

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 5
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Report of the Interim Chief Executive Officer of Peterborough and Stamford Hospitals NHS Foundation Trust

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PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST

1. PURPOSE

- 1.1 This report has been written to provide the Scrutiny Commission with an update on the Trust's current regulatory, strategic, performance and financial position.

This is presented in two parts:

- a) A summary presentation of the *Assessment of Sustainability of Peterborough and Stamford Hospitals NHS Foundation Trust* report published on 7th June 2013 by PwC, the Contingency Planning Team (CPT) appointed by Monitor, the Regulator of Foundation Trusts.

- b) A summary of action against the Trust's five priority areas for 2013/14.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the content of the Contingency Planning Team's report and the summary of action from the Trust, and to use these to identify areas for further scrutiny as required.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 Whilst not directly assignable to the Sustainable Community Strategy this report aligns to priority 4: delivering substantial and truly sustainable growth.

The Contingency Planning Team's report assesses the Operational, Clinical and Financial Sustainability of Peterborough and Stamford Hospitals. The summary of action against the Trust's 5 priorities for 2013/14 shows how it aims to improve the delivery of high quality services and address current financial sustainability issues. Whilst this covers a range of performance issues, there is a specific link to national indicators for financial sustainability and A&E 4-hour performance.

4. BACKGROUND

- 4.1 Representatives from the Trust gave presentations to the Scrutiny Commission during 2013 on quality, finance and performance. Officers have been asked to report back to the Commission on improvements.

In December 2012, Monitor, the Regulator of Foundation Trusts, appointed a Contingency Planning Team (CPT) from PwC to review the Operational, Clinical and Financial Sustainability of Peterborough and Stamford Hospitals NHS Foundation Trust and to develop a range of options for providing sustainable, quality services. The CPT is expected to publish two reports. The first – on Sustainability – was published on 7th June 2013. The second – on Options – is expected to be published later in the summer.

The Trust Board of Directors, together with the Council of Governors, have identified objectives and key priorities for the year. The five key priorities identified are:

- Maintaining and improving quality of patient care
- Improving the urgent care pathway
- Constructive engagement in the Monitor-led, CPT system-wide review
- Delivery of Cost Improvement Programmes
- Workforce engagement and ownership of the hospital's challenges.

Issues and developments against these headings are detailed below.

5. KEY ISSUES

5.1 Assessment of Sustainability of Peterborough and Stamford Hospitals NHS Foundation Trust

PwC will give a summary presentation of their report, which can be found at: <http://www.monitor.gov.uk/home/news-events-publications/our-publications/browse-category/reports-nhs-foundation-trusts/reports-0>

Maintaining and Improving the Quality of Patient Care

The Trust has shown its commitment to maintaining and improving the quality of patient care by ensuring that this is the priority item for each Board of Directors agenda. A quality strategy has been agreed with the aim to provide, *Right Care, First Time, Every Time*.

Progress has also been monitored throughout the year against the targets set out in the quality account; the Quality Account for 2013-14 is due to be published in July 2013.

A priority of the local health economy is the integration of services for older people and the Trust is reviewing the proposals and how the best contribution can be made to improve the experience and care for our patients. This work is being led by the Clinical Commissioning Group and is currently planned as a separate presentation.

Key quality improvements for the past year have been:

- Initiative to reduce pressure ulcers acquired in hospital has been rolled out in all wards across the Trust with great success, as fewer patients are developing them in hospital. Ward B12 is leading a league table of wards having reached more than 250 days without any patient developing a pressure ulcer.
- Continued falls prevention work is being led by the Trust's patient safety team. In comparison to national statistics, the proportion of patients being hurt in a fall in our hospitals is below the national average. There is also a strong reporting culture among staff when it comes to recording falls.
- No cases of MRSA in the Trust in 2012-13
- The Francis Report: A series of 'Listening Events' have been carried out on both hospital sites and with the Joint Board of Directors and Council of Governors. Over 150 staff attended and additional listening events are being planned. More detailed work is under way around the key chapters from the report for our Trust and a composite action plan will be drawn up once the leads have determined the way forward for their allocated chapters.
- Focus on reduction in prescribing/drug errors to coincide with each junior doctor intake. Work is on-going to improve training, education and support for junior doctors.
- Successful achievement of Commission for Quality and Innovation (CQUIN) targets for GP communications following outpatient appointments and care for dementia patients

within our hospitals.

Key quality challenges and targets for the coming year are:

Patient Safety

- Implementing a zero tolerance for patient falls where harm is suffered (grade 3 and above)
- Eliminate avoidable pressure ulcers that are acquired while a patient is in hospital (grades 2,3 and 4)
- Reduction in risk associated with Venous Thromboembolism
- Reduction in the number of catheter-associated urinary tract infections
- Reduction in the number of avoidable *C-Difficile* infections acquired in hospital
- Reduction in the risks associated with medicines

Effectiveness

- Ensure patient needs are clearly documented in a timely way and care is evaluated in line with the plan emerging from assessments
- Reduce the number of elective operations that are cancelled (for non-clinical reasons) on the day of surgery

Patient Experience

- Improve discharge communications with patients
- Increase responses to questions in the national inpatient survey ('best performing' category)
- Improve complaints handling processes and determine a satisfaction level at which to benchmark

5.2 Improving the Urgent Care Pathway

The urgent care pathway covers a range of treatment and whilst this may start with attendance at A&E, patients admitted as emergencies are increasingly frail and sick and as a consequence are staying longer in hospital. Commission members will have seen the national publicity concerning the pressures for delivering urgent care and the consequences this has on the ability to admit patients for elective surgery. The Trust's position mirrors this national picture.

The Trust has also seen performance difficulties and is in breach of the A&E target for seeing, treating and admitting or discharging 95% patients within 4 hours with 95% only being achieved for the quarter ending 31 December 2012.

There are two strands for improving performance – improvements with the Trust and improvements within the Health Economy – both of these areas will be covered by an improvement plan that is required by our regulator Monitor, who recognises the need for action across the different health care partners to resolve performance issues. This requirement coincides with the national drive to ensure that local Urgent Care Boards are working to improve the experience and efficiency of these services.

The improvements that are being made within the Trust are:

- extending the hours of operation of the ambulatory care unit within the emergency department so that patients can be seen and treated without being admitted;
- improvements in consultant and senior medical staffing;
- continued learning from best practice and external visits – such as the Emergency Care Intensive Support Team;
- Investment in psychiatric liaison services in the Trust

Improvements that are being made with our local partners are subject to a system-wide plan, co-ordinated through our health commissioners, which is to be submitted to NHS England by 30 June 2013.

5.3 Constructive engagement in the Monitor Contingency Planning Team Process

The Trust has worked closely with the Contingency Planning Team (CPT) and Monitor to provide all the required information for their work. This constructive engagement is continuing in the next – Options – phase of the CPT's work.

The Sustainability report shows that the Trust is both operationally and clinically sustainable – this validates the work that the Trust has done in ensuring that quality is placed first. The report is also very clear that the Trust is financially unsustainable. This validates the work that the Trust has done in understanding the contributors to the position – the cost of the new facilities; the Trust's own efficiency; the need to ensure that the Trust received the income due from activity.

The next stage in the work of the Contingency Planning Team is to review and propose options by which the financial position can be addressed without affecting the operational and clinical sustainability of the Trust. A further report is expected during the summer.

5.4 Delivery of Cost Improvement Programmes

As noted above the Trust needs to ensure that the hospitals run as efficiently as possible – delivering the Trust's cost improvement programmes will ensure that the negative impact of expected annual cost savings, the expected reduction in the tariff by which the hospital receives income for patient care and any increases in PFI-related payments will be neutralised. However this does not mean that the financial deficit will be reduced – it will just be contained.

In 2012/13 the Trust achieved cost improvement programmes of £13million and a further £13million is planned for delivery in 2013/14. Key areas for delivery are making best use of inpatient beds and reducing length of stay; reduction in temporary staffing; reviewing the effective use of technology and drugs; improving capacity utilisation in theatres and outpatients.

Progress in delivering cost improvement programmes is monitored through an internal Cost Improvement Programme Board and report monthly to the Trust Board of Directors in a public board report.

The reporting and management of our Cost Improvement Programme will also be enhanced by a review of the Trust's finance function. This is one of the four requirements highlighted by Monitor in the enforcement undertakings agreed with the Trust due to the current position. The other areas are improvement in A&E, working with the Contingency Planning Team (CPT) and the submission of an annual financial plan consistent with the work of the CPT.

Concerns about the impact of cost improvements on the quality of care are managed through a quality impact assessment process led by our Director of Care Quality and Chief Nurse – each cost improvement scheme needs to be reviewed for its impact on quality; those with an unsatisfactory impact are either re-worked or do not proceed.

5.5 Workforce Engagement and Ownership

The engagement of Trust staff is key to the delivery of the Trust's requirements. Our staff have been key in the delivery of clinically sustainable services whilst the Trust has been under intense pressure and further work is planned throughout the year to ensure that we have the right staff with the right skills in the right place at the right time.

This work includes ensuring that we have consistently safe staffing levels and efficient processes to ensure that we reduce the Trust's usage of high-cost temporary staff; it will also work on ensuring that our staff work with the key competencies of compassion and caring highlighted by the Francis Report.

6. IMPLICATIONS

- 6.1 The Trust provides services across Peterborough and beyond and the updates in this report apply to the whole population.

Key implications are the improvements in services that are highlighted above, the improvements that need to be achieved and the options to be identified for delivering financial sustainability that are due to be available in the summer.

7. CONSULTATION

- 7.1 There has as yet been no specific consultation on the above items. However members are reminded of the opportunity to attend Board of Directors and Council of Governors meetings at which these issues are discussed.

8. NEXT STEPS

- 8.1 The Commission members are invited to raise any questions and concerns and are asked to invite Trust officers to attend subsequent meetings to outline progress,

9. BACKGROUND DOCUMENTS

None

10. APPENDICES

- 10.1 None

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