

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST**CHIEF EXECUTIVE'S REPORT****Governors Council - 17 November 2011****1. PERFORMANCE**

Generally, the Trust continues to perform well. The key elements of performance are set out at appendix 1. As in previous quarterly reports to Governors, I would highlight the following:

- Emergency Services – It has continued to be a challenge throughout quarter 2 for the Trust to maintain its performance on seeing and either admitting or discharging patients within 4 hours. This has largely been due to the significant number of attendances at the A&E Department at the Northern General and on a small number of occasions difficulties with patient flow across the Northern General site. I am pleased to report, however, that the Trust has achieved performance of 96.51% for quarter 2. The position remains challenging as the Trust commences Q3 with performance only marginally above 95% in the quarter to date.
- Cancer – The Board will recall that the Trust faced significant challenges in terms of its performance throughout quarter 2 and I am very pleased indeed to report that the Trust has achieved all of its targets. . The two targets which were of particular concern were the 62 day screening target and the 31 day target for subsequent surgery following diagnosis. Both these targets were close with the threshold being passed by 1%. It is clear, therefore, that these targets will need to be given close attention in the coming quarter and this will take place. In particular, the Cancer Lead Clinician and the Director of Service Development will be working closely with the surgical speciality of Urology to resolve their surgical capacity problems. In addition, there are also some slight concerns about performance on the GP 2 week wait target and discussions have already commenced with Dermatology, a speciality which has struggled with this target and which can have a high impact on performance because of the high volume of their patients which fall in to this target.
- 18 Weeks – The Trust has continued to achieve 18 Weeks but this has been a challenge particularly in terms of admitted patients. Close attention continues to be paid to this issue and in particular ensuring that the number of incomplete pathways is minimised.
- Clostridium Difficile – The Trust has experienced 125 cases in the year to date at the end of quarter 2 against an annual target of 134 cases. This issue is of significant and continuing concern to the Trust and is the subject of a separate agenda item..

In terms of activity, new outpatient activity is 1.3% above target for the year to date and follow ups -3.2% below target. The majority of the over performance on new attendances is, however, due to a counting change in obstetrics that is being corrected. The position will then be that the performance is below target. New attendances are higher and follow up attendances lower than in the same period last year.

The level of elective inpatient activity is 3.1% above target for the year to date and slightly higher than the same period last year. Non elective activity is 0.8% above expected levels but is lower than in the same period last year.

In terms of waiting lists, the waiting lists for outpatients has risen from 15,650 at the end of March 2011 to 19,703 at the end of August 2011. At the end of August 2011 there were 6934 patients waiting over 5 weeks compared to 5982 at the end of July 2011. The inpatient waiting list has risen from 8311 at the end of March 2011 to 9266 at the end of August 2011. At the end of

August 2011 there were 285 patients waiting over 20 weeks compared to 264 patients at the end of July and 167 at the end of March 2011.

In financial terms, the position at the end of month 5 is that the Trust has a deficit of £1.2m (0.4% of turnover). This represents a deterioration of £1.17m from month 4 and includes activity over performance of £0.4m. It also includes an under delivery of £3.4m on productivity and efficiency plans. Looking at two of these issues in slightly more detail, the contract income over performance of £0.4m at the end of month 5 may appear relatively modest at this stage of the year however, it should be noted that, excluding off site activity, the overall performance is actually an underperformance of £1.5m. A key concern looking ahead is the ability of commissioners to afford the over performance. The likelihood of contract income challenges remains high and the quarter 1 income challenge totals £0.7m. This is, however, much lower than in previous years and does not appear to contain any speculative challenges.

In terms of productivity and efficiency, the forecast outturn now shows an under delivery of £6.7m (21%). There is some significant concern about the ability to turn around productivity and efficiency delivery later in the year and this is a matter of concern for the Trust as a whole as it would require a significant improvement on performance to reverse the year to date deficit which have already occurred. The under delivery in Clinical Directorates remains of particular concern and this matter was debated in some detail at the September meeting of the Board of Directors. Arising from that debate, I will be presenting a framework for addressing these issues to the November meeting of the Board of Directors

2. **INFECTION PREVENTION AND CONTROL**

2011/2012 MRSA PERFORMANCE

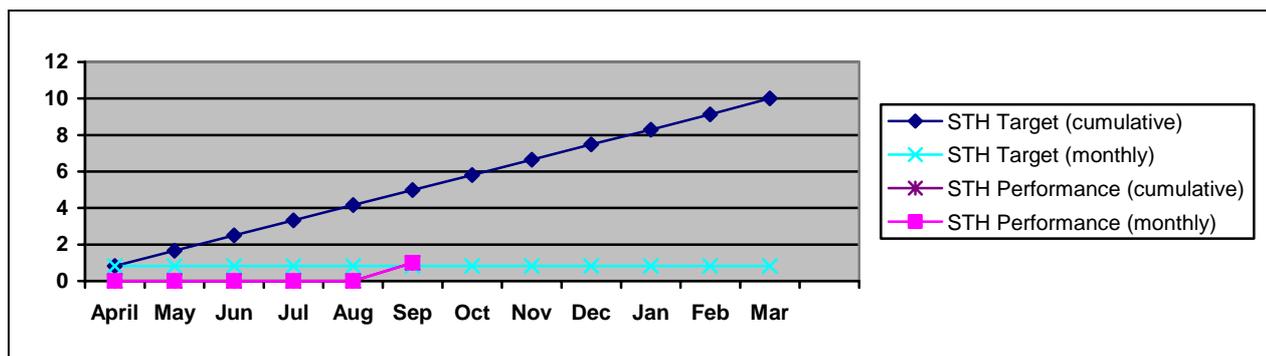
MRSA Target for 2011/2012

Bacteraemia are either classified as Trust attributable or community acquired. Community acquired cases are bacteraemia that are identified on either day 0 or day 1 of the patient's stay. Any bacteraemia identified after that are considered to be Trust attributable. The target for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) attributable bacteraemia for 2011/2012 is 10 cases. The target for the health community is 13 which will include any Sheffield resident cases at STHFT and any bacteraemia identified in a Sheffield resident, irrespective of where they were receiving treatment at that time.

MRSA Performance for September 2011

1 case of MRSA bacteraemia attributable to STHFT was recorded during the month of September. A Root Cause Analysis is being undertaken but it is unlikely that this case was due to contamination rather than a true bacteraemia.

The Trust year to date performance is 1 case of MRSA against a year to date target of 5.



The target for 2011/2012 is 10 so the Trust is now 4 cases ahead of trajectory and on course to achieve this target.

MRSA Screening

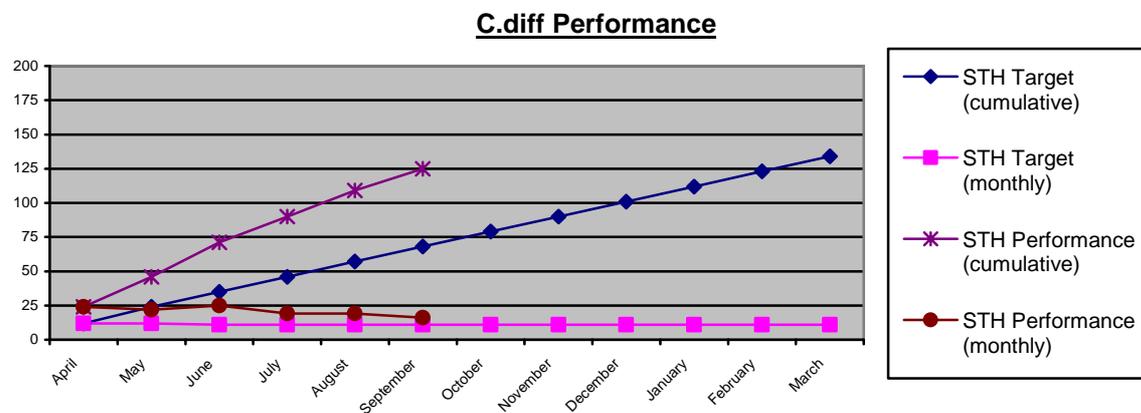
September MRSA screening figures are not available at this point in the time. August's MRSA screening figures were 109%.

2011/2012 C.DIFF PERFORMANCE

In September, STHFT recorded 16 positive samples. This is 5 cases above our contract plan for the month.

The full year to date performance is 125 cases of *C.diff* against a national target of 68.

The health community performance is always one month in arrears to allow for the allocation of cases in Sheffield residents treated in other hospitals. The position in August was year to date performance of 162 cases against a year to date target of 79.



Surveillance

Huntsman 4, Vickers 4, Robert Hadfield 2 and MAU3 (Northern Campus) and Weston Park Hospital 3 (Central Campus) are all currently under surveillance for *C.diff* having had at least 2 episodes within 28 days.

Action Plan

The action plan continues to be implemented, with most actions to be introduced by the end of September completed on time. The only action not completed on time was the availability of a decant ward at the Northern General Hospital. This is now scheduled for November 2011.

The action plan has been updated this month to include the recommendations from the external review and further actions identified internally on antibiotic prescribing and additional information to be included with a stool sample.

SHA Visit to Sheffield Teaching Hospitals NHS Foundation Trust – 9 September 2011

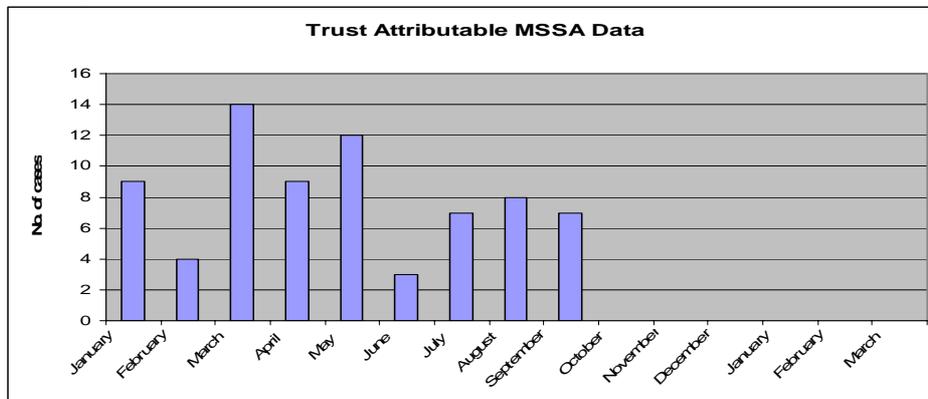
The Trust has now received a written response from the Yorkshire and the Humber Strategic Health Authority regarding the meeting held with the Trust on 9 September 2011 regarding *C.diff*. It concludes that the Trust is "leaving no stone unturned" in its efforts to reduce the level of *Cdiff* infection.

MSSA

The Trust continues to return data on the number of cases of MSSA bacteraemia to the Health Protection Agency. Cases are labelled as either Trust attributable or community acquired. For September, 7 Trust attributable cases of MSSA bacteraemia were recorded.

It is currently expected that the Trust will be set a reduction target for MSSA bacteraemia from April 2012.

After 9 months, the total Trust attributable cases of MSSA stands at 73.

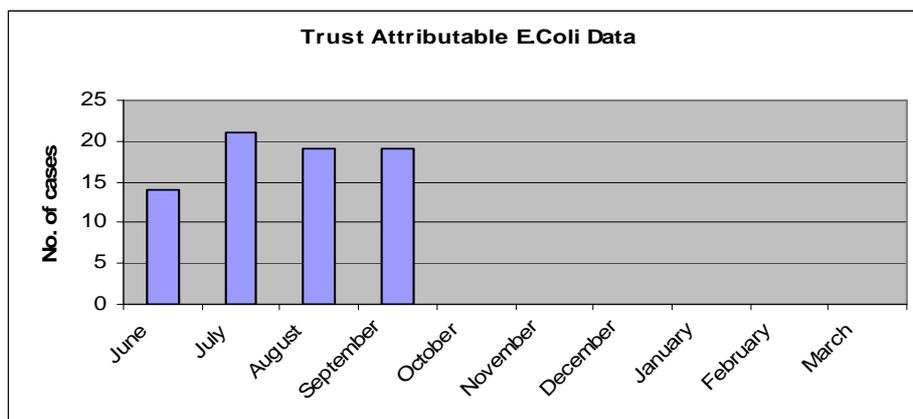


E.COLI

The Trust commenced returning data on the number of cases of E.Coli bacteraemia to the Health Protection Agency. Cases are labelled as either Trust attributable or community acquired. For September, 19 Trust attributable cases of E.Coli bacteraemia were recorded.

It is currently expected that the Trust will be set a reduction target for E.Coli bacteraemia from April 2012.

After 4 months, the total Trust attributable cases of E.Coli stands at 73.



INFECTION PREVENTION AND CONTROL

NHS Sheffield - MRSA and C.diff Reporting

The Trust continues to report cases of *C.diff* weekly to NHS Sheffield.

Norovirus

The Trust continues to experience outbreaks of Norovirus, which during early September required managing through the instigation of daily outbreak meetings. This position improved

rapidly and operational disruption was minimised. Sporadic isolated cases continued to occur throughout the month.

3. **UPDATE TO THE NHS BILL**

The new management structure for NHS North of England has been announced. The key appointments are as follows:

- Chief Operating Officer – Richard Barker. Richard joins the Cluster team from NHS North East where he was the Director of Commissioning Development.
- Chief Nurse – Jane Cummings. Jane joins the Cluster team from NHS North West where she was Chief Nurse and Deputy Chief Executive.
- Director of Finance – Mark Ogden. Mark joins the Cluster team from NHS North West where he was the Interim Chief Executive. Prior to his Chief Executive appointment Mark was the Director of Finance, Capital and Economic Reform.
- Medical Director – Professor Stephen Singleton. Professor Stephen Singleton joins the Cluster team from NHS North East where he was the Medical Director, Director of Performance and Chief Knowledge Officer.
- Director of Workforce and Education – Tim Gilpin. Tim joins the Cluster team from NHS Yorkshire and the Humber where he was the Director of Human Resources.
- Cluster Director of Public Health – Professor Paul Johnstone. Paul joins the Cluster team from NHS Yorkshire and the Humber where he was the Director of Public Health since 2002.

4. **STH ACADEMIC DIRECTORATES**

In April 2011 I announced the establishment of the first wave of three Academic Directorates. At that stage I indicated that a further phase would follow later in the year.

Following an internal process of assessment, I am now pleased to confirm the designation of Specialised Cancer as an Academic Directorate. STH now has four Academic Directorates namely:

- Cardiology and Cardiovascular Surgery Academic Directorate
- Neurosciences Academic Directorate
- Specialised Medicine Academic Directorate
- Specialised Cancer Academic Directorate

The process of appointing Academic Directors in each of these Academic Directorates is now well advanced. I would anticipate the completion of this second phase of Academic Directorate designations during the Autumn. This will be followed by a period of consolidation and development to ensure that the benefits of the Academic Directorate framework are realised to support the delivery of the STH clinical research and education/training strategy across the organisation.

5. **NATIONAL CENTRE OF EXCELLENCE FOR SPORTS AND EXERCISE MEDICINE (NCESEM)**

The Government are supporting the development of a single National Centre of excellence for Sport and Exercise Medicine based on three physical sites; University College, London; Nottingham University Hospital/Loughborough University and Sheffield Teaching Hospital and the two Sheffield Universities. The Department of Health have also awarded each centre £10m of capital to help develop an Olympic legacy centre. Work is well underway to attract commercial sponsors to help support running costs. The business case for this project is currently being finalised.

There are three milestones to note; the first is the NCESEM Steering Group meeting held in Sheffield on 21 October 2011, the second is the launch of the NCESEM by the Secretary of State for Health on 24 November 2011 and finally, the submission of proposals to the International Olympic Committee (IOC) for IOC Research Centre status.

6. **NHS INNOVATION AWARDS**

Now in their 7th year, the awards recognise NHS staff members across Yorkshire and Humber and East Midlands region who have developed innovative ideas to improve patient care. Medipex received over 120 entries and 25 clinical teams were shortlisted across 5 categories.

I am pleased to report that the Software and Telehealth Category (sponsored by Yorkshire and the Humber HIEC) was won by a team led by Kathryn Vowden of Bradford Teaching Hospitals NHS Foundation Trust and Brenda King of Sheffield Teaching Hospitals NHS Foundation Trust for their work developing a telewound management service in collaboration with Longhand Data Ltd and AVL Smartcare. The service allows them to remotely assess the status of wounds being managed in the community, either by District Nurses or Care Home staff, and to provide intervention only when necessary allowing efficiencies in time management and early intervention in cases where wound deterioration is detected early via the monitoring system. Although the service is still in its evaluation phase, a number of hospital admissions have already been avoided and more appropriate dressings used to accelerate the rate of wound healing.

7. **COMMUNICATIONS**

Media coverage - During September there was considerable positive coverage both in the local and national media particularly on the 10th Anniversary of the Assisted Conception Unit, Cancer research funding, the Rheumatology Centre of Excellence, miscarriage research, speech and language therapy and sexual health week. There was negative coverage of C. difficile this month in the Star.

The internal and external 'Be a flu fighter' flu vaccination communications campaign has been launched across the Trust. A new Hand in Hand infection control campaign is also being planned for implementation in November. The staff survey is being promoted to ensure a good response rate and work is underway to engage staff in determining the values of the new integrated organisation in tandem with the development of the new corporate strategy.

8. **APPOINTMENTS**

The Shadow Sheffield NHS Clinical Commissioning Group has announced the appointment of Dr Zac McMurray and Dr Richard Oliver, on a job share basis, to the post of Clinical Director. This post will be a full member of the Clinical Commissioning Group, Executive Team and the Shadow Board. It will also Chair the newly established Clinical Reference Group, which will become the focus of an inter-professional and cross-organisational clinical engagement in the Clinical Commissioning Group prioritisation of resources and service improvement.

In addition, the Clinical Director will also be working closely with the South Yorkshire and Bassetlaw Cluster Medical Director to ensure all statutory responsible officer functions are appropriately managed and will maintain and develop a strong relationship between the emerging Clinical Commissioning Group and the respective Medical Directors of the Foundation Trust within the city. Finally, the role will also support an increasing number of Sheffield GPs becoming part of the new Clinical Commissioning arrangements which are already well advanced in the city. The role, as described above, formally commenced on 1 October 2011.

Sir Andrew Cash
Chief Executive
4 November 2011