SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
11 NOVEMBER 2014	Public Report

Report of the Chief Executive Officer, Peterborough and Stamford Hospitals NHS Foundation Trust

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PETERBOROUGH AND STAMFORD HOSPITALS NHS FOUNDATION TRUST UPDATE REPORT

1. PURPOSE

1.1 This report has been written to provide an update to the Scrutiny Commission for Health regarding the Trust's overall position with specific detail regarding staffing and "winter pressures" planning.

2. RECOMMENDATIONS

2.1 The Commission is asked to note the work being undertaken and to engage and support as appropriate the Local Health Economy in the work to provide sustainable, high quality services.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

3.1 As part of the health agenda this links to the improving health and supporting vulnerable people outcomes under priority 1 "creating opportunities – tackling inequalities" of the Sustainable Community Strategy.

This relates to national health indicators regarding staffing levels and A&E performance.

4. BACKGROUND

4.1 The last report made to the Commission from Peterborough and Stamford Hospitals on 8 July 2014 concerned the outcome of the CQC Inspection undertaken in May 2014. As a result members of the Commission attended the Trust's CQC Action Plan Steering Group and were given a tour of Peterborough City Hospital as well as a taster of the Trust's current patient food menu.

As well as concentrating on high quality care, the Trust is also part of the Local Health Economy work to provide sustainable services for the people of Peterborough and the surrounding areas. This work should complement the enforcement requirement on the Trust to run a tender exercise to attract a partner to ensure that services can be provided as cost-effectively as possible; and as a result the tender work was paused to ensure that issues arising from the Local Health Economy approach can be included. The Commission will be updated on the progress of this work when it is restarted in early 2015.

Copies of the Trust's Board papers are sent to the Scrutiny Officer on a routine basis. These detail on a monthly basis quality, performance, finance, cost improvement, workforce and governance issues. Two specific operational issues have been highlighted by the Commission as of interest:

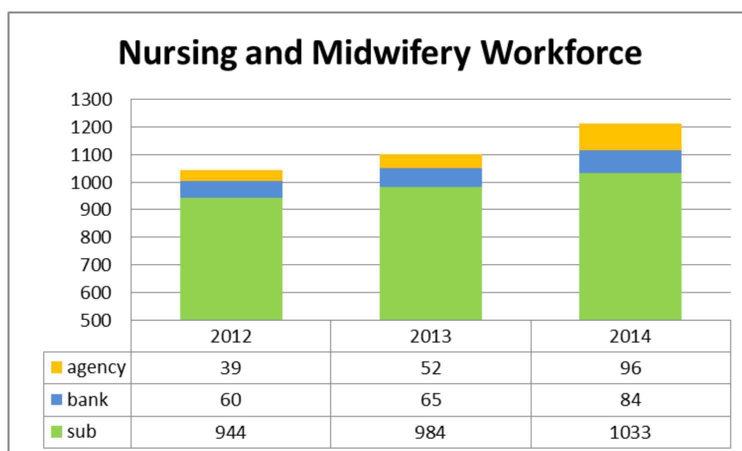
- Nurse staffing levels;
- Preparation for winter planning and A&E Performance.

These two issues are covered in detail below.

5. KEY ISSUES

5.1 Nurse staffing levels.

One of the recommendations arising from the Francis Inquiry was the need for all Trust's to publish daily ward by ward actual staffing levels against locally agreed levels. Whilst the Trust's current reports show that not every shift is filled, the size of the Nursing workforce has increased by 14% over the last 2 years. This has been in response to the demands of the service for additional one-to-one care, also known as specialing (circa 8 WTE since July), an increase in the use of escalation beds (circa 8 WTE since July) and increased nurse staffing levels following the Francis report. The substantive nursing workforce has increased by 8.61% since September 2012; with a 7.5% increase in the establishment during that there has been a small decrease in the number of vacancies overall.



	2012	2013	2014
agency	39	52	96
bank	60	65	84
sub	944	984	1033

As can be seen by the table above the Trust's substantive staff are also supported by Agency and Bank staff. In order to reduce the level of agency staff used, a number of initiatives have been undertaken. This includes international recruitment, where of the 50 international nurses appointed over recent months 21 have now completed their supernumerary period and are making a full contribution on their wards.

Our previously successful model of a programme of regular qualified nurse recruitment days has recommenced with the first event taking place at the end of October. Additionally we have a programme of planned recruitment events for Healthcare Assistants.

Since the launch of our 'refer a friend' campaign 6 qualified Nurses have started in post and another 5 are currently progressing through the recruitment process. This has been a successful strategy to attract qualified nurses to join the trust.

A staff retention project is also running which is gathering data from current staff and leavers so that action can be targeted to themes and any areas of concern.

Detailed monitoring of staffing levels is undertaken. Each in-patient ward area displays a whiteboard to show the appropriate staffing levels determined for the area and the number of staff on duty each day (planned versus actual). This increases the transparency for staff and visitors around staffing levels planned and available for patient care delivery. The Trust staffing levels RAG rating is reviewed in each ward at a minimum of once per shift and the ratings are managed initially within each Directorate, then across the Trust if escalation is required.

The RAG rating can be explained as follows:
Green - *Appropriate* staffing levels.
Amber - Requires a clinical *risk* assessment.
Red - Requires *escalation.*

Where it is not possible to manage amber or red staffing levels within the Clinical Directorate or across the Trust, the use of temporary staff should be considered in the following way:

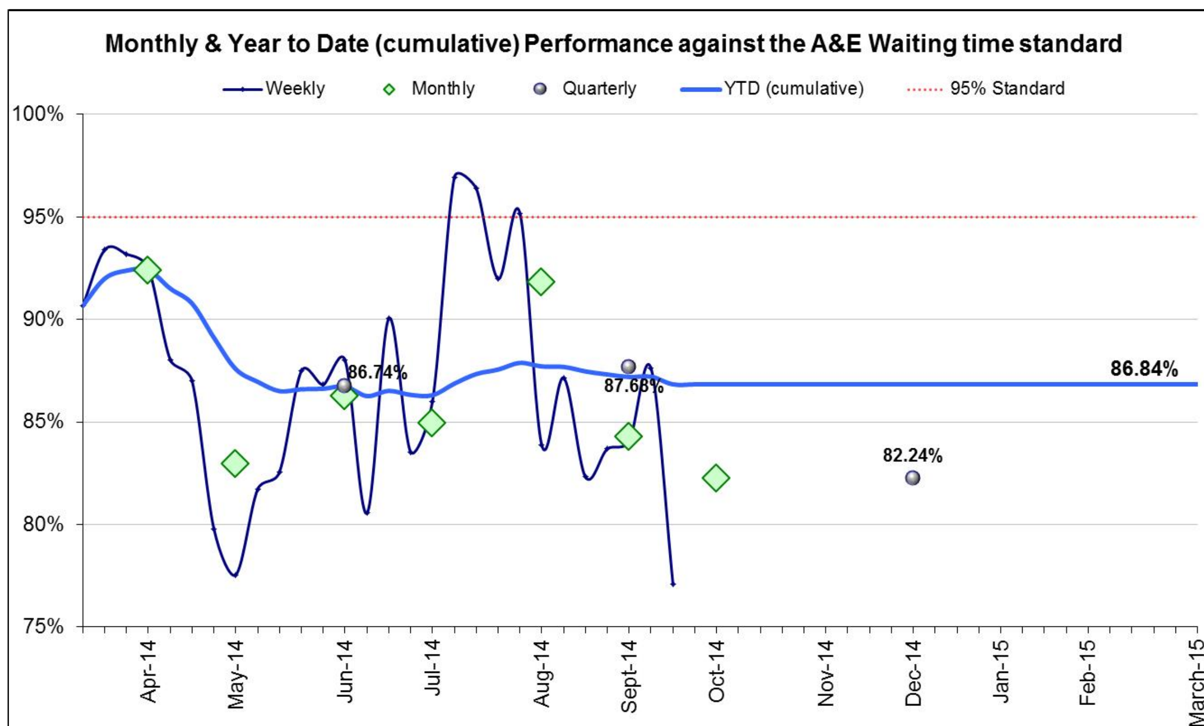
- Use of Flexible Staffing Service (FSS) resource (either ward staff working additional shifts in the grade of shift required, or FSS only staff).
- Use of staff senior to grade of shift required via FSS paid at their substantive grade.
- Use of agency staff.

Where concerns remain, the relevant ward manager should escalate their concerns through the line management structure within the Directorate initially, or to the corporate nursing team if required.

The final outcome of staff availability is reported each month to the Board and where wards show continuing staffing concerns a staffing scrutiny panel is held to review the data and increase the achievement of green staffing levels.

5.2 Operational Resilience and A&E Performance

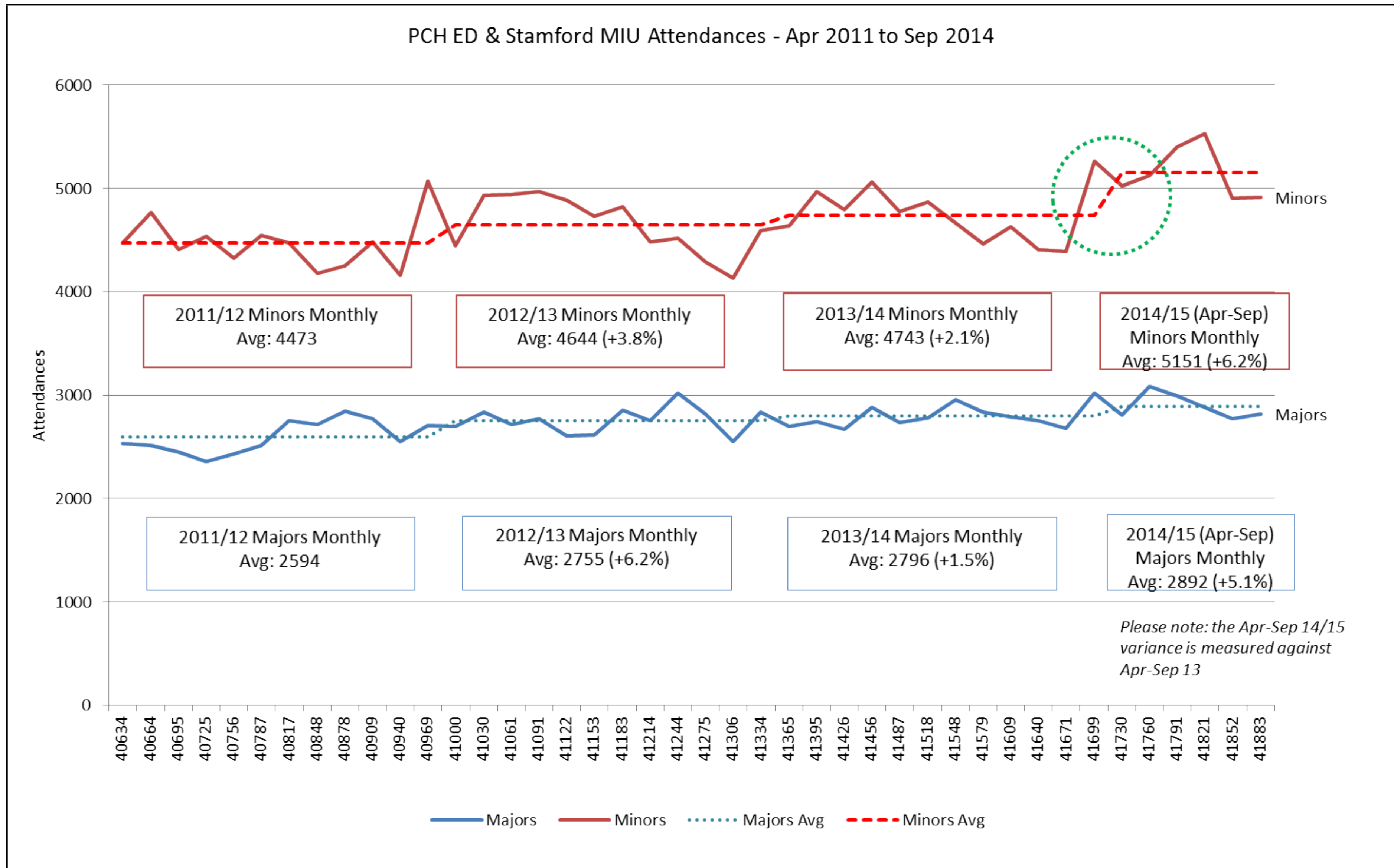
Members of the Commission will be aware that the Trust's performance against the national A&E standard for 95% of patients to be seen, treated, discharged or admitted within 4 hours is below this standard. The graph below shows the year to date performance.

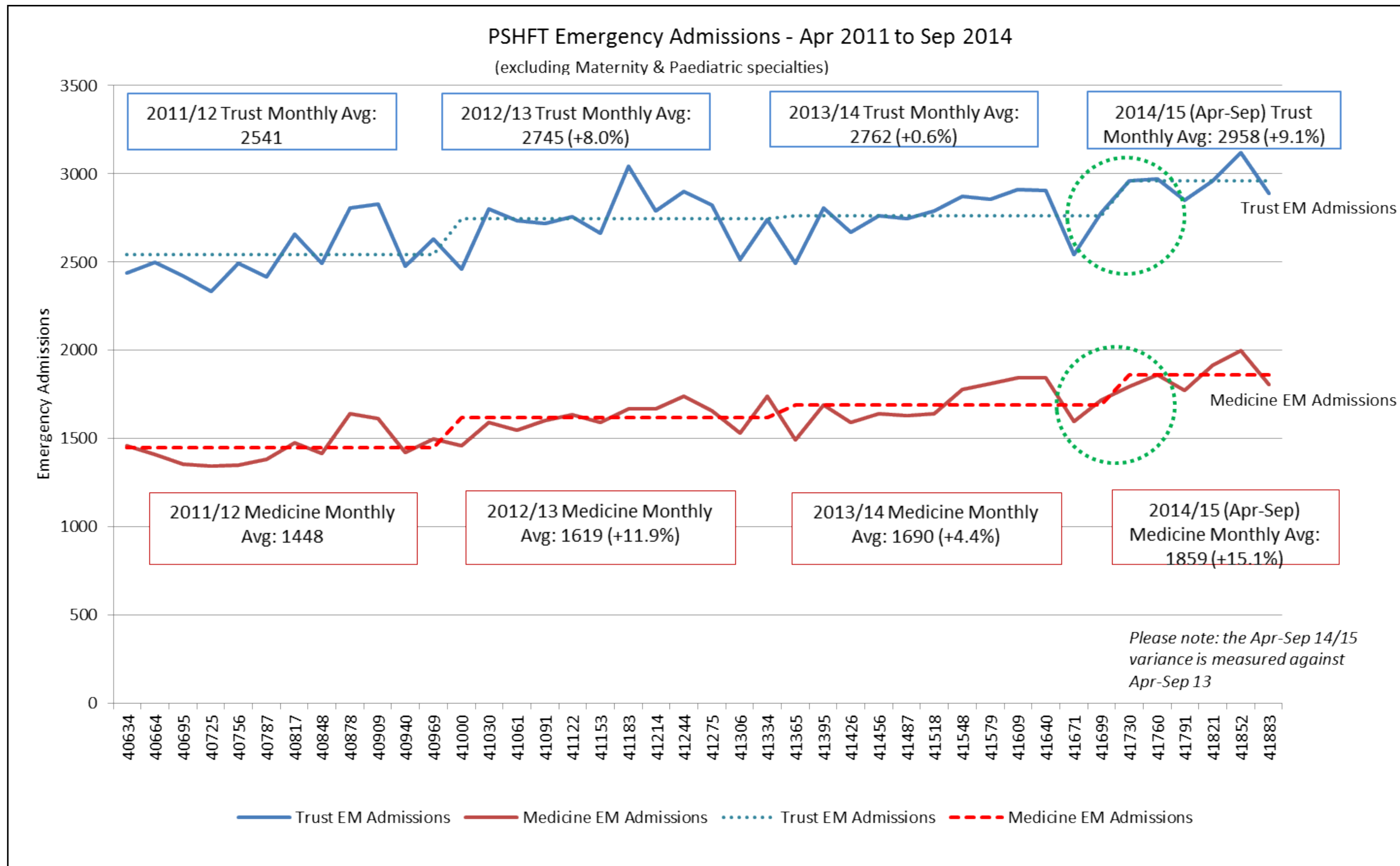


Whilst there had been a recent improvement, the A&E performance significantly declined in September. There is no single reason for the fall in the performance, but it is due to a combination of a number of factors materialising on certain days in these months.

The poor A&E performance is not necessarily just an indicator of the performance of the Trust, but it should be seen as barometer of the performance of the health economy. This is recognised by all health partners and is reflected in the system wide operational and capacity resilience plan that has been co-ordinated by the Cambridgeshire and Peterborough Clinical Commissioning Group. The overall aim of the plan is to increase integration of services and reduce demand and the number of delayed transfers of care at the Trust.

It is also useful to place A&E performance in the context of the growing level of A&E admissions and emergency admissions; this is illustrated in the two graphs overleaf.


PCH ED & Stamford MIU Attendances - Apr 2011 to Sep 2014
Attendances
6000
5000
4000
3000
2000
1000
0
Minors
Majors
2011/12 Minors Monthly Avg: 4473
2012/13 Minors Monthly Avg: 4644 (+3.8%)
2013/14 Minors Monthly Avg: 4743 (+2.1%)
2014/15 (Apr-Sep) Minors Monthly Avg: 5151 (+6.2%)
2011/12 Majors Monthly Avg: 2594
2012/13 Majors Monthly Avg: 2755 (+6.2%)
2013/14 Majors Monthly Avg: 2796 (+1.5%)
2014/15 (Apr-Sep) Majors Monthly Avg: 2892 (+5.1%)
Please note: the Apr-Sep 14/15 variance is measured against Apr-Sep 13
40634 40664 40695 40725 40756 40787 40817 40848 40878 40909 40940 40969 41000 41030 41061 41091 41122 41153 41183 41214 41244 41275 41306 41334 41365 41395 41426 41456 41487 41518 41548 41579 41609 41640 41671 41699 41730 41760 41791 41821 41852 41883
Majors
Minors
Majors Avg
Minors Avg


PSHFT Emergency Admissions - Apr 2011 to Sep 2014
(excluding Maternity & Paediatric specialties)
Emergency Admissions
3500
3000
2500
2000
1500
1000
500
0
2011/12 Trust Monthly Avg: 2541
2012/13 Trust Monthly Avg: 2745 (+8.0%)
2013/14 Trust Monthly Avg: 2762 (+0.6%)
2014/15 (Apr-Sep) Trust Monthly Avg: 2958 (+9.1%)
Trust EM Admissions
Medicine EM Admissions
2011/12 Medicine Monthly Avg: 1448
2012/13 Medicine Monthly Avg: 1619 (+11.9%)
2013/14 Medicine Monthly Avg: 1690 (+4.4%)
2014/15 (Apr-Sep) Medicine Monthly Avg: 1859 (+15.1%)
Please note: the Apr-Sep 14/15 variance is measured against Apr-Sep 13
40634 40664 40695 40725 40756 40787 40817 40848 40878 40909 40940 40969 41000 41030 41061 41091 41122 41153 41183 41214 41244 41275 41306 41334 41365 41395 41426 41456 41487 41518 41548 41579 41609 41640 41671 41699 41730 41760 41791 41821 41852 41883
Trust EM Admissions
Medicine EM Admissions
Trust EM Admissions
Medicine EM Admissions

To ensure focus on the area of urgent care, as well as an internal Urgent Care Board, there is currently a weekly system-wide review of performance. As a result of this 7 key areas have been identified as follows:

(a) The co-ordination of primary care input into the emergency department – November 2014;

(b) The development and delivery of a Frail Elderly Unit – mid November 2014;

(c) The opening of a Surgical Assessment Unit – mid November 2014;

(d) Ambulatory Care Unit further expansions with

- Increased number of pathways for treatment – beginning of December 2014;
- Extended opening hours – March 2015;

(e) The delivery of a Single Point of Access so that each community provider uses a single assessment form – January 2015;

(f) Reopening of 6 beds at Stamford Hospital – beginning of December 2014;

(g) Reduced number of delayed transfers of care to a maximum of 20 from the current levels of approximately 40.

The Trust has also received £3m of non-recurrent winter monies which will support some of the above developments.

6. IMPLICATIONS

6.1 The implications from this report regard effective and safe healthcare.

This report covers the whole Trust catchment area – which is wider than the geographic area covered by the Scrutiny Commission and Peterborough City Council services.

7. CONSULTATION

7.1 No consultation is involved.

8. NEXT STEPS

8.1 Progress against all these items can be monitored through a review of the Trust Board papers. Members of the Scrutiny Commission are asked to consider any follow-up information required.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

9.1 Peterborough and Stamford Hospitals NHS Foundation Trust public board papers can be found at:
www.peterboroughandstamford.nhs.uk > About Us > Trust public board meetings

10. APPENDICES

10.1 None