

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST**CHIEF EXECUTIVE'S REPORT****Governors' Council – 23 March 2011****1. PERFORMANCE**

In overall terms, the Trust performance is satisfactory at this point in the financial year 2010/11. As in previous reports to the Governors, I would highlight the following issues by exception:

- Quarter 3 Position

At the end of quarter 3, the Trust position was overall a satisfactory one despite the poor weather which dominated the final four weeks of the quarter. In particular the poor weather and the increase in attendances at the Accident and Emergency Department meant that the Trust achieved performance of 96.4% by the end of the quarter which was satisfactory for the purposes of regulatory reporting but disappointing in that the Trust had planned to continue to meet its local target of 98% of patients being seen and either admitted or discharged within four hours. I am pleased to be able to report that there has been an improvement in the position since the start of quarter 4 and that performance in week commencing 24 January 2011 was 98.4% with accumulative position for quarter 4 at 96.7%.

In relation to cancer services, having completed the various Peer Review, Internal Validation and External Verification of the cancer services provided from the Trust, the outcome was very good with all services reviewing well against the required measures. In addition the National Cancer Patient Experience Survey resulted in the cancer services at the Trust being judged 'Platinum Standard' by one independent observer of the results. The survey shows that patients within the Trust received excellent care and in particular the Trust performed above the national average in numerous areas including:

- Patients always being treated with respect and dignity by staff (STH 87%, nationally 82%)
- Staff definitely doing everything to control side effects of radiotherapy (STH 87%, nationally 82%)
- Patients always given privacy when being examined or treated (STH 95%, nationally 93%).

The Trust has, however, continued to experience some problems with particular aspects of the cancer waiting times targets during quarter 3 and this was compounded by the poor weather during December 2010. In relation to the two week wait for cancer referrals the Trust missed this target by 1%, achieving 92% against the threshold of 93%. In relation to the two week wait for non urgent breast symptomatic patients the patients attending did not accept their appointments in sufficient numbers for the Trust to meet the measure, 87% against the target of 93%. This is largely because the patients are not booking or turning up for their appointment within the prescribed two weeks as they are unlikely to judge their symptoms to be in need of such a fast appointment. An action plan is being devised to address this position.

The Trust also missed the 62 day screening target where performance was 86% against the threshold of 90%. This is due to the small numbers involved in this particular target in that throughout the quarter there were only five breaches, all of

which were due to either clinical conditions/complexity of the patients concerned or resulted from patient choice. This particular issue has been raised at a national level.

The impact of non compliance with these particular targets in terms of the Trust's position with Monitor is that the Trust has lost 1.5 points which means that the Governance rating for quarter 3 will be **AMBER-GREEN**.

In relation to the CQUINS target, the position is being closely monitored with the intention that the vast majority of these targets are met and financial penalties are not incurred. The targets which are proving most challenging concern the VTE risk assessment, primarily in terms of the manual completion of the necessary documentation, rather than actually carrying out the assessments themselves and ensuring smoking quits by pregnant women and the proportion of women taking up breast feeding.

In financial terms, the Trust deficit at month 9 is £10.8m which is a significant cause for concern for the delivery of this year's financial plan and in terms of the outlook for future years. The month 9 position absorbs a contract income underperformance of just over £2.0m. This is a deterioration of £0.9m in December 2010. Netted off this figure is £2.5m worth of income losses associated with the emergency threshold and the outpatient follow up cap (this is a net decrease of £0.1m from month 8). Whilst the extent of losses appears to have stabilised over the last four months, the loss remains a major financial pressure as expenditure has been incurred on activity which will not be paid for in part or in full by Commissioners

As the Board will be aware, a major factor in this year's financial plan was a productivity and efficiency target set for each Directorate. Directorates have submitted schemes and, to the extent that the implementation of these has been delayed or not achieved, it will clearly impact on the year to date position. The month 9 productivity and efficiency monitoring shows an under delivery against the year to date annual plan of £3.9m (£3.6m at month 8). The forecast outturn shows an under delivery of £4.5m (£4.3m at month 8) which is a concern particularly as it requires a significant improvement on performance in the last three months of the year. Tight financial control and performance management will continue to be reinforced to ensure a satisfactory overall financial position, it is also a very significant issue indeed in terms of the position the relevant Directorates will take in 2011/12.

In terms of patient activity, the level of inpatient activity at the end of month 9 was 2.8% below target compared to 1.2% at the end of November but higher than last year. New outpatient activity is below target and follow up is 2.6% above the reduced target. Non elective activity is 4.4% above expected levels. The waiting list for inpatients rose and that for outpatients fell during the month. The performance against the 18 Week target in December was above target for both non admitted and admitted patients although, as in previous months, the target was not met for Orthopaedic admitted patients.

Referrals are around 0.7% below expected levels for the year to date which compares to a position in which they were 1.4% above expected levels at the end of November 2010. This provides some early evidence that the PCTs actions in seeking to curtail referrals may be beginning to have an impact although it is not clear whether this will be sustained over coming months and in particular when the new financial year starts.

2. INFECTION PREVENTION AND CONTROL

This report provides information on the current performance against the MRSA bacteraemia plan for 2010/2011 and also the local Clostridium difficile (C.diff) plan for

2010/2011. For the first time, information is included on the number of cases of MSSA bacteraemias. In addition, attention is drawn to a number of key IPC issues.

2010/2011 MRSA Performance

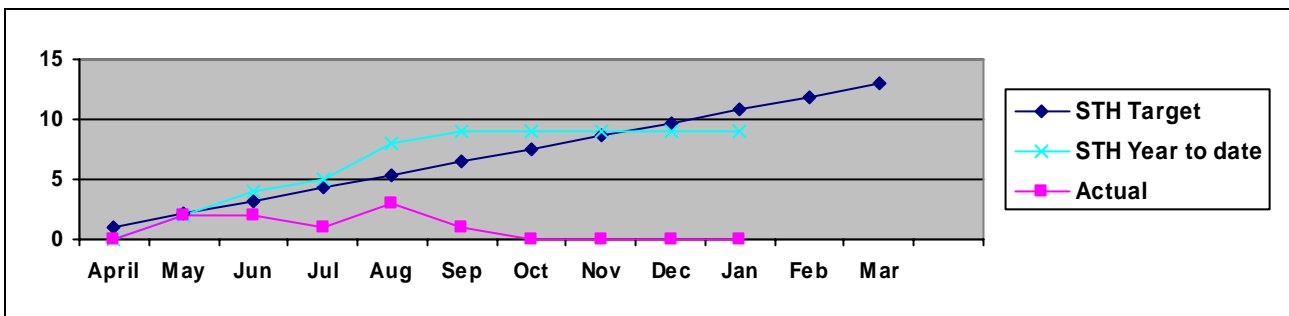
MRSA Target for 2010/2011

There has been a change to the way that MRSA bacteraemias are recorded for 2010/11. Similar to the C.diff target, bacteraemias are either classified as Trust attributable or community acquired. Community attributable cases are bacteraemias that are identified on either day 0 or day 1 of the patient's stay. Any bacteraemias identified after that are considered to be Trust attributable. The target for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) attributable bacteraemias for 2010/11 is 13 cases. The target for the health community is 17 which will include any Sheffield resident cases at STHFT and any bacteraemias identified in a Sheffield resident, irrespective of where they were receiving treatment at that time.

MRSA Performance for January

1 case of MRSA bacteraemia was recorded during the month of January however this is not Trust attributable as this was detected on admission. The patient concerned had not been treated at the Trust for some years so investigation of the root cause is being led by Sheffield PCT.

The year to date performance is now 9 cases of MRSA against a year to date target of 10.



MRSA Screening

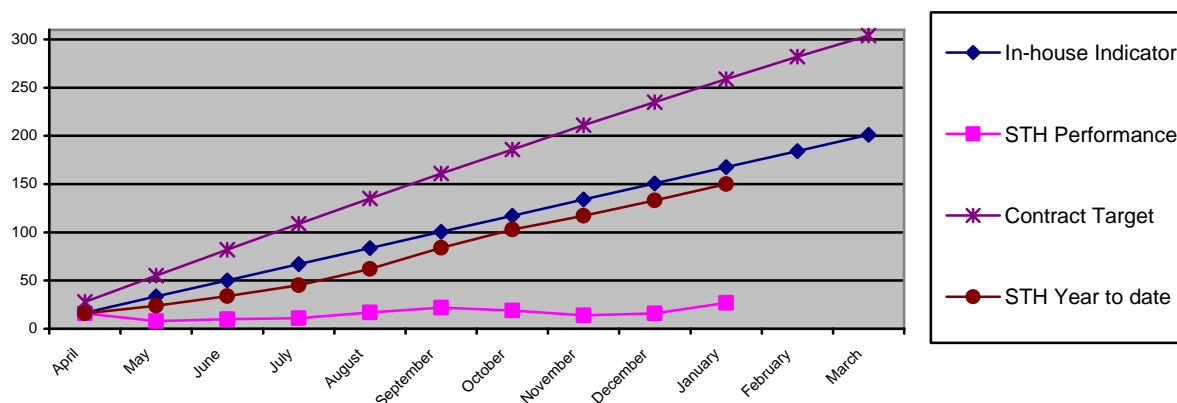
December MRSA screening figures were 120%. January MRSA screening figures are unavailable at this time.

2008/2011 C.Diff Performance

In January, STHFT recorded 27 positive samples. This is 10 cases above our in-house indicator and 1 under the contract plan for the month.

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 212 against a year to date target of 336.

C.diff Performance



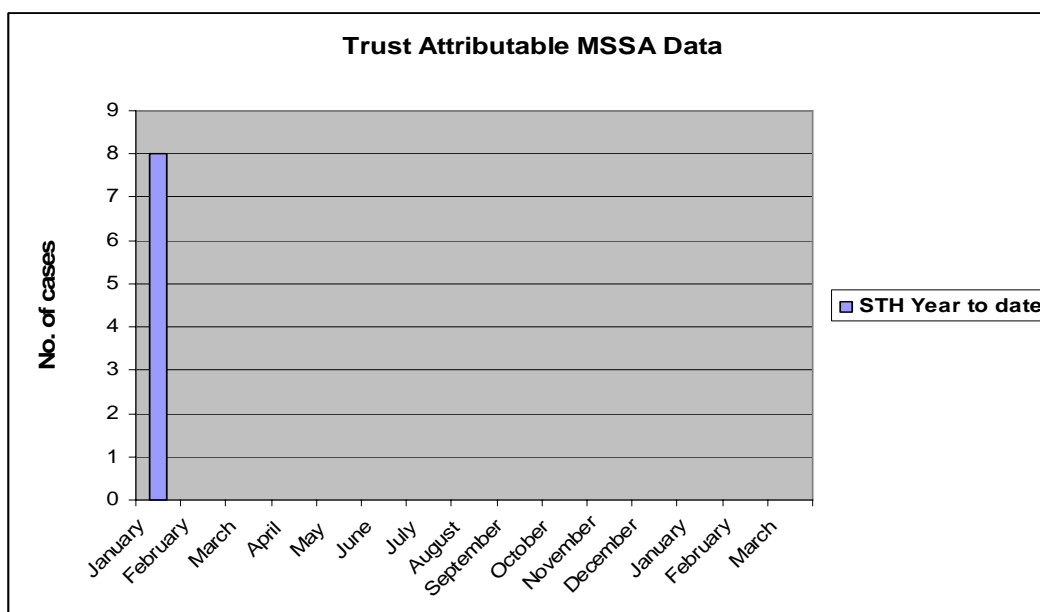
The year to date performance is now 160 cases of C.diff against a year to date contract target of 259 and year to date STHFT target of 167.

MSSA

The Trust has started to return data on the number of cases of MSSA bacteraemias to the Health Protection Agency. Similar to C.diff and MRSA bacteraemias, the cases are labelled as either Trust attributable or community acquired. For January, 8 Trust attributable cases of MSSA bacteraemia were recorded.

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

After one month, the total Trust attributable cases of MSSA stands at 8.



Infection Prevention and Control

NHS Sheffield - MRSA Reporting

Weekly reporting of bacteraemias and root cause analysis continues.

Norovirus

The Trust has experienced an increase in the number of cases of Norovirus during January. At times this has had an impact on service delivery with up to 30 beds closed.

Influenza

As predicted, the number of cases of influenza peaked during January and the levels of admissions associated with flu are now at or near normal seasonal levels.

Quarterly Infection Prevention and Control Feedback from Groups / Departments to Board of Governors 2010/2011

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:

- Two Directorates have highlighted issues with the e-learning package for infection control, in particular some difficulties accessing the package and issues with staff who do not feel that they are computer literate. These issues have been discussed with the individual areas and alternative methods of learning agreed. Information has also been circulated regarding how to adjust individual computer settings to make accessing the e-learning package easier.
- The Jessop Wing have raised some environmental issues regarding areas requiring either refurbishment or environmental improvements. These issues have been discussed with Estates to understand how each issue can be addressed.

The survey shows that patients within the Trust received excellent care and in particular the Trust performed above the national average in numerous areas including:

- Patients always being treated with respect and dignity by staff (STH 87%, nationally 82%)
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3. COMMUNICATIONS

Media coverage - During January the media coverage and tone was less positive largely due to a number of inquests and legal settlement cases. However more positive news was reported during the month including work by the Rehabilitation Department to provide a little boy who had meningitis with prosthetic legs, innovative orthopaedic surgery and research projects.

Also a Care Quality Commission review into cancer care reported that Sheffield had a high standard of cancer services and patient satisfaction rates placed the Trust in the top 12 Trusts in the country. This was covered well in the local media.

David Blunkett MP attended an opening ceremony for the new GI Unit at the Northern General Hospital.

Internal communications have included the launch of the Mutually Agreed Resignation Scheme with more than 250 members of staff attending information sessions. The new Leadership Development Programme has been launched and a new free PayPlan debt advice service for staff to access has also been communicated widely across the Organisation.

In partnership with NHS Sheffield a communications strategy is being developed to inform the public about the move of the Minor Illness Walk In Centre from the Hallamshire Hospital to the City Centre. A general campaign about not using A&E other than for emergencies is also being incorporated within this campaign

4. MAGIC AWARD

The Trust's Gastro-intestinal service has received an award for optimising the novel technology of small bowel endoscopy in the UK. The Board will recall seeing this service on a recent Board visit. The presentation will be made at the British Society of Gastroenterology meeting next month.

5. APPOINTMENTS

Paul O'Connor has been offered and accepted the substantive post of Chief Executive at Barnsley Hospital NHS Foundation Trust. Paul has been working with the Trust as Interim Chief Executive since the summer of 2010.

Sir Andrew Cash
Chief Executive
15 March 2011