

Council of Governors**20 November 2012****Chief Executive's Report****1. PERFORMANCE**

The outcome at the end of quarter 2 was a good performance for the Trust. The performance summary report is attached as Appendix 1. The Trust's governance rating with Monitor at the end of quarter 2 will be green and the Financial Risk Rating (FRR) will be 4. In terms of performance for quarter 3 to date this has proved a challenging quarter so far and the highlights are as follows:

- 18 weeks – the Trust faces a major challenge in terms of achieving both the admitted and non-admitted targets in October 2012 and I will verbally update the Council of Governors on the position at the meeting. The two principal specialties which continue to be a challenge are orthopaedics and neurosurgery.
- Emergency Services – the Trust faces a significant challenge in October 2012 due to the combined impact of an early outbreak of Norovirus and a short period when the Short Term Intervention Team (STIT) service was not available to the Trust. This impact has been most noticeable in terms of the 4 hour target where the Trust achieved performance of 93.2% for October 2012. Significant efforts to restore patient flow across the Trust have been made and discussions have taken place with our partners in the Right First Time programme about ensuring the delivery of services across the system as a whole. It is intended, therefore, that the Trust will achieve the emergency services target for quarter 3 as a whole, albeit this will be challenging as performance will need to be above 96.2% for the remaining two months of the quarter
- CQUIN – across the vast majority of CQUIN targets the Trust is performing well. The exception is the dementia assessment target where for the final three months of the year 90% of eligible patients will need to be assessed against the questionnaire. The Trust has implemented an updated admission document as the key tool in delivering this target. Considerable effort will now be given to the effective delivery of this questionnaire as early assessment of compliance shows performance at 17%.
- Financial Position – at month 6 the Trust was overspent by £3.8m (0.9% of turnover). This position includes over performance against activity of £3.6m. There are three areas of concern:
 - A continuing deterioration in the position of a number of clinical directorates
 - A continuing under-delivery on the efficiency programme which is currently £2.5m (20%). The full year estimate shows an improving position but still an estimated under-performance of £3.4m (12.3%) which in itself will be challenging to deliver.
 - There is a continuing debate with NHS Sheffield about the over-performance in the year to date and activity management plans for the remainder of the year.

Five directorates are receiving urgent attention under the performance management framework and it is critical that tight financial control and performance management is

reinforced on an ongoing basis with efficiency plans being delivered and significant risks managed to ensure that the Trust is able to meet its year end targets and carry a stable position into 2013/14.

- Activity – as at month 6 the key aspects of activity are as follows. New outpatient activity was 0.8% above target in September 2012 and is now 1% above target for the year to date. Follow up activity is 2.7% above target for the year to date. The level of elective inpatient activity was 0.5% below target in September 2012 and is now 1.3% above target for the year to date. Non-elective activity was 3.5% above expected levels in September 2012 and is now 3% above target for the year to date. The waiting list for inpatients rose by 196 in September 2012 and the outpatient queue fell by 143.

2. INFECTION, PREVENTION AND CONTROL

2012/2013 MRSA PERFORMANCE

MRSA thresholds for 2012/2013

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 Trust has been set different thresholds for MRSA by different organisations as follows:

National (Department of Health): 1
 Monitor (de-minimus): 6
 Contract (penalties apply): 12

MRSA performance for October 2012

There has been one case of MRSA bacteraemia for the month of October. A root cause analysis is being performed, to determine what lessons can be learnt from this case.

The year to date performance is 3 cases of MRSA.

12		2012/2013 Thresholds	
11		National (Department of Health): 1	
10		Monitor (de-minimus): 6	
9		Contract (penalties apply): 12	
8		Actual number of cases: 3	●
7			
6		●	
5			
4			
3			
2			
1			

MRSA screening

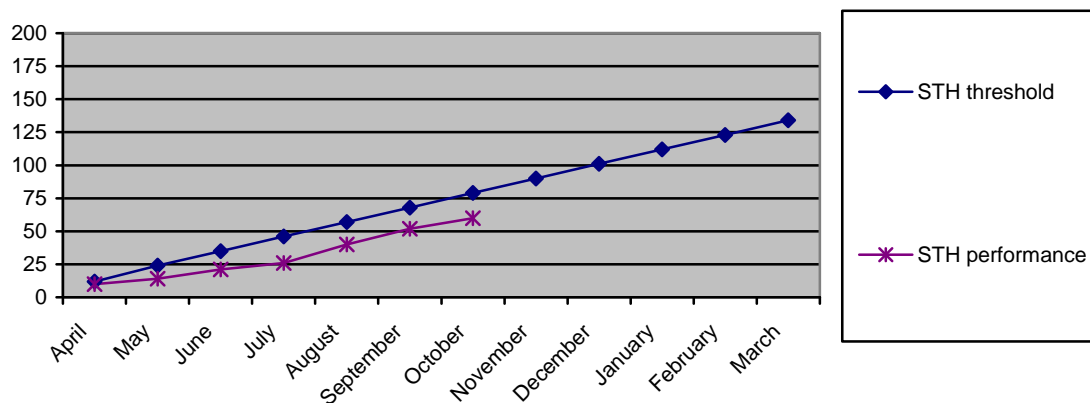
October MRSA screening figures were not available to include in this report.

2012/2013 C.DIFF PERFORMANCE

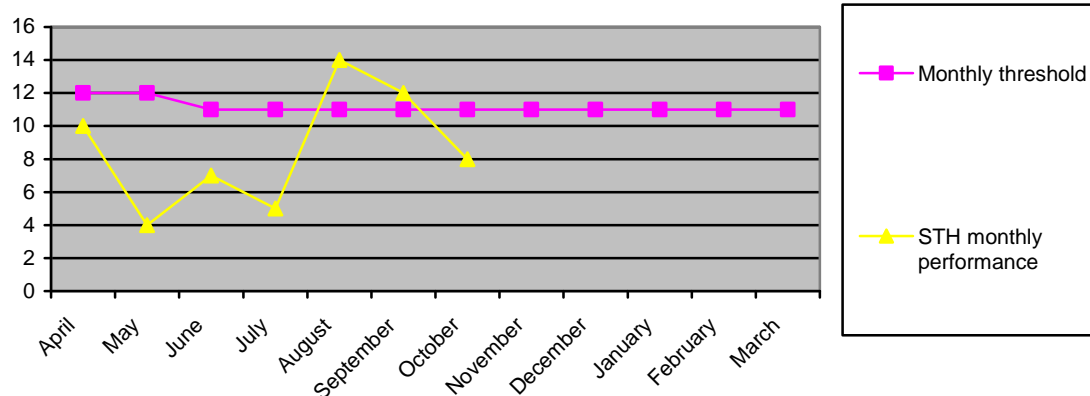
STHFT has recorded 8 positive samples for October. The year to date performance is 60 cases of C.diff against a contract year to date threshold of 79. The Department of Health, Monitor and Contract threshold for the year is 134.

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 September was year to date performance of 112 cases against a year to date threshold of 95 cases.

C.diff year to date performance



C.diff monthly performance



The year to date performance is 60 cases of C.diff against a contract threshold of 79.

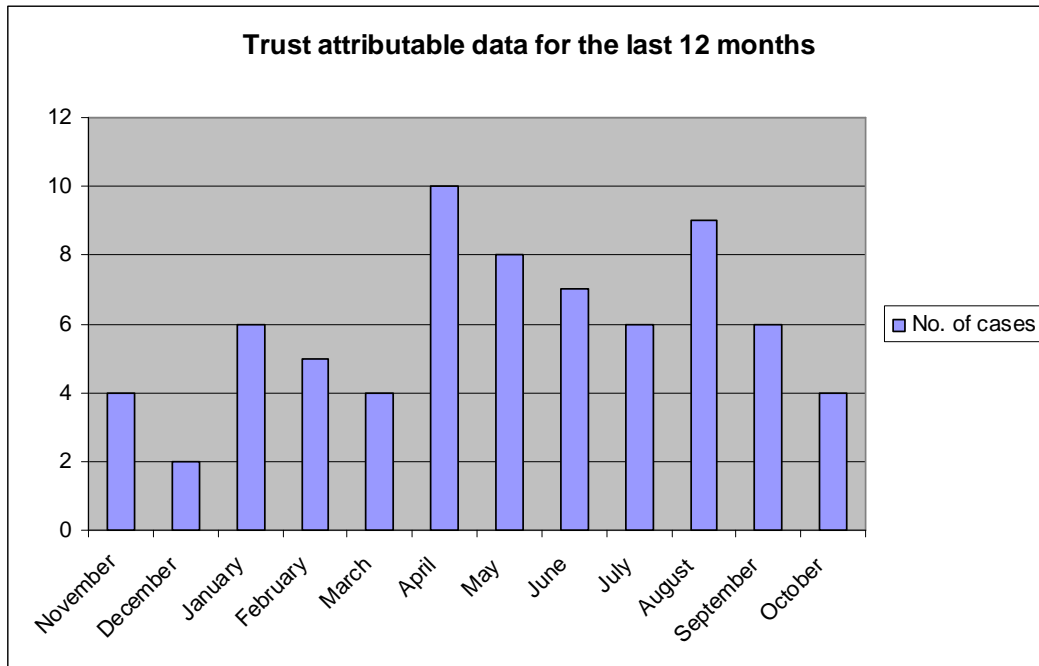
Surveillance

Wards Firth 2, Vickers 4 and Osborne 4 at the Northern Campus are currently under surveillance for C.diff, having had at least 2 episodes of C.diff within a 28 day period.

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 October, 4 Trust attributable cases of MSSA bacteraemia were recorded, this is under the monthly trajectory that the Trust has set itself.

Performance on MSSA for the last 12 months is 71 cases; there have been 50 cases reported since April 2012. There is no threshold set for MSSA bacteraemia in 2012/2013. However, alongside the MSSA improvement plan, the Trust has set itself an initial target of having 5 or less cases per month as this would be an initial improvement on the current average MSSA rate of 6 cases per month.

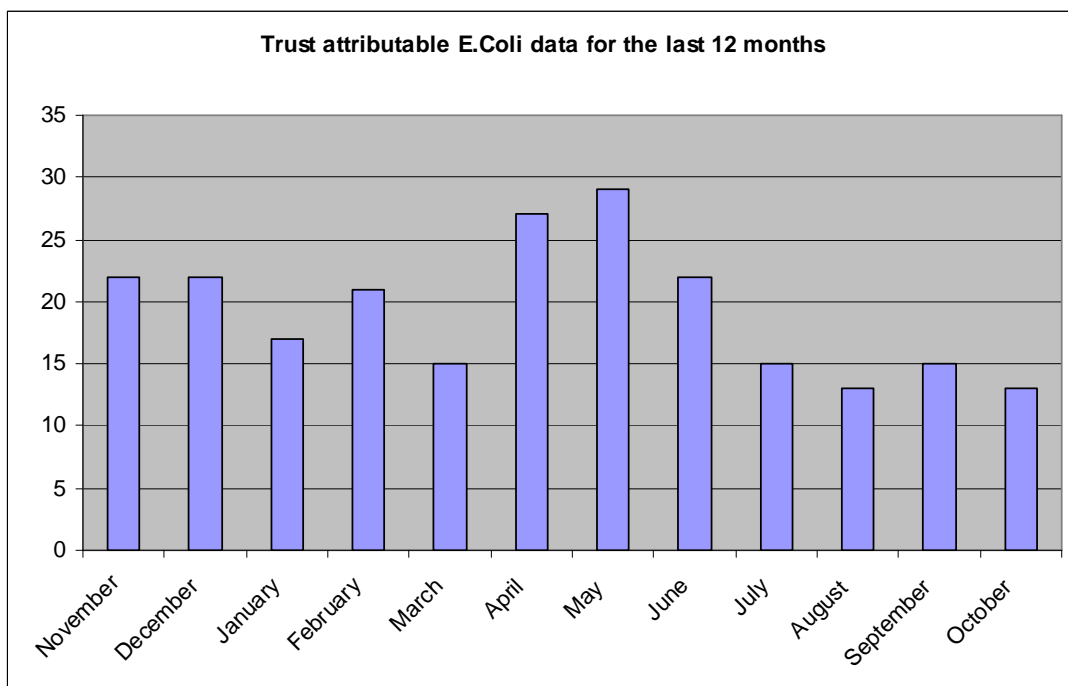


E.COLI

The Trust commenced returning data on the number of cases of E.Coli bacteraemia to the Health Protection Agency in June 2011. Cases are labelled as either Trust attributable or community acquired. For October, 13 Trust attributable cases of E.Coli bacteraemia were recorded.

Currently, it is not expected that the Trust will be set a reduction target for E.Coli bacteraemia as E.Coli bacteraemia is often not directly associated with healthcare.

After 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 231 cases.



There are currently no national benchmarks available to allow the Trust to compare its performance with that of other Trusts.

INFECTION PREVENTION AND CONTROL

Norovirus

The Trust has experienced moderate levels of norovirus during October which has had some impact on service delivery with up to 5 wards affected at a time and it has seen a number of patients presenting to A&E with symptoms of diarrhoea and vomiting, indicating that the virus is active in the community.

3. YORKSHIRE AND HUMBER ACADEMIC HEALTH SCIENCE NETWORK

The AHSN expression of interest, submitted in July was duly approved. As a result, the Department of Health team required a more detailed AHSN prospectus to be produced for the end of September. This was submitted on time and the full prospectus can be downloaded or viewed at the website <http://www.yhahsn.org.uk/>

The prospectus has also been approved and a full five-year business plan has to now be produced by Friday 4 January 2013. This will form the basis of a panel interview scheduled for the 24 January 2013 between the DH panel chaired by Sir Alan Langlands and the Y&H AHSN team. If this is successful, the Y&H AHSN will be given approval to become formally established with a five year operating licence starting from 1 April 2013.

Further work will be required to establish the formal AHSN governance arrangements and this will take place between April and November 2013.

At this stage the AHSN will be taking responsibility across the Yorkshire and Humber region for:

- Working to improve public health, particularly in the area of health, active ageing working with the National Centre for Sport and Exercise Medicine and public health colleagues.
- Resolving the variations in the quality and outcome of health services across the region, including supporting providers to tackle productivity and efficiency pressures.
- Generating wealth by working more closely with industry and the business sector to generate over £1bn additional inward investment into the region over the next five years and to support the creation of new jobs in these sectors.

The AHSN will be a membership organisation comprising of NHS organisations, the region's Universities, Local Authorities, the voluntary and faith sectors, local, national and international business partners. At this stage income is likely to be in the region of £10-15m per annum raised through £10m pa for the Department of Health licence and £5m from membership fees, grants, and new income generation.

4. APPOINTMENT OF MEDICAL DIRECTOR

Interviews for the post of Medical Director are scheduled for 19 and 20 November 2012.

5. COMMUNICATIONS

The Trust has now launched the new corporate strategy called 'Making a Difference' after considerable involvement of patients, staff and partners. The new PROUD values are also being communicated throughout the organisation and to the public. Alongside a number of communication activities a new corporate short film has been produced to support awareness

and engagement with the strategy. It can be watched on the Trust website <http://www.sth.nhs.uk/about-us>

The tenth annual Thank You awards have taken place with the highest number of nominations than ever before. Over 120 individuals and teams were nominated by patients and colleagues for going above and beyond their paid roles to provide exemplary patient care, experience or efficiency.

Fourteen members of staff and teams were also nominated as NHS heroes by patients during the last 3 months as part of a new Department of Health initiative to recognise exemplary staff working the NHS.

The Trust has also been short listed or won a number of national awards including:

- Two awards at the Patient Safety Awards and the Care Integration Awards, both run by leading publication the Health Service Journal (HSJ). The Care Integration Awards are a new initiative set up to recognise partnership working between staff in different parts of the healthcare system. The Patient Safety Awards are an annual scheme promoting the best work across the NHS in improving the safety of patients. The Trust won the Primary Care category at the Patient Safety Awards and the Gastrointestinal Care award at the Care Integration awards.
- Kay Bottrell and Vanessa Whitehead, Diabetes Specialist Nurses for Young People, were shortlisted in the Child and Adolescent services category for creating a pioneering new course for young adults with type 1 diabetes: 'Working with Insulin, Carbs, Ketones and Exercise to manage Diabetes' (WICKED).
- The Trust was shortlisted for three national awards in the 2012 Health Service Journal (HSJ) Efficiency awards. This is only the second year the HSJ Efficiency awards have taken place, in which NHS organisations are recognised for implementing innovative new ideas and initiatives that improve patient care and are more efficient. The three projects which were shortlisted were:

The redesign of the day case unit in Rheumatology services based at the Royal Hallamshire hospital. This project was started to improve the flow through the outpatient environment and improve throughput in the day case unit, to reduce variation, improve patient experience and reduce resource requirements. This has resulted in a reduction in waiting times for patients, improved quality of service and achieved cost savings of up to £90,000 per year.

The Sheffield Frailty Unit which has been set up to ensure elderly patients get the most appropriate urgent care that they need. The new Frailty Unit enables older patients to return to the comfort of their own home much sooner with care being provided by staff in the community.

Systematic Medicines Optimisation, this project aimed to improve the quality of care to patients, eliminate inefficient practice and ensure cost effective medicines utilisation. This work has helped the Trust's direct medicines budget see a cost saving of over £4.4million in 2011/12 due to a more efficient use of drugs and reducing drug wastage.

And finally Melloney Ferrar, Arrhythmia Care Coordinator has also won the Allied Professional Awards for Outstanding Contribution to Arrhythmia Management.

The new multi million pounds critical care unit has been officially opened and the new electric courtesy bus has been launched at the Northern General Hospital thanks to the generous support of the League of Friends.

Finally public and staff awareness campaigns have begun to encourage people to take appropriate action regarding 'Choosing well' this winter. This includes flu vaccination, limiting the potential spread of norovirus and appropriate use of Accident and Emergency. This year we will be increasing our use of social media such as face book and Twitter to widen the message spread.

Andrew Cash
Chief Executive
5 November 2012