



Quality Report

2022/23

**PROUD
TO MAKE A
DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST





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

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

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

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

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

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

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

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

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

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

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

Clinical innovation

Despite the pressures we faced during the past 12 months, we have not lost sight of the importance of making time for innovation in our

clinical services. There are too many to mention but a few examples include the following.

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

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

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

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

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

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

'Making a difference – the next chapter'

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

In line with our new corporate strategy ambitions, we also began to look at how we could accelerate

the work already undertaken on job creation, widening education opportunities, and improving population health. You can read more about this later in the report.

Caring for our staff

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

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

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

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

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

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

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

We were slightly below average in:

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

These will be areas for improvement next year.

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

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

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

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

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

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

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

Investment in facilities

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

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

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

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

Research and innovation

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

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

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

An important paper published in the New England Journal of Medicine, the world's leading medical

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

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

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

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

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

Patient Experience

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

Background

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

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

Objective breakdown

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

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

Achievements against objective

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

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

Effectiveness

Priority 4: To improve individualised care of patients with dementia

Background

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

Objective breakdown

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

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

Achievements against objective

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

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

Safety

Improve the management of medicines to ensure patient safety.

Objective breakdown:

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

Objective output/metrics:

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

Effectiveness

Improve individualised care of patients with dementia (Year 2)

Objective breakdown:

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

Objective output/metrics:

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

Figure 1: Audit and confidential enquiries

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

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

National Audit of Care at the End of Life

50 Case Note Reviews

24 Quality Surveys

213 Staff Surveys



Case notes recorded that the patient might die within hours or days



Case notes recorded an individualised plan of care



Case notes with an individualised plan of care, recorded a discussion (or reasons why not) with the patient regarding the plan



Families/carers were asked about their needs



Case notes recorded a discussion (or reason why not) with families/carers regarding the possibility the patient may die



Families/carers rating of care good, excellent or outstanding



Case notes recorded extent patient wished to be involved in care decisions, or a reason why not



Actions for Improvement

- Ongoing Trust workstream to improve nurse staffing
- Ongoing development of PALMS eLearning package for end of life care modules
- Improve communication with family/others, particularly in relation to informing of patient's imminent death and the effects of prescribed medication
- Continue rollout of the 'Caring for Dying Patients: Personalised Plan of Care' document and associated training
- Continue to work with the Lead Educator for Nutrition to improve hydration and nutrition management
- Improve mental capacity assessments for patients to ensure they are able to be involved in their care planning
- Liaise with Patient Experience and Engagement and Chaplaincy Services to improve survey response rates
- Continue to deliver 'Breaking Bad News' training sessions in 2023
- Ongoing workstream to improve directorate Mortality & Morbidity meetings in reviewing patient deaths



National Audit of Care at the End of Life



Benchmarking Network

National Pregnancy in Diabetes (NPID) Audit

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

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

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

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

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

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

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

1. Keep their HbA1c level below 48 mmol/mol.
 2. To take 5mg/day folic acid in the pre-conception period.
 3. Refer to Diabetes Pre-conception clinic.
 4. If pregnant refer to diabetes antenatal clinic urgently to be seen before 10 weeks gestation.
- A local audit of preconception planning and care for women with type 1 and type 2 diabetes is currently taking place. The aim of the audit is to identify if women are receiving adequate preconception care and if the current pilot preconception clinic needs to be expanded.

NCAPOP Falls and Fragility Fractures: Inpatient Falls Audit

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

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

NAIF Key Performance Indicators 2022

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

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

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

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

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

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

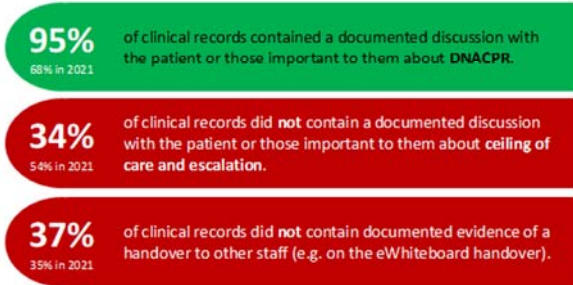
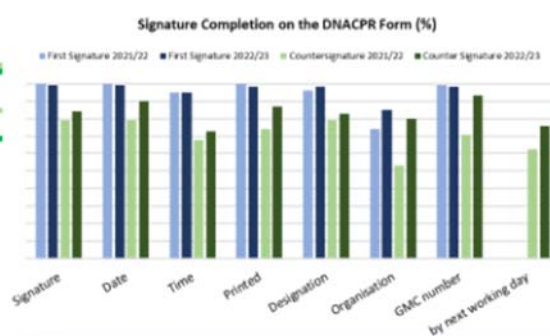
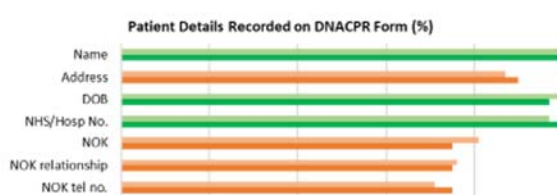
Trustwide DNACPR Re-audit 2022

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

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

Figure 3: Trustwide DNACPR Audit Results

Trustwide DNACPR Re-Audit 2022



- ### Actions for Improvement
- Education in relation to completion of the DNACPR section of the discharge summary.
 - Education in relation to discussions around DNACPR, ceiling of care and escalation and recording of the discussions in the patient’s notes.
 - Education in relation to what to do with the DNACPR forms on discharge.
 - Consider alternative methods of filing the DNACPR form in the patient’s clinical record, i.e. plastic wallet.
 - Introduce DNACPR into safety huddles, i.e. identifying those patients with a DNACPR in place.

Inner circle = 2021, Outer circle = 2022

c. Clinical research and innovation

Recruitment to trials

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

Patient and Public Involvement and Engagement

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

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

ensuring we are building meaningful relationships with our local communities and can increase the levels of participation of people from ethnic minorities in our research.

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

Events

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

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

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

research is fully inclusive and representative were emphasised.

Training and Support

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

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

from STH staff from racially minoritised groups with ideas of how they could improve patient care.

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

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

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

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

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

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

Innovation

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

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

Communications

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

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

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

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

Figure 5: Patient Safety Alerts

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

h. NHS Staff Survey

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

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

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

Figure 7: Staff survey results

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

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

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

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

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

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

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

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

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

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

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

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

Figure 8: Work Race Quality Standard (WRES)

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

- change in a positive direction
- change in a negative direction
- no change

Figure 9: Workforce Disability Equality Standard (WDES)

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

- change in a positive direction
- change in a negative direction
- no change

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

- Produced an interactive Inclusion Calendar in collaboration with the Staff Network Groups and Chaplaincy and celebrated a number of dates with a wide range of communications and activities throughout the year, including marking World AIDS Day, International Women's Day, Holocaust Memorial Day, International Day for the Elimination of Racial Discrimination, Autism Awareness Day, Ramadan and many other key dates.
- Made mandatory the requirement for a diverse and inclusive recruitment process for all and 8+ roles and Consultant roles.
- Published our Workforce Race Equality Standard (WRES) and Workplace Disability Equality Standard (WDES) metrics and created separate action plans for each which are actively managed and monitored.
- Produced and published our annual Gender Pay Gap data and report.
- Achieve a Top 100 ranking in our second Stonewall Workplace Equality Index (WEI) submission and received a Gold Award for our Bi and Trans inclusion work.
- Continued to embed our approach to Equality Impact Assessments (EIAs) by making it a key part of policy development and ensuring that all key decisions, changes and proposals are supported by a Rapid EIA.
- Created a new Equal Opportunities Policy that covers both workforce and our patients which sets out how we will be fair, inclusive and non-discriminatory in all that we do.
- Created a new Workplace Reasonable Adjustments Policy and Passport to support our colleagues with a disability/ies and/or long-term condition/s.
- Continued to make conversations around EDI easy to have within team settings through embedding the 'Conversation Corners' approach in all our LEAD Managers Briefings.
- Continued to ensure that EDI considerations are a key focus in our service improvement programmes and that Rapid EIAs are undertaken at every opportunity.
- Worked with two service areas – Maternity and Emergency Department – to complete our

EDS2022 review for 2022/23; the focus of this was on service user access, outcome and experience.

- Chosen to participate in the NHS Employers Diversity in Health and Care Partners Programme; attending 4 modules designed to support the development of best EDI practice.
- Developed and launched the Trust's PROUD Behaviours, linked directly to the PROUD Values, for both colleagues and patients.
- Launched the See Me First badge and campaign which focuses on putting the patient at the centre of everything we do.
- Continued to roll out the Rainbow badge initiative to show our continued support and allegiance to our LGBTQ+ workforce and patients.

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

j. Annual patient surveys

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

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

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

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

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

National Adult Inpatient Survey 2021

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

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

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

National Cancer Patient Experience Survey 2021

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

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

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

National Maternity Survey 2022

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

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

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

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

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

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

- Did the midwife or midwifery team that you saw or spoke to appear to be aware of the medical history of you and your baby?

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

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

Friends and Family Test

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

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

If the concern or issue cannot be dealt with informally or if the enquirer remains concerned,

the issue is categorised as a formal complaint and processed accordingly. During 2022/23 1224 formal complaints were received. The number of formal complaints received by the Trust has increased overall by 10.4% during 2022/23. The increase was across all services.

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

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

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

Figure 11: Complaints received during 2021/22 by month

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

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

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

o. Duty of Candour

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

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

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

Of the remaining 1,788 incidents, Duty of Candour was confirmed on the Datix record as being applicable to 1,098 cases. Of the remaining 690 incidents, Duty of Candour was recorded to be not applicable in 555 cases and a rationale

was provided in all but 8 of these. There is no clear record on Datix whether Duty of Candour is applicable for the remaining 135 incidents. A review of the discrepant cases is underway. In addition, an audit tool to review Duty of Candour compliance is under development and will be undertaken at agreed intervals to provide assurance that appropriate decisions regarding Duty of Candour are being taken in line with national guidance.

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

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 South Yorkshire Integrated Care Board (ICB) Sheffield Place.

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

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

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

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

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

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

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

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.

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

through a dedicated email address where they will be picked up and supported by a Guardian throughout the Freedom to Speak Up process.

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

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

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

t. Rota gaps

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

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

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

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

Prescribed Information	2020/21	2021/22	2022/23
<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, the Quarterly NHSI People Pulse, utilising our Microsystems Academy approach and through the People Promise retention work.</p> <p>Although there has been a decline in Trust performance over the past three years, this is in line with a national trend and the Trust remains better than the national average.</p>			
<p>Friends and Family Test – Positive Score (patients who have scored either two ‘Good’, or one ‘Very Good’)</p>	All areas 93%	All areas 90%	All areas 91%
<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>	Inpatient 93%	Inpatient 91%	Inpatient 92%
<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 made about their experience. • Monthly FFT scores are compared with the 12-month Trust score as well as the 12-month national score to monitor performance. • FFT is monitored on a monthly basis through the Patient Experience and Engagement Group (PEEG)*, which escalates trends or concerns to the Patient Experience and Engagement Committee and takes relevant actions to improve the Trust’s FFT position. • Focused work has been completed in lower scoring areas to identify improvement actions. These have included actions being put in place to increase response rates in areas with very low response numbers, actions taken to improve sleep quality in areas where noise at night was identified as an issue and providing staff with training on how to have difficult conversations. <p>* In 2022, a new structure for oversight of Patient Experience was implemented constituting of a strategic senior-level Patient Experience and Engagement Committee chaired by the Chief Nurse and an operational Patient Experience and Engagement Group chaired by the Deputy Chief Nurse.</p>	A&E 85%	A&E 77%	A&E 81%
	Maternity 88%	Maternity 80%	Maternity 88%
	Outpatient 94%	Outpatient 94%	Outpatient 94%
	Community 93%	Community 91%	Community 93%

Statement on Behalf of Healthwatch Sheffield



Thank you for sharing this year's Quality Account with us. This response draws on the views and experiences of our volunteers, who have helped to provide a patient and public view of the information.

This year's report sets out a strong story of the Trust's achievements, in particular some innovations to make more beds available such as the Same Day Emergency Care unit. The introduction from the Chief Executive provides a very helpful overview which makes this document more accessible for the general public, explaining some of the data from the report and providing clear examples.

CQC:

We were pleased to see some clear information about the recent CQC inspections at the Trust. Progress has been made and there is a good level of transparency about this, but of course there are still improvements needed and the public are understandably concerned about some areas such as maternity care. A high level action plan is provided about this, but more detail e.g. about service user engagement would be helpful and would further improve transparency for the public.

Progress on last year's priorities:

The Trust sets out clear and simple explanations of progress against last year's objectives, which appear to have been largely successful. It is also helpful to see who will continue to look at these issues when they are no longer a 'priority' area.

We would like to see how the Trust is evaluating the impact that these objectives have had on patients and families – especially those objectives focussed on patient experience – and how they engaged with patients, families, and the public to complete this work, especially the end of life care work.

The Trust's priorities for next year:

Before deciding on their priorities for the coming year, the Trust consulted with us about what we've been hearing from members of the public. They listened to what people have been telling us about accessible information, and we appreciate that this has been selected as a priority.

We hope that patients and the public will be thoroughly involved in this work and that the impact on their experience is a key measurable outcome. Good strategic oversight will also be important to keep this piece of work focused and consistent across the Trust.

Opportunities for feedback and involvement:

The way that patient and staff views and experiences are presented in this report are helpful and clear, with data explained and good examples of outreach provided. The results of the Friends and Family Test are positive, and where issues were identified (eg with the maternity patient survey) it is good to see actions set out in response. The examples of how the Patient First group has been involved in work are helpful – but we would ask the Trust to consider how well they are reaching underserved communities, for example those marginalised by race or ethnicity, through this group.

Splitting complaints into informal and formal concerns seems helpful for patients, where some issues can be resolved without the formal process causing delays. We do have some concern about the rise in complaints about communication and attitude – these are some of the key issues we hear about from patients too. As well as addressing individual complaints, it would be good to see examples of how learning from complaints is driving wider improvements.

13 June 2023

Part 5

Glossary



The table below provides a glossary of abbreviations and acronyms

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

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

For more information please contact:

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