E

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

CHIEF EXECUTIVE'S REPORT

GOVERNORS COUNCIL – 13TH SEPTEMBER 2011

1. **PERFORMANCE**

The Trust has made a reasonable start to the financial year and, as in previous months, I would highlight the following key issues.

- Emergency Services. The Trust has made a good start to quarter 2 with performance for the quarter to date against the four hour standard standing at 96.9%. The target is 95%. The extended range of indicators will apply for quarter 2 and the Trust is now monitoring performance on this basis. From July the Trust is required to publish data against 8 quality standards and these are available on the Trust's Intranet site in the patients and visitors section.

  As previously reported, the most challenging area will be the total time spent in the A&E department and work is underway to further improve patient flow which is the key issue in ensuring satisfactory performance against this standard.

- Cancer Services. The Trust has made a good start in quarter 2 against the whole range of cancer targets although it is anticipated that the final month of the quarter (September) may well be more challenging, particularly for urological cancers. The breach reallocation review which I have referred to in previous reports continues and is planned to conclude by early September with strong commissioner support for either a revised policy based on comments received from District General Hospitals or the adoption of the policy put forward by STH which is a combination of the current Christie and Hull breach of allocation rules which are designed to ensure equity of access for all patients across the network and a fair reallocation of breaches where they occur.

- Clostridium Difficile. The year to date is 111 cases and there continues to be a relentless focus on the agreed action plan. In addition the Trust has invited additional external professional advice from Professors Durden and Stevens, formally of the Department of Health and Dr Bharat Patel of the Health Protection Agency (HPA) in the form of a review. The overriding purpose of this review is to provide assurance to the Board that everything that can be done is being done to ensure that this position improves as rapidly as possible. The report has been received and is being checked in terms of accuracy. The recommendations will be incorporated into the overall Trust action plan.

- In financial terms, the Trust is in a reasonable financial position at the end of month 3 with a modest deficit of £148.5k.

  In terms of workforce, there has been a cumulative increase in staff in post of 1680.1 whole time equivalents since March 2007 – 1092.9 whole time equivalents relating to the transfer of Community Services in April 2011 and the remaining 587.2 whole time equivalents relate to increases in other Directorates. An exercise is underway to ensure that current and future establishments reflect organisational structures, and changing service delivery models/requirements.

  In summary, whilst the position at month 3 is reasonable it is a little early in the year to confidently predict how the year end position might develop. Nevertheless, the under delivery on P&E plans in 2011/12, is a concern. It is essential that delivery improves and that plans are achieved recurrently and that plans are also in place for future years. A

number of initiatives have been put in place to secure this improvement and these will be reported upon at the September meeting of the Board of Directors.

In terms of patient activity, the level of elective inpatient activity is 3.4% above target for the year but is lower than last year. New outpatient activity is 2.2% above target and follow ups 1.8% below target. Non elective activity is 3.3% above expected levels but lower than last year. . The performance against the 18 Weeks target in June was on target for both non admitted and admitted patients.

In terms of the waiting list position, the waiting list for outpatients rose during April from 15,650 at the end of March to 17,415 and then fell slightly in May to 17,107 but rose again in June to 17,985. At the end of June 2011 there were 5505 patients waiting over 5 weeks compared to 5407 at the end of May 2011. Some of the increase since March 2011 is due to the inclusion of some patients in Cardiology that were not previously counted as outpatients.

In terms of the number of people referred for treatment by GPs or other Trusts the inpatient waiting list this fell from 8311 at the end of March to 8174 at the end of April and again to 8037 at the end of May rising at the end of June to 9007.

- <u>Right care, right time, right place – a city wide strategy.</u>

  The way healthcare is delivered in Sheffield is changing to ensure the right patients are treated in the right place at the right time and in the most efficient way.

  The Trust is working in partnership with NHS Sheffield, the local Authority, the Health and Social Care Trust and GPs to implement a strategy which results in the right patients being cared for in the right place at the right time and in the most efficient way. For example currently at any one time there are at least 150 patients in the City's two adult acute hospitals who no longer require hospital care but their discharge is delayed because they are waiting for community or nursing home support. Sheffield also has some of the highest rates of admissions for vulnerable older patients and many of these stay well beyond the average in hospital. Nationally it is recognised best practice to ensure older patients do not spend any longer in hospital than is absolutely necessary because it exposes them to increased risk of infection, loss of mobility and independence.

  Therefore the joint plan includes a range of initiatives to reduce delayed discharges and avoidable admissions, including:

  - increasing intermediate care capacity for frail older patients, including those within the specialty of orthogeriatrics and patients suffering from dementia
  - speeding up the process for those patients that will need to progress to long term nursing care
  - developing a primary care led assessment process for GPs to access as an alternative to hospital admission
  - aligning social care and community care teams to prevent fragmentation of care.
  - extending the level of service coverage for the admission avoidance/early discharge services
  - ensuring all medical and orthogeriatric wards release dedicated nurse time to "champion" the prompt discharge of all patients
  - developing a joint model with Sheffield Health and Social Care Trust for the early intervention with dementia patients

  As a result of this significant additional investment is being made to provide additional community services or promote different ways of working between the health and social care providers. Investment has already been made to support this work: the Home of Choice initiative which is proving very successful in reducing delayed discharges,

Intermediate Care Home of Choice, additional dementia beds and a General Practice Assessment Unit. Further investment bringing the total to £3m will also be made to provide increased community intermediate care services and Short Term Intervention Team packages, equivalent to 33 acute beds. It is also expected that the health community will purchase up to 20 additional intermediate care beds.

In addition over the past 18 months STH has been implementing a programme of service reconfiguration between the City's two main hospitals to ensure that when patients are admitted to hospital they are cared for in the right place at the right time and in the most efficient way. This has already enabled the creation of a centre of excellence for stroke care and the introduction of hospital at night at the Royal Hallamshire Hospital, both of which have had significant patient benefits.

Part of this programme involved centralising elderly care services at the Northern General Hospital site, which is where the majority of older patients are admitted either through A&E or the Medical Assessment Units and where the specialist services they need are located. Therefore as part of this phased programme, Q2 and Q1 ward at the Royal Hallamshire have now closed and the care is provided at the Northern General Hospital instead.

However, ONLY if the additional community services and new models of care being planned result in less demand for hospital care will we consider the closure of further in patient beds. The Trust continually reviews the number of beds needed to meet demand and will retain the ability to flex up beds in times of pressure if needed. There have not been any compulsory staff redundancies as a result of the Q1 or Q2 ward changes.

2. INFECTION CONTROL

2011/2012 MRSA PERFORMANCE

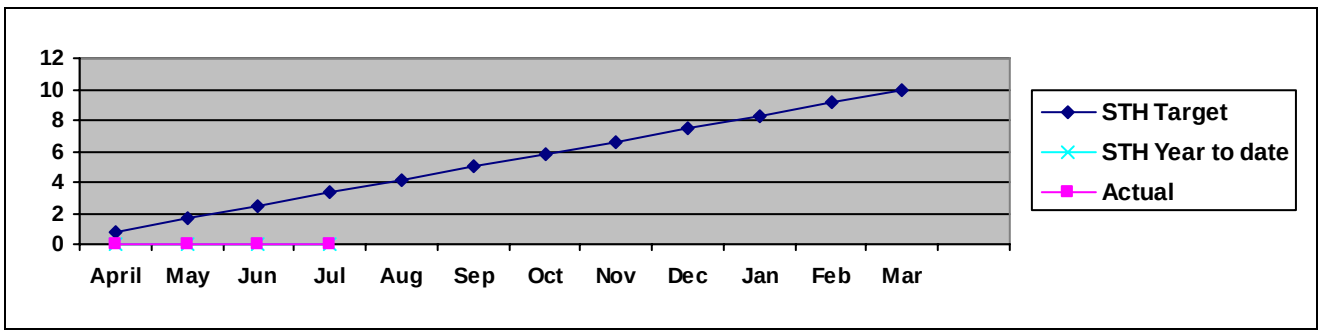
MRSA Target for 2011/2012

The year to date performance is 0 cases of MRSA against a year to date target of 3.

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 July 2011

1 case of MRSA bacteraemia was recorded during the month of July but this was not attributed to STHFT as this was identified on admission.



The target for 2011/2012 is 10 so the Trust is now 3 cases ahead of trajectory and on course to achieve this target.

MRSA Screening

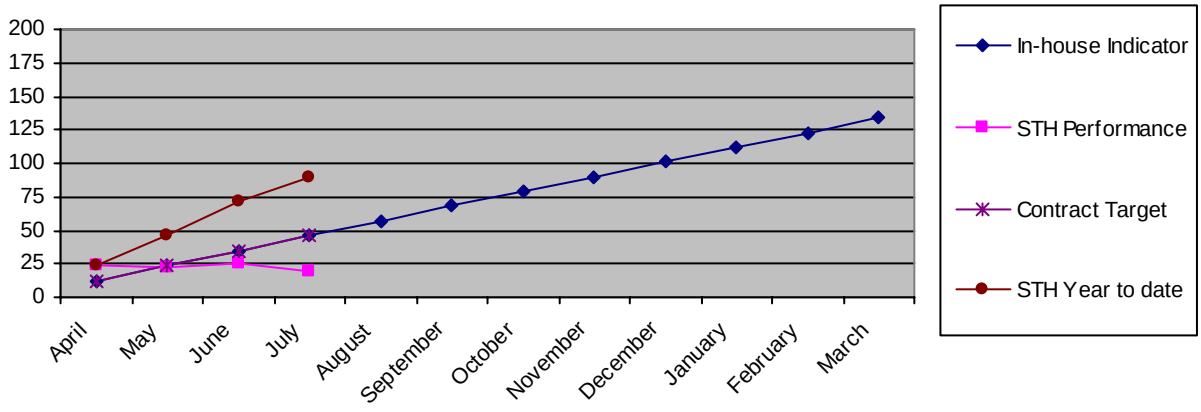
July's MRSA screening figures were 111%.

2011/2012 *C.DIFF* PERFORMANCE

In July, STHFT recorded 19 positive samples. This is 8 cases above our 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 June was year to date performance of 104 cases.

C.diff Performance



Action Plan

To strengthen the existing plan, the following actions are now also being taken:

- 10 additional Housekeepers to be recruited.
- Increase capacity to the Rapid Response cleaning teams across the Trust but to be particularly available to the Assessment Units /A&E.
- Optimise the admission process so that where appropriate, patients transfer directly from A&E and patients staying on Assessment Units are either discharged or transferred to the appropriate ward in a timely manner.
- A review of the cases from quarter 1 to be undertaken to try to identify any trends or recurring patterns.

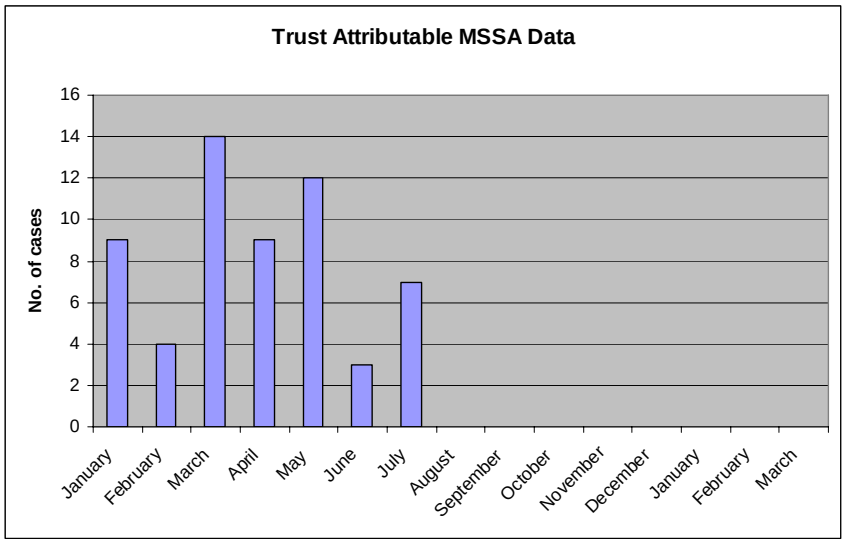
All aspects of the original action plan are being implemented to the specific timescale.

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 July, 7 Trust attributable cases of MSSA bacteraemia were recorded.

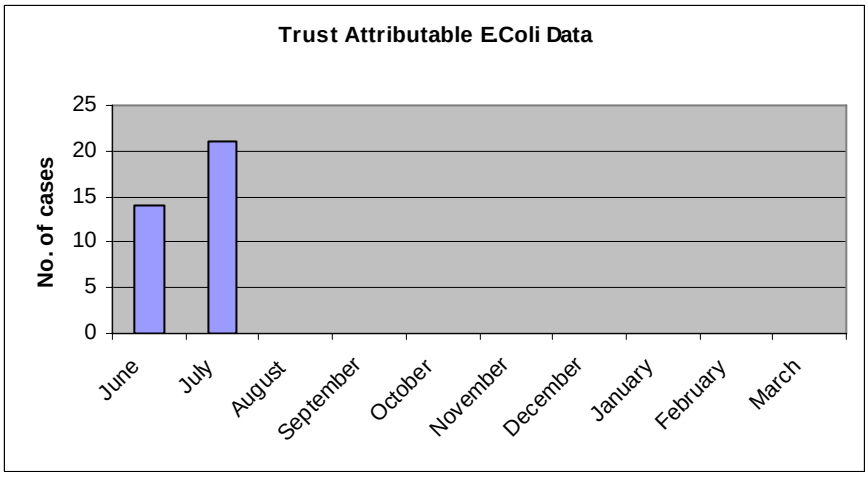
It is currently expected that the Trust will be set a reduction target for MSSA bacteraemia from April 2012.

After 7 months, the total Trust attributable cases of MSSA stands at 56.



E.COLI

The Trust commenced returning data on the number of cases of E.Coli bacteraemia to the Health Protection Agency. Cases are labelled as either Trust attributable or community acquired. For July, 21 Trust attributable cases of E.Coli bacteraemia were recorded.



3. SHA CLUSTERING – NHS MANAGEMENT BOARD DECISIONS

It has been announced that SHAs will be clustered from October 2011 into four clusters as follows:

- London
- North (comprising of North West, North East and Yorkshire and Humber)
- Midlands (West Midlands, East Midlands and East of England)
- South (South West, South Central and South East Coast)

These four areas will also provide the initial footprint for the NHS Commissioning Board's commissioning sectors from April 2013.

4. COMMUNICATIONS

Media coverage - During July there was considerable positive coverage both in the local and national media particularly on cancer services, organ donation, cardiac research, stroke services,

the sleep disorders service and neuro surgery teams. There was also significant coverage in the local media regarding the centralisation of elderly care services at the Northern General Hospital.

The Trust will feature in two new series for National Geographic and BBC3 and has been the location for a new BBC 1 drama.

The Annual Thank You Awards have been launched and this year the awards include a new category which is supported by the Sheffield Star and allows the public to vote for their Healthcare Hero. This year the awards will be open to nominations for acute and community services staff as well as STH volunteers.

A new joint clinical research website has been developed to provide a one stop shop portal of information for companies or health professionals looking to become involved in or commission clinical research in Sheffield. The site is expected to go live in September.

There was a 'Topping out' ceremony on 25th August to publicise the new £16million Laboratories being built at the Northern General Hospital. The Burns Unit at the Northern General Hospital will be officially opened by Katie Piper on 27th September.

From August the Trust's performance data on A&E waiting times and emergency readmission rates will be published on the Trust's website.

5. **APPOINTMENTS**

I am pleased to announce that Penny Brooks has been appointed as Clinical Director for Primary and Community Services in the Trust. Penny took up her appointment on 5 September 2011. She was the Executive Director of Standards and Engagement at NHS Sheffield and also the Nurse Director on the South Yorkshire and Bassetlaw Cluster. She is a District Nurse by background and has extensive experience in community services. She has worked at Board level in Barnsley and Doncaster prior to coming to Sheffield and has an excellent track record of delivery working with colleagues across all health sectors and social care.

It has also been announced that after almost 20 years at Chesterfield Royal Hospital, as Director of Finance and subsequently Chief Executive, Eric Morton has decided to leave his post early in March 2012.

Sir Andrew Cash
Chief Executive
6 September 2011