



Minutes of a meeting of the Scrutiny Commission for Health Issues held at the The Boardroom (PCH) - Peterborough City Hospital on 15 November 2011

MEMBERS PRESENT:

Councillors B Rush (Chairman), D Lamb (Vice Chairman), K Sharp and N Shabbir
Parish Councillors

1. Apologies

Apologies for absence were received from Councillor Nash and Councillor Stokes.

2. Declarations of Interest and Whipping Declarations

No declarations of interest were made.

3. Minutes of Meeting Held on 13 September 2011

The minutes of the meeting held on 13 September 2011 were approved as an accurate record.

Jessica Bawden, Director of Communications and Engagement at NHS Peterborough informed members that they may be aware that since the Commission had last met, the PCT had received notification of a complaint to the Competition and Cooperation Panel (CCP). The Panel recommended that no further decisions be taken on the primary and urgent care strategy consultation while the Panel was investigating the complaint. The Board considered this recommendation and decided that it would wait until the investigation was complete to consider the response to consultation. On Monday 14 November the PCT had been notified that the CCP wanted more time to consider the complaint and that it would proceed to its second phase. The CCP had up to four months to complete its investigation. Jessica Bawden suggested that she keep the Chair updated on progress and that the PCT return to the Committee when there was substantive business to discuss. The Chairman agreed and thanked Jessica for the update.

4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for call-in to consider.

5. Quarterly Performance Report on Adult Social Care in Peterborough

The report provided the Commission with an update on the delivery of Adult Social Care services in Peterborough against the four outcome domains contained within the national Adult Social Care outcomes framework, and information on safeguarding adults at risk. The Commission were also required to consider the draft Local Account for Adult Social Care.

The four outcomes were:

Outcome 1: Promoting personalisation and enhancing quality of life for people with care and support needs.

Outcome 2: Preventing deterioration, delaying dependency and supporting recovery.

Outcome 3: Ensuring a positive experience of care and support.

Outcome 4: Protecting from avoidable harm and caring in a safe environment

The Head of Performance and Informatics went through the Quarter 2 performance report highlighting areas for consideration.

Observations and questions were raised and discussed including:

- Outcome 2 project for Learning Disability Intensive Community Support Team. Members noted that the Intensive Support Team had identified 30 people who could return to Peterborough over the next three years and wanted to know where they currently were. *Members were informed that they had been placed out of area in residential placements around the country.*
- Outcome 3 national performance indicator for overall satisfaction with local adult social care services. The report stated that 60.8% of those responding were either extremely or very satisfied with the service they received. Members wanted to know if there was a follow up on the 40% who were not satisfied. *Members were advised that follow up was difficult as the survey was confidential. However if there had been several negative comments from a particular care home then the care home would have been put under review.*
- Outcome 4 covered dated relating to safeguarding practice from October 2010 to and including September 2011. Members noted that there had been 266 alerts reported in the last 12 months and that in the last 6 months of that period the activity had doubled with 176 alerts compared to 90 alerts in the first 6 months. Could the officers explain why? *The Director of Adult Social Services informed Members that the Safeguarding Board had discussed the data and concluded that the alerts and referrals had not yet settled into a consistent pattern either month on month or across the data in trends. Therefore nothing could be concluded from the data as it did not seem to follow a particular pattern.*
- The Director of Adult Social Services informed Members that there was a lot of data around safeguarding but what the Safeguarding Board had wanted to focus on was the outcomes and could they be assured that people were being safeguarded and protected.
- The Head of Performance and Informatics asked the Commission for their views on the draft Peterborough Adult Social Care Local Account. Members commented:
 - It had been a good idea to include case studies.
 - That is was a readable report and the right length.
 - The way the statistics were presented would prove difficult for the general public to understand. It might be better to present the information pictorially.
- Members wanted to know how the targets for Peterborough were derived. *Members were informed that several things were taken into consideration as part of the planning process every year. Performance indicators including national indicators, key things to be delivered, historical performance and budget pressures. There would also be discussions with the key providers.*

ACTION AGREED

The Commission noted the report.

6. Update Report on Peterborough and Stamford Hospitals NHS Foundation Trust

The Interim Chief Executive of the Peterborough and Stamford Hospitals NHS Foundation Trust introduced the report and informed the Commission that a presentation would be given covering:

- An overview of the challenges
- Safeguarding quality
- Turnaround programme
- Strategic development and progress

The Commission were informed that the Trust had been in significant breach of their Terms of Authorisation with the regulator Monitor. The three areas that were in breach of the Terms of Authorisation all related to finance matters. They were around the general duties to manage resources effectively and efficiently, financial governance and financial viability. The turnaround plan has been put in place to restore the financial stability to the organisation.

The overview highlighted the following:

- Last year's cost improvements of £5.1m were delivered out of £9.3m plan
- There was a National efficiency target of 4% for all trusts
- Income had been reduced through commissioning year on year
- Fantastic new facilities but with significant estates costs
- Met all regulatory and statutory quality and other requirements
- Having moved one year ago, the focus was to drive improvement in quality to deliver efficiencies and savings
- Board imperative to maintain the quality of care for patients
- Serious financial situation was being addressed

The Trust had a four year financial recovery plan in place and the focus was to drive quality improvement and safeguarding quality. The financial situation was complex and there were several financial schemes in place to address the financial gap. There was £7.1m of Quality, Innovation, Productivity and Prevention (QIPP) schemes in place reduced to include recurrent savings only. The non-recurrent savings were captured separately. £2.3m transitional funding had been received this year.

The Director of Care Quality and Chief Nurse informed the Commission that quality was the Trusts top priority whilst delivering financial savings through operational efficiencies. There were three main areas to ensuring quality; patient safety, clinical effectiveness and patient experience. The challenge was to improve quality and achieve significant financial efficiencies by improving productivity, changing service delivery and continuous improvement. The focus on the quality of patient care would be retained through various measures including:

- Monthly monitoring of patient safety, clinical effectiveness and patient experience indicators
- Quality Impact Assessments (QIAs) for all schemes put forward as part of the turnaround programme
- Patient safety walkabouts
- Roles of Medical Director and Director of Care Quality and Chief Nurse
- Staff able to raise any concerns on safeguarding quality of care
- Additional safeguards through independent regulation

- Review of adverse event monitoring
- Issues raised through adverse event reporting, complaints, Patient
- Advice and Liaison Service and Local Involvement Networks

The Turnaround programme consisted of four main areas:

1. Internal Controls – Cash and expenditure controls to stabilise the situation
 - Quality and Financial Recovery Groups (QFRGs)
 - Strengthened risk based approach to safeguard quality
2. Operational Efficiency – Optimising performance of existing services and facilities
 - Capacity management
 - Non-pay, Service line reviews
3. Estate Costs – reducing estate costs to support financial viability
 - Reduce estate costs to an affordable level
4. Strategic Development – Health economy collaboration to address long-term acute system capacity
 - Strategic solution
 - Securing long term partnership arrangements with commissioners and providers
 - Challenges include 20% efficiency savings providing financial pressures, competition from other Trusts and a change in delivery towards Primary Care

Key risks to the programme could be:

- Increase in costs due to in year budgetary pressures
- Failure to deliver the turnaround plan and savings
- Trust fails to deliver CQUIN plan (Commissioning for Quality and Innovation)
- Trust fails to deliver operational performance targets
- Payment for over-performance
- Secure additional funding to support pathway re-design/business re-structuring
- Winter pressures greater than planned e.g. flu

Observations and questions were raised and discussed including:

- Members were concerned about the dignity and vulnerability of elderly patients who were admitted to hospital and sought assurance that safeguarding and care for this group of patients would not be reduced. *The Director of Care Quality and Chief Nurse assured Members that the focus would remain on patient care and safeguarding and in particular on vulnerable groups of patients.*
- The Chair of LINK congratulated the Director of Care Quality on the reduction of MRSA Bacteraemia infections, C-Diff infections and mortalities. It was noted that things were beginning to improve however LINK were still receiving complaints about discharge procedures. *Members were informed that there was a focus on discharge procedures and acknowledged that every discharge needed to be handled correctly. Patient experience was taken very seriously.*
- The presentation stated that there would need to be a cut of around 300 in the work force. Do you have any vacancies on top of that number that would not be filled? *Members were informed that a group met once a week to review every single vacancy in the hospital. Vacancies were not filled unless they had to be to help contribute to the savings that needed to be made. Any vacancies that had to be filled would be filled through internal recruitment where possible.*
- You intend to reduce the workforce by 300 by April 2012. How many posts will be lost over the four year turnaround plan? *Most of the reductions would be in place by next year so that there does not have to be any further payroll savings the following year. If agency staff could be reduced it would make a significant impact. During the third and four year there would be an additional reduction of around 100 posts. Hopefully this*

would be achieved through natural turnover, reduction in agency staff, changes in hours and some redundancies.

- Of the four main areas of the turnaround plan what percentage of savings will be attributed to each area? *The largest element would be 45% for the Operational Efficiency part, 35% for the Estate Costs and 20% for the Strategic Development element.*
- How many local medical staff e.g. doctors and nurses were employed in the hospital. *The Interim Chief Executive was unable to provide figures at the meeting but agreed to provide them after the meeting.*
- Members noted that the presentation had not provided details of financial savings and requested that financial data be provided. *Members were advised that the QIPP plan identified all the savings that was hoped to be achieved this year and next year. This could be shared with the Commission.*
- If this plan does not work and there is no Plan B who will take the responsibility for it not working. *The Interim Chief Executive informed Members that she was accountable and the Board were accountable for ensuring that responsible actions were being taken to deliver high quality care while bringing the organisation back into financial stability. There was only one plan. There was a level of risk assessment in terms of each of the schemes. There was a high probability that some of the schemes would be delivered in full, and others were less likely to succeed in full but there were other schemes in the pipe line should some fail. Contingency steps and savings had been identified.*
- Do you envisage having to close down Stamford hospital? *Members were informed that there were no plans to close Stamford hospital and ways were being looked at to optimise the use of Stamford hospital to meet the needs of the population.*
- How do you hope to improve quality when you are making cuts? *The focus over all would be on quality and patient experience. If things are done right first time quality would improve. The aim was to do things well and staff were focusing on that.*
- Why do you not have plugs in sinks at the hospital? *This had been put in place for infection control and to prevent floods.*
- Members commented that the PFI Contract increased along with the Retail Price Index each year. What was the increase this year? *The Unitary payment for this year was just under £40m about 80% of which was index linked which meant that next year it would be approximately £42m. This would increase year on year.*
- With an increasing cost base and fixed income how are you going to reduce the deficit. *Members were informed that it was a huge challenge that could not be done alone. There was a need to work with stakeholders and Monitor the regulator to see how it could be resolved.*
- Councillor Fitzgerald, Cabinet Member for Adult Social Services addressed the Commission and informed Members that Peterborough City Council recognised the difficulties that the Trust found themselves in. In his view government intervention was required and the Council were going to write to Andrew Landsley and invite him to visit Peterborough. Discussions were ongoing with the new Health and Wellbeing Board and the role the providers might play. The Health and Wellbeing Board might be a more positive way in which the hospital could engage with commissioners and the council.

ACTION AGREED

The Commission noted the report and requested that the Interim Chief Executive provide the following information to the Commission:

1. The number of local medical staff e.g. doctors and nurses who were employed in the hospital.
2. Financial data to be provided on the financial savings as identified in the QIPP plan.

7. Forward Plan of Key Decisions

The Commission received the latest version of the Council's Forward Plan, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

ACTION AGREED

The Commission noted the Forward Plan

8. Work Programme

Members considered the Committee's Work Programme for 2011/12 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2011/12 and the Scrutiny Officer to include any additional items as requested during the meeting.

Denise Radley the Director for Adult Social Services was due to commence maternity leave in December and the Chair on behalf of the Commission wished her good luck and thanked her for her support to the Commission over the past year.

9. Date of Next Meeting

17 January 2012

CHAIRMAN
Times Not Specified