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Sheffield Teaching Hospitals NHS
NHS Foundation Trust

In hospital and in the community
proud to make a difference

Council of Governors

22ND OCTOBER 2013

Chief Executive's Report

1. PERFORMANCE

Due to reporting timetables, the full data set on performance is at month 5 as shown at Appendix 1. I have commented below, however, on the position at the end of quarter 2 (wherever data is available) and will verbally update the Council of Governors on the other remaining key issues at the meeting.

In overall terms, the Trust has made a good start for the first half of the year and I would highlight the following:

- Emergency Services performance – the impact of winter pressures continued to be felt throughout quarter 1 and to a lesser extent in quarter 2. Nevertheless, the 95% target was achieved in quarter 1 and again in quarter 2 with performance at 95.8%. Significant time, energy and resource has gone into devising a robust winter plan both within the Trust and across the health and social care community as a whole.

- Cancer – all the targets have been met in quarter 2. An approach to Monitor has been made to amend the rules to improve the referral pathways across South Yorkshire such that all the residents of South Yorkshire are benefiting from equitable access at all points in the pathway.

- Never Events – following the increase in the number of never events involving retained items, the Trust has refreshed its Never Events improvement action plan including commissioning an external review jointly with the Sheffield Clinical Commissioning Group.

- 18 weeks – this target has been met for both non-admitted and admitted patients across the Trust as a whole for the year to date. There remain challenges within particular specialties.

- Clostridium Difficile – the details of this are set out below in the Infection, Prevention and Control report.

- Patient activity – the most notable feature is non-elective in-patient admissions. As at the end of August 2013, these were 4.1% above target. Activity was 7.5% higher than in the same period last year. The target for 2013/14 is 3678 spells higher than the target in 2012/13.

- Finance – the Trust is currently recording a £5.7m (1.5% of turnover) deficit compared to the 2013/14 financial plan at month 5.

The key drivers are a significant reduction in the activity over performance and under delivery of £2.2m (18.7%) on the efficiency plan. Reflecting the overall activity over performance in the year to date there is a £1.4m loss on emergency admissions due to a combination of the 30% of tariff payment rule for over performance and the non-payment rule for re-admissions within 30 days.

2. INFECTION, PREVENTION AND CONTROL

2013/14 MRSA PERFORMANCE

MRSA thresholds for 2013/14

Bacteraemia are either classified as Trust attributable or community acquired. For 2013/14 each case of MRSA bacteraemia will be subject to a Post Infection Review (PIR), the purpose of which is to determine the root cause and in doing so attribute responsibility to either the Trust, another provider organisation such as another hospital or for it to be considered health community acquired. The responsibility for conducting the PIR is determined by when the bacteraemia is identified; for any bacteraemia identified on day 0 or day 1, the patient's Clinical Commissioning Group organise the PIR, for any case identified after that the Trust organise the PIR.

The NHS England approach for 2013/14 is zero tolerance to MRSA bacteraemia; as such the Trust national target is zero. Any cases attributed to the Trust will see the payment associated with that episode of care withheld.

Monitor has not retained MRSA bacteraemia as a target or indicator in the Risk Assessment Framework which replaces the Compliance Framework from the 1st October 2013 for NHS Foundation Trusts.

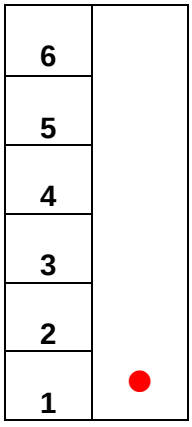
MRSA performance for September 2013

There has been 1 case of MRSA bacteraemia recorded for the month of September; this was detected on admission to the Trust. A PIR has been undertaken which found that the patient had previously been a patient at the Northern General Hospital in June 2013 and had also received services from several teams in the Community, including Community Nursing and the Short Term Intervention Team. It is likely that the MRSA was acquired during the admission in June but this was not detected until the current admission. The bacteraemia was thought to be unavoidable as a result of urinary retention, possibly due to variable compliance with medication prescribed for a urinary tract infection and his Benign Prostatic Hyperplasia.

It has been 179 days (up to 30 September 2013) since the last case of MRSA bacteraemia was attributed to the Trust.

The full year performance is 1 case of MRSA.

2013/2014 Thresholds	
Actual number of cases: 1	●
Days since the last Trust Attributable MRSA Bacteraemia (up to 30th September 2013)	179



MRSA Screening

August MRSA screening figures were 118%. September MRSA Screening figures were not available at the time of writing this report.

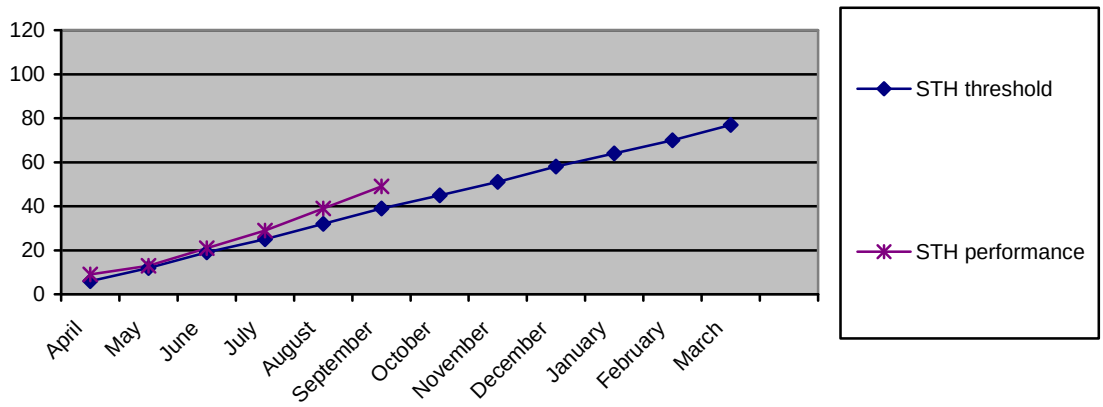
The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A figure of over 100% may indicate that the volume of screens being undertaken is in line with all patients being screened for MRSA as per Trust policy.

To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies how the IPC team will undertake MRSA screening compliance audits in each area each year.

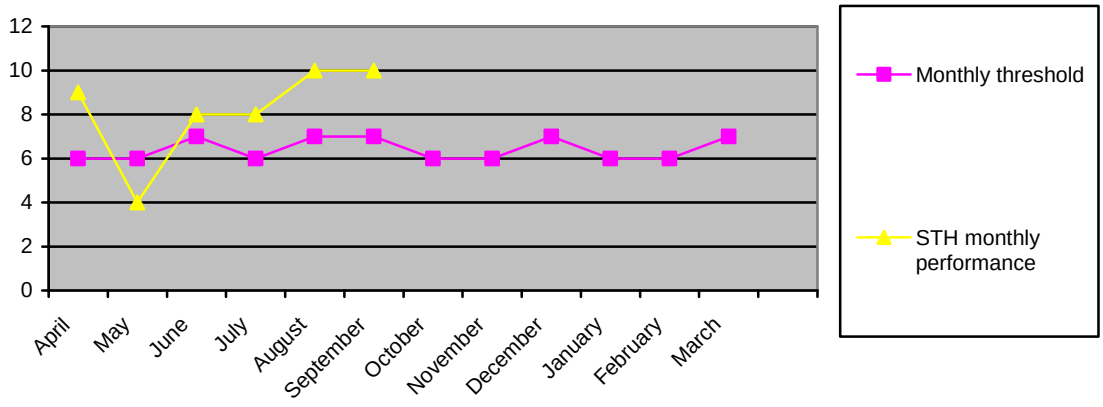
2013/14 *C.DIFF* PERFORMANCE

STHFT has recorded 10 positive samples for September. The year to date performance is 49 cases of *C.diff* against a contract threshold of 39. Monitor has retained *C.diff* as a target in the Risk Assessment Framework which replaces the Compliance Framework from the 1st October 2013.

***C.diff* year to date performance**



***C.diff* monthly performance**



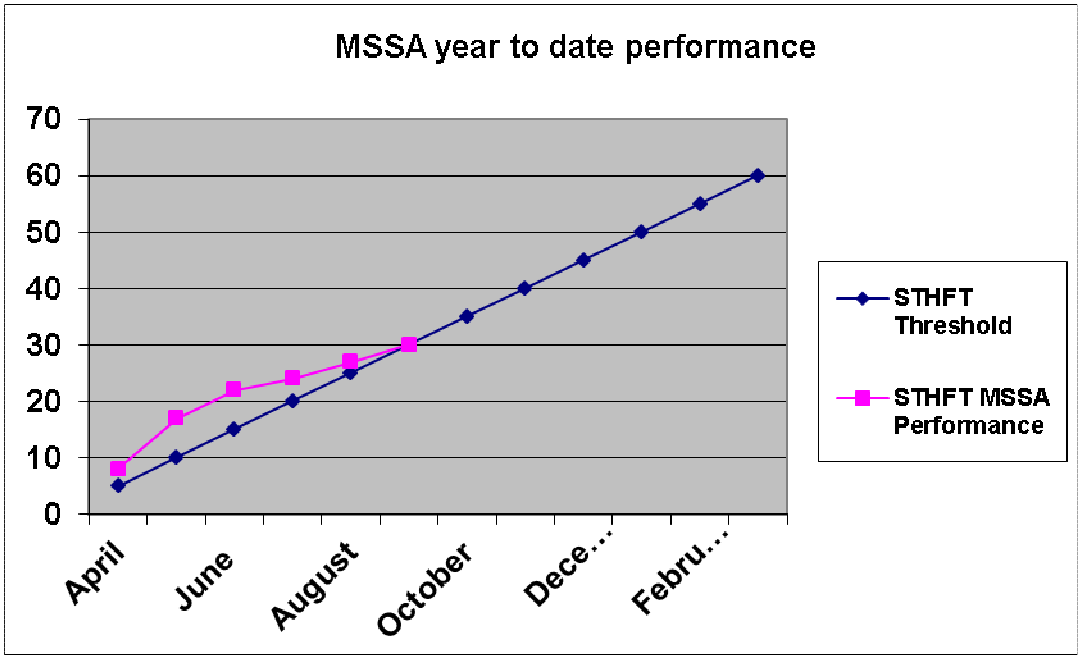
Surveillance

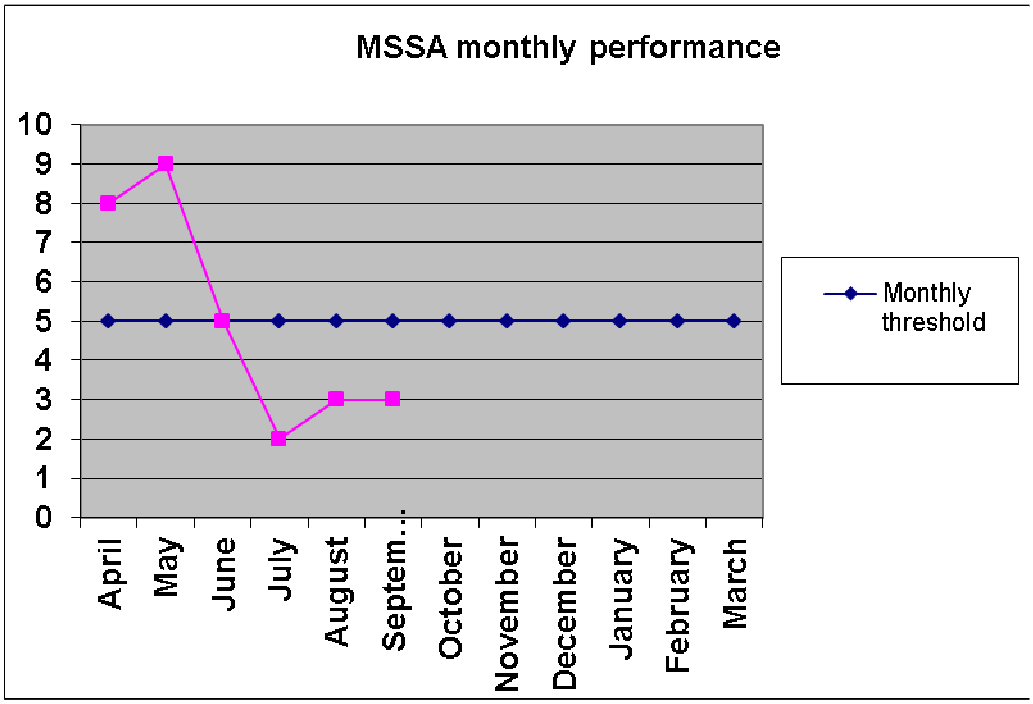
Robert Hadfield 2, Brearley 5 and the Surgical Assessment Centre at the Northern General Hospital are currently under surveillance for *C.diff* having had at least 2 episodes of C.diff within a 28 day period.

MSSA

The Trust continues to return data on the number of cases of MSSA bacteraemia to Public Health England. Cases are labelled as either Trust attributable or community acquired. For September, 3 Trust attributable cases of MSSA bacteraemia were recorded; this is in line with the monthly trajectory that the Trust has set itself.

MSSA performance for the year to date is 30 cases. There is no threshold set for MSSA bacteraemia in 2013/14 however, alongside the MSSA improvement plan; the Trust has set itself a 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. This would be a target of 60 or less for the full year or 30 or less for month 6.



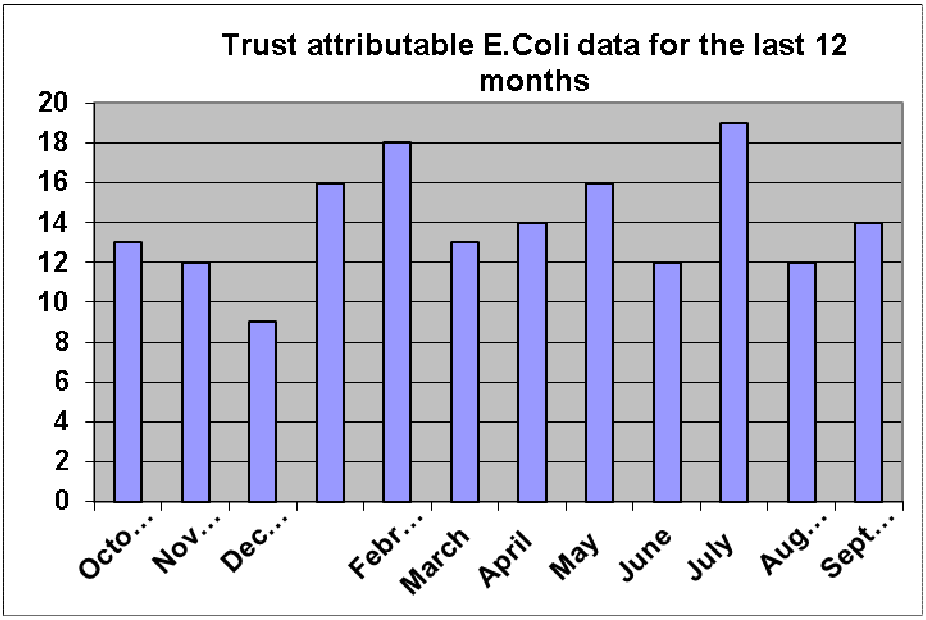


E.COLI

The Trust commenced returning data on the number of cases of E.Coli bacteraemia to Public Health England in June 2011. Cases are labelled as either Trust attributable or community acquired. For September, 14 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.

For the last 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 168 cases.



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

3. RESEARCH

I am pleased to report two major steps forward in terms of the Trust's research activities. The first concerns the Yorkshire and Humber Academic Health Science Network. Following submission of the AHSN business plan, inclusive of the matrix and metrics, the Trust has received confirmation that these plans have been approved and that licensing of the AHSN would proceed on the basis on the business plan and proposed measures. The Trust will now shortly receive the following:

- The AHSN 5-year licence
- The proposed NHS England contract that will apply to the licence
- Any additional addendum bespoke to Yorkshire and the Humber AHSN.

The next step is for the AHSN to consider and agree the contract through our governance mechanisms which will be those of Sheffield Teaching Hospitals NHS Foundation Trust as initially the Trust which will be hosting the AHSN. It is not intended, however, that this will remain the position as the plan is for the AHSN to become a company limited by guarantee.

I am also pleased to report that the Trust has been successful in its bid to be the host from April 2014 for the Yorkshire and Humber Local Clinical Research Networks (LCRN). The next step is to have detailed discussions with the National Institute for Health Research (NIHR) to establish the detail of the management arrangements for this function such that it can be effectively discharge and approve the performance of the local networks whilst also not requiring any diversion of expertise from the overall management of the Trust.

4. COMMUNICATIONS

Staff Engagement

Effective staff engagement and involvement continues to be one of our main priorities. Each year the NHS staff survey provides a limited amount of information on how our staff feel about a range of issues. However only around 850 STH staff are randomly selected to participate in the survey. This year we have decided to enable all staff to give their views and as a result have the opportunity to be part of future improvements and developments. We recently introduced the Friends and Family test to see how many of our patients would recommend our services/care and the Board feel it is equally important to know how the people working in our hospitals and community services feel too. The results of the survey will be available in early 2014.

Preparing for Winter Communications Campaigns

A number of internal and public facing communication campaigns will begin this month as part of the winter planning activities.

- The Staff flu vaccination communications campaign is now underway. The aim of the Flu Fighter campaign is to encourage over 75% of front line clinical staff to have the vaccination. A 'Jabometer' is being used in the campaign to show how many more staff have been vaccinated each week. For the first time we are exploring the possibility of using text and Facebook messaging direct to those staff who have provided their details. Forty portable stands will be placed across the Trust with a poster of different members of staff and the slogan "I've had my flu jab – have you?".

- Chose Well and public flu vaccinations campaigns are also underway as part of the winter planning work. As well as using the support of local media to highlight the key messages, social media, bus advertising, radio ads and new displays across the Trust sites will be used to try and influence behaviours

Achievements

And finally can I congratulate the following members of staff:

Alison Walsh, who is Head of Audiological Science, has been voted Vice President of the British Academy of Audiology. This means she will assume the Presidency next year. A fantastic achievement.

Jeni Husak, Highly Specialist SLT has been awarded the Sternberg Clinical Innovation Award for her project 'Supporting SLT students in achieving their practical dysphagia competencies in an acute hospital environment'.

Heather Austin, SLT Assistant has been awarded the title of 'Speech Therapy Assistant of the year' for her commitment, dedication and support to the service.

The finalists for the first ever Yorkshire and Humber Leadership Awards have also been announced with six inspirational leaders and role models from Sheffield Teaching Hospitals singled out from a final shortlist of over 100 nominations from across the region.

Our successful nominations are:
- NHS Quality Champion/Innovator of the Year (Stephen Radley)
- NHS Community Leader of the Year (Wendy Scott)
- NHS Mentor / Coach of the Year (Sam Debbage)
- NHS Emerging Leader of the Year (Jane Coates)
- NHS Leader of Patient Inclusivity of the Year (William Egner)
- NHS Leadership Development Champion (William Egner)

Winners will be announced on 13 November.

We also have six finalists in the regional Yorkshire and Humber Medipex NHS Innovation Awards. The finalists are:

- GP & Primary Care (Eugene McCloskey, FRAX and NOGG – providing expertise in risk assessment and management of osteoporotic fracture risk in primary care)
- Medical Devices & Diagnostics (Dr Christopher McDermott, Head Up: An innovative neck collar to support patients with neck weakness due to neurological disease)
- Medical Devices & Diagnostics (Dr Helena Ellam/Prof Goura Kudesia, development and introduction of non-invasive techniques (dried blood spots and oral fluid sampling) for the diagnosis of HIV, hepatitis B (HBV) and hepatitis C (HCV) infections in the community, in a way that is likely to be reproducible in many NHS laboratories throughout the UK
- Medical Devices & Diagnostics (Philip Hillel, a shielded syringe holder with lockable volume graduations for nuclear medicine brain studies where accurate and rapid injection of radioactive tracer is required following patient seizure)
- Secondary Care (Dr John Andrzejowski, EPAQ-PO; streamlining the preoperative assessment process)
- Secondary Care (Dr Peter Metherall - The 3D Imaging Laboratory)

Last but by no means least, Professor David Sanders, Consultant Gastroenterologist and Honorary Professor in Gastroenterology at the University of Sheffield. has won the Inaugural Coeliac Professional of the Year title at the national Complete Nutrition Awards. The prestigious national award, run by Complete Nutrition magazine, was given in recognition of his tremendous efforts in raising awareness of coeliac disease, a common gut disorder.

Andrew Cash
Chief Executive
7 October 2013

Appendix 1

SUMMARY OF OVERALL POSITION AUGUST 2013

	Target	Aug-13	Q2	Q1	ytd 13/14	Last Year 12/13
FINANCIAL POSITION	In financial balance	↓	↓		↓	
CANCER WAITS						
2 WEEK WAITS	93% seen within 2 weeks	↓	↓		↔	
31 DAY DECISION TO TREAT TO TREATMENT	96% treated within 31 days	↔	↔		↔	
62 DAY REFERRAL TO TREATMENT	85% treated within 62 days	↔	↔		↔	
31 DAY SUBSEQUENT TREATMENT	98% treated within 31 days	↔	↔		↔	
18 WEEK REFERRAL T0 TREATMENT						
ADMITTED PATHWAYS	90% seen within 18 weeks	↑	↑		↔	
NON ADMITTED PATHWAYS	95% seen within 18 weeks	↑	↑		↔	
INCOMPLETE PATHWAYS	92% waiting less than 18 weeks	↑	↑		↔	
ACTIVITY						
ELECTIVE INPATIENTS	On target	↓	↓		↓	
NON ELECTIVE INPATIENTS	On target	↓	↔		↓	
NEW OUTPATIENTS	On target	↑	↓		↑	
FOLLOW UP ATTENDANCES	On target	↓	↓		↓	
A&E ATTENDANCES	On target	↓	↓		↓	
A&E STANDARDS						
WAITING TIME	95% seen within 4 hours	↓	↓		↓	
PATIENT EXPERIENCE						
MRSA*	No more than 1 case in 2 months	↔	↑		↑	
CLOSTRIDIUM DIFFICILE	6 cases or less per month	↔	↔		↓	
NEVER EVENTS	No never events	↓	↓		↓	
MIXED SEX ACCOMMODATION	No breaches	↔	↔		↔	
OPERATIONS CANCELLED ON THE DAY	Less than 77 operations per month cancelled on the day	↑	↑		↑	
CQUINS INDICATORS	On target for CQUINS indicators					

* Performance on MRSA is being monitored against the targe of 6 set by Monitor and not the contract target of 0.

	On target
	<= 5% from target
	> 5% from target except for 18 week performance where red is failure to meet target
↑	improving from previous month
↓	deteriorating from previous month
↔	