

Governors' Council

17 July 2012

Chief Executive's Report

1. PERFORMANCE

The Trust has made a good start to the year as set out in appendix 1. In particular, I would highlight the following:

- 18 weeks admitted performance – in line with the Trust plan to focus additional efforts on treating the number of patients waiting the longest so that by quarter 3 each speciality is achieving the new national standard, the Trust did not meet the target in April. It was however achieved it in May with performance of 90.3% (the target being 90%).
- Cancelled operations – I am pleased to report that the position has continued to improve. Work to reduce the number of operations cancelled continues and remains a priority.
- Financial position – the month 2 position is a small deficit against plan of £330k which is 0.2% of budget to date. It is too early to draw firm conclusions for the Trust financial prospects in 2012/13 but it seems likely that:
 - A considerable amount of time and focus devoted to directorate 2012/13 financial efficiency plans has had a positive effect with many directorates reporting positions much improved on 2011/12.
 - A relatively small number of directorates continue to have very challenging financial positions and plans will be developed to address their deficits over a sensible timescale.
- Activity – new outpatient activity to month 2 was 2.7% above target and follow up activity 5.4% above. The level of elective inpatient activity was 1.6% above target and non-elective activity was 0.7% above expected levels but 4.2% lower than last year. It is also noteworthy that referrals were 1153 (2.9%) above expected levels with the majority of referrals being from primary care in Sheffield.
- A&E services – the increase in attendances at the department (3.4% for the year to date) continues to present a challenge in terms of meeting the 95% target to see and admit or discharge patients within 4 hours. It is anticipated however that the target for quarter 1 will be met. The Clinical Management Board has been discussing a number of proposals to improve patient flow and a capital scheme to improve the physical layout of the department will shortly be considered by the Trust's Capital Investment Team.

2. INFECTION CONTROL

2012/2013 MRSA PERFORMANCE

MRSA Thresholds for 2012/2013

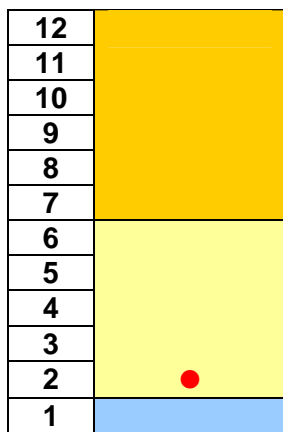
Bacteraemia are either classified as Trust attributable or community acquired. Community acquired cases are bacteraemia that are identified on either day 0 or day 1 of the patient's stay. Any bacteraemia identified after that are considered to be Trust attributable. The Trust has been set different thresholds for MRSA by different organisation as follows:

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

MRSA Performance for May 2012

The year to date performance is 2 cases of MRSA. A root cause analysis is being performed and a number of measures have been put in place to ensure that there remains a high standard of Infection Prevention and Control practice on the wards where the cases occurred.

While the number of cases detected within the Trust remains at 6 or less, Monitor will not take any regulatory action.



| 2012/2013 Thresholds | |
|------------------------------------|---------------------|
| National (Department of Health): 1 | Blue |
| Monitor (de-minimus): 6 | Yellow |
| Contract (penalties apply): 12 | Orange |
| Actual number of cases: 2 | Yellow with red dot |

MRSA Screening

April MRSA screening figures were 120%.

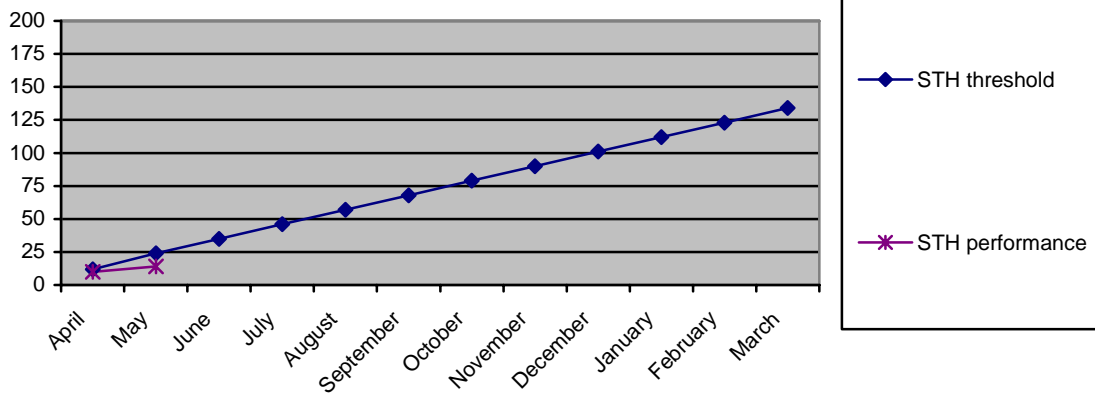
2012/2013 C.DIFF PERFORMANCE

STHFT has recorded 4 positive samples. This is the lowest number reported since the Trust started collecting data on C.diff.

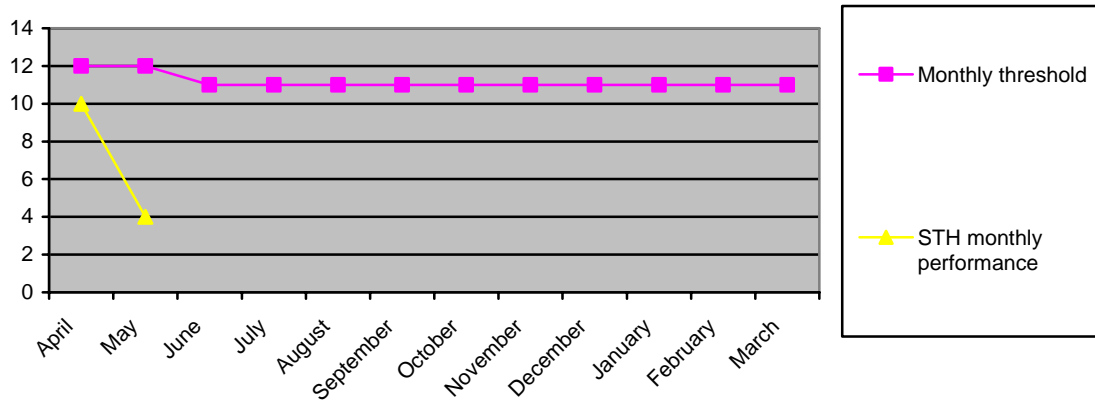
The year to date performance is 14 cases of C.diff against a national target of 134.

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 April was year to date performance of 18 cases against a year to date target of 15.

C.diff year to date performance



C.diff monthly performance



The year to date performance is 14 cases of C.diff against a contract target of 24.

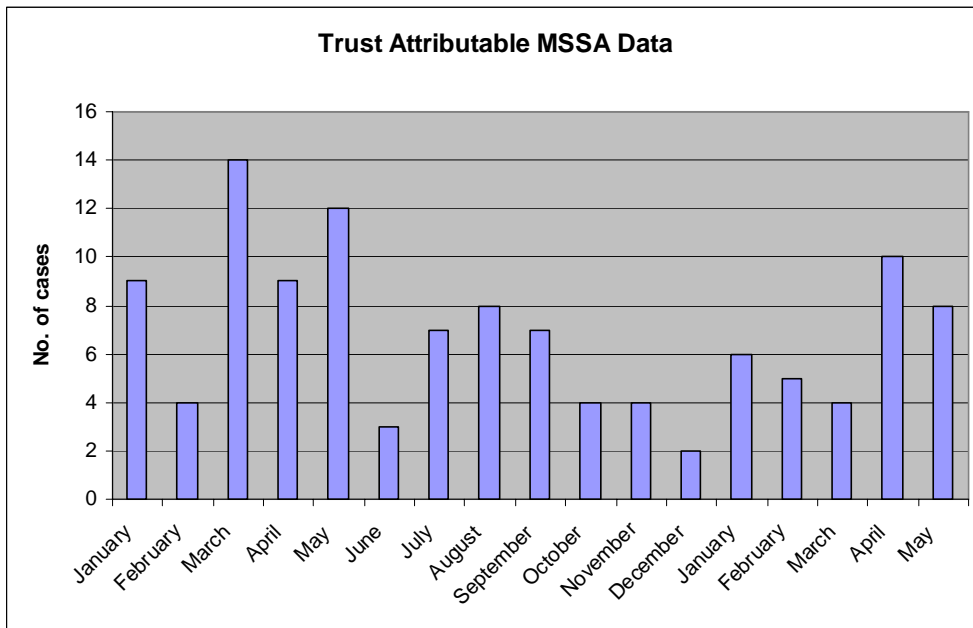
Surveillance

There are no wards currently under surveillance for C.diff.

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 May, 8 Trust attributable cases of MSSA bacteraemia were recorded. Although there is no threshold set for MSSA bacteraemia in 2012/2013, work will continue within the Trust to try to reduce the number of cases of MSSA bacteraemia.

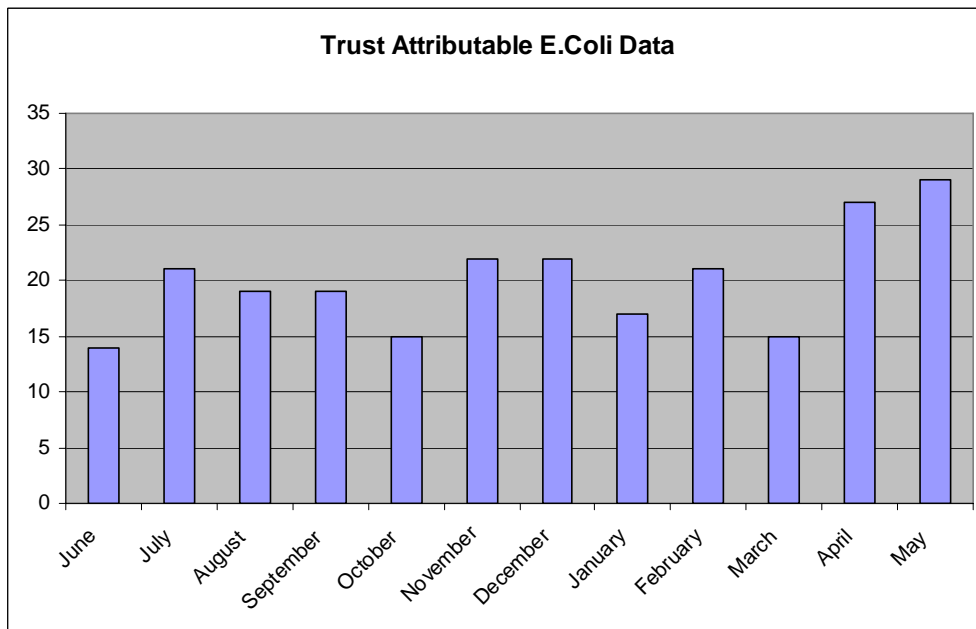
There are currently no national benchmarks available to allow the Trust to compare its performance with that of other Trusts.



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 May, 29 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.



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 continued to experience some disruption caused by outbreaks of norovirus during May. By the end of the month there were very few cases being reported.

3. MEDICAL DIRECTOR

As Governors will be aware, Professor Richmond will be leaving the Trust to take up a new post as Deputy Chief of Medical, Academic and Research Affairs at the Hamad Medical Corporation in Doha, Qatar. Mike will be leaving for the Middle East in September with his last working day being 31 August 2012. Mike has been a great Medical Director, colleague and team player. We will miss him greatly.

The appointment process has been put in place to identify a replacement Medical Director. Interviews are planned for the first two weeks in September 2012. The appointment of an Acting Medical Director will be made from the beginning of September 2012 to ensure continuity.

4. ACADEMIC HEALTH SCIENCE NETWORK

Guidance for the establishment of AHSNs was issued by the Department of Health on 20 June 2012. It sets out the core purpose of the AHSN being:

“To enable the NHS, Academia and Industry to work collaboratively to identify and spread innovation and best practice, to improve population and patient health outcomes and experience and create jobs and growth.”

A two page expression of interest is required by 20 July 2012 which, if successful, will require a more substantial five year prospectus to be submitted by 30 September. The guidance is very similar to the initial information received although there is less emphasis on linking CQUIN payments to delivering the six High Impact Changes and more clarity around the size of population to be covered, which is three to five million people. Work is well underway in South Yorkshire, with potential partner organisations having participated in three workshops to discuss this opportunity having taken place in May and June 2012.

5. RIGHT FIRST TIME PROGRAMME

The Right First Time Summit took place on 13th June 2012, and involved representatives of all the various organisations. The outcome was that the end of Phase 1 had been reached and that it was time to move into Phase 2. The steps to achieve this will now be worked up by the organisations making up the Right First Time Programme

6. TRUST SHORTLISTED FOR NATIONAL AWARDS

The Trust has been 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. There are 15 categories covering efficiency in areas from energy and transport through to service redesign.

The Trust has been shortlisted in three categories; Efficiency in Administration and Clerical Services, Efficiency in Acute Service Design and Efficiency in Medicines Management.

The three projects which have gained the shortlisted positions are:

- The redesign of the day case unit in Rheumatology services based at the Royal Hallamshire hospital. 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 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.

In addition, staff at the Trust have reached the final list in six separate categories across the Patient Safety Awards and the Care Integration Awards, both run by 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 Department of Gastroenterology has been shortlisted in three separate categories in the Patient Safety Awards and one category in the Care Integration Awards.

The department's work on community care for patients with gastrostomy tubes has been recognised in both award schemes. A team from the department ran a project to improve outcomes for patients who have returned home having had gastrostomy tubes inserted in hospital. The team established a dedicated community service for these patients, including a dedicated gastrostomy specialist nurse and two community dieticians. The project was successful in significantly reducing the number of patients requiring readmission to hospital.

A second project undertaken by the department has been shortlisted in the 'Technology and IT to Improve Patient Safety' category of the Patient Safety Awards. The department has been successful in developing an innovative small bowel endoscopy service and was one of the first UK centres to use this technique, originally developed in Japan. The team adopted the new technique, which involves using a small endoscope device to examine the small bowel in much greater detail than was possible before, and is now the largest centre using the technique in Europe. Over 100 units in the UK now use the technology for the benefit of patients.

The Trust has also been shortlisted in the Diabetes Care and Musculoskeletal categories in the Care Integration Awards.

In Diabetes Care, the Trust is recognised for its work in establishing a community-based service for patients who use injections as part of their treatment. Prior to the project, many patients had to travel to hospital for their treatment. The team worked with staff in the community, setting up a new system by which patients are referred to a specialist diabetes nurse or dietician nearer to home. Over a two-year period of 2500 appropriate patients were able to have their care in the community rather than having to come to hospital and waiting times for patients who needed hospital care reduced dramatically.

The Trust features in the Musculoskeletal Care category for a project that saw hospital stays following hip and knee replacements significantly reduced. The Orthopaedic Enhanced Recovery Programme introduced a series of new initiatives to help patients recover faster after their operation, including pre-operative patient education, pre and post operative plans for each patient to enhance

recovery speed, and admission of patients on the day of surgery. The team reduced the average length of stay by more than 2.5 days.

The winners of the awards will be announced at a ceremony on 4 July.

7. HONOURS

I am delighted to report that Professor George Kinghorn was awarded an OBE for services to genitourinary medicine in the Queen's Birthday Honours. George has made a significant contribution to genitourinary medicine services both locally, regionally and nationally and I am sure the Governors' would wish to add their congratulation to that of the Board in recognition of this achievement.

Andrew Cash
Chief Executive
29 June 2012