



Council of Governors
1 December 2015
Chief Executive's Report

1. PERFORMANCE

The Integrated Performance Report is available on the Trust website http://www.sth.nhs.uk/clientfiles/File/Enclosure%20D%20-%20BoD_IPR_Dashboards_Nov15_BoD%202015-amended.pdf and, as Governors will be aware, is discussed in some detail at each monthly Board meeting held in public. I would take this opportunity, therefore, to highlight the key issues facing the Trust.

- Lorenzo Implementation – the implementation of this large and complex IT programme has largely been successful. Inevitably, there have been teething problems. The existence of such problems was anticipated in the implementation plan and arrangements are in place on a 24/7 basis to address these over the coming weeks.

A particular issue has been ensuring data quality for those patients attending the Accident and Emergency department at the Northern General Hospital. At all times patient safety has been maintained nevertheless the accuracy of the data, particularly re the time of discharge for the department, has been problematic. This issue has been discussed with Monitor and it has been agreed that data submissions be suspended from 26 September 2015 concerning performance against the 4 hour target with weekly review meetings concerning the position and when the Trust will be able to commence submitting data again. I will update the Council of Governors concerning the latest position.

- Emergency Services Pathway – the Pathway has been under considerable pressure since the beginning of October 2015. The CEO led review of Emergency Care has now reported and its recommendations are being implemented. A new single Medical Assessment Centre (MAC) opened on 23 November 2015 and revised pathways have been introduced so the GP direct referrals go directly to the MAC. These are significant changes which will need to be carefully managed through the implementation phase.
- Financial Position – after 6 months the Trust is overspent by £9.4m against allocated budget/financial plan which equates 2% of turnover. This represents a deterioration of £892,000 from the equivalent value at month 5 which is a below average deterioration compared with the previous five months. As in previous months, the principal drivers of the position are an under recovery of income in selected specialities and continued challenges in meeting the Trust's efficiency plan. In relation to efficiency, the month 6 position shows an under delivery against the year to date plan of £2.6 m (19.9%) and forecast out-turn also shows under delivery against plan of £3.4m (12.7%) although this may be optimistic given the month 6 position. In relation to activity, the Trust's 2015/16 activity plan included growth of

over £26m and this is reflected in the month 6 position. Unfortunately the reported month 6 delivery against the activity plan targets is an under performance of £7.7m (£5.2m underperformance in month 5). It is anticipated that there will be a catch up of missing activity in the remaining months of the year, nevertheless this is a major explanation of the Trust's year to date performance.

In summary, therefore, the year-to-date position does constitute a very worrying operating deficit of £9.4m (2.1%) against budgets. This is worse than at the equivalent stage of any of the last three financial years. Although there are uncommitted contingencies which can be added into this position the deficit still remains at £4.4m. It will be critical, therefore, that tight financial control of performance management is reinforced on an ongoing basis and significant risk managed to ensure that the Trust is able to meet its year end targets. At this stage in the year, and based on the recovery plans submitted by Directorates, the Trust remains reasonably confident that it will be able to meet its year end targets.

- CQC Preparedness – the Trust continues to prepare for its inspection in week commencing 7 December 2015. A substantial programme is in place which reflects the Trust's overall perspective that this is an opportunity to both highlight the good practice in place across the Trust and reaffirm those issues where action plans are in place to further improve the care provided by the Trust
- Cancer performance - Governors will be aware of the excellent performance over a number of years concerning cancer services and the challenges of doing so against a backdrop of late referrals from District General Hospitals. In Q2 this high level of performance continued with the exception of the 62 day referral to treatment target which was missed – our performance was 82.3% against a target of 85%.

Performance for those patient pathways that originated in STH and not from DGHs was 89.5%. Whilst this is disappointing, it has provided further impetus to the sub-regional and national discussion to address the issue of late referrals. As an example there were 35 occasions in Q2 when a patient was referred to STH **after** 62 days and hence after action that STH could take to provide the patient's care within the target timeline. There is a national meeting at the beginning of December 2015, at which STH will be represented, specifically set up to address this issue. We are also working very closely with Sheffield and other CCGs and DGHs within South Yorkshire to improve the position.

2. INDUSTRIAL ACTION BY JUNIOR DOCTORS

Governors will be aware that the BMA have balloted their members concerning industrial action. The outcome was that Junior Doctors voted overwhelmingly in favour of striking with 98% in favour of a full strike and 99% in favour of action just short of a full strike. It is understood that just over 37,700 members were balloted and 76% took part in the vote.

The initial industrial action is set for 1 December 2015, 8am to 8am on 2nd December, this will exclude emergency care. This will be followed by full strikes on 8 December 2015 and 16 December 2015, 8am - 5pm. The Trust is making contingency arrangements to ensure safe patient care.

3. WORKING TOGETHER VANGUARD

The Working Together Programme has been identified as a Vanguard by NHS England and this took place at the end of September 2015. This is helpful both in terms of the programme's eligibility to bid for ear-marked funds which are being held centrally for Vanguards and to accelerate the progress of the programme in terms both scale and pace.

Detailed discussions are currently taking place on both these issues with proposals being considered at a meeting on 7 December 2015. Further updates will be provided to Governors in due course.

4. SAFER STAFFING

Overall for October 2015, the actual fill rate for day shifts for Registered Nurses was 92.2% and for other care staff against the planned levels was 106.3%. At night these fill rates were 90.8% for registered nurses and 108.6% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for this are outlined in the paper discussed at the Healthcare Governance Committee each month. The main reasons for this continue to be vacant posts, sickness and parenting leave above the planned level. The fill rates for Registered Nurses at night in particular continue to be carefully monitored.

During October 2015 we have offered posts to 32 Newly Qualified Registered Nurses and 23 Newly Qualified Midwives. We have offered 16 posts to EU Spanish Nurses with further EU recruitment to follow in November, December and into 2016. In addition we are continuing to actively recruit into CSW posts with assessment centres taking place in early November and are seeking to maximise recruitment in preparation for any additional demands. We continue to work in collaboration with NHS Professionals to support the CSW development programme and the Trust is working towards developing higher level CSW roles with recruitment commencing in early 2016.

In the last month the Trust Executive Group has approved a proposal to seek a partner who could assist the Trust to recruit larger numbers of overseas nurses than has been possible to date. Once a procurement exercise has been completed to select a partner a detailed paper will be submitted to the Trust Executive Group with a proposal and associated costs.

5. OTHER ISSUES

Dr Trevor Cleveland, Consultant Vascular Radiologist, has recently become the new Vice-President for the British Society of Interventional Radiology (BSIR). This is a 2 year role, after which Trevor will become President.

The Trust's Hysterosalpingography Team have won the title of Radiography Regional Team of the Year at The Radiography Team of the Year Annual Awards, which are organised by the Society of Radiographers.

The Trust's Sheffield Breech Birth Service has been shortlisted for an RCM Annual Midwifery Award in the category of Excellence in Maternity Care. The team will now present their work to a panel of judges before the ceremony itself takes place in March 2016.

The Diabetes Foot Team has been given a national award for significantly reducing diabetes related amputation rates in Sheffield by almost 50%. The specialist team won the Best Initiative in Specialised Services category at the Quality in Care Diabetes awards. The awards aim to recognise, reward and share good practice in diabetes management, education and patient care and the team has achieved some outstanding results from their hard work.

The Clinical Research Office, a joint office between Sheffield Teaching Hospitals and the University of Sheffield, have developed a new online lay advisory panel to gain valuable views to influence the latest health research. The virtual panel, made up of patients and members of the public from across the region, gives researchers access to the patient voice when developing and submitting research proposals. Covering all areas of research, where disease specific patient advisory panels are not already in place, it will ensure that all

researchers at Sheffield Teaching Hospitals and the University of Sheffield will be able to engage with patients, no matter what their research interest.

Andrew Cash
Chief Executive
24 November 2015