



proud to make a difference

Council of Governors

10 March 2015

Chief Executive's Report

1. PERFORMANCE

Overall, the Trust continues to perform well and the summary of the key performance indicators is at Appendix 1. I would highlight the following:

- Cancer - the Trust continues to meet all of its cancer targets and has now achieved this target on a consecutive basis for the last 15 quarters. This is a significant achievement given that, across the country as a whole, the 62 day cancer target in particular has not been met for the last 4 quarters. The Trust continues to successfully meet the challenge of late referrals from District General Hospitals and continued work is being undertaken across the Cancer Network to improve this position.
- Referral to Treatment Times – the Trust has met the target for non-admitted patients and both patients on an incomplete pathway. It is on trajectory to ensure that from June 2015, the target for admitted patients is met but currently as at the end of December 2014, 88.8% of those patients were treated within 18 weeks against the target of 90%.
- Infection Control – I am pleased to report much improved performance in terms of clostridium difficile to under trajectory and the details of this are set out below in the section of this report on infection control. There have been a small number of cases of MRSA and each one of these has been rigorously investigated to ensure that lessons have been learnt to minimise the chance of reoccurrence of this particular infection.
- Emergency Services target – Governors will be aware that it has been a challenging winter for Emergency Services both within the Trust and across the city as a whole. This is reflected in the performance against the 95% target for those patients who attend as emergencies and are either admitted or discharged within that period. Whilst the Trust has continued to provide a safe service for emergency patients, due in no small part to the enormous efforts of all staff across the Trust over the last few months, the performance against this target has been affected. The Trust achieved 89.3% for quarter 3 and currently stands at 89.1% for quarter 4. For the year as a whole, performance is 92.9%. The Trust anticipates returning to delivery of this target for the beginning of quarter 1, 2015/16 as the current challenges are continuing.
- Financial position – for 2014/15 the month 9 position is a deficit against plan of £209,000 which is 0.03% of the budget to date. The operating position deteriorated by £1.56m in December 2014 to a £6.2m (0.9%) deficit. However the further release of uncommitted contingencies (£8m full year and £6m year to date) resulted in the bottom line position only deteriorating by £0.69m from the month 8 position. This represents a

partial reversal of the improvement in November 2014 but, perhaps more importantly, a stable position in overall terms since September 2014.

The Trust anticipates that it will meet its year-end financial targets and the key actions to secure this remain the delivery of the efficiency programme, to progress the work with financially challenged directorates and secure good general directorate financial performance, to contain operational and cost pressures, to manage contractual issues and deliver contract targets, to deliver the CQUINs schemes and to maximise contingencies. Maintaining elective activity levels throughout the remainder of the year given the difficulties that have been posed by winter, minimising contract penalties and securing an “infrastructure payment” from NHS England to compensate for inadequate tariffs for the Trust’s most complex work will be crucial to the final outturn position.

Internal financial planning for 2015/16 has continued and directorate second cut plans were submitted at the end of January 2015. They show schemes to deliver £22.7m of efficiency savings which is a reasonable effort but still some way short of what is required. Modelling of activity requirements in 2015/16, which are crucial for service and financial planning, have progressed well and show a further significant increase in workload for the Trust.

Work has continued to quantify the implications of the “2015/16 National Tariff Payment System – A Consultation Notice” and other information released regarding 2015/16 financial arrangements. The current assessment is as follows:

- A 3.8% national efficiency target which equates to £24m if the CCG exempt certain Community Services critical to admission avoidance and effective discharge and £25m if not.
- A £3m loss on the tariff movements, effectively unplanned care.
- The loss on the proposed construction of a 50% marginal price for specialised services activity commissioned by NHS England over 2014/15 contract levels has now been assessed at around £15m based on expected growth in 2015/16 although this is still subject to further assessment with the Commissioner.
- A likely reduction in system resilience funding of at least £3m compared to the current year.
- A reduction of £2.6m undergraduate medical education funding.
- Continuing failure of tariffs to recognise very high costs of treating the most complex patients in tertiary hospitals and no progress to date in securing compensation “infrastructure payment”.
- A potential shortfall of funding within tariffs for inflation and pressures.
- Potential further contracting losses given the apparent NHS England stance on a number of areas.
- More contract penalties regarding performance targets e.g. emergency services target and rules prohibiting the reinvestment in the Trust.

The final tariff details, following the consultation process, were due to be issued by the end of January 2015. However, as 75% of Providers (measured by share of supply) formally objected to the proposed tariff, Monitor is legally required to reassess the position. It seems objections were largely related to the 3.8% national efficiency target, the 50% marginal payment for specialised services growth and the level of funding for

inflation and pressures. The outcome of Monitor's further consideration are not yet known but will clearly be critical to the Trust's prospects for 2015/16. I will provide a verbal update on this important matter at the meeting.

2. INFECTION, PREVENTION AND CONTROL

This report provides the Council of Governors with information on the year to date performance against the MRSA bacteraemia plan for 2014/15, the *C.diff* plan for 2014/15 and also the MSSA bacteraemia plan for 2014/15. Information is also included on the number of cases of E.Coli bacteraemia. In addition, attention is drawn to a number of key IPC issues.

2014/15 MRSA PERFORMANCE

MRSA thresholds for 2014/15

Bacteraemia are either classified as Trust attributable or community acquired. Each case of MRSA bacteraemia is subject to a Post Infection Review (PIR). 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 (CCG) organise the PIR, for any case identified after that the Trust organise the PIR.

NHS England adopted a zero tolerance approach to MRSA bacteraemia from 2013/14 and as such the Trust national target remains zero. Any cases attributed to the Trust will be subject to a contractual penalty of £10k.

Monitor no longer use MRSA bacteraemia as an indicator.

MRSA performance for January 2015

There have been 0 cases of MRSA bacteraemia recorded for the month of January.

The MRSA bacteraemia reported in December has not been attributed to the Trust following the completion of the PIR.

The year to date performance is 3 cases of MRSA bacteraemia attributed to the Trust against the threshold of zero.

For 2014/15 the target for MRSA is zero.

MRSA Screening

The MRSA screening figures for January 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.

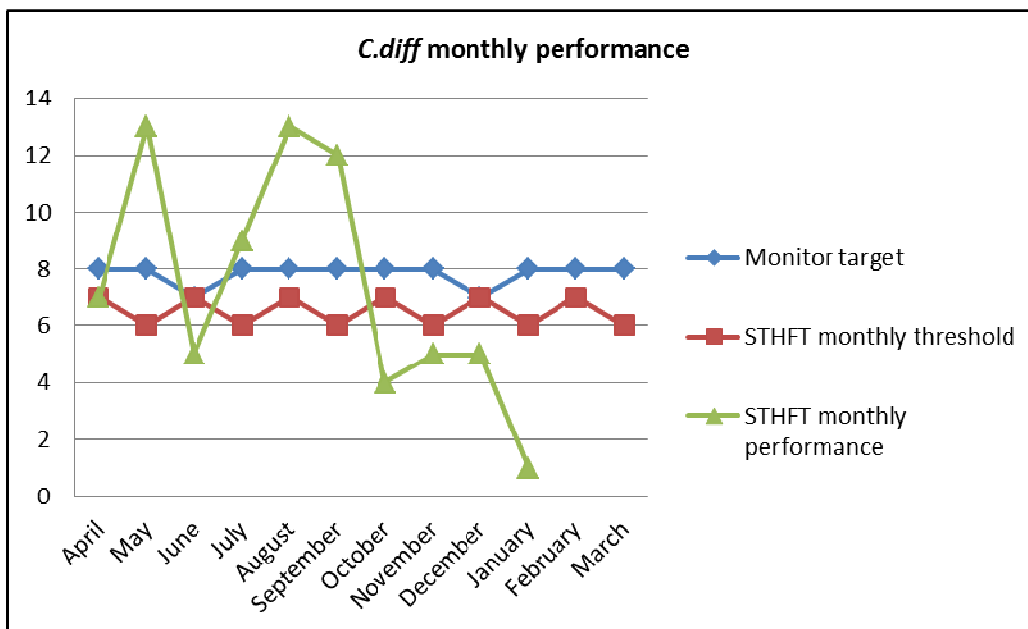
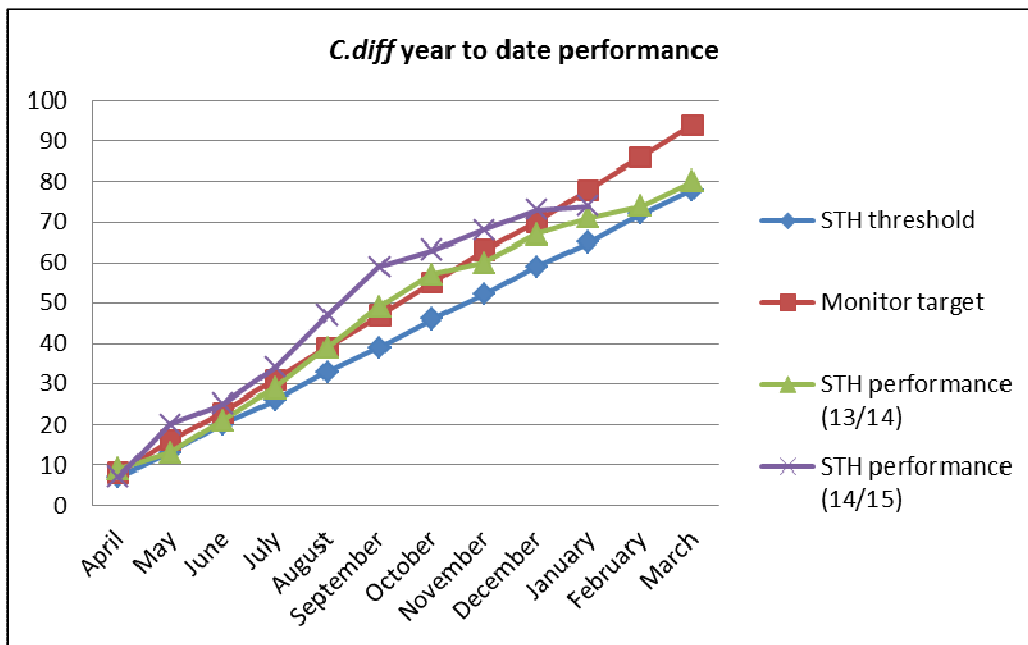
To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies how the IPC team will undertake MRSA screening compliance audits in each area each year.

2014/15 C.DIFF PERFORMANCE

STHFT has recorded 1 positive sample for January. The year to date performance is 74 cases of *C.diff* against an internal threshold of 65 and a Monitor threshold of 78.

The Trust has been set a contract threshold of 94 cases, but to ensure that we aim to maintain a year on year improvement on the number of cases of *C.diff* attributable to the Trust an internal target of 78 has been set.

Monitor has retained *C.diff* as a target in the Risk Assessment Framework.



Discussions with Monitor have highlighted that although they continue to note the total number of cases attributable to the Trust; they are only considering those cases which were associated with a lapse in care against the target of 94.

The types of issues which would result in the infection being considered to be associated with a lapse in care could be any case where there was evidence of transmission of *C. diff*

in hospital such as via ribotyping of the infection indicating the same strain is involved, where there were breakdowns in cleaning or hand hygiene, or where there were problems identified with choice, duration, or documentation of antibiotic prescribing. It must be noted that none of these would indicate that the infection was definitely caused by the provider organisation, only that it cannot be stated that best practice was followed at all times.

The Infection Control Doctors (ICD) have considered which of the 25 cases of *C.diff* attributed to the Trust in quarter 1 they believed to have been associated with lapses in care. Review of the root cause analyses from these cases led to the ICDs concluding that 8 cases were and 17 cases were not associated with lapses in care. These cases have subsequently been reviewed by NHS Sheffield Clinical Commissioning Group which agrees with these findings.

For quarter 2, there were 34 cases of *C.diff*. The Infection Control Doctors considered that 13 cases were and 21 cases were not associated with lapses in care. These cases were sent to NHS Sheffield Clinical Commissioning Group for review and ratification. They concluded that only 12 cases were and 22 cases were not associated with lapses in care.

For quarter 3 there were 14 cases of *C.diff*. Analysis shows that 3 cases were and 10 cases were not associated with lapses in care. The review of 1 case is awaited.

For the first 3 quarters of the year, of 73 cases of *C.diff*, 23 cases were and 49 cases were not associated with lapses in care. There is 1 case awaiting review.

Discussions are ongoing with NHS Sheffield Clinical Commissioning Group about the Contract Penalties and how they will be applied if the Trust breaches its contract target.

As the Trust was above the contract and internal threshold, the Infection Control Operational Group devised an action plan based on the Trust *C.diff* plan for 2014/15. Monthly review of the *C.diff* Action Plan commenced at the Healthcare Governance Committee in July 2014.

Surveillance

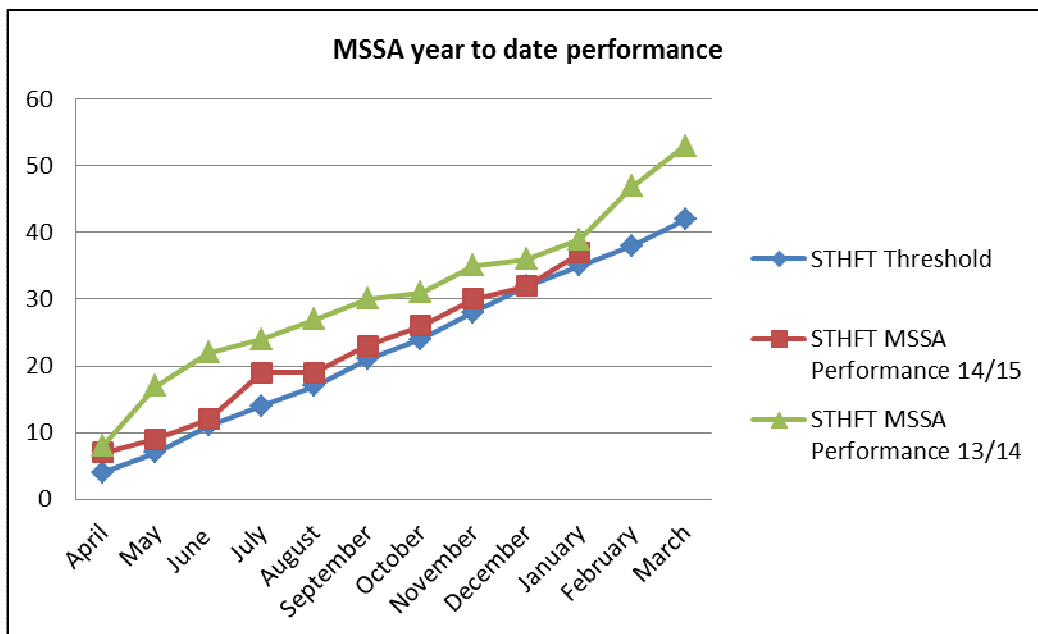
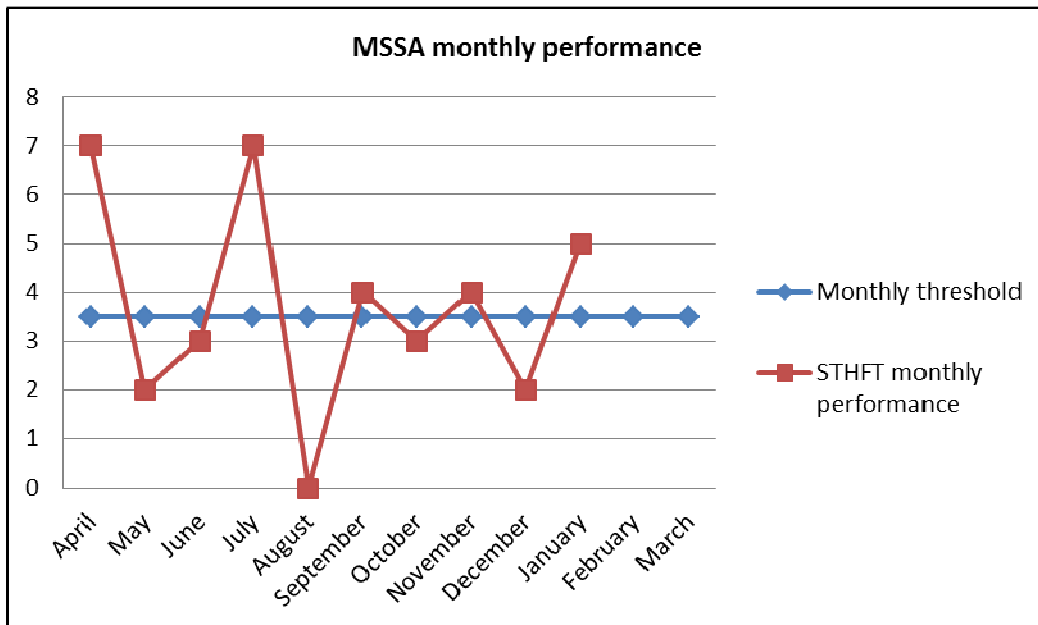
There are currently no wards under surveillance for *C.diff* for the month of January 2015.

It is good practice to consider carefully any areas which experience more than 1 episode of *C.diff* within a 28 day period. The positive samples are tested to see if they are the same ribotype which may indicate that cross infection has taken place. A series of audits are undertaken by the IPC team to check performance on essential infection control standards such as commode cleanliness and hand hygiene regardless of whether the episodes of *C.diff* are thought to be linked or not.

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 January, 5 Trust attributable cases of MSSA bacteraemia were recorded; this is worse than the monthly trajectory that the Trust has set itself.

The year to date performance is 37 cases against an internal threshold of 35. There is no threshold set for MSSA bacteraemia in 2014/15 however, alongside the MSSA improvement plan; the Trust set itself a target of having 42 or less cases for 2014/15.



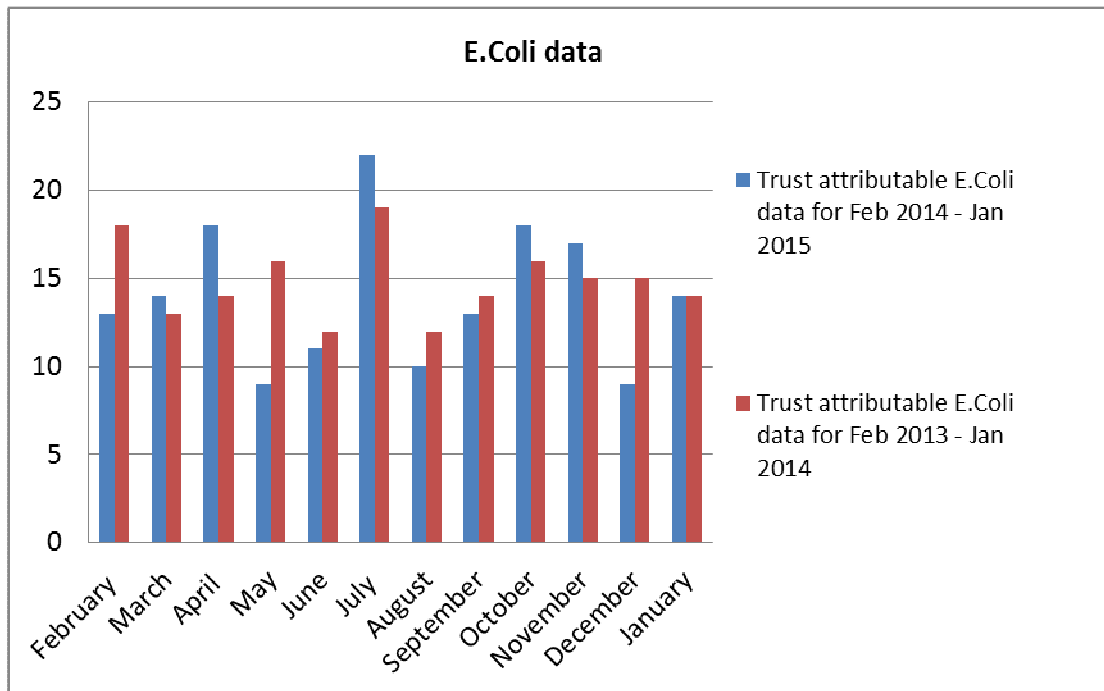
E.COLI

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 January, 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 (February 2014 – January 2015) the total Trust attributable cases of E.Coli bacteraemia stands at 168 cases.

For the previous 12 months (February 2013 – January 2014) the total Trust attributable cases of E.Coli bacteraemia stood at 178 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 not experienced many cases of Norovirus during January.

Influenza

During December, the number of weekly cases of influenza reported through the Trust laboratories increased by nearly ten times, from 17 cases a week at the beginning of the month to 168 cases per week at the end of the month. This peaked at 180 cases per week in early January and is now reducing.

This increase in influenza cases was also reflected clinically, with a notable increase in Accident and Emergency attendances and admissions by patients complaining of symptoms consistent with influenza over the Christmas and New Year period. This increase has now also subsided with both Accident and Emergency attendances and admissions nearer to the seasonal norm.

Quarterly Infection Prevention and Control feedback from Groups / Departments to the Board of Directors

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 identified the following new issues:

- The Geriatric Stroke Medicine Directorate report that Q2 has accredited, Q1 will accredit this quarter and that monthly infection control audits are taking place on the winter beds ward which is now Huntsman 2.
- The Operating Service, Critical Care and Anaesthesia Directorate report that there have been significant changes to the theatre configuration that each clinical specialty uses at the RHH to ensure that the optimal conditions are provided for implant surgery.

- Medical Imaging and Biomedical Engineering highlight difficulties in getting radiators, ventilation grills and fans cleaned. These issues are being picked up by the Estates and Domestic Services teams.
- The Directorate have also raised concerns about the availability of lifts especially during visiting for patient movement. This issue will be explored further at the Infection Control Operational Group.

3. TAKING FORWARD THE 5 YEAR FORWARD VIEW

Governors will be aware that in the latter part of 2014, the NHS 5 Year Forward View was published with the support of a wide range of national bodies. A part of that document was to seek expressions of interest in new models of care and 2 have now been submitted in which the Trust plays a significant part. The first concerns the development of the current Working Together programme which brings together a range of acute providers across South Yorkshire, plus Chesterfield and the Mid Yorkshire Hospitals Trust. In essence, the purpose of the application is to enable this programme to be funded on a continuing and sustainable basis and to allow it to go further and faster in terms of its current work programmes which are currently underway. A successful application will enable the programme to increase the ambition for larger scale change including elective and urgent clinical care.

The second application concerns the Trust's role within Sheffield itself and builds on the existing Right First Time programme. The key points of this proposal are to develop a model for care that will:

- Address the current disjointed and service lead approach.
- Provide earlier intervention and prevention and reduce the need for hospital long-term care where there is good evidence that it is avoidable.
- Utilise city-wide risk stratification and individual holistic care planning.

This latter application seeks to develop these arrangements using initially the Multi-speciality Community Provider (MCP) model and further developing this model into an integrated patient pathways model which would take the form ultimately of a primary and acute care system (PACS) model. Underpinning this approach is the belief of all the organisations across Sheffield that no one model can meet all the requirements for our population and thus the notion of a hybrid model is already emerging.

There has been significant interest in the development of models of care on a national basis and it is understood that over 200 applications have been made with the likelihood that only approximately 20 or so will be taken forward. The assessment of the proposals in which the Trust has an interest will take place at the beginning of March and I will feedback the outcome of this assessment as soon as possible to the Council of Governors and other interested parties.

4. COMMUNICATIONS

NHS England Chief Executive, Simon Stevens, has visited the Trust's flagship workforce health and wellbeing programme. The programme has been developed in partnership with Sheffield Hallam University and Yorkshire and Humber Academic Health Science Network. Nine out of ten participants in pilots undertaken at STH agreed that the project had a positive impact on their motivation to make healthy lifestyle choices and made changes to their lifestyle or health as a result. The programme has also now been adopted by NHS staff at Bradford and Airedale NHS Trusts.

Professor Chris Chapple has been appointed Secretary General Elect at the European Association of Urology (EAU) and will become Secretary General from March 2015 onwards. Professor Chapple is a Consultant Urological Surgeon at STH and Honorary Professor at both the University of Sheffield and Sheffield Hallam University. The appointment will enable STH to keep abreast with the latest developments in all fields of urology and continue to offer patients the best quality service.

The Sheffield Hospitals Charity has launched the Sheffield Helipad Appeal to provide a replacement helipad at the Northern General Hospital. There has been fantastic initial support from the public and local organisations. Fundraising continues.

The Trust has been named a double winner at the NHS Leadership Recognition Awards. Diana Greenfield, Nurse Consultant from Weston Park Hospital, won the 'Inspirational NHS Leader of the Year' award. Diana was nominated for pioneering a range of services for cancer survivors living with the long-term effects of cancer in an era of improving survival rates. Steve Harrison, a Programme Manager who helped set up a Microsystems Coaching Academy, a UK first, also won the 'Coach/Mentor of the Year' accolade at the Leadership Awards. Since 2012 Steve has coached a wide range of clinical teams across STH.

Podiatrists at STH have been awarded the prestigious Customer Service Excellence Standard in recognition of the high quality services they provide for the fifteenth consecutive year. The Customer Service Excellence is a national standard of excellence award independently issued in recognition of excellent customer service, and is independently assessed and awarded by the Cabinet Office. The team are one of only a handful of organisations throughout the country to achieve the Standard.

STHs' catering team has received an award in recognition of its ongoing commitment to serving fresh and healthy food. The catering department has won a Bronze Catering Mark under the Soil Association's Food For Life scheme.

A team of UK researchers, led by STH, have been awarded a £2 million National Institute for Health Research (NIHR) Programme Grant to develop and test new models of care which could dramatically improve the health of patients with cystic fibrosis. A UK-wide consortium of cystic fibrosis clinicians and researchers, led by Dr Martin Wildman of STH and Professor Alicia O'Cathain of the University of Sheffield's School of Health and Related Research (SchARR), will spend the next five years researching interventions which will help patients with cystic fibrosis understand and measure how much medication they are taking.

Chief Nurse, Hilary Chapman, has been awarded an honorary doctorate in recognition of her major contribution to healthcare.

Andrew Cash
Chief Executive
25 February 2015

**SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
SUMMARY OF OVERALL PERFORMANCE
DECEMBER 2014**

	Target	Monitor Weightings	Dec	Q2	Q1	YTD 14/15	Last Year 13/14
FINANCIAL POSITION	In financial balance		↓			↓	
CANCER WAITS							
2 WEEK WAITS	93% seen within 2 weeks	1.0	↔				
31 DAY DECISION TO TREAT TO TREATMENT	96% treated within 31 days	1.0	↔				
62 DAY REFERRAL TO TREATMENT	86% treated within 62 days	1.0	↑				
31 DAY SUBSEQUENT TREATMENT	98% treated within 31 days	1.0	↔				
18 WEEK REFERRAL TO TREATMENT							
ADMITTED PATHWAYS	90% seen within 18 weeks	1.0	↑				
NON ADMITTED PATHWAYS	95% seen within 18 weeks	1.0	↑				
INCOMPLETE PATHWAYS	92% waiting less than 18 weeks	1.0	↓				
ACTIVITY							
ELECTIVE INPATIENTS	On target	n/a	↓			↓	
NON ELECTIVE INPATIENTS	On target	n/a	↑			↑	
NEW OUTPATIENTS	On target	n/a	↓			↓	
FOLLOW UP ATTENDANCES	On target	n/a	↓			↓	
A&E ATTENDANCES	On target	n/a	↓			↓	
A&E STANDARDS							
WAITING TIME	95% seen within 4 hours	1.0	↓			↓	
PATIENT EXPERIENCE							
MRSA*	No more than 1 case in 2 months	1.0	↓			↓	
CLOSTRIDIUM DIFFICILE	7 cases or less per month	1.0	↓			↑	
NEVER EVENTS	No never events	n/a					
MIXED SEX ACCOMMODATION	No breaches	n/a					
OPERATIONS CANCELLED ON THE DAY	Less than 75 operations per month cancelled on the day	n/a	↑			↑	
CQUINS INDICATORS	On target for CQUINS indicators	n/a					

	On target
	<= 5% from target - activity only
	> 5% from target for activity. Worse than target for other indicators.
↑	improving from previous month
↓	deteriorating from previous month
↔	no change from previous month