



Council of Governors

2 September 2014

Chief Executive's Report

1. PERFORMANCE

The Trust has made a good start to the year. In quarter 1 all the key targets were met with the exception of the C.Diff target and the referral to treatment time target for admitted and non-admitted patients. This latter target (more commonly known as the 18 weeks targets) has been a challenge since the latter part of last year due to an increase in the number of referrals to STH. There is a plan in place to meet this target from quarter 3 (1 October 2014) and, given this plan, Monitor are content with the Trust's position and thus the Trust has been assessed as **GREEN** for governance at quarter 1.

In financial terms, the Trust has a deficit of £2m at the end of quarter 1. At present there is a £1.5m (22.7%) of under delivery on efficiency plans against the plan at this point of the year although this is expected to improve as the year progresses. Given the current position, tight financial control and performance management continue to be reinforced to ensure that the Trust is able to meet its year-end targets.

Turning to quarter 2, there are a number of areas of focus:

- A continued effort needs to be made to ensure the Trust can meet the 18 week target for the Trust as a whole from 1 October 2014. There are a small number of Clinical Directorates, specifically Orthopaedics and Cardiology, which face particular challenges and additional support is being provided to these areas.
- C.Diff – the detail of the Trust's position is set out below under section 2. The Trust's C.Diff action plan is in place and the delivery of that plan is being overseen by the Board of Director's Healthcare Governance Committee.
- Emergency services – the Trust was very busy in the last 9 days of July 2014 to the extent that the 95% target was narrowly missed by a small margin of 0.4%, for the month as a whole. All staff involved in the emergency services pathway are to be commended for their hard work during this very busy period. I will verbally update the Board on the latest position at the meeting.
- Cancer – the Trust has an enviable track record for meeting all of its cancer targets over the last 3 years. There is, however, a particular challenge in ensuring that the 31 day subsequent diagnosis to surgical treatment target is met in quarter 2.

2. INFECTION, PREVENTION AND CONTROL

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 July 2014

There have been 0 Trust Attributable cases of MRSA bacteraemia recorded for the month of July. There were 2 cases of MRSA bacteraemia detected on admission during June. Following the completion of the Post Infection Review, one of the cases has been attributed to the Trust.

The patient had been in STH for a month during May and June prior to being transferred to Intermediate Care, 5 days later the patient was readmitted to STH. A positive blood culture for MRSA was taken the following day.

The PIR concluded that with hindsight the choice of antibiotics for this patient was sub optimal and it is for this reason that the case has been attributed to STH.

It has been 36 days (up to 31 July 2014) since the last case of MRSA bacteraemia was attributed to the Trust. Prior to the case in June, the Trust had gone 166 days without a MRSA bacteraemia.

The year to date performance is 1 case of MRSA bacteraemia attributed to the Trust against the threshold of zero.

For 2014/15 the target for MRSA is zero.

MRSA Screening

June MRSA screening figures were 113%. The figures for July were not available when this report was written.

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.

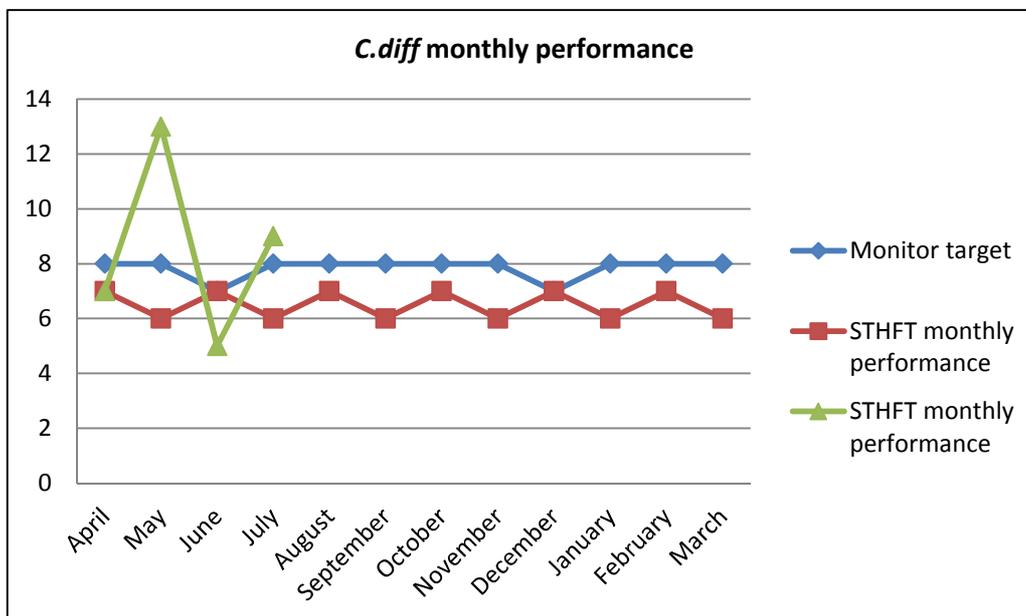
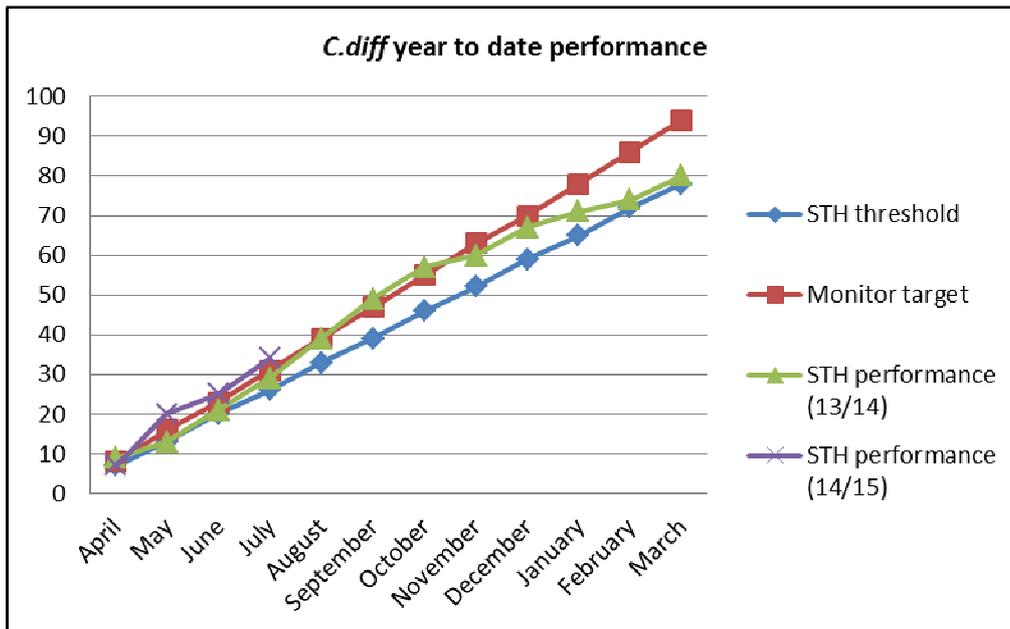
To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies how the IPC team will undertake MRSA screening compliance audits in each area each year.

2014/15 C.DIFF PERFORMANCE

STHFT has recorded 9 positive samples for July. The year to date performance is 34 cases of *C.diff* against an internal threshold of 26 and a Monitor threshold of 31.

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.



As the Trust is now above the Monitor threshold, the Infection Control Operational Group has 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

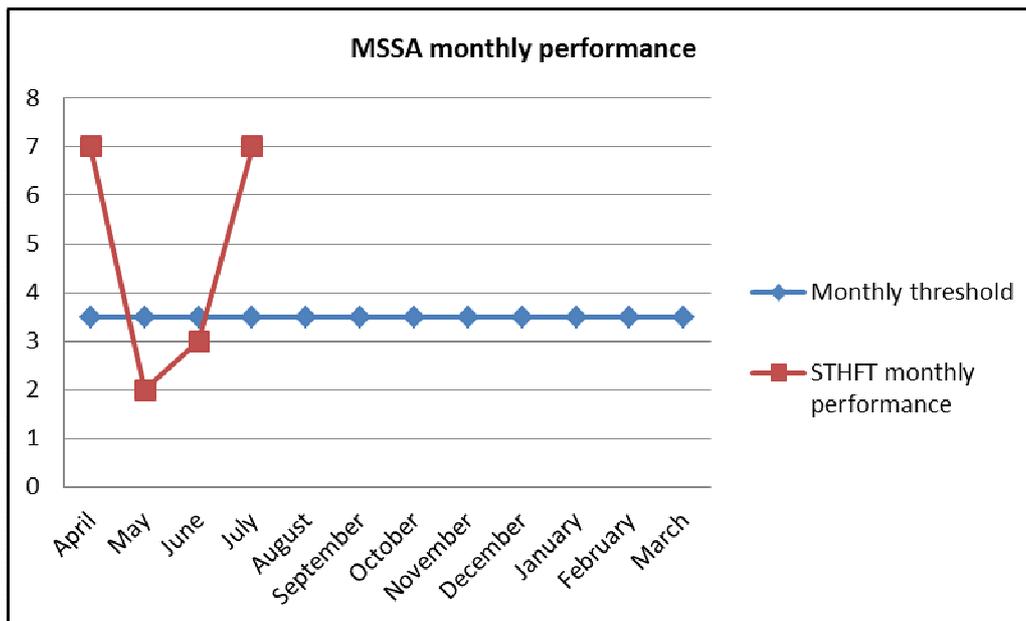
Frailty Unit and Brearley 5 on the Northern Campus and O2 Day Ward on the Central Campus are currently under surveillance for *C.diff* having had at least 2 episodes of *C.diff* within a 28 day period.

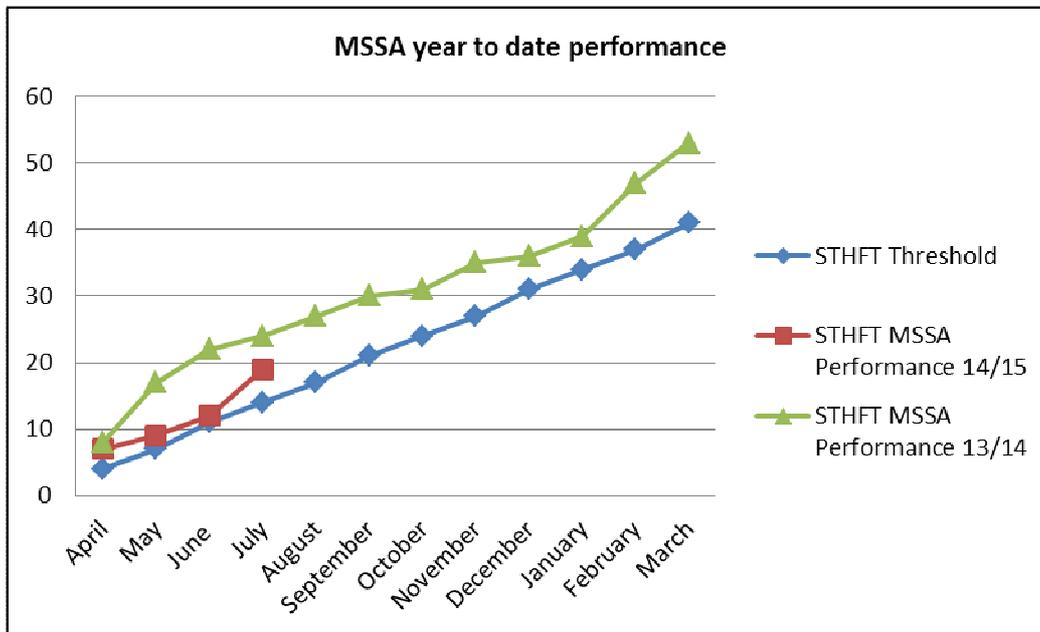
It is good practice to consider carefully any areas which experience more than 1 episode of *C.diff* within a 28 day period. The positive samples are tested to see if they are the same ribotype which may indicate that cross infection has taken place. A series of audits are undertaken by the IPC team 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 July, 7 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 19 cases against an internal threshold of 14. 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.





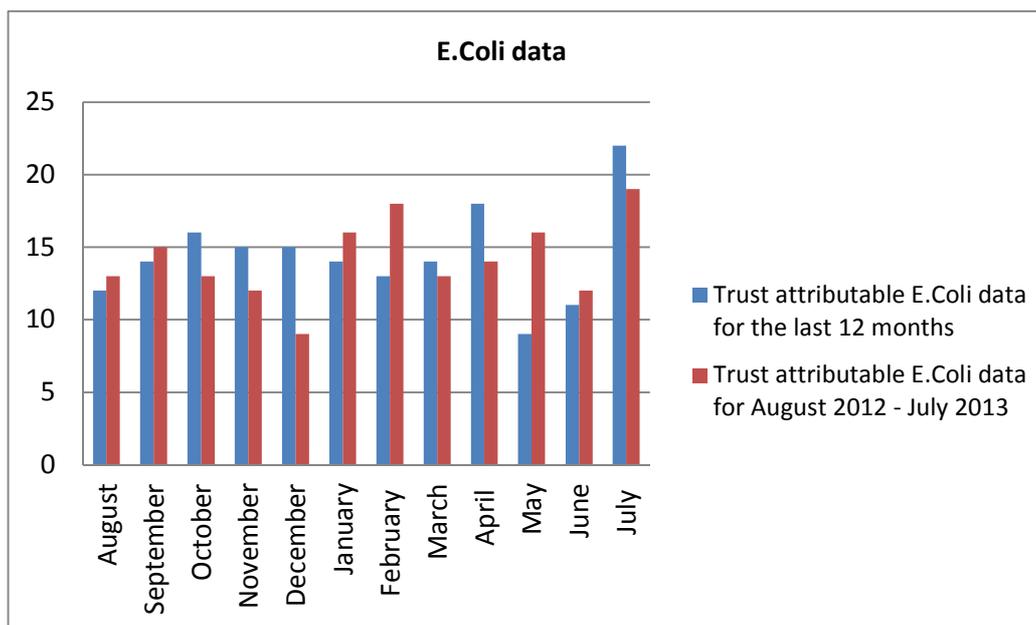
E.COLI

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 July, 22 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 (August 2013 – July 2014) the total Trust attributable cases of E.Coli bacteraemia stands at 173 cases.

For the previous 12 months (August 2012 – July 2013) the total Trust attributable cases of E.Coli bacteraemia stood at 170 cases.



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

3. NURSE STAFFING

Governors will be aware that nurse staffing levels are now reported to the Board in public each month. Generally the Trust is doing well in ensuring a high correlation between planned and actual staffing levels but on those small number of occasions when the gap between planned and actual staffing levels is greater than 15% the reasons are set out in full in the monthly Board report.

4. EBOLA VIRUS

Governors will be aware that the UK has put in place arrangements for dealing with any cases that might arise and I can confirm that within STH robust systems for managing such cases are in place.

5. APPOINTMENTS

I am pleased to report that Michael Harper, currently General Manager for Surgical Services, has been appointed as Chief Operating Officer.

6. COMMUNICATIONS

Transformation Through Technology

In September the Trust Board will be asked to approve the full business cases for all three system projects:

- Electronic Patient Record (EPR)
- Electronic Document Management System (EDMS)
- Clinical Portal.

If approved, we will be going ahead with purchasing the necessary technology to start testing and developing these systems. We will also be opening our 'Hospital of the Future' later this year at The Royal Hallamshire Hospital. This will be an innovation style lab, kitted out in a clinical environment with our proposed technology, so staff can experience, influence, and get familiar with how we will use the technology to support patient care in the future. The location will be in the old Admissions Assessment Unit (AAU) on the ground floor of the hospital.

National Centre for Sports and Exercise Medicine

Plans to develop a second university technical college in Sheffield have been given the green light by the government.

The development, which is part of the important partnership we have with the National Centre for Sports and Exercise Medicine and also the city partners, will extend the range of learning opportunities for young people in the city region, particularly those interested in careers in the health sector, medical and sports technologies, or programming and system design.

The plans will help give young people the training they need in the sports science, health and digital technology sectors. The £10 million university technical college is due to open on the site of the former Don Valley Stadium in September 2016.

Bid for Genomic Medicine Centre for Sheffield

A new initiative is being launched nationally to provide diagnoses for patients affected by rare inherited diseases and provide a huge resource for research into the genetic basis of disease. The '100,000 Genomes Project' intends to deliver the sequence of 100,000 whole human genomes by 2017, from patients with rare inherited diseases and patients with a range of cancers. The next stage of this project is the appointment of Genomic Medicine Centres which will be commissioned to recruit patients to the 100,000 genome project. The role of these centres will be to identify and consent patients within the project disease groups, collect blood samples plus tumour tissue from the cancer patients, extract DNA and provide defined clinical information about the patients recruited to the study.

In partnership with Sheffield Children's NHS Foundation Trust we will bid to be a Genomic Medicine Centre. This will be a collaborative venture between the two Trusts that will ensure the contribution of Sheffield as a centre to this important national project, the results of which will ultimately benefit both our patients and others throughout the NHS.

Patient Safety and Care Awards

Congratulations to the three winners and finalists at the national Patient Safety and Care Awards, which is one of the most prestigious in British healthcare.

The successful teams were:

- **Cancer Care:** The Sheffield cancer survivorship and late effects service: a multi-professional approach to care
- **Diabetes Care:** The Sheffield diabetes footcare team
- **Changing Culture:** The Sheffield Microsystem Coaching Academy

Nomination – Clinical Service of the Year Award

The eye clinic at the Hallamshire has also been nominated for a national award by its patients. The clinic's macular service is in the running for the 'Clinical Service of the Year' Award as part of the Macular Society's Awards for Excellence. The nomination recognises the clinic's exceptionally good practice in the care of people with macular degeneration. Age-related macular degeneration affects the central vision and is the most common cause of sight loss in the UK.

Visit to STH by Jane Cummings, Chief Nursing Officer for NHS England

The Chief Nursing Officer for NHS England, Jane Cummings, visited frontline nurses and midwives at the Royal Hallamshire Hospital as part of the NHS Leadership Academy's drive to develop 5,000 nurses and midwives. Jane also toured the new Critical Care Unit at the Hallamshire and was very impressed at the standard of care being delivered by the teams.

A number of STH nursing colleagues are taking advantage of the Frontline nursing and midwifery programme which is available to all nurses and midwives delivering NHS care in any capacity.

Andrew Cash
Chief Executive
18 August 2014