

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 6
5 NOVEMBER 2015	Public Report

Report of the Chief Executive Officer of Peterborough and Stamford Hospitals NHS Foundation Trust		
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GENERAL OVERVIEW OF TRUST ACTIVITY

1. PURPOSE

- 1.1 This report is being presented to provide the Commission with an overview of current issues and requirements at Peterborough and Stamford Hospitals NHS Foundation Trust.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the report and to consider any additional support that could be provided regarding health community working in particular to tackle the ongoing pressure of patients who are unable to be discharged due to the lack of support or services in the community.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 As part of the health agenda this links to the improving health and supportive vulnerable people outcomes under priority 1 “creating opportunities – tackling inequalities” of the Sustainable Community Strategy.
- 3.2 The report outlines the Trust position against current national health service targets and standards.

4. BACKGROUND

- 4.1 The Trust last reported formally to the Scrutiny Commission in November 2014 focusing on staffing and winter pressures, and hosted a visit by members to the Trust on 12 August 2015. This report provides an update of the Trust’s performance and external regulatory requirements.
- 4.2 There are two key external regulatory bodies for the Trust:
- the Care Quality Commission whose role is to monitor, inspect and regulate services to ensure that they meet fundamental standards of quality and safety;
 - Monitor, the sector regulator for health services, who working with the Trust Development Authority are to form NHS Improvement, and thereby a single overview of NHS providers and long term sustainability.
- 4.3 The Trust was re-inspected by the Care Quality Commission in May 2015, receiving an overall opinion of “good” which was reported in July 2015. This places the Trust in the top third of hospital providers.
- 4.4 The Trust is currently under enforcement from Monitor regarding the need to ensure that services become sustainable in the long term as the Trust is currently being supported by central funding loans to cover the current deficit. The enforcement includes working with the

system transformation programme being led by the Cambridgeshire and Peterborough Clinical Commissioning Group on which the Commission has been separately briefed, and with which the Trust is fully engaged.

- 4.5 The current enforcement is also concerned with the Trust's ability to maintain our achieved improvements in the provision of emergency care especially focused on the 4 hour standard to be seen, treated and admitted or discharged.
- 4.6 There is a significant amount of work ongoing throughout the Trust to ensure that we continue to deliver and develop high quality care to our patients. This short summary provides some key highlights only, and is especially focused on performance issues. Comments are welcomed on the issues below, with further information available if required.

5. KEY ISSUES

5.1 Quality

- 5.1.1 The recent Care Quality Commission inspection in May 2015 provided the Trust with a rating of good overall and across all domains of safe, effective, caring, responsive and well-led.
- 5.1.2 This good rating provides a base on which further developments can be made and to ensure that those areas where improvements were identified as being needed can be acted on. The particular area of concern noted was in ensuring that patient records are kept updated. Individual services were also rated and whilst urgent and emergency care, surgery, critical care, maternity and gynaecology, services for children and young people, end of life care and outpatients and diagnostics were rated as good, medical services were rated as requires improvement. These areas are a focus for improvement which is led by the Chief Nurse.
- 5.1.3 It is also important to note that the Trust reviews mortality rates on a monthly basis and has rates that are below the national average both for weekdays and weekends (which is a good performance).
- 5.1.4 The Trust has also made progress on reviewing its complaints management system ensuring that it meets the needs of complainants and that lessons are learned to improve the experience of all patients. This work is ongoing but the internal and external reviews has shown notable improvements.
- 5.1.5 The Trust also meets key infection control targets and the key area for Monitor scrutiny regarding *Clostridium difficile* infections is currently better than the allowable trajectory for these patients.
- 5.1.6 The areas on which operational improvements are focused include reducing the number of patient falls and increasing the final process for the documentation of risk assessments for patients at risk of blood clots (termed venous thromboembolism or VTE). There was also one "never event" reported in September 2015 regarding the retention of a foreign object post procedure.

5.2 Performance

- 5.2.1 The Trust has previously been under enforcement from Monitor for failure to deliver A&E performance against the required 4 hour target for being seen, treated and admitted or discharged. The Trust has now achieved this standard for five continuous months and together with the achievement of the *Clostridium difficile* target is able to confirm that the required performance has been achieved to Monitor against all the key national standards as shown in table 1 shown at the end of the report.
- 5.2.2 This includes ongoing achievement of all the cancer waiting time standards.
- 5.2.3 One key issue for the Trust is to ensure that patients are able to flow through the hospital beds

and have timely and effective discharge home. This is important as the Trust needs to ensure that beds are available for those patients that need admission for planned surgery or following a medical emergency. As announced by NHS England in April 2015, there is a national requirement for delayed transfers of care to be at a level of 2.5% (13 patients) by early November; the Trust is currently experiencing a level of 7.2% (35 patients as reported for September 2015). During October this number has risen to close to 50 on some occasions. The Trust is currently investing in additional beds inside the hospital to cope with the increased demand from emergency and elective patients and this will also enable the Trust to ensure that patients get to the correct specialty bed, it is important that this investment is not used to support the inappropriately high levels of delayed transfers for patients to return to the community. This is an area on which we would welcome further consideration.

5.3 Finance

5.3.1 The Trust is currently planning for a £37.2m budget deficit. The Trust has a historic deficit and has delivered cost improvement plans of £13m for the past two years. However due to the underlying causes of the deficit which are only partly attributable to the higher costs of the Trust's PFI, the Trust is under a key enforcement action regarding the development and delivery of a five year strategic sustainability plan.

5.3.2 This is currently being worked through and will be shared with the Commission when it has been approved by the Board for publication.

6. **IMPLICATIONS**

6.1 The implications from this report regard effective and safe healthcare across the local health system, including the impact of work across all those in the local health and social care sector.

6.2 This report covers the whole Trust catchment area – which is wider than the geographic area covered by the Scrutiny Commission.

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 or action 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 There are no appendices to this report.

Declaration of Risks and Achievements against National Targets: Peterborough and Stamford Hospitals NHS FT

Targets and indicators as set out in the Risk Assessment Framework (RAF) - definitions per RAF Appendix A
NOTE: If a particular indicator does not apply to your FT then please enter "Not relevant" for those lines.

must complete
 may need to complete

	Annual Plan		Quarter 1			Quarter 2				
	Threshold or target YTD	Scoring Per Risk Assessment Framework	Risk declared	Scoring Per Risk Assessment Framework	Performance	Declaration	Scoring Per Risk Assessment Framework	Performance	Declaration	Scoring Per Risk Assessment Framework
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92%	1.0	No	0	96.6%	Achieved	0	95.4%	Achieved	0
A&E Clinical Quality - Total Time in A&E under 4 hours	95%	1.0	Yes	1	91.0%	Not met	1	95.9%	Achieved	0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - post local breach re-allocation	85%	1.0	No	0	85.0%	Achieved	0	88.0%	Achieved	0
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - post local breach re-allocation	90%	1.0	No	0	97.0%	Achieved	0	94.0%	Achieved	0
Cancer 62 Day Waits for first treatment (from urgent GP referral) - pre local breach re-allocation					85.0%			88.0%		
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral) - pre local breach re-allocation					100.0%			94.0%		
Cancer 31 day wait for second or subsequent treatment - surgery	94%	1.0	No	0	100.0%	Achieved	0	100.0%	Achieved	0
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	1.0	No	0	100.0%	Achieved	0	100.0%	Achieved	0
Cancer 31 day wait for second or subsequent treatment - radiotherapy	94%	1.0	No	0	98.0%	Achieved	0	100.0%	Achieved	0
Cancer 31 day wait from diagnosis to first treatment	96%	1.0	No	0	98.0%	Achieved	0	99.0%	Achieved	0
Cancer 2 week (all cancers)	93%	1.0	No	0	95.0%	Achieved	0	94.6%	Achieved	0
Cancer 2 week (breast symptoms)	93%	1.0	No	0	95.0%	Achieved	0	95.0%	Achieved	0
C.Diff due to lapses in care (YTD)	14.5	1.0	Yes	1	8	Achieved	0	12	Achieved	0
Total C.Diff YTD (including: cases deemed not to be due to lapse in care and cases under review)					9			19		
C.Diff cases under review					1			0		
Compliance with requirements regarding access to healthcare for people with a learning disability	N/A	1.0	No	0	N/A	Achieved	0	N/A	Achieved	0
Risk of, or actual, failure to deliver Commissioner Requested Services	N/A	Report by Exception	No		No			No		
Date of last CQC inspection	N/A		N/A		19/05/2015			19/05/2015		
CQC compliance action outstanding (as at time of submission)	N/A		No		No			No		
CQC enforcement action within last 12 months (as at time of submission)	N/A		No		No			No		
CQC enforcement action (including notices) currently in effect (as at time of submission)	N/A		No		No			No		
Moderate CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No		No			No		
Major CQC concerns or impacts regarding the safety of healthcare provision (as at time of submission)	N/A		No		No			No		
Overall rating from CQC inspection (as at time of submission)	N/A		N/A		Requires improvement			No		
CQC recommendation to place trust into Special Measures (as at time of submission)	N/A		N/A		No			Good		
Trust unable to declare ongoing compliance with minimum standards of CQC registration	N/A		No		No			No		
Trust has not complied with the high secure services Directorate (High Secure MH trusts only)	N/A		N/A		N/A			N/A		
Results left to complete:						0			0	
Checks Count:										
Checks left to clear:										
Service Performance Score										
				2			1	OK		0

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Table 1: Current National Performance Metrics – end of September 2015