

CHIEF EXECUTIVE'S REPORT

BOARD OF DIRECTORS – 20TH APRIL 2011

1. **PERFORMANCE**

As the Trust approaches the assessment of its year end position, I am pleased to report that in overall terms the Trust has performed well throughout 2010/11. I would highlight the following aspects of performance.

- **Emergency Services.** The Trust has worked hard throughout quarter 4 to provide an appropriate service for patients who attend as emergencies and I am pleased to report that at the end of quarter 4 the Trust's performance was 97.5% for those patients attending A&E and either being seen, admitted or discharged within 4 hours.
- **Cancer.** As the Board will be aware the Trust has struggled in previous quarters to ensure that the percentage of patients who have breast symptoms where cancer is not suspected meet the target has proved extremely challenging. I am pleased to be able to report that as a result of the action taken both within the Trust and with our partners across the health community the Trust is now confident it will achieve 95% performance for this target in quarter 4 (the target being 93%) and is in a sustainable position to ensure that this target is met going forward.
- **CQUINS.** The Trust agreed a CQUIN scheme with its commissioners led by NHS Sheffield for 2010/2011. The scheme was worth £9m and contained 33 schemes. The Trust achieved £7.9m of this funding through successful or likely achievement of 29 of the schemes. For the following schemes, the Trust is likely to receive either partial or no payment:

1. **Venous thromboembolism (VTE) risk assessment**

This indicator required 90% of the Trust's patients to have had their VTE risk assessed during quarter 4.

Performance for January was 86% and for February 90%. March's data is still being collated but will need to be in excess of 90% to compensate for the shortfall in January. The principal issue has been the challenge of manual data collection rather than clinical commitment to carrying out the assessments. If the Trust did achieve this indicator, this would be a further £0.5m in addition to the £7.9m already achieved.

2. **Responsiveness to personal needs – adult inpatient survey**

The Trust had agreed performance improvement targets with NHS Sheffield to be demonstrated in the National Inpatient Survey. Although the Trust improved its performance in all the areas identified in this indicator, the level of improvement was not sufficient to gain all of the available income. The Trust earned £91k from a possible £243k.

3. **Proportion of women breastfeeding on discharge**

The Trust was required to increase the rate of breastfeeding among women by 2% from 64.9% to 66.9%, although the rate has been increased by about 1% this only triggers 50% of the payment (£162k from a possible £324k).

4. Cancellation of elective procedures

The Trust was required to cancel fewer than 611 operations on the day of surgery to achieve this indicator. Unfortunately, the number of cancelled operations was much higher than this, partially due to the impact of the adverse weather in winter and so the Trust will receive no payment for this indicator.

- **Activity.** At the end of February 2011 the key aspects of the Trust's activity were as follows. The level of elective inpatient activity was 1.6% below target compared to a 2.1% at the end of January 2011 but higher than last year. New outpatient activity was 0.2% below target and follow ups 1.6% above the reduced target. Non elective activity was 4.7% above expected levels and waiting lists for both inpatients and outpatients fell during the month. The performance against the 18 week targets in February 2011 was above target for both non admitted and admitted patients. Referrals were approximately 1.6% below expected levels for the year to date compared to 1.4% below at the end of January 2011.
- **Financial Position.** At the end of month 11, the Trust was overspent by £10.7m against its allocated budgets which equates to 1.5% of turnover. This was a small deterioration of £9.4k during February 2011. The overall position benefitted from a £0.6m improvement in the income position offset by an equivalent expenditure deficit. This is the second month in a row where the Trust has virtually broken even in month.

Given the uncertainties which the Trust has faced throughout the year, it has managed its reserves prudently to ensure its overall financial health at the year end. In this context, therefore, out of the remaining central reserves £12m has been identified as uncommitted. This largely represents unused contingency reserves, delays in financial plan commitments (cost pressures/potential investments) and release of accruals/provisions made at last year end which with hindsight have been shown to be prudent. Whilst this is a much larger value than in prior years, it largely derives from the financial recovery plan imperative to avoid committing reserves.

In recognition of the size of the available uncommitted contingency reserves, the month 11 results have been adjusted to reflect the release of the year to date proportion of the £12m referred to above. Hence £11m has been released to reduce the year to date position against the financial plan to an underspend of £295k. Nevertheless, the implications of these actions do give cause for concern because most of the uncommitted reserves arise for one off reasons and will not be available in the current financial year. Hence the operating deficit continues to give a better indication of the underlying position which will roll forward into the current financial year and which the financial plan approved at the March Board seeks to address.

2. INFECTION CONTROL

2010/2011 MRSA Performance

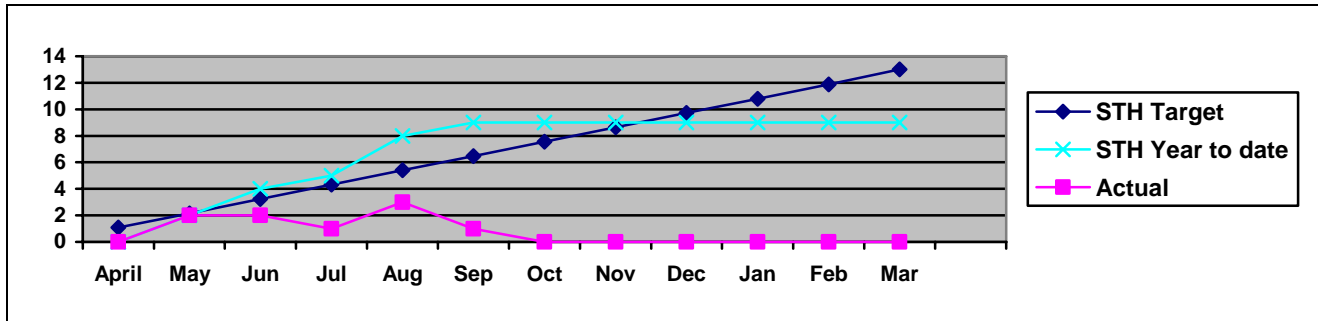
MRSA Target for 2010/2011

There has been a change to the way that MRSA bacteraemia are recorded for 2010/11. Similar to the C.diff target, bacteraemia are either classified as Trust attributable or community acquired. Community attributable 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 2010/11 is 13 cases. The target for the health community is 17 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 March

0 cases of MRSA bacteraemia were recorded during the month of March.

The full year performance was 9 cases of MRSA against a target of 13. This is the same number of Trust attributable cases as recorded in 2009/2010.



The target for 2011/2012 is 10 so the Trust will need to continue to perform at its current level to achieve this target.

MRSA Screening

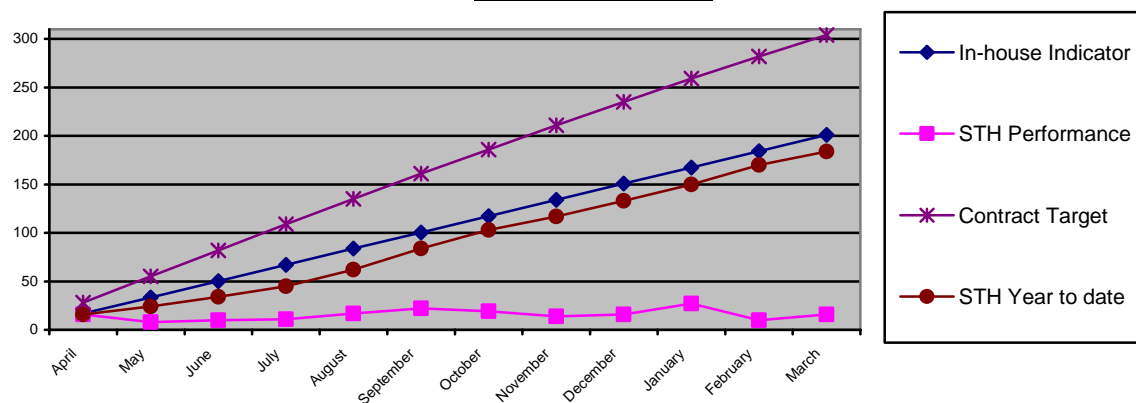
February MRSA screening figures were 123%. March MRSA screening figures were unavailable at this time.

2008/2011 C.Diff Performance

In March, STHFT recorded 14 positive samples. This is 3 cases below our in-house indicator and 14 under the 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 February was year to date performance of 263 against a year to date target of 408.

C.diff Performance



The full year to date performance is 184 cases of C.diff against a contract target of 304 and STHFT target of 201. This is an 8% reduction in the C.diff rate for the Trust during 2011.

The target for 2011/2012 is 134 therefore the Trust will need to improve by a further 27% to achieve this target.

Surveillance

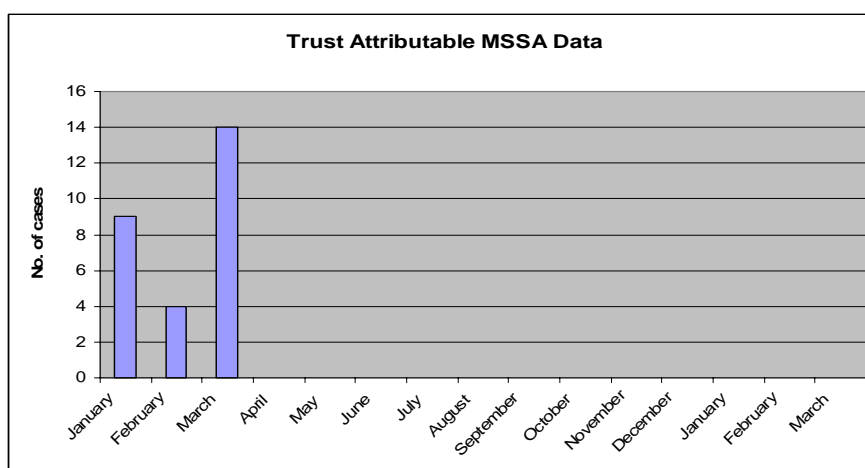
Firth 2 (Northern General Hospital), Huntsman 7 (Northern General Hospital) and P3 (Royal Hallamshire Hospital) are all currently under surveillance for C.diff having had at least 2 episodes within 28 days.

MSSA

The Trust has started to return data on the number of cases of MSSA bacteraemia to the Health Protection Agency. Similar to C.diff and MRSA bacteraemia, the cases are labelled as either Trust attributable or community acquired. For March, 14 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 three months, the total Trust attributable cases of MSSA stands at 27.



INFECTION PREVENTION AND CONTROL

NHS Sheffield - MRSA Reporting

Weekly reporting of bacteraemia and root cause analysis continues.

Norovirus

The Trust has continued to experience some disruption caused by outbreaks of Norovirus during March. At times this has had an impact on service delivery but the disruption has been contained more successfully than during 2010.

Extension of Mandatory Surveillance to E.coli

It has been confirmed that the Trust will be required to report cases of E.coli bacteraemia from June 2011.

The requirement to collect information on the numbers of E.coli and MSSA bacteraemia in addition to MRSA bacteraemia and C.diff is taking up a significant proportion of the Director of Infection Prevention and Control's (DIPC) time.

It is critical that this data is collected and recorded accurately and in a timely manner and this requires a high level of expertise for the Trust to be confident in the accuracy of the data.

Currently, to aid consistency much of this has been done by the DIPC herself but in the future this may need to be shared with other microbiology colleagues.

The DIPC is contacting other large Teaching Hospitals to see how they collate their data, to see if they have adapted different systems from which we can learn

3. **COMMUNICATIONS**

Media coverage - During March the media coverage and tone was predominantly positive and articles featured the new Breast Unit, Hand Unit, transplants and customer care pledge. Ongoing public awareness campaigns on transplant and cancer featured heavily during March to coincide with national awareness weeks. The Trust has been featured in two TV programmes.

Internal and external communications activities have focussed on explaining the 'Right care, right time, right place programme to stakeholders and encouraging discussion and feedback on the proposals.

Work has also continued to ensure there are effective communications with community services staff following the transfer of these services under the management of STH. A welcome induction has been planned for transferring staff.

4. **NHS LISTENING EXERCISE**

On 6 April 2011, Prime Minister David Cameron, Deputy Prime Minister Nick Clegg and Health Secretary Andrew Lansley launched the Government's listening exercise on NHS modernisation.

Setting out the Government's desire to modernise the NHS with the support of patients, the public and health professionals, Andrew Lansley announced that engagement over the coming weeks will focus on:

- The role of choice in competition for improving quality.
- How to ensure public accountability and patient involvement in the new system.
- How new arrangements for education and training can support the modernisation process.
- How advice from across a range of healthcare professions can improve patient care.

The Secretary of State also announced that a new group of patient representatives, doctors and nurses would be brought together to listen and report back to Government. This group, to be known as the new "NHS Future Forum" will be chaired by Birmingham GP and former Royal College of General Practitioners Chairman Steve Field and will provide a valuable channel for the thoughts and opinions of patients and staff on the ground.

Sir Andrew Cash
Chief Executive
12 April 2011