

**SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST****CHIEF EXECUTIVE'S REPORT****Governors Council – 21 February 2012****1. PERFORMANCE**

In overall terms, the Trust continues to perform well against the range of external standards and internal performance measures. As in previous reports, I would highlight the following key issues:

- Emergency services – following the success of the Trust in meeting the target in quarter 3, the Trust has got off to a good start in quarter 4 with performance as at week commencing 6 February 2012 at 96.05% for the quarter to date. Nevertheless, quarter 4 will continue to be challenging as the difficulties which winter can bring are still possible.
- Clostridium Difficile – the Trust saw the impact of its action plan throughout quarter 3 with the total number of cases in quarter 3 being 24 cases. This is within the improvement target set by the Trust of having no more than 10 cases per month and at the year-end achieving a position where the number of cases is less than last years total of 184 cases. Quarter 4 has also continued this trend with 9 cases in January 2012. This brings the year to date performance to 158 cases. The Trust has, therefore, been able to assure Monitor in its quarter 3 submission that its action plan is having an impact and that there are signs of continued improved performance.
- 18 weeks – the Trust continues to maintain its performance of achieving the 95<sup>th</sup> percentile for 18 weeks across the Trust as a whole. Nevertheless, this issue remains challenging particularly looking ahead to 2012/13 and increased patient activity is being undertaken in quarter 4 in a number of specialities to improve 18 week performance and ensure sustainability as the Trust goes into 2012/13. In terms of the percentage of open pathways waiting over 18 weeks this was 10.3% at the end of December 2011 compared to 13.7% at the end of November 2011. The target from April 2012 will be 8%. All directorates are implementing plans to undertaken and maintain validation of open pathways and at the end of January 2012 there were only 2 pathways longer than 52 weeks.
- Cancer – the Trust achieved all of its cancer targets in quarter 3. Looking ahead to quarter 4 there are a number of specific risks which will need to be successfully managed. In particular there is a national campaign from the end of January 2012 concerning bowel awareness. Colorectal and endoscopy services are currently modelling the impact on quarter 4 and in quarter 1 for 2012/13. A capacity plan for increasing out patients and endoscopy capacity has been developed on the basis of increases in clinic and endoscopy that was seen in the two national pilot campaigns. A verbal briefing received from the North Trent Cancer Network indicated that no increase in surgery resulted from either pilot campaign.

The Trust has been working with its partners across the network to improve referral patterns across the network as a whole. This has been measured in terms of shared breaches and the continuing work with local District General Hospitals on shared breaches and in particular late referrals, on an early analysis of quarter 3, shows that only 44% of referrals from DGHs were referred to an STH multidisciplinary team by day 31. The target which had been agreed with the network was 85%. Whilst STH referrals are better than this, at 77%, clearly it is important for STH to continue to work to lead by example by ensuring that the target of 85% of referrals, both across the Trust as a whole and by tumour type, are being referred to a multidisciplinary team by day 31.

Financial position – month 9 was a good month for the Trust in terms of an improvement in its financial position of £1.0m. It was a good month in terms of patient activity on site given that some of the income loss on inpatients arising from the industrial action on 30 November 2011 will be reflected in the month 9 position and the overall financial position is now a modest deficit of £671k at the end of month 9. This year to date deficit is lower than the equivalent position in previous years. It should be noted, however, that this reflects the deployment of all available contingency funding.

The establishment has increased by 801.5WTE from March 2011 with an increase of 765.9WTE in staff in post. The Primary and Community Care Directorate account for an increase of 1,102.1WTE in establishment and 1,031.2 in staff in post. In other Directorates, the year to date establishment reduced by 300.6WTE and staff in post reduced by 265.3WTE. The reduction in establishment is largely due to posts removed as part of productivity and efficiency savings.

The Task and Finish Group has commenced working with the Red\* directorates to facilitate action to improve the position of these Directorates. This will be primarily for 2012/13 onwards but may impact on 2011/12.

The Trust remains on course, therefore, to achieve its financial plan for 2011/12.

- Patient activity / waiting times – at the end of month 9, new outpatient activity is 0.7% above target year to date and the follow ups 2.8% below target which compares to 0.5% above target and 3.4% below target at the end of November 2011. The level of elected inpatient activity is 3.6% above target for the year to date compared to 2.8% at the end of November 2011 and higher than the same period last year. Non-elective activity is 1.9% below expected levels, compared to 1.1% below at the end of November 2011 and is lower than in the same period last year.

The outpatient queue increased significantly from March 2011 when it stood at 15,650 to 20,137 at the end of October 2011 but fell in November to 19,751 and again in December to 18,778. It should be noted, however, that the queue at the end of March was artificially low due to the reduced number of referrals received in January – March 2011 and the queue is now a similar level to that in December 2010.

The inpatient waiting list fell slightly in December to 10,123 compared to 10,145 in November 2011.

## 2. **INFECTION PREVENTION AND CONTROL**

### **2011/2012 MRSA PERFORMANCE**

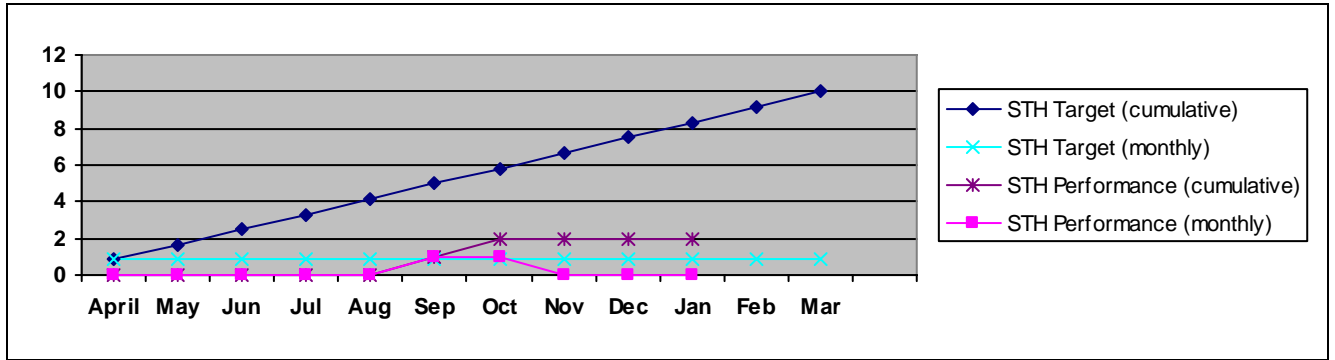
#### **MRSA Target for 2011/2012**

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 January 2011**

0 cases of MRSA bacteraemia were recorded during the month of January.

The Trust year to date performance is 2 cases of MRSA against a year to date target of 8.



The target for 2011/2012 is 10 cases so the Trust remains 6 cases ahead of trajectory and on course to achieve this target.

### MRSA Screening

January MRSA screening figures are not available at this point in the time. December MRSA screening figures were 115%.

### 2011/2012 C.DIFF PERFORMANCE

In January, STHFT recorded 9 positive samples.

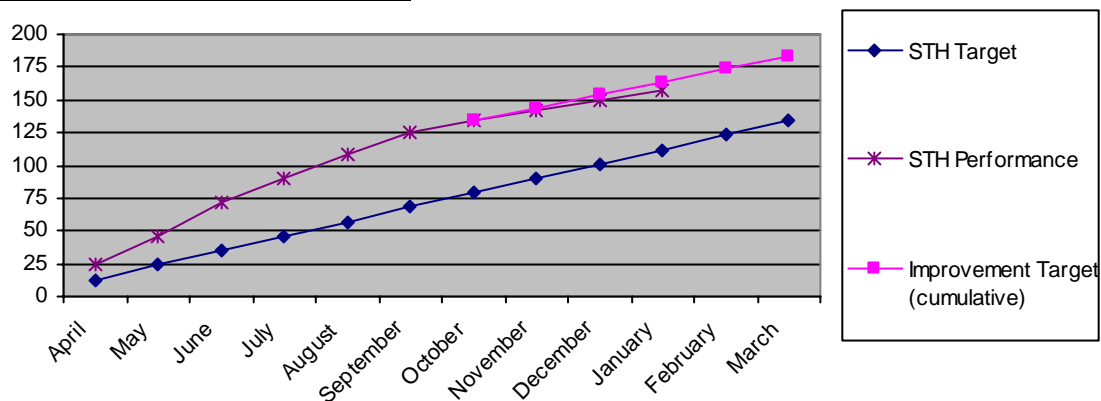
The full year to date performance is 158 cases of C.diff against a national target of 134. The Trust had previously breached its year end target in November 2011.

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 December was year to date performance of 253 cases against a year to date target of 143.

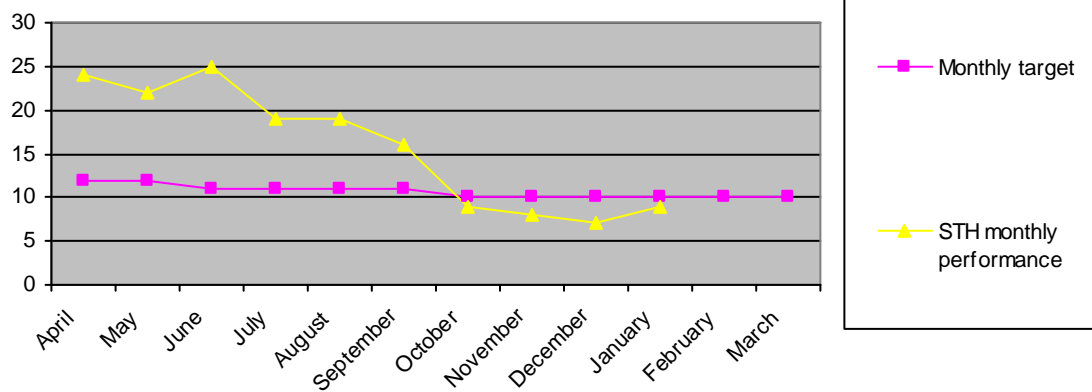
As the Trust has now exceeded its performance target, an improvement target has been set to ensure the Trust continues to focus on C.diff performance and can judge if there is deterioration in current performance, to which Monitor should be alerted.

The improvement target has been set at 183; the Trust is under the trajectory for the improvement target, with a year to date performance of 158 against a year to date target of 164.

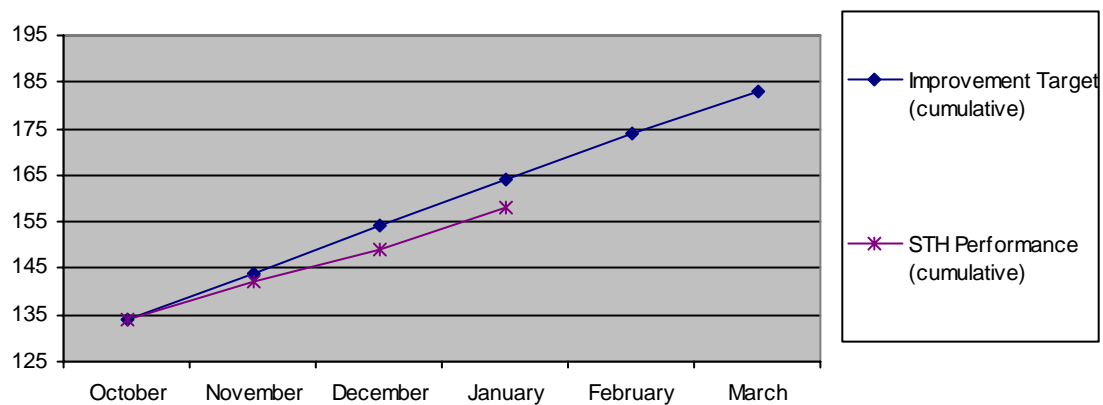
### C.diff year to date performance



### **C.diff Monthly Performance**



### **C.diff Performance versus Improvement Target**



### **Surveillance**

Robert Hadfield 3 and HDU (Northern Campus), OPHAT and L2 (Royal Hallamshire Hospital) are currently under surveillance for C.diff, having had at least 2 episodes of C.diff within a 28 day period.

### **Action Plan**

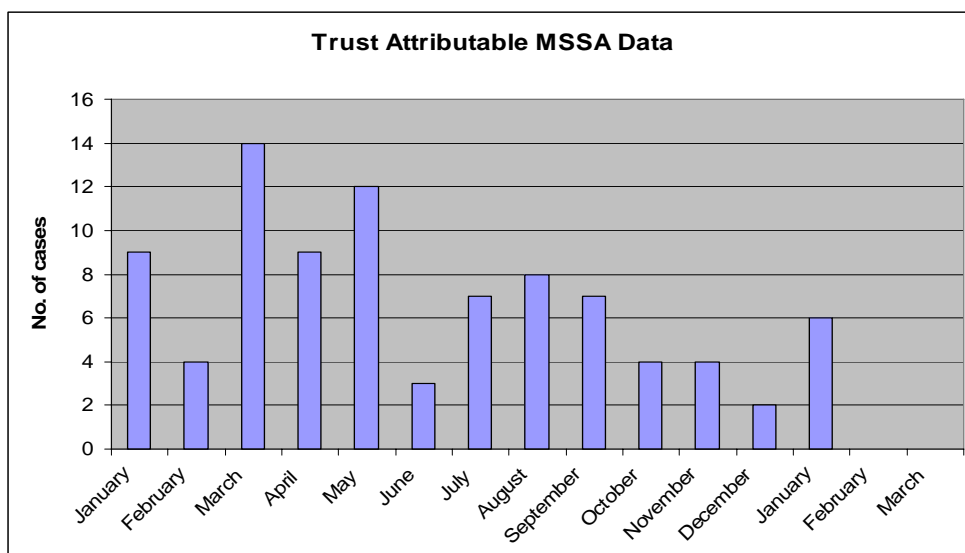
The C.diff Action Plan continues to be implemented. In addition, an action plan is being developed to support the continued reduction of cases of C.diff during 2012/2013.

### **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 January, 6 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 although there has been no information regarding a MSSA target to date.

At 12 months, the total Trust attributable cases of MSSA stood at 83, a mean average of 7 cases per month.

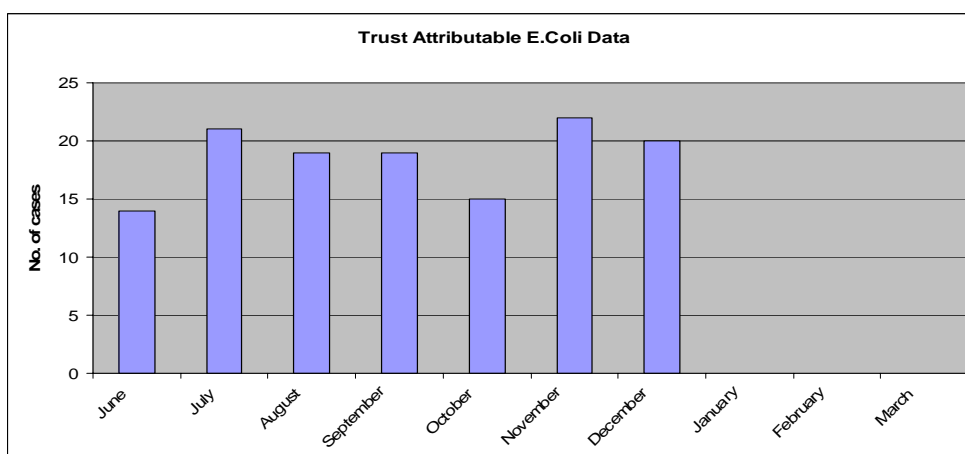


## **E.COLI**

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 January, 17 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 6 months, the total Trust attributable cases of E.Coli stands at 147.



## **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 has experienced moderate levels of norovirus during January which has had some impact on service delivery with up to 5 wards affected at a time.

### **Quarterly Infection Prevention and Control Feedback from Groups/Departments to the Board of Directors 2011/2012**

As part of the Trust's Infection Control Programme, wards and departments have the opportunity to raise issues which they feel the Board of Directors should be aware of. The returns for quarter 3 identify that:

- That the Jessop Wing is to be decorated as part of an essential maintenance scheme which should address some concerns about the environment on Labour Ward and some of the post-natal wards.
- CJD screening for all inpatients has been escalated to the central Learning and Development Team for inclusion in assessment documentation.
- A new framework for hand hygiene audits has been agreed within operating theatres which should allow them to progress Infection Control Accreditation.
- Additional support from the Infection Control Team has been received in the Surgical Services Care Group to help improve re-accreditation rates, although it is noted further work is still required.
- Firth 2 now has permanent plastic surgery staff as part of the team which will reduce the previously identified risk relating to medical patients being placed in beds without permanent staffing.
- DIFFICILE-S® is being trialled in Weston Park Hospital.
- Obstetrics are undertaking an exercise to gather information on the number of newly appointed staff who have completed the infection control e-learning package.
- Medical Imaging are working to try to ensure that patients with an active infection undergo imaging at the end of a list but have found occasionally that the infection control status of patients is incorrectly reported, affecting these arrangements. They are working with wards on this issue.

### 3. **COMMUNICATIONS**

During January there was significant positive media coverage in both local and national media including the launch of the unsung heroes series in the Star newspaper. BBC's Inside Out programme featured transplant patients and surgeons from STH to raise awareness of organ donation and Look North featured 'Sally's little bag of comfort' initiative. This concerned a family who lost their mum at 42 due to cancer, they set up a charity to bring comfort to other families going through similar difficult times. STH is the first hospital group in our region to take up the initiative. There was also considerable media coverage for the first Sheffield patient to receive SIRT cancer treatment including the Mail on Sunday and BBC. There was little negative coverage during the month.

A Trust wide internal communications survey has been launched to explore staff views about where the opportunities are to further improve communications within the organisation. The findings of the survey will be incorporated into the development of the draft communications strategy which is being produced in support of the corporate strategy. Staff and stakeholder consultation on the new draft corporate strategy began this month and continues until April.

### 4. **SERVICE IMPROVEMENT**

I am pleased to inform the Governors that Dr John Boulton, Consultant Rheumatologist, has been awarded one of the four Health Foundation Quality Improvement Fellowships at the Institute for Health Improvement in Boston, USA for 2012/13. His focus during the fellowship year will be to understand better how outpatients can be transformed within a complex healthcare system. Outpatients is one of the areas highlighted for improvement in terms of the Trust's quality and efficiency programme.

Sir Andrew Cash  
Chief Executive  
14 February 2012