

**CHIEF EXECUTIVE'S REPORT**

**1. PERFORMANCE**

Looking back at performance throughout 2010/11 this was generally a good year for the Trust. In particular, the Trust Quarter 4 submission to Monitor showed a 4 financial risk rating and amber green for governance. The amber green rating reflected the difficulties which the Trust had experienced in meeting the 62 day target for cancer patients following GP referral. Performance was 80% against the compliance threshold of 85%. The principal reason for this was that the bad weather in January 2011 made for particular problems for all providers in the network. There was also the difficulty that the festive season and associated patient choice in December had a knock on effect in January. As a result many of the breaches were unavoidable and led to particularly poor performance in January 2011. It should also be noted, however, that the Trust will need to ensure that this target is met in quarter 1 of 2011/12 as in quarter 3 the Trust also just missed the target for patients seen within 62 days as a result of being referred by the screening process.

The significance of this is that these targets are grouped together for the purposes of the Monitor compliance framework and, therefore, the Trust needs to avoid this target being missed in 3 consecutive quarters. An action plan has been agreed and nevertheless this will be extremely challenging.

In relation to the CQUINs outcome for 2010/11, I am delighted to report that the year end position was even better than anticipated in my previous report. In particular, the breast feeding target was met and there was a tremendous improvement in performance against the venous thromboembolism target such that performance for the quarter as a whole was at 89.5%. Subject to a debate with NHS Sheffield about how the rounding principle might be applied, it is likely, therefore, that the Trust will be deemed to have achieved this target.

In summary, therefore, the only targets which the Trust was not successful in terms of the vast range of CQUIN targets was the cancelled operation target and only received part payment for its performance on the inpatient survey.

In terms of the Trust's financial position, the provisional financial outturn for 2010/11 was reported at the previous Board and audit has now commenced on those accounts.

As in previous years, there is no month 1 financial position report.

Turning to the emerging issues in quarter 1, particularly against the Monitor compliance framework, I would highlight the following three issues:-

- Cancer Services – as outlined above
- Emergency Services – The Board will be aware that substantially different performance targets are due to be introduced for emergency services throughout the forthcoming year. In particular, however, in quarter 1 the target relates to the percentage of patients seen within 4 hours attending the Trust's facilities i.e. the A & E Department at the Northern

General Hospital plus the Eye Casualty at the Royal Hallamshire Hospital and the Dental Clinic at the Charles Clifford Dental Hospital. This is a significant change from previous years when the measure was against all the facilities across the city in particular including the Broad Lane Walk in Centre and clarification is currently being sought concerning the exact definitions which the Department wishes to use for assessing performance. Taking the worst case, however, the Trust is struggling to achieve 95% in the quarter and in the week beginning 2<sup>nd</sup> May, 2011, performance was 94.1% meaning that for the rest of the quarter the Trust will need to achieve 95.29% if 95% is to be achieved overall. An action plan has been devised to seek to ensure that this target is achieved nevertheless it will be a significant challenge as ever since emergency services targets were introduced in 2004, the performance within the A & E Department itself at the Northern General Hospital has always been just below 95%.

- Infection Control – as the Board will be aware the Trust’s target for Clostridium Difficile in 2011/12 is particularly challenging at 134 cases within the year as a whole. It is not clear how this target was devised and representations have been made to the Strategic Health Authority about how tight this target will be given the scientific issues concerning this particular infection. At the end of April, 2011, the Trust had experienced 24 infections against a monthly trajectory of 11/12 cases thus highlighting this particular challenge. TEG has considered what further actions might be taken to improve the position and an action plan has been agreed that will deliver improved performance on a phased basis.

## 2. INFECTION CONTROL

### (a) 2011/2012 MRSA Performance

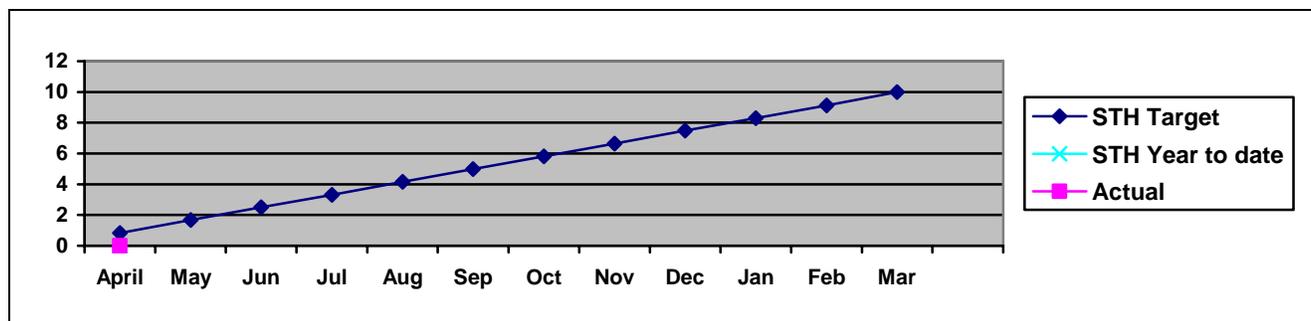
#### ➤ MRSA Target for 2011/2012

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 target for Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) attributable bacteraemia for 2011/2012 is 10 cases. The target for the health community is 13 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 April 2011

1 case of MRSA bacteraemia was recorded during the month of April but this was not attributable to STHFT as the bacteraemia was identified on admission.

The year to date performance is 0 cases of MRSA against a year to date target of 1.



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

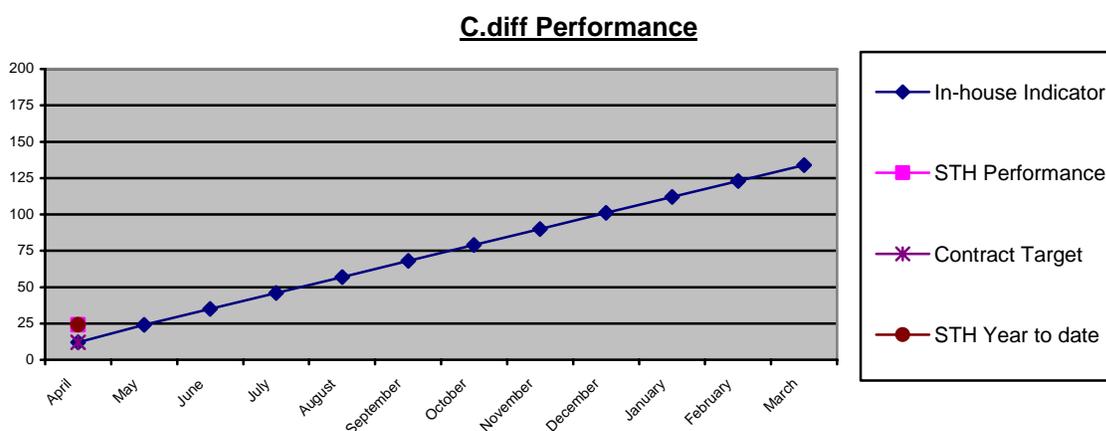
➤ MRSA Screening

March MRSA screening figures were 126%. April's MRSA screening figures were unavailable at this point in the month.

(b) 2011/2012 C.Diff Performance

In April, STHFT recorded 24 positive samples. This is 12 cases above our 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 year end position was 286 against a target of 444.



The full year to date performance is 24 cases of C.diff against a contract target of 12.

Surveillance - Firth 2, Firth 3, Macmillan Palliative Care Unit, Robert Hadfield 1, Brearley 2, Brearley 6, Surgical Assessment Unit, 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.

(c) Serious Untoward Incident (SUI) – Firth 2

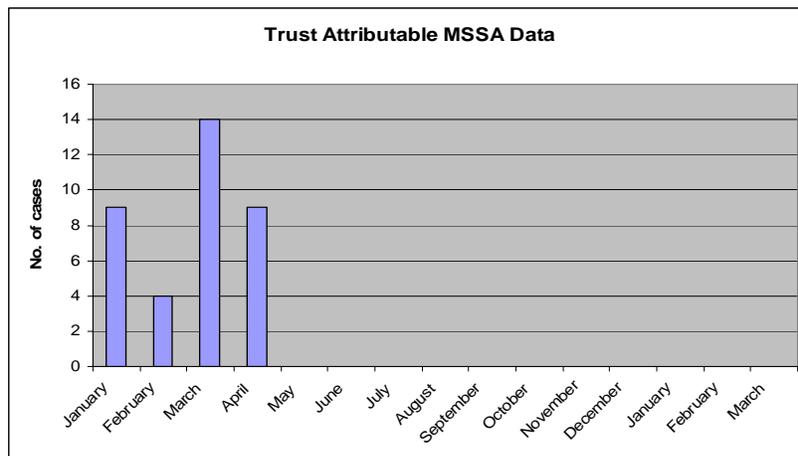
Firth 2 has had 6 cases of C.diff. 3 cases were type 027, 1 case was 076 and a fifth case was 139. The final case is currently undergoing ribotyping. As a result, the Trust has declared this cluster as a SUI. The Vascular Directorate are investigating the potential causes of this cross infection and are preparing a report and associated action plan to ensure that this does not reoccur.

(d) 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 April, 9 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 4 months, the total Trust attributable cases of MSSA stands at 36.



(e) 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 April. As the month ended, the number of individual cases and wards affected was reducing.

➤ Quarterly Infection Prevention and Control Feedback from Groups / Departments to the Board of Directors 2010/2011

As part of the Trust's Infection Control Programme, wards and departments have the opportunity to raise issues which they feel the Board of Directors should be aware of. The returns for quarter 4 identify that:

- 1 Directorate raised issues about the process for recording some Junior Doctor's attendance at induction. This has been discussed with Medical Personnel and feedback has been given to the Directorate about the correct process to be followed.
- 3 Care Groups highlighted the challenge they face in trying to ensure staff undertake the e-learning programme and outlined the strategies they have used to increase the uptake of this training.
- Some areas have not been able to be assessed for accreditation, due to the Infection Control Team being unavailable. This is directly linked to the outbreak of Influenza then followed by the Norovirus outbreak and the need for the team to be directly involved in the management of these outbreaks, including working at weekends. This issue should resolve as the outbreak finishes. The areas which had not accredited are a low infection control risk as the Infection Control Team continues to prioritise accrediting high risk areas.
- A number of areas have highlighted environmental issues which they believe need addressing. Some issues have been assessed and although the requested work would improve the physical appearance of the area, it is unlikely to reduce the risk of infection. For the remaining areas, a walk around involving

Governors, Estates, Infection Control staff, led by the Deputy Chief Nurse is to take place in May to determine the priorities for the ward refurbishment programme for 2012/2013. It is not likely that there will be sufficient funds to address all of the areas that have been highlighted as requiring refurbishment and so a risk based prioritisation process will be used to determine priorities

### **3. COMMUNICATIONS**

Media coverage - During April there was limited media coverage as the number of press releases issued was restricted due to the pre-election period.

Internal and external communications activities have continued to be focussed on explaining the 'Right care, right time, right place programme to stakeholders and encouraging discussion and feedback on the proposals. A series of meetings with the Trust's 600 Consultants has also begun to discuss service transformation and improvement.

HRH the Duchess of Cornwall officially opened the Biomedical Research Centre and the official opening of the new Cystic Fibrosis Centre, Burns Unit and Radio pharmacy Unit are all being planned.

The Annual Report and Quality Account are being produced and the forthcoming Governor elections are being promoted.

The Trust has been recognised for its overall performance in patient care at the CHKS Top Hospital Awards 2011 in the category of the CHKS 40 Top Hospitals. The award is based on the evaluation of 21 key performance indicators covering patient safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care. It recognises the achievements of the 40 top performing acute trusts from around the country in these areas.

### **4. LIBERATING THE NHS/HEALTH AND SOCIAL CARE BILL 2011**

As the Board will be aware, the NHS Listening Exercise is currently being carried out between now and the end of May 2011. Over 100 meetings have been organised nationally to hear from various staff and organisations within the NHS and locally there is to be a meeting on a regional basis before the end of May 2011. Attached at Appendix 2 is a copy of the letter from Steve Field who is chairing the NHS Futures Forum which has been sent out seeking views on the way in which the NHS Reform programme should be implemented.

### **5. CLAHRC SOUTH YORKSHIRE ANNUAL REPORT – YEAR 2**

The second Annual Report for CLAHRC South Yorkshire is now available and can be downloaded at <http://clahrc-sy.nihr.ac.uk/resources.html>. This report gives a snap shot of the valuable work of CLAHRC South Yorkshire between October 2009 and September 2010 and supports and re-iterates the vision of the CLAHRC. Board members are welcome to download this report or to receive hard copies via the Trust Secretary's office if they would prefer.

Sir Andrew Cash  
Chief Executive  
11<sup>th</sup> May 2011