

Council of Governors

29 January 2013

Chief Executive's Report

1. PERFORMANCE

In overall terms, the outcome at the end of quarter 3 was a good performance for the Trust. The performance summary is attached at appendix 1.

As I reported to the Council of Governors at the November 2012 meeting, there have been challenges in quarter 3 and I am able to update Governors on the outcome as follows:

- 18 weeks – the Trust as a whole met the admitted patients / non-admitted patients and incomplete pathway standards for the 18 week referral to treatment pathways for quarter 3. A small number of Directorates continue to have specific challenges with orthopaedics, neurosurgery, urology and dermatology not meeting the admitted standard, and orthopaedics not meeting the non admitted standard for the quarter.

Over the course of quarter 3 all specialties have improved their individual performance for admitted pathways.

- Emergency Services target – the Emergency Department (ED) and Medical and Surgical Assessment Centres experienced significant pressure in Q3 due to high levels of attendances (3.4% up on 2011/ 12) and a high number of admissions (11% up on 2011/ 12), with the largest increases being seen in patients over 85 years of age.

In addition to the high level of admissions the Trust also experienced significant disruption related to the high level of demand for discharge pathways, admissions avoidance pathways and from sporadic outbreaks of norovirus at STH and in community facilities.

As a result of these issues and despite an additional minimum of 53 beds being brought into use the Trust was unable to achieve the 95% performance standard finishing Q3 at 92.1%.

In common with other Trusts across the country, the Trust has received additional monies of £1.9m to help maintain high quality standards and address the challenges of winter. This additional investment is being used to support patients in the community through increased Community Intermediate Care (CICs) packages, District Nursing with additional measures to support the ED and Assessment Centres; extra medical, nursing, physio, occupational therapy and pharmacy services. Further funding has been made available to support the provision of additional in-patient beds and to fund the continued use of Huntsman 5 at NGH as an additional, community focused ward.

These additional staff and services will be vital as Quarter 4 itself has begun with the continuation of the challenges faced in quarter 3.

- CQUIN – as previously reported, the Trust is performing well across the vast majority of CQUIN targets. The major exception is the dementia assessment target and the

consistent use of the updated patient clerking document will be critical in ensuring that the Trust achieves 90% performance against this target in each of the final 3 months of the year.

- Financial position – at month 8 the Trust had a deficit of £1.5m (0.3% of turnover) including the application of uncommitted reserves (£3.3m to date). As previously reported, there is a continuing deterioration of the position of a number of clinical directorates and the efficiency programme shows an increased under-delivery against the plan of £3.9m (14%) compared to £3.7m (13.5%) at month 7. Looking ahead to the anticipated year-end outturn, the application of the remaining contingencies and the additional monies coming into the Trust, the planned surplus is likely to be achieved.
- Activity – at month 8, new outpatient activity was 1.3% below target in November 2012 and is now 0.5% above target for the year to date. Follow up activity is 2.5% above target for the year to date. Elective inpatient activity was 1.3% above target in November 2012 and is now 0.9% above target for the year to date. The waiting list for inpatients fell by 320 in November 2012 and the outpatient queue fell by 599.

In terms of the overall position with our principal regulator, Monitor, the Trust quarter 3 position will be an amber / green assessment for governance and I will update Governors at the meeting re the financial risk rating as this will not be known until the end of January 2013.

2. INFECTION, PREVENTION AND CONTROL

This report provides the Governors with information on the current performance against the MRSA bacteraemia plan for 2012/2013 and also the C.diff plan for 2012/2013. Information is also included on the number of cases of MSSA and E.Coli bacteraemia. In addition, attention is drawn to a number of key IPC issues.

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 organisations as follows:

National (Department of Health): 1

Monitor (de-minimus): 6

Contract (penalties apply): 12

MRSA performance for December 2012

There have been no cases of MRSA bacteraemia for the month of December.

The year to date performance is 3 cases of MRSA.

12	
11	
10	
9	
8	
7	
6	
5	

2012/2013 Thresholds	
National (Department of Health): 1	
Monitor (de-minimus): 6	
Contract (penalties apply): 12	
Actual number of cases: 3	●

4	●
3	
2	
1	

MRSA screening

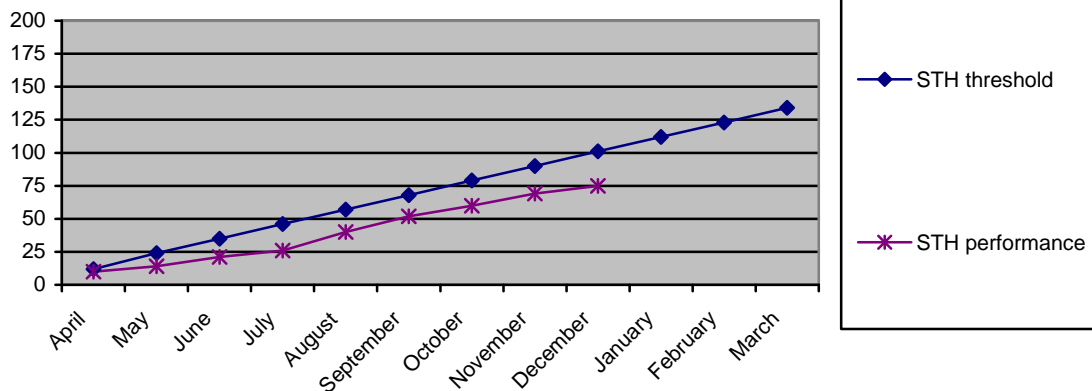
November MRSA screening figures were 118%. The December screening figures were not available at the time of this report.

2012/2013 C.DIFF PERFORMANCE

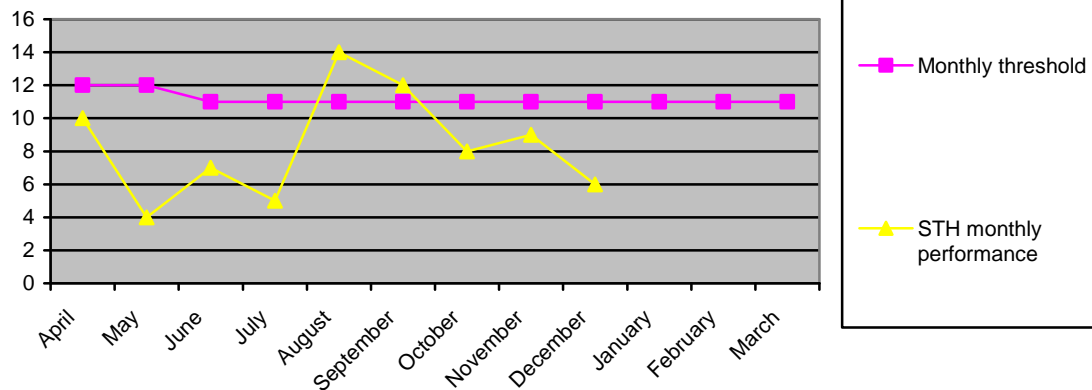
STHFT has recorded 6 positive samples for December. The year to date performance is 75 cases of C.diff against a contract year to date threshold of 101. The Department of Health, Monitor and Contract threshold for the year is 134.

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 November was year to date performance of 154 cases against a year to date threshold of 127 cases.

C.diff year to date performance



C.diff monthly performance



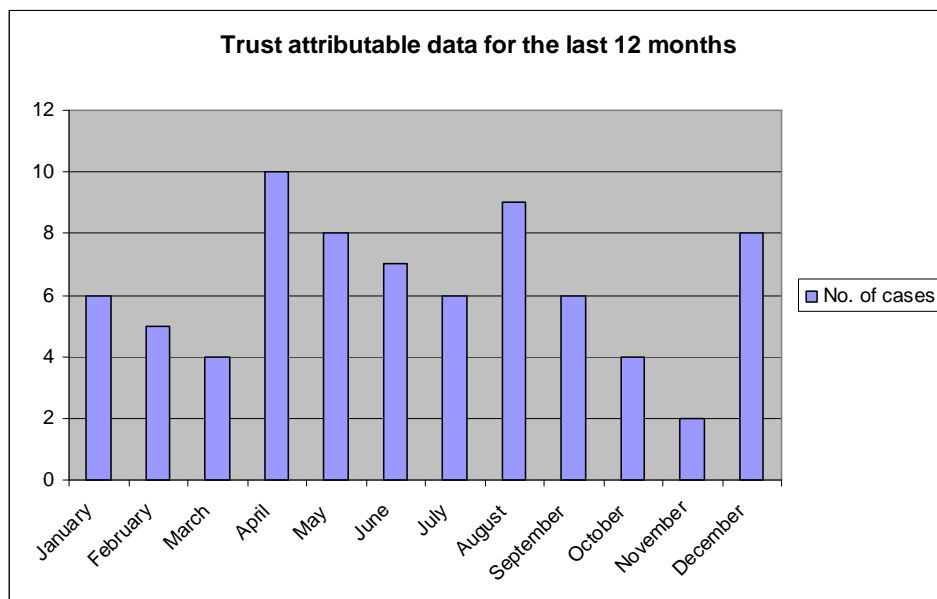
Surveillance

Firth 2 and Brearley 3 at the Northern Campus 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 the Health Protection Agency. Cases are labelled as either Trust attributable or community acquired. For December, 8 Trust attributable cases of MSSA bacteraemia were recorded, this is over the monthly trajectory that the Trust has set itself.

Performance on MSSA for the last 12 months is 75 cases; there have been 60 cases reported since April 2012. There is no threshold set for MSSA bacteraemia in 2012/2013. However, alongside the MSSA improvement plan, the Trust has set itself an initial 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.

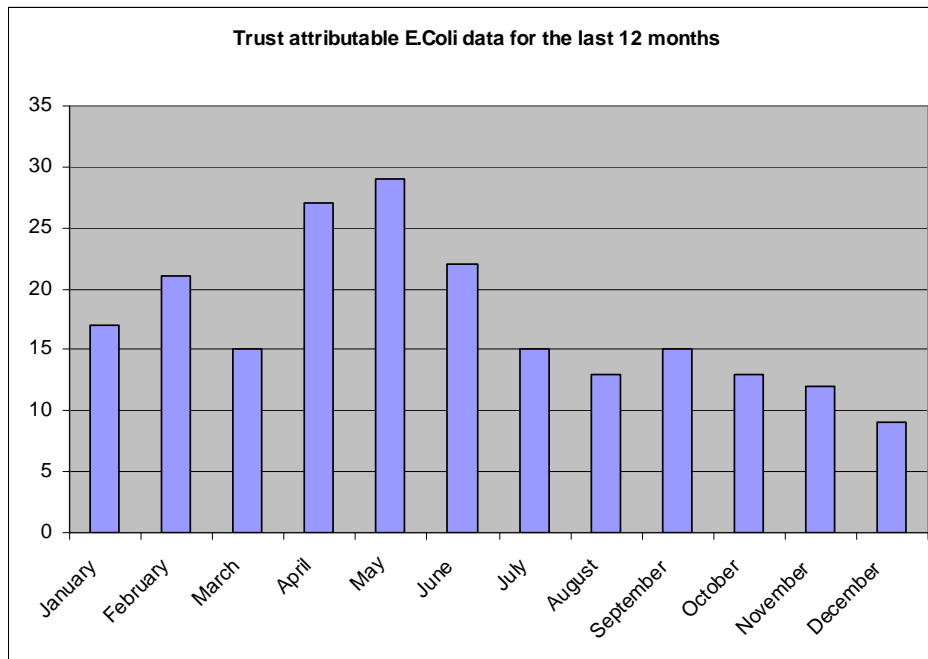


E.COLI

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 December, 9 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.

After 12 months, the total Trust attributable cases of E.Coli bacteraemia stands at 208 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 experienced high levels of norovirus during November which has had some impact on service delivery with up to 10 wards affected at a time and it has seen a number of patients presenting to A&E with symptoms of diarrhoea and vomiting, indicating that the virus is active in the community.

Infection Control Targets for 2012/2013

The NHS Commissioning Board has published its planning guidance for 2013/2014 "Everyone Counts: Planning for Patients 2013/2014". The guidance and associated documents provide information about next year's infection control targets.

MRSA

The guidance states that there will be a zero tolerance approach to MRSA bacteraemia. It is expected that all cases will involve a Post Infection Review to identify why an infection occurred and how future cases of infection can be avoided. This approach is similar to the Root Cause Analysis which takes place now but may also include other organisations or individuals such as GPs and other hospitals. The final report may be considered by Commissioners. The standard contract indicates that where a MRSA bacteraemia occurs as part of an inpatient episode, the Trust will not be paid for the episode of care.

C.diff

The Trust have been set a target for C.diff of 77 cases or less for 2013/2014. The target has been set using a baseline measured between October 2011 and September 2012. For STHFT, this was 105 cases and the Trust have been asked to reduce this by a further 27%.

This will be a challenging target requiring 6 or less cases per month. This year we have only achieved this level of performance in 3 out of 9 months. To try to ensure this is achieved, deep cleaning at the NGH site will need to be consistently delivered in all areas but particularly in areas of high throughput such as Medical or Surgical Assessment Units.

MSSA and E.Coli

There is no mention of any targets for either of these organisms.

3. FRANCIS REPORT

The Trust is preparing for the publication of the Francis report which is now anticipated in February 2013. The Trust Secretary will take the lead in co-ordinating the Trust's response working closely with the Medical Director and Chief Nurse

4. NEW YEARS HONOURS

I am delighted to report that the following individuals from Sheffield received honours in the New Years Honours list:

- Professor Keith Burnett, Vice-Chancellor of the University of Sheffield – knighted for services to higher education
- Kathryn Riddle, Chair of NHS North of England – received an OBE for services to the NHS and higher education
- Sylvia Yates – received an OBE for services to the Sheffield city region and Humber region.

5. NATIONAL CENTRE FOR SPORTS AND EXERCISE MEDICINE

I am pleased to confirm that from the £10m of capital funding allocated to Sheffield as part of the National Centre for Sports and Exercise Medicine, £5m has been allocated to improve the Graves Tennis and Leisure Centre. The funding will provide a replacement swimming pool, extra indoor tennis courts, a bigger fitness centre and a base for rehabilitation and research. The balance of NCSEM funding for Sheffield will be used to provide 3 sporting hubs elsewhere in the city.

6. COMMUNICATIONS

There has been a sustained communication campaign to encourage the public to 'Choose well' given the high levels of patient attendances at the Accident and Emergency department along with the severe weather experienced over the last few weeks. The external communications have included radio advertisements, use of social media and more traditional posters, media releases and website information. Internal communications have focused on ensuring all staff are aware of the actions required to ensure patient flow is maintained. Further communications are being planned as part of the Winter pressures measures for Quarter 4 and beyond.

Internal and external communication campaigns have been developed to raise awareness of the new Friends and Family test which begins in our Trust in February. The new nationwide test is a way of gathering patient feedback about their experience and helping to drive further improvements in local hospital services. Within 48 hours of the patient being discharged from hospital they will be given a Friends and Family feedback card which asks the following question:

"How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?"

They will be invited to respond to this question on the card by giving an answer along a six-point scale ranging from 'extremely likely' to 'extremely unlikely'.

A simple follow-up question asks why they chose the answer they did, so that the Trust can find out a bit more about their experience and understand in greater depth what their care was like.

The Family and Friends test will begin in early February in the Accident and Emergency Department at the Northern General Hospital and selected wards before being rolled out to other areas of the hospitals by April 2013.

Dr Daniel Poulter MP, Parliamentary Under Secretary of State for Health spent time with staff and patients at the Jessop Wing Hospital during a visit earlier this month. The Minister visited the Assisted Conception Unit, Labour wards and Neonatal Unit. He was extremely complementary about both the standard of care and patient experience provided by the teams.

Devices for Dignity (D4D), the organisation which works to improve the quality of life for patients with long term conditions has been awarded further funding. After a successful first five years, D4D, hosted by Sheffield Teaching Hospitals, has been awarded £800,000 funding from the National Institute for Health Research (NIHR) to continue to help produce devices or aids which solve real areas of need for patients.

Further success was enjoyed by Consultant Gastroenterologist Dr Reena Sidhu who has won the prestigious British Society of Gastroenterology Hopkins Endoscopy Prize for her dedication to care and research. Dr Reena Sidhu, based at the Regional Gastroenterology and Liver Unit at the Royal Hallamshire Hospital is the first female doctor to be recognised with the prize for her work towards improving patient care in Endoscopy. The annual prize is awarded to those who have produced the best clinical research in the field.

Finally, a service developed by a team in the Neurology Department at Sheffield Teaching Hospitals reached the finals of the Medipex's 2012 NHS Innovation Competition for its novel life changing Neurology Psychotherapy Service. The Awards are open to NHS staff members, academic teams and companies across the Yorkshire and Humber and East Midlands regions who have developed innovative ideas to improve patient care across the NHS.

Andrew Cash
Chief Executive
21 January 2013

SUMMARY OF OVERALL POSITION

	Target	Nov	Q3	Q2	Q1	12/13 YEAR TO DATE	LAST YEAR 2011/12
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 TO 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 per month						
CLOSTRIDIUM DIFFICILE	Less than 11 cases 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	Only available quarterly					

	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
	no change from previous month

