2019/20 Finalised	2020/21	2021/22
Patient Reported Outcome Measures (PROMs)			
The Trust's EQ5D patient reported outcome measures scores for:			
(i) Hip replacement surgery primary			
Trust score:	0.437	*	**
National average:	0.459	0.472	**
Highest score:	0.529	0.574	**
Lowest score:	0.330	0.393	**
(ii) Hip replacement surgery revision			
Trust score:	*	*	**
National average:	0.307	0.336	**
Highest score:	0.380	0.413	**
Lowest score:	0.238	0.253	**
(iii) Knee replacement surgery primary			
Trust score:	0.336	*	**
National average:	0.335	0.315	**
Highest score:	0.419	0.403	**
Lowest score:	0.215	0.181	**
(iv) Knee replacement surgery revision			
Trust score:	*	*	**
National average:	0.295	0.299	**
Highest score:	0.394	0.230	**
Lowest score:	0.168	0.207	**

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

** Denotes data not yet released

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.

Measures of Quality Performance	2019/20	2020/21	2021/22
<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>These data are a snapshot at the time the report is run and may change as live systems are updated. Due to these, figures reported for previous years may change.</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.</p>	0%	0%	0%
	13.41%	12.25%	12.53%
<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>**The National Adult Inpatient 2021 Survey Takes place in January – May 2022 from a sample of patients who were inpatients during November 2021. Data from the Survey Contractor, Picker, is expected to be available in June 2022 with CQC results following in October 2022.</p> <p>The data below is from the 2020 survey published in 2021.</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? – 97% Were you treated with respect and dignity – 99%</p> <p>National average: 93% (this is based on the average scores across all NHS trusts who are contracted with Picker.)</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>	92%	94%	**

Measures of Quality Performance	2019/20	2020/21	2021/22
Patients risk assessed for venous thromboembolism (VTE)s			
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	95.35%	95.12%	95.01%
<i>Comparative data is not available</i>			
Sheffield Teaching Hospital NHS Foundation Trust considers that this data is as described as the data is taken directly from the Trust's Electronic Patient Record.			
Sheffield Teaching Hospitals NHS Foundation Trust continues to take the following actions to improve this percentage, and through this the quality of its services, by utilising developing IT clinical systems and completing Speciality Specific update of Thrombosis Prevention Guideline			
Rate of Clostridium Difficile			
<u>Hospital Onset/Healthcare Associated cases</u>	22.07 (115 cases)	20.21 (105 cases)	22.9 (119 cases)
The rate per 100,000 bed days of Hospital Onset/Healthcare Associated cases of C.difficile infection reported within the Trust amongst patients aged two or over during the reporting period.			
The rates are as stated in Apr 2022 on the UK Health Security Agency HCAI database which uses KH03 occupied overnight beds per 100,000 as a denominator for this parameter.			
<u>Community Onset/Healthcare Associated cases</u>	7.49 (39 cases)	8.47 (44 cases)	6.93 (36 cases)
The rate per 100,000 bed days of Community Onset/Healthcare Associated cases community associated cases of C.difficile infection reported within the Trust amongst patients aged two or over during the reporting period.			
Community Onset cases presenting within 28 days of discharge, have been included in the objectives allocated to trusts since 2019/20. How these will be taken into account nationally as regards published rates is, as yet, unknown. The rates are calculated from data as stated in Apr 2022 on the UK Health Security Agency HCAI database using KHO3 occupied overnight beds per 100,000 as denominator for this parameter.			
Position against national objective			
During 2021/22 there have been a) 119 C.difficile Hospital Onset/Healthcare Associated episodes detected and b) 36 C.difficile Community Onset/Healthcare associated episodes detected within the Trust; total of 155. The national objective allocated to the Trust for 2021/22 was 136. This objective was therefore not achieved.			
Root cause analysis			
Hospital Onset/Healthcare Associated episodes have a root cause analysis undertaken to identify if there has been any			

Measures of Quality Performance	2019/20	2020/21	2021/22
<p>possible lapse in care. As of Apr 2022, 9.5% of cases where an RCA has been completed have been highlighted as possibly having a lapse in care. This is similar to 2019/20 (9.2%) and 2020/21 (10.2%) 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 UK Health Security Agency.</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>			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	73.22%	61.8%	60.8%
National Standard	85%	85%	85%
<p>NHS Cancer Screening Service referral</p>			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	87.40%	60.0%	65%
National Standard	90%	90%	90%
<i>Data Source: Open Exeter National Cancer Waiting Times Database</i>			
<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>			
Rate of incidents reported per 1000 bed days.	45.15	51.09	**
<p>**Incident reporting rate data for the financial year 2021/22 is not available from the National Reporting and Learning System (NRLS) until September 2022. For previous years six month data was published and reported in this report, but this data is now being published annually</p>			

Measures of Quality Performance	2019/20	2020/21	2021/22
<p>The number and percentage of patient safety incidents that resulted in severe harm or death</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust encourages reporting of all incidents and although total numbers of incidents reported decreased between in 2020/2021 from the previous year, the rate of incidents reported per 1000 bed days has increased. This is reflective of a reduction in elective activity at the outset of the COVID-19 pandemic but demonstrates a continually improving safety culture.</p>	45 (0.3%)*	50 (0.2%)	Not available
<p>Maximum six week wait for diagnostic procedures</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust achievement.</p> <p>National Standard</p>	99.38%	69.94%	80.97%
	99%	99%	99%
<p>Accident and Emergency maximum waiting time of 4 hours from arrival to admission/ transfer/ discharge</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust achievement</p> <p>National Standard</p>	83.99%	85.89%	73.66%
	95%	95%	95%
<p>MRSA blood stream infections</p> <p>Hospital Onset bacteraemia cases in Sheffield Teaching Hospitals NHS Foundation Trust</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust threshold for Hospital Onset episodes.</p>	3	3	0
	0	0	0
<p>Patients who do not need to be admitted to hospital who wait less than 18 weeks for GP referral to hospital treatment</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust achievement</p> <p>National Standard</p>	90.9%	80.30%	81.76%
	95%	95%	95%
<p>Maximum time of 18 weeks from point of referral to treatment in aggregate – patients on an incomplete pathway</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust achievement</p> <p>National Standard</p>	92.4%	75.94%	77.51%
	92%	92%	92%
<p>Patients who require admission who waited less than 18 weeks from referral to hospital treatment</p> <p>Sheffield Teaching Hospitals NHS Foundation Trust achievement</p> <p>National Standard</p>	81.6%	72.06%	70.68%
	90%	90%	90%

Measures of Quality Performance	2019/20	2020/21	2021/22
Never Events (Count)			
Sheffield Teaching Hospitals NHS Foundation Trust achievement	9	3	6
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	59%	53.14%	61.42%
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%

Measures of Quality Performance	2019/20	2020/21	2021/22
<p>Friends and Family Test - Staff who would recommend the Trust (from Staff Survey)</p> <p>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.</p> <p>National average: Combined Acute and Community Trusts – 66.9%. All Trusts – 59.4%</p> <p>Highest performing Trust score:(Combined Acute and Community Trusts): 89.5%</p> <p>Lowest performing trust score: (Combined Acute and Community Trusts): 43.6%</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>	80.9%	84.0%	76.2%
<p>Friends and Family Test – Positive Score (patients who have scores either two ‘Good’, or one ‘Very Good’)</p> <p>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 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>	<p>All areas 90%</p> <p>Inpatient 91%</p> <p>A&E 77%</p> <p>Maternity 80 %</p> <p>Outpatient 94%</p> <p>Community 91%</p>

4. Statements from our Partners on the Quality Report

Governor involvement in the Quality Board

There are three governors on the Quality Board and we have had the opportunity to attend Quality Board meetings (virtual meetings). The views opinions and contributions of governors are always welcome when it comes to identifying quality objectives and all issues pertaining to quality across the Trust.

We support the actions undertaken by the Trust

1. To address the safety issues identified by the CQC inspectors,
2. To build a culture of safety that includes involving all staff, partner organisations, patients, relatives and carers.

We recognise the amazing work undertaken by the staff (at all levels) throughout the pandemic. They have brought light and hope to patients and relatives throughout a period of darkness and despair. They have done their very best, under unprecedented difficulties, to deliver quality care.

Joe Saverimoutou, Patient Governor
Harold Sharpe, Patient Governor
Shirley Sherwood, Patient Governor
15 June 2022

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 2022/23. In addition, and as articulated in the report the CCG welcomes additional actions the Trust will be taking in response to CQC feedback and to recover performance, activity and reduce inpatient and outpatient waiting lists following interruptions to planned treatment due to Covid-19.

During 2021/22 Covid-19 continued to have 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 Operational Planning Guidance.

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 strive to achieve appropriate targets and deliver improvements identified by CQC; whilst at the same time incentivise the delivery of high quality, innovative services.

Alun Windle, Chief Nurse
Sophie Nadin, Deputy Director of Contracting
16 June 2022

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

On behalf of Sheffield City Council's Health Scrutiny Sub-Committee, I acknowledge receipt of the 2021/22 Quality Accounts. We look forward to engaging with Sheffield Teaching Hospitals NHS Foundation Trust in our scrutiny work over the coming year."

Cllr Ruth Milsom
Chair, Health Scrutiny Sub-Committee
13 June 2022

Statement from Healthwatch Sheffield

Thank you for sharing this year's Quality Account with us. As always, our response includes insight from staff and volunteers to gain a wider perspective on the report and its presentation. In light of the recent CQC inspection results, we would like to give our reassurance to the Trust that we will support the organisation and staff where possible on its improvement work, and hope to see more positive results soon.

Readability:

Our readers panel found this year's Quality Account challenging to read and understand in a number of ways. The Chief Executive's introduction was very lengthy, but didn't give much focus to the issues that public readers would likely be keen to understand, namely the Trust's response to recent CQC inspections.

The overall report is very general in places, not giving specific information people might like to see (for instance any data broken down for Charles Clifford Dental Hospital or Weston Park Hospital). We also felt it lacks a strong strategic overview – a sense of how different work strands fit together as part of the whole Trust's vision and aims.

Progress against priorities for 2021-22:

We note that some priorities for improvement have been ongoing for several years now, including fall reduction and end of life care. We recognise these are important areas of work and welcome the examples of progress that the Trust has made, but we would benefit from a longer view of the Trust's vision, to see that this is strategically driven and is bringing long-term change.

This section would also benefit from some case study examples of work that has been going on and the impact that it's had on patients and/or staff. The examples of progress that we are shown are positive and presumably impactful, but we don't get a sense of the next steps (e.g. will the falls work be rolled out to other wards, and what will the

next steps be following the meal ordering pilot?)

Priorities for 2022-23:

We are pleased to see the priorities for next year – and especially welcome a focus on the experience of people with a Learning Disability. There is good detail on what work will be done and how progress will be monitored. We hope that with all objectives, especially those focusing on patients with Learning Disabilities and Dementia, the workplan will involve meaningful engagement with these patient groups and their families. It would be interesting to see how these priorities overlap, if at all, with the work to address the recent CQC inspections.

Opportunities for feedback and involvement:

We are pleased to see that the Trust has developed its work with local groups and networks to ensure it's engaging with the public in a wider way, and we look forward to hearing the outcomes that develop from these strengthened relationships.

For the Trust's other methods of collecting feedback, we note that the NHS Staff Survey response rate has dropped to 38% while the national average rose to 50.1%. It would be helpful to hear what is being done to address this, especially given the emphasis on staff wellbeing elsewhere in the report.

For the Friends and Family Test, we were pleased to see high positive results (90+%) in some areas, especially outpatient care where the Trust received a higher score than the national average. However we also see significant drops in satisfaction for maternity services and A&E services – and the maternity result is significantly below the national average – but this is not addressed beyond presenting the data. This links to concerns raised via the National Maternity Survey and the CQC inspection of maternity services, and could be brought together for the reader to show some oversight and action planning.

In the complaints section, the themes that arose were broadly in line with the feedback

we've heard from patients and families over the year. The response times have improved well, recovering from the Covid-19 disruption they saw in recent years. Some examples of how concerns are addressed and how learning is implemented would be helpful here.

CQC inspection:

We note that this has been a difficult year for the Trust following its CQC inspections and subsequent 'requires improvement' rating, and staff must be disappointed in this result. Equally, we are aware that patients and the public are at times experiencing less than good care, and many will understandably be concerned to see the range of issues highlighted in the CQC report. Under these circumstances it is ever more important to be open and transparent, so that patients and the public can see that the Trust is working hard to address the areas where it requires improvement.

Our readers panel felt that this report did not give adequate weight to the results of the inspection – we are sure that internally it is being addressed with urgency, but it is important for those outside the Trust to see this. The “action plan... covering 17 key outcomes” is not referred to in depth and does not appear to be available to the public in this report or elsewhere, and there is no comment on any progress that has been made against these actions so far. Especially considering that maternity services have received two visits, with no improved inspection result, it would be helpful to see that the Trust has adapted its approach to ensure change is embedded.

We think a more open approach, acknowledging areas of inadequacy and discussing realistic actions and timeframes, would be helpful to reassure the public that work is being done to address CQC concerns. It would also be helpful to understand how other actions set out in the quality report (for instance the priorities for the coming year) sit alongside the CQC action plan, with some oversight of what improvements have to be made both operationally and strategically. In order for positive and sustained change to

happen, the action plan must be embedded in the Trust's wider work, not tackled separately.

14 June 2022

In response to the comments made by Healthwatch Sheffield, additional details of the actions taken to improve the patient experience of Maternity Services have been included in the final version of the Quality Report. In addition, we have shared our CQC improvement plan with Healthwatch and are engaging with them to provide assurance.

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 2021/22.

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 2021 to March 2022
- papers relating to quality reported to the Board over the period April 2021 to March 2022
- feedback from Commissioners dated 16 June 2022
- feedback from Governors 15 June 2022
- feedback from local Healthwatch organisations dated 14 June 2022
- feedback from Sheffield City Council's Health Scrutiny Sub-Committee dated 13 June 2022
- the latest national patient surveys, dated September 2021 (Urgent and Emergency Care), October 2021 (Audit inpatient), November 2021 (Cancer) and February 2022 (Maternity).
- the latest national staff survey published March 2022

The Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.

The performance information reported in the Quality Report is reliable and accurate.

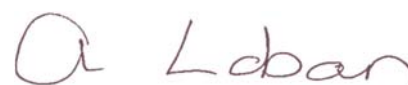
There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

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

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

By order of the Board of Directors



Annette Laban

Chair

28 June 2022



Kirsten Major

Chief Executive

28 June 2022

5. Glossary

The table below provides a glossary of abbreviations and acronyms

ACP	Accountable Care Partnership
AIS	Accessible Information Standard
BSL	British Sign Language
CCG	Clinical Commissioning Group
CMP	Case Mix Programme
CPD	Continuing Professional Development
CQC	Care Quality Commission
CQC PCR	Care Quality Commission Provider Collaboration Review
CQUIN	Commissioning for Quality Improvement
CTG	Cardiotocograph
CYP	Children and Young People
DNACPR	Do Not Attempt Cardiac Pulmonary Resuscitation
EDI	Equality, Diversity and Inclusion
EDS2	NHS Equality Delivery System
EIAs	Equality Impact Assessments
EMR	Electronic Medical Record
EoLC	End of Life Care
FFFAP	Falls and Fragility Fractures Audit Programme
FFT	Friends and Family Test
IBD	Inflammatory Bowel Disease
ICS	Integrated Care System
IOLs	Intra-ocular lens
IR(ME)R	Ionising Radiation (Medical Exposure) Regulations
KPIs	Key Performance Indicators
LD	Learning Disabilities
LeDeR	Learning Disability Mortality Review Programme
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning
MINAP	Myocardial Ischaemia National Audit Project
MMR	Mismatch Repair
MSI	Microsatellite Instability
NABCOP	National Audit of Breast Cancer in Older Patients
NACEL	National Audit of Care at the End of Life
NAPH	National Audit of Pulmonary Hypertension
NBOCA	National Bowel Cancer Audit
NBOCAP	Bowel Cancer National Audit
NCAA	National Cardiac Arrest Audit

NCAAD	National Clinical Audit of Anxiety and Depression
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCHDA	National Congenital Heart Disease Audit
NEIAA	National Early Inflammatory Arthritis Audit
NELA	National Emergency Laparotomy Audit
NHSI	NHS Improvement
NICE	National Institute for Health and Care Excellence
NJR	National Joint Registry
NLCA	National Lung Cancer Audit
NMPA	National Maternity and Perinatal Audit
NNAP	National Neonatal Audit Programme
NOGCA	National Oesophago-Gastric Cancer Audit
NPCA	National Prostate Cancer Audit
NPDA	National Paediatric Diabetes Audit
NRLS	National Reporting and Learning System
NU	Nephroureterectomy
OHCAO	Out-of-Hospital Cardiac Arrest Outcomes
PACU	Post Anaesthetic Care Unit
PALS	Patient Access and Liaison Service
PCI	National Audit of Percutaneous Coronary Interventions
PCR	Posterior Capsular Rupture
PH	Pulmonary Hypertension
PICA	Paediatric Intensive Care
PIFU	Patient Initiated Follow-Ups
POMH	Prescribing Observatory for Mental Health
PPIE	Patient and Public Involvement and Engagement
PROMs	Patient Report Outcome Measures
PVDU	Pulmonary Vascular Disease Unit
REIN	Race Equality and Inclusion
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RHC	Right Heart Catheter
SADACCA	Sheffield and District African Caribbean Community Association
SHMI	Summary Hospital-Level Mortality Indicator
SHOT	Serious Hazards of Transfusion Scheme
SI	Serious Incident
SJR	Structured Judgement Review
SSNAP	Sentinel Stroke National Audit programme
SYB	South Yorkshire and Bassetlaw
TARN	The Trauma Audit & Research Network

VTE	Venous Thromboembolism
WDES	Workforce Disability Equality Standard
WEI	Workplace Equality Index
WRES	Workforce Race Equality Standard

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

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