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Sheffield Teaching Hospitals NHS
NHS Foundation Trust

In hospital and in the community
proud to make a difference

Council of Governors
11 February 2014
Chief Executive's Report

1. PERFORMANCE

At the end of quarter 3, overall performance was good. The performance summary is attached at appendix 1. The key issues are as follows:

- 18 week waiting times – the increase in referrals has been a key factor in creating challenges such that the Trust was unable to meet the non-admitted target in November and December 2013. Performance in December 2013 was 94.1% against the target of 95%. An action plan is being brought together and will be in place by mid-March 2014. At this stage, until that plan is completed, it is not possible to state when the Trust will return to achieving this target. It is likely, however, to be approximately 3 months before it is able to do so.

- Emergency Services performance – The Trust achieved the target in quarter 3 with performance of 95.47% despite some challenging days. The Trust recovered well on those occasions and all staff involved in the Emergency Care pathway are to be commended for their continued efforts in ensuring high quality and timely services for patients. The quarter 4 to date position is 96.4%.

- Financial position – following the release of reserves, the month 9 position is a modest deficit of £494.7k. Challenges remain in the financial position of 7 Clinical Directorates and under-delivery of 20% on the Trust's efficiency plan. These issues will need to be addressed and performance improved if the Trust is to meet the considerable challenges of 2014/15 and beyond. Action is being taken, by Performance Management Framework, to ensure that this is the case.

- Cancer Services – the Trust continues to meet all the targets and agreement has now been reached with the Cancer Board and the Trust Chief Executives in the surrounding area, to put in place revised reporting arrangements to Boards to assist in improve performance across the network as a whole to ensure equitable access to the services offered by STH as the cancer centre.

- Activity – new outpatient activity was 2.8% above target in December 2013 and 2.4% above for the year to date. Follow up activity was 2% below target in December 2013 but 1.3% above for the year to date. The level of elective in-patient activity was 6.4% above target in December 2013 and 4% above for the year to date. Non-elective activity was 2.3% above expected levels in December 2013 and 4.1% above for the year to date. The waiting list for inpatients increased by 410 and the outpatient queue increase by 960 patients in December 2013. Both these increases are part of the challenges faced by the Trust in terms of 18 weeks as referred to above.

2. INFECTION, PREVENTION AND CONTROL

2013/14 MRSA PERFORMANCE

MRSA thresholds for 2013/14

Bacteraemia are either classified as Trust attributable or community acquired. For 2013/14 each case of MRSA bacteraemia will be subject to a Post Infection Review (PIR), the purpose of which is to determine the root cause and in doing so attribute responsibility to either the Trust, another provider organisation such as another hospital or for it to be considered health community acquired. 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 organise the PIR, for any case identified after that the Trust organise the PIR.

The NHS England approach for 2013/14 is zero tolerance to MRSA bacteraemia; as such the Trust national target is zero. Any cases attributed to the Trust will see the payment associated with that episode of care withheld.

Monitor has not retained MRSA bacteraemia as a target or indicator in the Risk Assessment Framework which replaces the Compliance Framework from the 1st October 2013 for NHS Foundation Trusts.

MRSA performance for December 2014

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

It has been 34 days (up to 31 December 2013) since the last case of MRSA bacteraemia was attributed to the Trust.

The full year performance is 3 cases of MRSA.

Post Infection Reviews

During November 2013, there were 2 patients where an MRSA bacteraemia was attributed to the Trust.

Patient 1

The patient concerned was on the Surgical Assessment Unit. Although the initial blood culture was positive for MRSA, the patient's clinical condition and subsequent re-testing highlighted that this blood culture had been contaminated.

It has been found on investigation that the staff member taking the blood culture had MRSA in their nose. The blood culture was contaminated by sub-optimal technique.

The staff member will be decolonised from MRSA. Their training record has been reviewed, they receive a clinical competence check each year at the bedside but there will be a specific assessment of technique and re-education following this incident.

Patient 2

The patient was admitted to Chesterman 3 for a surgical procedure. On admission, she was screened negative for MRSA. Post operatively, she initially did well but then developed shortness of breath, increased pain at the operation site and a pyrexia. Blood cultures taken at this time subsequently grew MRSA.

Despite extensive investigation, the source of acquisition is unclear. There was a patient in the same bay with MRSA in their sputum and this is a possible source. This patient was also screened as negative on admission.

Actions to be taken following this incident include further education for Advanced Nurse Practitioners on antibiotics and prescribing, improved intravenous cannula documentation and an audit of the significance of MSSA / MRSA drain positive swabs.

MRSA Screening

November MRSA Screening figures were 114%. December screening figures were not available at the time of writing this report.

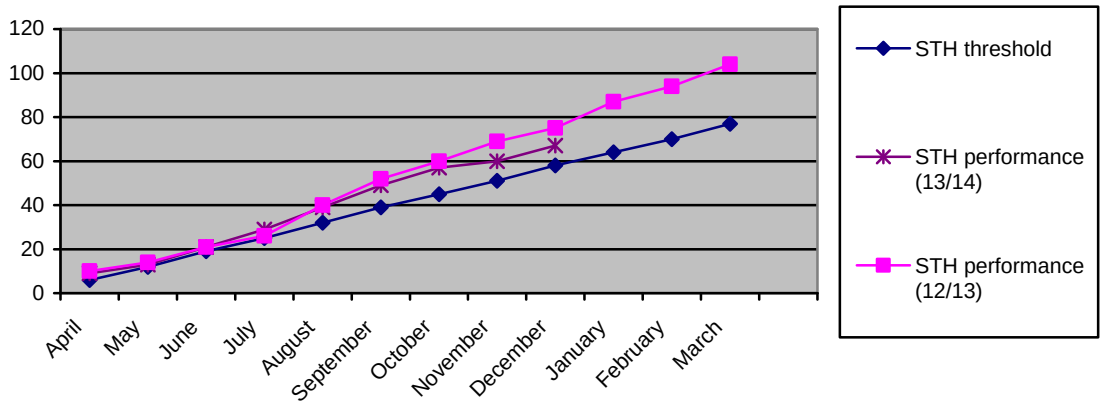
The MRSA screening figures are calculated using the number of screens processed by the laboratory for the month divided by the number of admissions for the month. This is used as a proxy measure as the Trust information systems are not able to reconcile individual screens with individual patients. A 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.

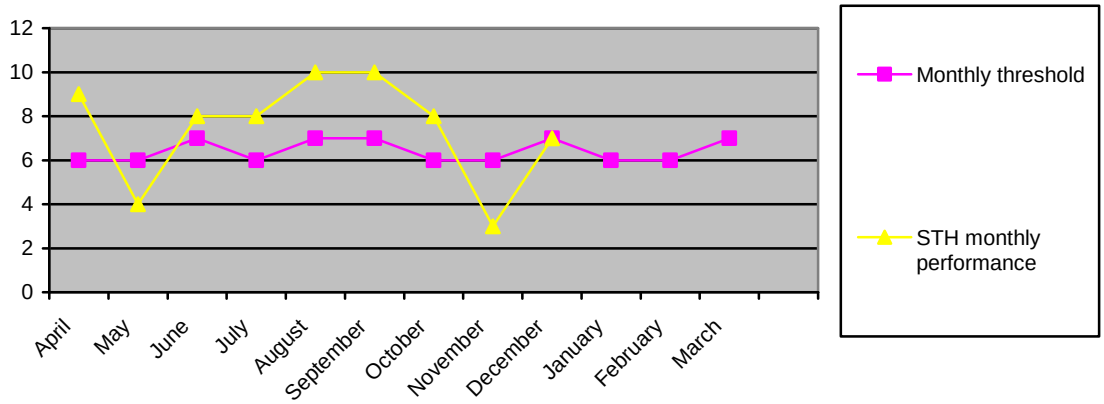
2013/14 *C.DIFF* PERFORMANCE

STHFT has recorded 7 positive samples for December. The year to date performance is 67 cases of *C.diff* against a contract threshold of 58. Monitor has retained *C.diff* as a target in the Risk Assessment Framework which replaces the Compliance Framework from the 1st October 2013.

***C.diff* year to date performance**



***C.diff* monthly performance**



Surveillance

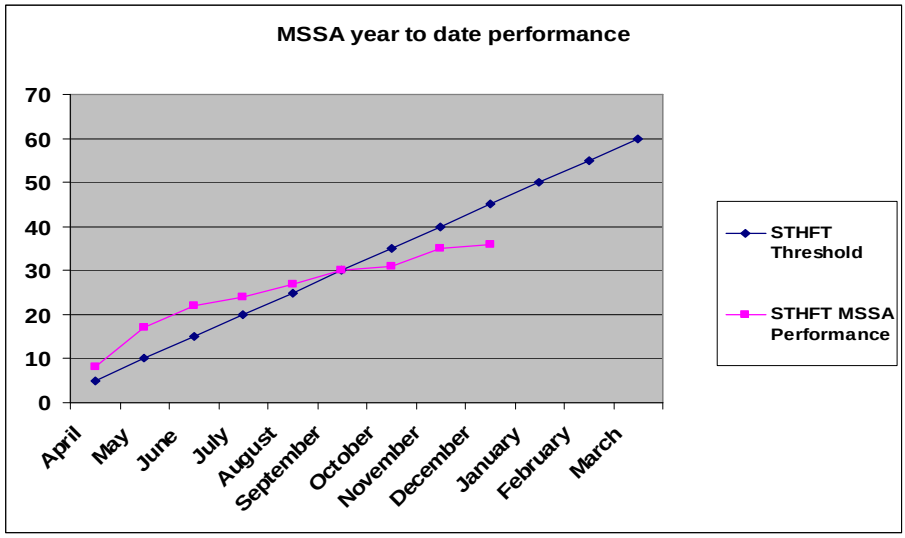
O2 Day Ward at the Royal Hallamshire Hospital is currently under surveillance for C.diff having had at least 2 episodes of C.diff within a 28 day period.

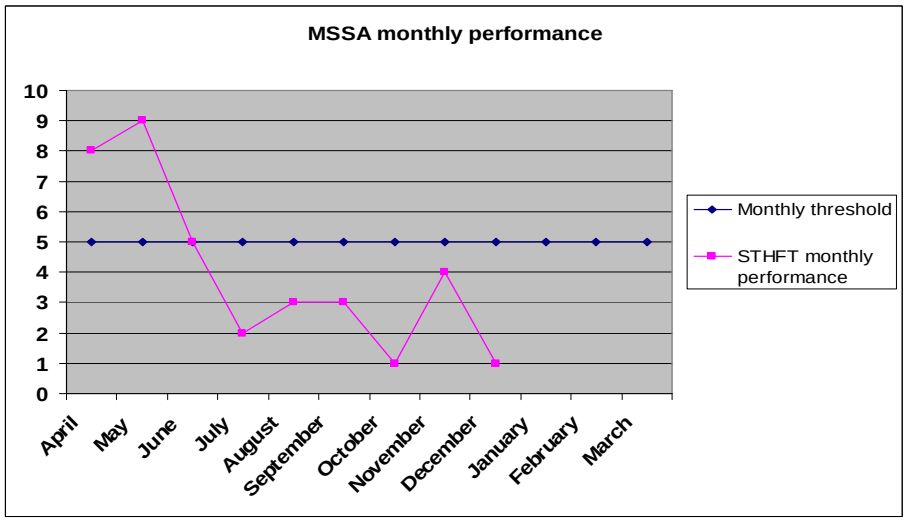
It is good practice to consider carefully any areas which experience more than 1 episode of C.diff within a 28 day period. The positive samples are tested to see if they are the same ribotype which may indicate that cross infection has taken place. A series of audits are undertaken by the IPC team to 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 December, 1 Trust attributable cases of MSSA bacteraemia were recorded; this is better than the monthly trajectory that the Trust has set itself.

MSSA performance for the year to date is 36 cases. There is no threshold set for MSSA bacteraemia in 2013/14 however, alongside the MSSA improvement plan; the Trust has set itself a 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. This would be a target of 60 or less for the full year or 45 or less for month 9.



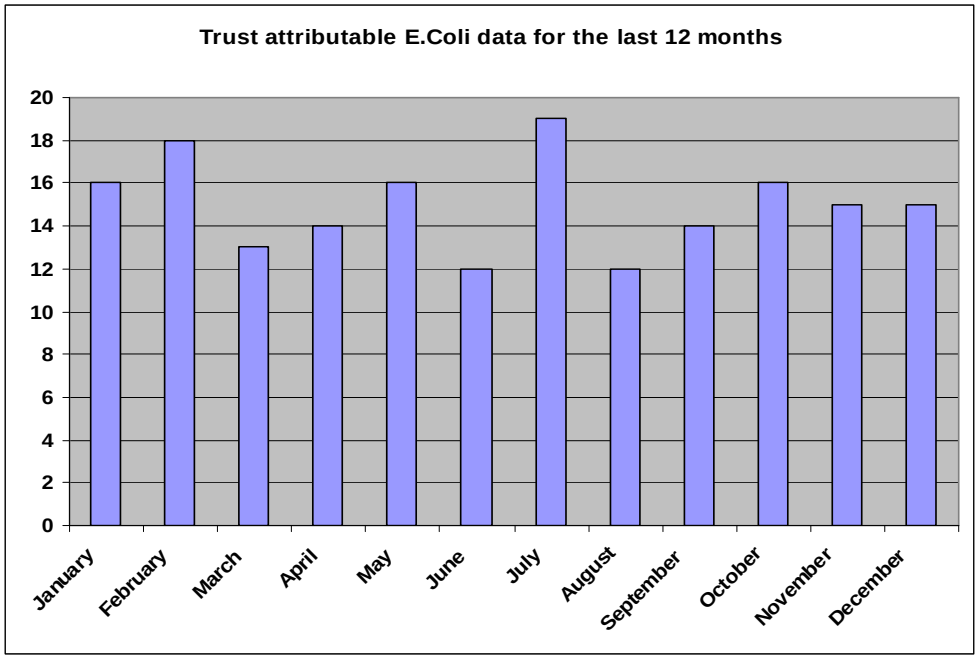


E.COLI

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 December, 15 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, the total Trust attributable cases of E.Coli bacteraemia stands at 189 cases.



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

Norovirus

The Trust has experienced low levels of norovirus during December which has had a slight impact on service delivery with up to 2 wards affected at a time.

3. NIHR CLAHRC South Yorkshire

The first 5 years of the Pilot NIHR CLAHRCs finished at the end of 2013. The South Yorkshire Collaboration was successful in terms of the NIHR's metrics (40 peer reviewed articles accepted, a total of 156 projects initiated, grants of over £22 million into our health services research economy) but also in terms of creating a community of health practitioners and university colleagues to take forward truly innovative projects responding to local NHS priorities.

The South Yorkshire CLAHRC outperformed the other UK CLAHRCs in terms of number of students registered for higher research degrees, subjects recruited with individual consent and external funding received for the final reporting period April 2012 – 31 March 2013.

Impacts from the CLAHRC SY will continue to be collected and reported back to the NIHR and many strands are being taken forward in the NIHR CLAHRC Yorkshire and Humber.

NIHR CLAHRC YORKSHIRE AND HUMBER

In July 2013 The NIHR confirmed that STH had been successful in the application to host the NIHR CLAHRC for Yorkshire and Humber. This new collaboration is building on the success of the South Yorkshire and Leeds, Bradford and York CLAHRCs to face the challenges of delivering this innovative programme of research across the Yorkshire and Humber region. Professor Sue Mawson is the Director and will provide strategic leadership to nine themes:

- Evidence Based Transformation with the NHS
- Translating Knowledge into Action
- Health Economics and Outcome measurements
- Telehealth and Care technologies
- Public Health and Inequalities
- Primary care based management of frailty in older people
- Avoiding attendance and admissions in long term conditions
- Mental health co-morbidities
- Health Children, Health families

The new CLAHRC started on the 1st of January 2014 and the first Strategic Board (Chaired by myself) will be held in the next two months.

The Yorkshire and Humber CLAHRC will build on the networks developed by the two previous CLAHRC pilots in the region, and work closely with new partners such as the Academic Health Science Network to deliver the health and wealth agenda through high quality applied research and evidence based implementation.

4. CHAIR - YORKSHIRE AND HUMBER ACADEMIC HEALTH SCIENCE NETWORK

Professor William Pope has been appointed as the first Chairman of the Yorkshire and Humber Academic Health Science Network. Professor Pope has previously been the Chair of the East of England Development Agency and Chairman of NHS Northamptonshire and Milton Keynes and brings to the post a wealth of experience, leadership and expertise gained from senior roles within industry, the NHS and academia.

Professor Pope will be responsible for overseeing the strategic direction of the Yorkshire and Humber Academic Health Science Network which is one of 15 new academic health science networks set up across the country to promote research and identify, adopt and spread innovation across the NHS.

Professor Pope will take up the part time post of Chairman from February 2014.

5. NHS ENGLAND – SOUTH YORKSHIRE AND BASSETLAW

Eleri de Gilbert has been appointed to the role of Director of NHS England in South Yorkshire and Bassetlaw. The process of recruiting to Eleri's substantive post of Director of Commissioning will now commence.

6. INTERIM CHAIR – MONITOR

Conservative peer and former minister Baroness Hanham has been appointed by the Government as the interim Chair of Monitor. Baroness Hanham was Chairman of St Mary's Hospital Trust from 2000 to 2007.

7. NEW YEAR'S HONOURS FOR SHEFFIELD TEACHING HOSPITALS

This year the Trust has had a record number of our colleagues recognised in the New Year Honours list which is testament to the quality of people we have working within our organisation in a variety of fields and professions.

Professor Pamela Shaw, Consultant Neurologist and Professor of Neurology at the University of Sheffield, is one of only 16 figures across the country to be given Damehood in recognition of her extraordinary contribution to the field. This includes the establishment of the Sheffield Institute for Translational Neurosciences (SITraN), an £18million research facility bringing together 150 international clinicians and scientists to fight crippling diseases such as motor neurone disease.

Professor Kate Gerrish, Professor of Nursing Research at the Trust, has been given a Commander of the Order of the British Empire (CBE) in recognition of her unique contribution to nursing.

Professor Wendy Tindale, Scientific Director at the Trust and Clinical Director of the National Institute for Health Research Devices for Dignity Healthcare Technology Co-operative and Professor Moira Whyte, Professor and Honorary Consultant in Respiratory Medicine, were also given Officers of the Order of the British Empire (OBEs) for the fantastic work they have done in their fields.

Andrew Cash
Chief Executive
28 January 2014

Appendix 1

SUMMARY OF OVERALL POSITION

DECEMBER 2013

	Target	Monitor Weightings	Dec-13	Q3	Q2	Q1	ytd 13/14	Last Year 12/13
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	85% treated within 62 days	1.0	↓	↓			↔	
31 DAY SUBSEQUENT TREATMENT	98% treated within 31 days	1.0	↔	↔			↔	
18 WEEK REFERRAL T0 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	6 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 77 operations per month cancelled on the day	n/a	↑	↑			↓	
CQUINS INDICATORS	On target for CQUINS indicators	n/a						

* Performance on MRSA is being monitored against the targe of 6 set by Monitor and not the contract target of 0.

	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
↔	