

**CHIEF EXECUTIVE'S REPORT**

**BOARD OF DIRECTORS – 21<sup>ST</sup> SEPTEMBER 2011**

1. **PERFORMANCE**

As the Trust approaches the end of quarter 2 it is in a reasonable position in terms of the range of targets both nationally and locally. I would highlight the following key issues:

- Emergency Services – The Trust has made a good start to quarter 2 with performance for the quarter to date against the 4 hour standard currently at 96.9%. The target is 95%. The extended range of indicators will apply for quarter 2 and the Trust is now monitoring performance on this basis. From July 2011 the Trust is required to publish data against 8 quality standards and these are available on the Trust internet site in the Patients and Visitors section.

As previously reported, the most challenging area will be the total time spent in the A&E Department and work is underway to further improve patient flow which is the key issue in ensuring satisfactory performance against this standard.

- Cancer Services – As in quarter 1, the Trust faces a challenge in ensuring that the whole range of cancer targets is met in quarter 2. As anticipated, there is a particular challenge with the final month of the quarter (September) and across the cancer sites there is a particular challenge for urological cancers. A detailed action plan is in place in relation to urological cancers and, although challenging, the Trust is reasonably confident that these challenges can be overcome such that the targets can be met. The breach reallocation review, which I have referred to in previous reports, continues and is planned to conclude shortly with strong commissioner support for either a revised policy based on comments received from District General Hospitals or the adoption of the policy put forward by STH which is a combination of the current Hull and Christie breach allocation rules which are designed to ensure equity of access for all patients across the network and a fair reallocation of breaches where they occur.
- Clostridium Difficile – The year to date (at the time of writing) is 113 cases and there continues to be a relentless focus on the agreed action plan. In addition, the Trust has invited additional external professional advice from Professors Durden and Stevens, formerly of the Department of Health, and Dr Bharat Patel of the Health Protection Agency in the form of a review. The overriding purpose of the review is to provide assurance to the Board that everything that can be done is being done to ensure that this position improves as rapidly as possible. The report has been received and is being checked in terms of accuracy. The recommendations will be incorporated into the overall Trust action plan. It will be brought to the Board as part of the separate report on C.diff elsewhere on the agenda.
- In financial terms the Trust is in a reasonable financial position at the end of month 4 with a modest deficit of £30.9k. Elsewhere on the agenda, there is a detailed report concerning the underlying trends and patterns in the financial position and the prospects going forward over the next couple of years.

In terms of workforce, there has been a cumulative increase in staff in post of 1628.6 whole time equivalents (WTE) since March 2007 (1100.7 WTE relating to the transfer of Community Services in April 2011). The remaining 527.9 WTE relate to increases in other Directorates. Over this period, establishments grew by 1702.3 WTE (1162.7 WTE relating to the Community Services transfer, with a balance of 539.6 WTE for other

Directorates). A significant exercise is underway to ensure that establishments reflect organisational structures, recurrent P&E schemes and workforce reduction schemes and that they also remain affordable given incremental drift, other overspends and unmet P&E reserves. This is already largely done in some Care Groups and the balance will be progressed over the next three months.

- Patient Activity - The follow up to new ratio for the year to date is 2.36 to 1 compared to a target of 2.46 to 1.

New outpatient activity is 1.8% above target for the year to date and follow ups - 2.4% below target. However, the majority of the over performance on new attendances is due to a counting change in Obstetrics that is being corrected; the position is then that the performance is slightly below target (-277). New attendances are higher and follow up attendances lower than in the same period last year.

The level of elective inpatient activity is 3.0% above target for the year to date but slightly lower than the same period last year.

Non elective activity is 1.9% above expected levels but is lower than in the first quarter last year.

The 95th percentile targets for both admitted and non admitted RTT pathways were achieved for the Trust as a whole. Of the 19 directorates where the admitted pathway is applicable, 15 achieved the 95th percentile target. The directorates that exceeded the 23 weeks were; ENT, Orthopaedics, Urology, Neurosciences. All directorates met the 18.3 weeks target for the 95th percentile for non admitted pathways except for Specialised Cancer but this is likely to be due to problems with validation.

The waiting list for outpatients rose during April from 15650 at the end of March to 17415 and then fell slightly in May to 17107, rose again in June to 17,985 and again in July to 19597. At the end of July there were 5982 patients waiting over 5 weeks compared to 5505 at the end of June 2011.

The inpatient waiting list fell from 8311 at the end of March to 8174 at the end of April and again to 8037 at the end of May but increased in June to 9007 and again in July to 9269. At the end of July there were 264 patients waiting over 20 weeks compared to 251 patients at the end of June.

- Right Care, Right Time, Right Place – A City Wide Strategy - The way healthcare is delivered in Sheffield is changing to ensure the right patients are treated in the right place at the right time and in the most efficient way.

The Trust is working in partnership with NHS Sheffield, the local Authority, the Health and Social Care Trust and GPs to implement a strategy which results in the right patients being cared for in the right place at the right time and in the most efficient way. For example currently at any one time there are at least 150 patients in the City's two adult acute hospitals who no longer require hospital care but their discharge is delayed because they are waiting for community or nursing home support. Sheffield also has some of the highest rates of admissions for vulnerable older patients and many of these stay well beyond the average in hospital. Nationally it is recognised best practice to ensure older patients do not spend any longer in hospital than is absolutely necessary because it exposes them to increased risk of infection, loss of mobility and independence.

Therefore the joint plan includes a range of initiatives to reduce delayed discharges and avoidable admissions, including:

- increasing intermediate care capacity for frail older patients, including those within the specialty of orthogeriatrics and patients suffering from dementia
- speeding up the process for those patients that will need to progress to long term nursing care
- developing a primary care led assessment process for GPs to access as an alternative to hospital admission
- aligning social care and community care teams to prevent fragmentation of care.
- extending the level of service coverage for the admission avoidance/early discharge services
- ensuring all medical and orthogeriatric wards release dedicated nurse time to "champion" the prompt discharge of all patients
- developing a joint model with Sheffield Health and Social Care Trust for the early intervention with dementia patients

As a result of this significant additional investment is being made to provide additional community services or promote different ways of working between the health and social care providers. Investment has already been made to support this work: the Home of Choice initiative which is proving very successful in reducing delayed discharges, Intermediate Care Home of Choice, additional dementia beds and a General Practice Assessment Unit. Further investment bringing the total to £3m will also be made to provide increased community intermediate care services and Short Term Intervention Team packages, equivalent to 33 acute beds. It is also expected that the health community will purchase up to 20 additional intermediate care beds.

In addition over the past 18 months STH has been implementing a programme of service reconfiguration between the City's two main hospitals to ensure that when patients are admitted to hospital they are cared for in the right place at the right time and in the most efficient way. This has already enabled the creation of a centre of excellence for stroke care and the introduction of hospital at night at the Royal Hallamshire Hospital, both of which have had significant patient benefits.

Part of this programme involved centralising elderly care services at the Northern General Hospital site, which is where the majority of older patients are admitted either through A&E or the Medical Assessment Units and where the specialist services they need are located. Therefore as part of this phased programme, Q2 and Q1 ward at the Royal Hallamshire have now closed and the care is provided at the Northern General Hospital instead.

However, ONLY if the additional community services and new models of care being planned result in less demand for hospital care will we consider the closure of further in patient beds. The Trust continually reviews the number of beds needed to meet demand and will retain the ability to flex up beds in times of pressure if needed. There have not been any compulsory staff redundancies as a result of the Q1 or Q2 ward changes.

## 2. **INFECTION CONTROL**

### **2011/2012 MRSA PERFORMANCE**

#### **MRSA Target for 2011/2012**

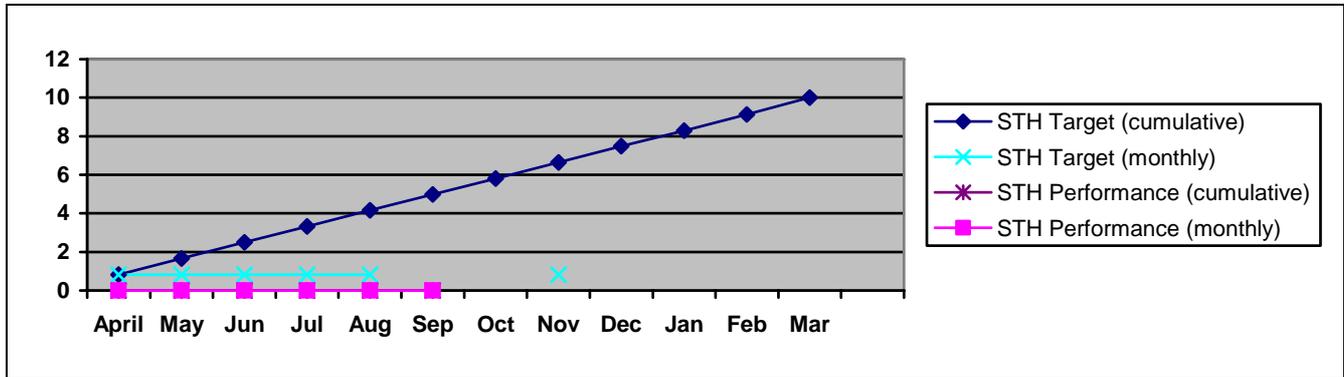
Bacteraemia are either classified as Trust attributable or community acquired. Community acquired cases are bacteraemia that are identified on either day 0 or day 1 of the patient's stay. Any bacteraemia identified after that are considered to be Trust attributable. The target for Sheffield Teaching 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 August 2011

3 cases of MRSA bacteraemia were recorded during the month of August but none of these were attributable to STHFT as these were identified on admission.

The Trust year to date performance is 0 cases of MRSA against a year to date target of 4.



The target for 2011/2012 is 10 so the Trust is now 4 cases ahead of trajectory and on course to achieve this target.

### MRSA Screening

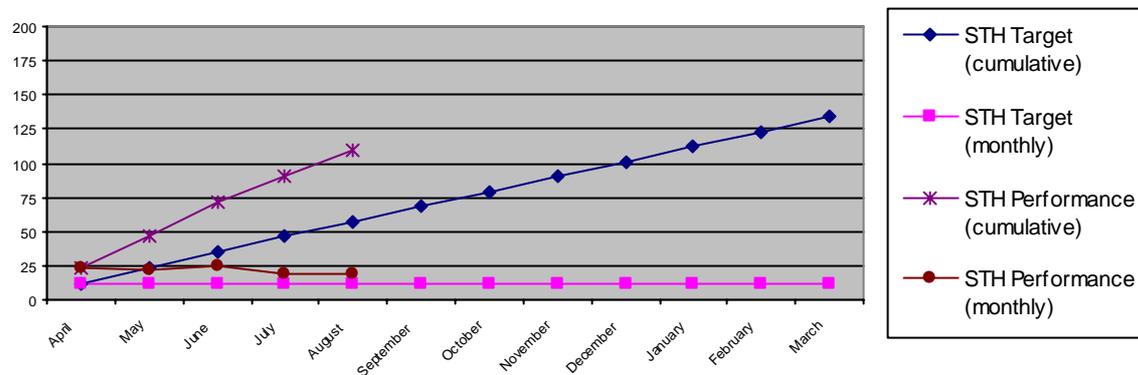
July MRSA screening figures were 111% and August MRSA screening figures were 109%.

### 2011/2012 C.DIFF PERFORMANCE

In August, STHFT recorded 19 positive samples. This is 8 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 position in July was year to date performance of 131 cases against a year to date target of 63.

### C.diff Performance



The full year to date performance is 109 cases of *C.diff* against a national target of 57. The Trust has now exceeded its quarter 3 trajectory of 101.

There is a high likelihood of breaching the national target so the Trust trajectory has been re-set to 183, i.e. lower than 2010/2011 outturn. This gives a monthly trajectory of 10.5 cases which remains extremely stretching.

## **Surveillance**

Renal Unit E and F, Robert Hadfield 5 (Northern General) and P3 (Royal Hallamshire) are all currently under surveillance for *C.diff* having had at least 2 episodes within 28 days.

## **Action Plan**

The action plan continues to be implemented, with all actions to be introduced by the end of August completed on time.

On 23 August 2011, an external review of the action plan was undertaken by Professor Stevens and Professor Duerden, formerly of the Department of Health and Dr Bharat Patel of the Health Protection Agency. The verbal feedback from the team confirmed that the actions that the Trust had focused on are the correct ones; however there are a number of areas where these actions can be strengthened and they made a number of recommendations and suggestions under the following headings:

- Prudent antibiotic prescribing
- Proton pump inhibitors
- Cleaning
- Root cause analysis
- Patient flow
- Diagnosis and isolation
- Training
- Renal services
- Current *C.difficile* action plan
- Revitalising the HCAI effort

The written report has been received and the recommendations will be considered and integrated into the existing action plan.

## **SHA Visit to Sheffield Teaching Hospitals NHS Foundation Trust – 9 September 2011**

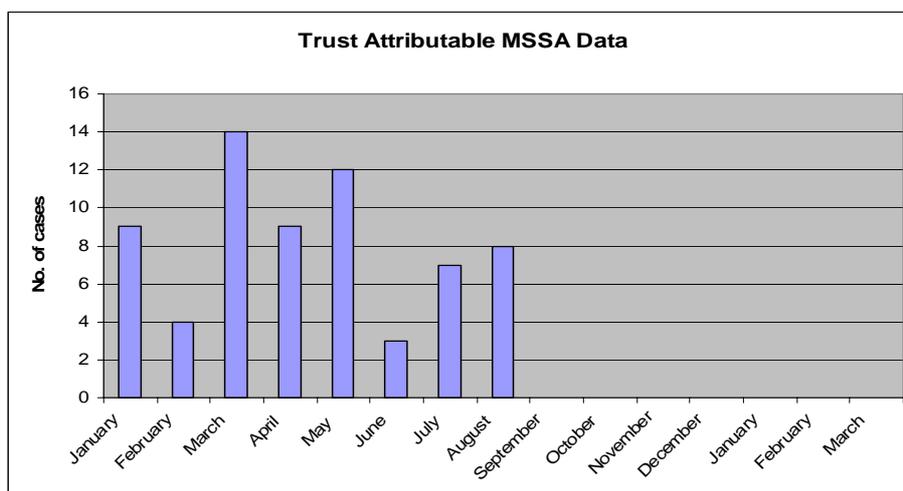
A team from Yorkshire and the Humber Strategic Health Authority, NHS Sheffield and the Health Protection Agency met with representatives from the Trust on 9 September 2011 to discuss the Trust's performance on *C.diff*. A written response has not yet been received but verbal feedback indicated that they could not see any further actions that the Trust could take to address this issue.

## **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 August, 8 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 8 months, the total Trust attributable cases of MSSA stands at 66.

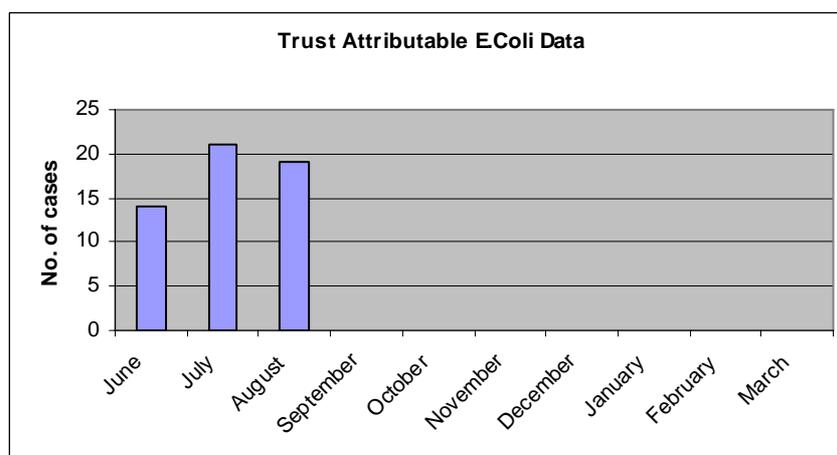


## E.COLI

The Trust commenced returning data on the number of cases of E.Coli bacteraemia to the Health Protection Agency. Cases are labelled as either Trust attributable or community acquired. For August, 19 Trust attributable cases of E.Coli bacteraemia were recorded.

It is currently expected that the Trust will be set a reduction target for E.Coli bacteraemia from April 2012.

After 3 months, the total Trust attributable cases of E.Coli stands at 54.



## INFECTION PREVENTION AND CONTROL

### **NHS Sheffield - MRSA and C.diff Reporting**

It has been agreed with NHS Sheffield that weekly MRSA reporting can cease. They will be informed immediately about any cases of MRSA bacteraemia.

The Trust is now reporting cases of *C.diff* weekly to NHS Sheffield.

### **Norovirus**

The Trust continues to experience outbreaks of Norovirus, with a significant outbreak in August affecting both renal inpatient wards.

### 3. NATIONAL UPDATE

- Search for new FTN Chief Executive underway – With Sue Slipman due to step down from her role of Chief Executive at the Foundation Trust Network, the search to find her successor has begun. The FTN is seeking an individual to continue Sue’s work in developing the influence of the network and to be the public face for their member organisations.
- Future Forum – Next Stage – The Future Forum has published details of the next stages of its work on system reform. The four questions the Forum is asking are :
  - how can information be made to improve health, care and well being
  - how to develop the healthcare workforce to deliver world class health care
  - how to ensure the modernisation programme leads to better integration of services around people’s needs
  - how to ensure the public’s health remains at the heart of the NHS.
- Health Bill – The Government’s amendments have now been tabled making further changes to the Health and Social Care Bill. The Bill was discussed by MPs on 6 and 7 September 2011. One of the key changes is that they will now be provision in the Bill for a ‘failure regime’ for Foundation Trusts.
- Department of Health Call for Ideas for New Health Apps for Patients – The DH has launched a call for innovative new ideas for health apps that would help patients make informed decisions about their care. The Secretary of State has asked people to come forward and name their favourite existing health applications.
- First NHS Staff Flu Campaign – This year the NHS Employers organisation was asked by the National Social Partnership Forum to create England’s first national staff seasonal flu vaccination campaign designed to encourage an increased uptake by front line NHS staff of the flu vaccine. The campaign has the support of the health unions and the medical Royal Colleges. This month each Trust will receive a national staff flu vaccination campaign pack containing materials to help fight the concerns, myths and misconceptions which have led to an extremely limited uptake of the vaccination in previous years and this indeed has been the case locally.
- Developing Clinical Commissioning Groups – The Department of Health has published a document providing key details of the development and authorisation process for clinical commissioning groups. The document ‘Developing Clinical Commissioning Groups – Towards Authorisation’ has been sent to Primary Care and other groups for feedback and the final authorisation framework will be confirmed in a later publication.
- Commission on Improving Dignity and Care for Older People – the NHS Confederation, in partnership with the Local Government group and Age UK, has established a commission on improving dignity and care for older people in hospitals and care homes. The commission will gather information through a call for written evidence and plans to publish an initial report and recommendations for consultation at the beginning of next year.

### 4. COMMUNICATIONS

Media coverage - During August there was considerable positive coverage both in the local and national media particularly on the new laboratories being built at the Northern General Hospital, stroke care, research into a new HIV vaccine and cardiac treatment, PEAT results, the award winning apprentice scheme and the PASH programme which works with local teenagers to

spread positive messages about sexual health to their peers. There has not been any significant negative publicity this month.

Over 110 nominations have been received for the Annual Thank You Awards and the judging is now planned to take place.

The Burns Unit at the Northern General Hospital will be officially opened by Katie Piper on 25th October now rather than 27th September. The Annual General Meeting has been publicised internally and externally.

A new electronic bulletin promoting research and innovation within the Trust has been produced and is being sent bi-monthly to internal and external stakeholders. The new staff benefits booklet has been produced at no cost to the Trust. All community services are now profiled on the STH website.

More than 260 Consultants have now attended the second series of engagement events led by the Chief Executive and Medical Director. The topics for the events included the work underway to integrate community and acute services and the development of the new corporate strategy.

## 5. **APPOINTMENTS**

Raied Abdul-Karim has now taken up post as Informatics Director with the Trust. As the Board will be aware, we have been looking forward in anticipation to Raied starting with us and there can be little doubt that he will have an extremely full agenda. I have explained to Raied that he will have the full support of the Board and the Trust Executive Group in addressing the challenging agenda that lies ahead.

Sir Andrew Cash  
Chief Executive  
12 September 2011