



In hospital and in the community

proud to make a difference

Sheffield Teaching Hospitals **NHS**
NHS Foundation Trust

Council of Governors

30 April 2013

Chief Executive's Report

1. PERFORMANCE

In this section of the report I will focus on the out-turn for 2012/13. Elsewhere on the Council of Governor's agenda I will report on how 2013/14 has commenced and in particular the operational pressures currently facing the Trust.

The overall results for 2012/13 are very good and a summary is set out at Appendix 1. In particular, I would highlight the following:

- Finance – the unaudited 2012/13 annual accounts will be submitted to Monitor on 22 April 2013. The accounts will then be subject to audit with the subsequent key dates being as follows:
 - Approval / adoption by the Board of Directors – 23 May 2013
 - Submission of audited annual accounts to Monitor – 30 May 2013
 - Laying of annual accounts / annual report before Parliament – 26 June 2013

The unaudited accounts show a surplus for 2012/13 of £2.42m compared to the planned surplus of £6.7m. This represents just under 0.3% of turnover. The reported position has, however, absorbed a net charge of £5.47m in respect of various non-cash technical adjustments (i.e. impairments, impairment reversals, accelerated depreciation and income through donations / government grants used to fund capital expenditure). It is the case, therefore, after adjusting for these items the out-turn position is slightly better than planned. Cash generated from this position will be retained within the Trust and £6.7m has already been committed to the 2013/14 capital programme.

Turnover for 2012/13 was £909.1m which was an increase of 5.5% over the 2011/12 figure. The 2012/13 turnover was, however, inflated by £15.4m of reversed impairments and around £5m on non-recurrent resources received towards the year-end. Even so, income from "activities" i.e. patient care services in 2012/13 was 4.6% higher than in 2011/12 although much of the growth was on cost per case charges.

The 2012/13 financial results have yet to be put through the Monitor FRR metrics but it is expected that they will result in an FRR (financial risk rating) of no worse than a strong 3.

- Cancer – colleagues within the Trust have worked particularly hard to ensure that all the cancer targets were met in quarter 4 and this now means that for the last 2 years the Trust has met all of its cancer targets. This is a considerable achievement given the challenge of managing inward referrals to the Trust from elsewhere in the network which are not always received in a timely fashion.

- 18 weeks – the Trust met the target at Trust aggregate level for both admitted and non-admitted specialities in quarter 4.
- Emergency services target – the Trust faced sustained pressure in quarter 4 particularly in terms of a high proportion of patients age over 85 attending the A&E department and a 10.2% rise in medical emergency admissions in 2012/13 compared to 2011/12. There were also difficulties in ensuring effective patient flow across the Trust and in particular that timely discharges were achieved. Regrettably, the result was that for the second quarter in succession the Trust was unable to meet the Emergency Services target returning a performance of 90%.
- CQUINS – a very good out-turn was achieved with the vast majority of targets being achieved. The two minor exceptions were in-patient care for COPD patients and a slight underperformance on the patient experience measure.
- Patient activity – at the time of preparing this report the detailed patient activity information is only available for the period to the end of February 2013. The key points, however, of performance to that point are as follows:
 - New out-patient activity was 3% below target in February 2013 and is now on target for the year to date.
 - Follow-up activity is 2.1% above target for the year to date
 - The level of elective in-patient activity was 4.2% above target in February 2013 and is now 2% above target for the year to date
 - Non-elective activity was 10.3% above expected levels in February 2013 and is now 4.4% above for the year to date.
 - The waiting list for in-patients fell by 273 in February 2013 and the out-patient queue fell by 293.

2. **WORKING TOGETHER**

The 7 acute providers in South Yorkshire, Mid-Yorkshire and North Derbyshire have been working together to look at ways to improve clinical quality standards and meet future financial challenges facing us all. A summary of the progress to date is attached at appendix 2.

3. **INFECTION CONTROL**

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

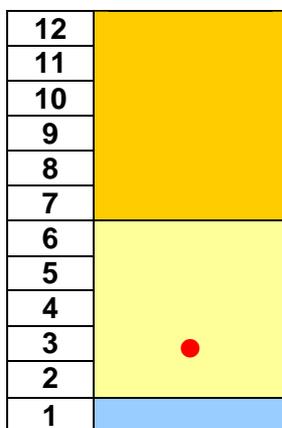
Monitor (de-minimus): 6

Contract (penalties apply): 12

MRSA performance for March 2013

There has been 1 case of MRSA bacteraemia for the month of March however this was not Trust attributable.

The full year performance is 3 cases of MRSA against a Department of Health threshold of 1. The full year performance in 2011/2012 was 2 cases.



2012/2013 Thresholds	
National (Department of Health): 1	
Monitor (de-minimus): 6	
Contract (penalties apply): 12	
Actual number of cases: 3	●
Days since the last Trust Attributable MRSA Bacteraemia (up to 31 st March 2013)	181

MRSA screening

February MRSA screening figures were 115%. Screening figures for March are not available at this time.

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% will indicate that the volume of screens being undertaken is in line with all patients being screened for MRSA as per Trust policy.

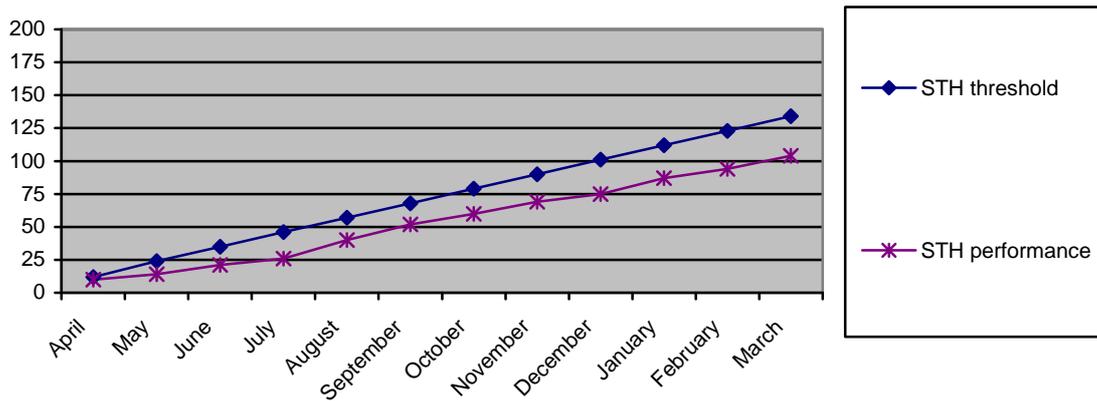
To ensure that MRSA screening protocols are being followed at ward and department level, the Infection Control Programme specifies that the IPC team will undertake MRSA screening compliance audits in each area each year.

2012/2013 C.DIFF PERFORMANCE

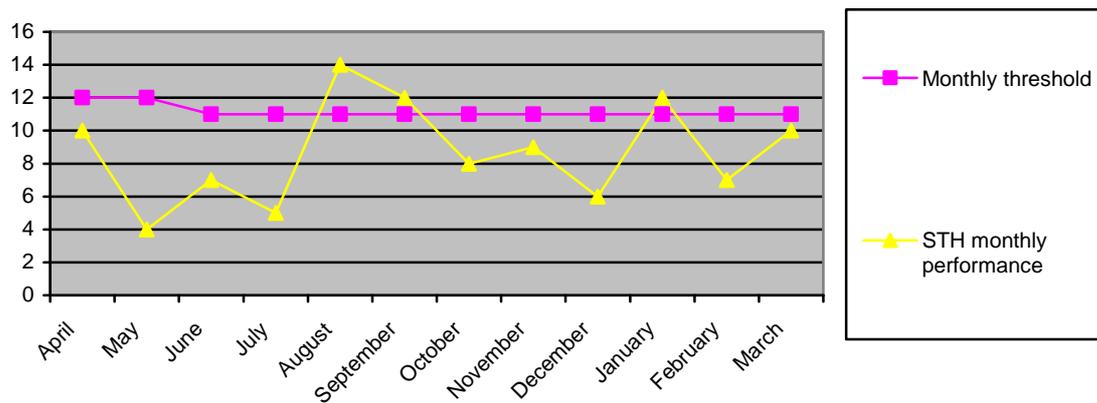
STHFT has recorded 10 positive samples for March. The full year performance is 104 cases of C.diff against a contract threshold of 134. This represents a 42% improvement on the performance in 2011/2012 of 178 cases.

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 215 cases against a year to date threshold of 175 cases.

C.diff year to date performance



C.diff monthly performance



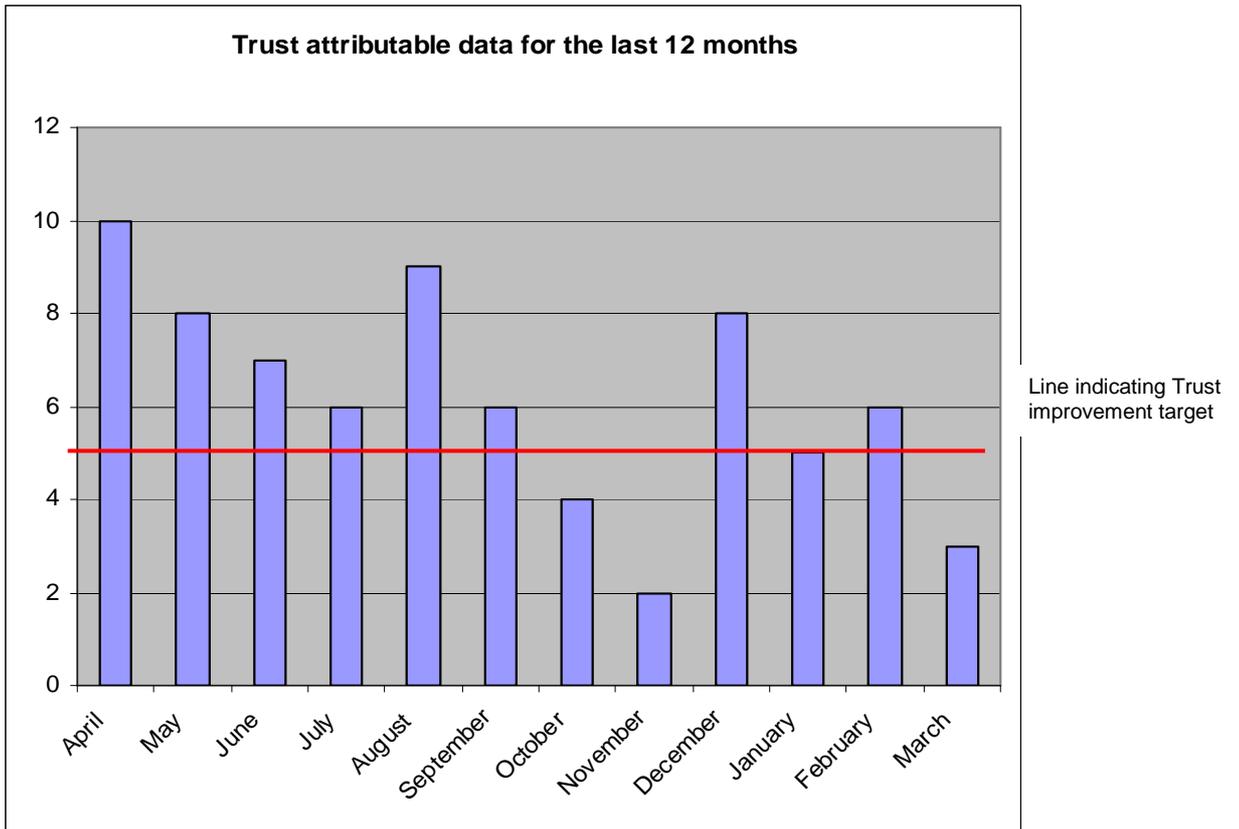
Surveillance

Weston Park Ward 3 at the Central Campus 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 the Health Protection Agency. Cases are labelled as either Trust attributable or community acquired. For March, 3 Trust attributable cases of MSSA bacteraemia were recorded, this is less than the monthly trajectory that the Trust has set itself.

Performance on MSSA for the full year is 74 cases; there were 71 cases in 2011/2012. 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.

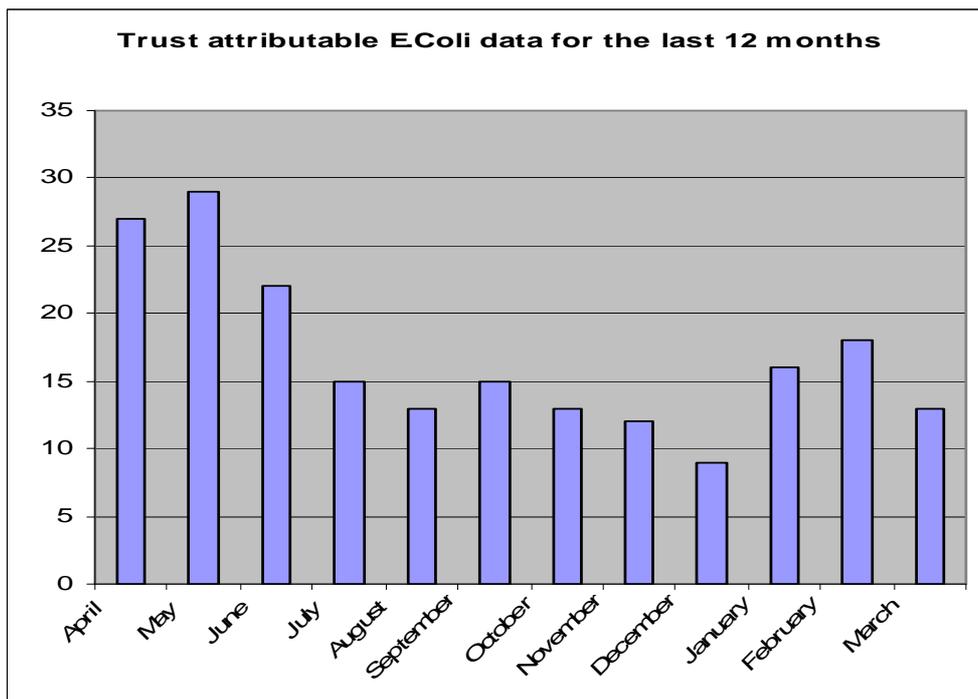


E.COLI

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 March, 13 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 20 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 minimal levels of norovirus during February which has had little impact on service delivery.

4. COMMUNICATIONS

(a) Positive reports from Care Quality Commission inspections.

Inspectors from the Care Quality Commission have given both the Royal Hallamshire Hospital and Northern General Hospital a positive report after unannounced visits in the past few months. The Care Quality Commission arrived for an unannounced inspection at the Royal Hallamshire in January visiting Q1 and Q2 wards (Geriatric/ Stroke Service), the Day Surgery Unit and also M2. During their visit they spoke with members of staff, people using the service and relatives. The two standards that were inspected during the inspection were respecting and involving people who use services and supporting workers. Both standards were fully met. Inspectors found staff were fully supported in their work, efficient and professional, while patients felt respected and fully informed about their care.

The Northern General Hospital received two unannounced visits from the inspectors in December, first speaking to patients and workers, then returning to speak to senior staff. They spent time on a geriatric and an orthopaedic ward and two medical assessment units. The report said patients felt satisfied with the hospital, and 'felt well looked-after'. Patients were also 'protected from the risk of abuse', the inspectors found. One patient said they would give the hospital '10 out of 10', while another described the nurses as 'fabulous'. All required standards were fully met.

(b) National NHS Inpatient survey and Radiotherapy survey

The results of two national patient surveys have highlighted a high level of satisfaction for those cared for by our Trust.

Ninety seven per cent of patients rated their overall care at the hospital as either excellent or very good in the national Radiotherapy Patient Satisfaction Survey. 98% of patients said they were given the opportunity to ask questions before giving consent and 95% of patients surveyed felt they were always treated as whole person rather than as a set of cancer symptoms in the clinic. The service also scored very well in many other areas.

Over 98% of inpatients at STH surveyed said they were treated with respect and dignity during their stay, according to the 2012 National inpatient survey.

426 patients at Sheffield Teaching Hospitals NHS Foundation Trust completed a survey, 98% of whom also felt the hospitals were kept clean.

Our Trust also scored well when compared to other Trusts in a number of questions, including being given the right amount of information about their condition or treatment whilst in the Accident and Emergency Department and also not feeling threatened during their stay in hospital by other patients or visitors.

(c) The new state of the art Laboratories complex at the Northern General Hospital will be officially opened by Lord Howe, Parliamentary Under Secretary of State for Quality on the 9th May.

- (d) **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 in March. 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.

(e) **Clinical Director changes**

Several of our longstanding Clinical Directors are retiring at the end of this month and new appointments have been made to their posts.

Andrea Galimberti is the new Clinical Director for Obstetrics, Gynaecology and Neonatology from 1 April 2013. Andrea has been a Consultant Obstetrician and Gynaecologist at the Trust for 12 years and he has been Lead Obstetrician and Labour Ward Lead for five years. Andrew Farkas is retiring as Clinical Director after 4 years as Clinical Director.

Branko Perunovic is the new Clinical Director for Laboratory Medicine. Branko has been a Consultant Histopathologist at the Trust for almost seven years and has been Lead Clinician for Histopathology since 2009. He took up his appointment from 2 April 2013. Branko will be replacing Professor Tim Stephenson who has decided to step down from the role after nearly 14 years as Clinical Director.

Stephen Winder has been appointed as Clinical Director for Ophthalmology. Stephen will take up his position from Wednesday 1 May. Stephen has been Clinical lead for vitreo-retinal surgery since 2005 and Deputy Clinical Director for 10 years. Stephen will take over from Professor Ian Rennie who retires from the role of Clinical Director after a number of years dedicated service.

A new Directorate of Communicable Diseases and Specialised Medicine has come into operation from 2 April 2013. Dr Christine Bowman is the Clinical Director for the new Directorate.

(f) **Awards**

A number of our staff have been recognised in the last month in a number of national awards in the last few weeks:

The Renal team have been named as two of the four finalists in the **BMJ 2013 Renal Medicine Team of the Year**. The two services highlighted for their achievements are: Yorkshire and Humber Shared Haemodialysis Care Team Remote Monitoring for Chronic Kidney Disease - Sheffield Kidney Institute.

Jane Harding and Margaret Harrison, specialists from the Community Lymphoedema service have been nominated for the **Lymphoedema Nurse of the Year Award 2013**. The award is part of the British Journal of Nursing and recognises the hard work and dedication of those who care for people with Lymphoedema.

The sexual health team have won the sexual health media campaign category at the **UK Sexual Health Awards** for their innovative HIV rap video and social media campaign. The campaign is aimed at young people to remove some of the stigma associated with HIV.

The Department of Haematology and the Jessop Wing Neonatal Unit have both been shortlisted as finalists in the **national Patient Safety Awards**. The Department of Haematology has been shortlisted in the Diagnosis category for the use of Haemato-oncology Diagnostics The Jessop Wing neonatal team have been shortlisted in the Infection Control and Hygiene category for their: "Reduce the rate"-initiative to reduce neonatal central line infections. The Awards have received their highest number of entries in their history and so both teams should be proud of their achievement.

(g) **INSIGNEO - £6.7m grant to pioneer new care**

A computer model of the human musculoskeletal system is to be mapped out by researchers at the University of Sheffield and our Trust following a £6.7 million grant announced by the UK's Minister for Universities and Science, David Willetts last week. The model will lead to personalised treatment for diseases such as osteoporosis, arthritis and back pain - saving money and leading to better outcomes and faster recovery. The five-year programme will see experts from the INSIGNEO Institute for *in silico* (meaning via computer simulation) medicine, a joint initiative of the University of Sheffield and the Trust to create a new modelling framework for the human musculoskeletal system. The Insigneo Institute will be officially launched on the 9th May.

(h) **Don Valley stadium will be Olympic legacy**

The Trust has been part of a group of City organisations involved in developing plans for the Don Valley Olympic legacy project. – The proposal is the most comprehensive Olympic legacy project outside of the capital and could create up to 940 jobs. The plans include:

- Potential new homes for the Sheffield Eagles (Rugby League) and Titans (Rugby Union) teams – as well as new venues for basketball, gymnastics and snooker
- A High Performance Centre linking professional and elite sport on the site to the development of Sheffield Hallam University's Centre for Sports Engineering Research and the developing Medical Advanced Manufacturing Centre at the AMR
- The siting of the new National Centre for Sport and Exercise Medicine
- The potential development of a second University Technical College for Sheffield

The proposals build upon the existing strengths of Sheffield and offer the opportunity to create a unique relationship between sport, exercise and health that will keep the city at the forefront of innovation in the country; even more importantly they will bring very significant benefits to our local population. The NCSEM will be a key partner in developing and implementing the vision for the Don Valley Stadium site over the next few years.

(i) **Lets Talk**

As part of the on-going Let's Talk staff engagement programme, acute and community staff have been invited to share with the Chief Executive their views and ideas as we move forward with the second year of our Making a Difference strategy. The series of 20 plus open sessions will also coincide with the six monthly Consultant update sessions. The Open sessions are in addition to the fortnightly visits the Chief Executive is undertaking to clinical areas to meet staff and patients.

SUMMARY OF OVERALL POSITION

	Target	Feb	Q4	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

Working Together: A Process for Delivering Sustainable Services in Acute Providers in South Yorkshire, Mid Yorkshire and North Derbyshire

Board Briefing Note

The seven acute providers in South Yorkshire, Mid Yorkshire and North Derbyshire have agreed to work together to improve clinical quality standards and meet future financial challenges. A facilitated event for Chairs, CEOs, Medical Directors and Directors of Finance together with the Director and Medical Director of the NHS Commissioning Board for South Yorkshire and Bassetlaw, and a representative of the CCGs took place on **1 February 2013**.

The meeting was very constructive and productive. All agreed that there were significant opportunities to improve the quality of services; improve access and activity levels; and improve the economic and financial position of the health economy and individual Trusts by working together in a more structured and formal way.

Specifically, it has been agreed that a detailed proposal will be prepared by CEOs for consideration (and if appropriate agreement) by each Board at their March meetings. The proposal will set out how an environment can be created which will enable people to work together, and stay working together, over the next few years. The proposal will suggest how:

- To establish a clear and agreed framework, mechanism, and process to enable acute providers to work together in a structured, systematic and collaborative way over the next 3 years to enable them to achieve benefits that they would not achieve by working on their own.
- To support the delivery of high quality and sustainable services to people in the most appropriate care setting(s) as local and as close to their home(s) as possible.
- To support the achievement of financial viability and sustainability for each participating organisation.
- To ensure that strong acute providers are working collaboratively with strong commissioners to meet commissioners' intentions, improve the health and wellbeing of the people we serve, and do so in the most economic, efficient and effective way.

This proposal will cover the following areas:

- The **structures** which should be put in place.
- The **processes** which should be followed.
- The **outcomes** which should be achieved.
- The way the work will be **resourced**.

It is intended that a Programme Office be established led by a CEO (or equivalent) level Director, who will ensure good progress is made in the short (next 6 months), medium (6-18 months), and longer term (2-3 years).

A full process of engagement and communication will be developed and agreed involving all key internal and external stakeholders.

Paul O'Connor, Chief Executive, Barnsley Hospital NHS Foundation Trust

Gavin Boyle, Chief Executive, Chesterfield Royal Hospital NHS Foundation Trust

Mike Pinkerton, Chief Executive, Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Stephen Eames, Interim Chief Executive, The Mid Yorkshire Hospitals NHS Trust

Michael Morgan, Interim Chief Executive, The Rotherham NHS Foundation Trust

Simon Morrith, Chief Executive, Sheffield Children's NHS Foundation Trust

Andrew Cash, Chief Executive, Sheffield Teaching Hospitals NHS Foundation Trust

4 February 2013