HEALTH SELECT COMMISSION
13th June, 2013

Present:- Councillor Steele (in the Chair); Councillors Beaumont, Goulty, Hoddinott, Middleton, Roche, Sims, Watson and Wootton, Vicky Farnsworth (SpeakUp) and Peter Scholey.

Apologies for absence were received from Councillors Barron, Doyle, Kaye and Wyatt.

1. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were questions from the member of the press present at the meeting.

3. COMMUNICATIONS

Caroline Webb, Senior Scrutiny Adviser reported the following:-

Children's Cardiac Surgery Review
The Prime Minister had announced that the process in terms of the potential closure of Leeds and a number of other surgical centres had been halted although the future arrangements around Children's Cardiac Surgery would be revisited at some point in the future.

Further details of the implications of this announcement are awaited from the regional Joint Health and Overview Scrutiny Committee. These would be circulated in due course.

4. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 18th April, 2013.

Resolved:- That the minutes of the previous meeting be agreed as a correct record.

It was noted that the sub-group had been established and held its first meeting (Minute No. 77 Urgent Care Review – NHS Rotherham refers).

5. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 8th May, 2013.

Resolved:- That the minutes be noted.

6. REPRESENTATION ON WORKING GROUPS/PANELS

Resolved:- That the Select Commission's representatives for the 2013/14 Municipal Year be as follows:-

Health, Welfare and Safety Panel
Councillor Wootton
Councillor Dalton (substitute)

Recycling Group
Councillor Beaumont

7. ROTHERHAM FOUNDATION TRUST - UPDATE

The Chairman welcomed Michael Morgan (Interim Chief Executive), Peter Lee (Trust Board Chairman), Juliette Greenwood (Chief Nurse), George Thompson (Medical Director) and Dr. Tricia Bain (Executive Health Informatics Officer) to the meeting.

Michael gave the following presentation:-

- The Trust had been able to comply with all Monitor's requests for information
- Strategic plan to be submitted to Monitor by the end of September that completely underpinned the recovery for the organisation over the next 3 years. The first year of the plan was in the process of being put into place
- The next 2 years would see a complete revamp of the organisational structure, especially on the clinical side. As a result 135 individuals from the Trust had met with the Executive to look at restructuring the organisation
- Proposed move from 11 to 4 Directorates – Planned Care and Surgery, Emergency Care and Medicine, Women and Children and Diagnostics and Support – would allow for agile working
- Would provide a real oversight of the management of the organisation from the standpoint of accountability
- Community and acute services are not yet fully integrated – hopefully the new structure and Directorates would see a full integration

Discussion ensued with the following issues raised/clarified:-

- The Directorates would be clinically lead across a range of disciplines

- The Senior Nurses and Midwifery Committee met monthly to discuss issues. The Committee would be pulling together a strategy on how the Trust was going to change areas in the acute part of the hospital/work differently

- Community Nursing was a very important aspect. The Trust included health care and the patient care path in the acute hospital and in the community setting

- The proposed structure would be considered by the Board at the end of June. There would then be 30 days consultation

- The provisional leadership roles in the new structure were quite different e.g. matrons would not just manage Wards but would be looking at the pathway of care and if there were the right colleagues working with the right leadership and right representation. It recognised the uniqueness of professionals that worked in the Community and ensured they were heard. A staff engagement strategy was being developed.

- Staff morale was low, ranked within the bottom 20% of acute trusts, could this have any potential impact on services? In a recovery situation communication with staff had to be improved, having an inclusive and participative leadership style contributes towards this.

- Important to reiterate that the Trust had to take almost 25% out of the operating budget, and that there were some fixed costs so radical change was required in how front line teams work

- The Government was clear that tele-health had a key part to play in the future. The Trust echoed this and said it would play a part in reducing barriers between hospital and community.

- There was a working group working across the region looking at collaboration with other hospitals. Already Weston Park Hospital provided specialist cancer services and the Hallamshire Hospital provided neurosurgery. Due to the constant strive to do better, there would be a requirement in the future that there was far more co-operative work

- Another area for possible collaborative working in the future was the use of locum medical staff - a theme up and down the country. There were discussions across the region with regard to having a pool of medical staff in the region who were willing to work as locums that could be called upon at short notice and at far less cost

- All options had to be considered within the strategic planning process to ensure each service provided at the Hospital was sustainable. However, the Hospital would never close given the population and the volume of patients that the Hospital took care of

- If other providers were going to specialise there was an opportunity for Rotherham to specialise and when looking at the whole issue and process from a regional basis, there was probably much more

opportunity for things to be done at Rotherham on a localised basis than what may go out to other areas. It may be that Rotherham became more of a "well baby" delivery hospital and the more problematic deliveries went elsewhere

- 1 strength the Trust had was its integrated care organisation. It may well be that other Trusts in the area followed/used the model

- If specialists were shared across a bigger area there would be a larger number of patients and would be able to run an on call rota

- At present there was no list of services that the Hospital would not be offering any more

- Consideration had been given to bringing in other private sector organisations to help with service delivery but, following analysis of price and inconvenience, it was decided to retain inhouse. It may be the Trust would provide services to others and bring in revenue

- The Trust had picked up from what was being put into place at the end of 2012 and looked at the corporate spend side of the organisation and that had now been completed. Consultation had taken place and those employees that had been made redundant had left the organisation. There was also tactical control which was considering spending on specific items.

- Over the next 3 years the public would see £50M taken out of the organisation with no new services/revenue coming into the organisation. There would be less people working at the Hospital as 70% of the costs were staff; the other 30% was, supplies and the expenses of the organisation. However, the public would see staff working smarter, working together and doing things differently. 35 people had left the organisation and the process was now to work through how those jobs were going to be taken care of. The Trust had been increasing the number of patient care givers within the organisation at the same time as making the changes. The Board had agreed that the nursing vacancies needed to be filled and the process of recruitment had been in place several months.

The Chairman thanked everyone for their attendance and contributions.

8. NURSING UPDATE AND HEADLINES

Juliette Greenwood, Chief Nurse, gave the following powerpoint presentation:-

Local Operational Challenges
- Workforce Challenges
  High vacancy factor
  Ongoing utilisation of 'flex beds'

Corporate workforce consultation
Corporate adult inpatient recruitment
HV availability v workforce trajectory

- Media and Reputation
- Demographics – deprivation, dementia, children and young people, safeguarding complexities, high risk maternity

Significant National Failures

- Winterbourne View
  Abuse of patients with complex learning disabilities and missed opportunities (A&E, health assessments)
- Francis Report (2013) and concerns
  Standards of care …. Compassion
  Accountability
  Nurse leadership
  Professionalism
  Specific needs of older people
  Listening and responding to patients and families
  Nursing workforce – numbers, skills and competency

Impact and Location Actions

- CQUINS – National and Local 'Francis Focus'
  Friends and Family Test
  Safety Thermometer
  Patient Experience
  Complaints
  Safeguarding
  Nurse Leadership
  Dementia
  Death Certification

Nursing Staffing

- Twice per year Boards (in public session) to receive, confirm and publish assurance of safe nurse staffing levels via agreed evidence based tool
- To adopt recommended Safer Nursing Care Tool (SNCT) (via Assistant Chief Nurse Workforce)
- National development of Community SNCT and A&E SNCT
- To look to re-run Birthrate+ (3 years since last review)
- Children and young people workforce – PANDA, PABM, new national models for HV and School Nursing
- Following a year's work and ongoing scrutiny
  Investing in adult inpatient wards 50 wte
  Investment in additional RN and HCSW resource align general adult inpatient skill mix against national 'best practice' of 65:35 ratio
  Ward Sisters/Charge Nurses to be supernumerary

Impact

- Role of the Ward Sister/Charge Nurse – key
  Leadership not 'office based'
  Tools for the job e.g. Ward Nurse Accreditation Scheme, local audit program, engage with patients/relatives, Ward rounds
  Minimise bureaucracy – enabling time to care and time to lead
  Support to staff, students and patients and family
  Clarity about professional and personal accountability
- Introduce intentional rounding – impact
- Transparency Agenda

Francis Implications

- Patient Safety Nurse – new Ward level focus
- Nursing Quality Indicators – dashboard – EWS
  BoD required to publically discuss in detail twice per year
- Line of sight of immediate risks – HarmFree meeting
- The Emotional Labour of Care – e.g. Schwartz Rounds/Cultural Care Barometer – staff need time and space to reflect
- All student nurses serve Y1 as a Health Care Assistant (pilots in situ)
- Staff engagement strategy – Friends and Family Trust
- Values based recruitment
  Consider patient/governor involvement in senior clinical appointments
  Appraisal programme – nursing input, patient feedback leading to nurse revalidation

Compassion in Practice 2012-15

- National strategy and implementation plans
  6C's of Care, Compassion, Competence, Communication, Courage, Commitment
  Principles of Nursing Practice (December 2012)
  TRFT Nurse and Midwifery strategy development (annual work plan)
- Dementia
  TRFT Strategy as part of Rotherham Strategy
  Dementia Champions 'Ward to Board'
  Workforce development
  Carers audit
  Environment

Patient Experience

- National Patient Surveys – A&E, Inpatient, Midwifery, Outpatients, Children and Young People
- Friends and Family roll out – maternity pathway, community, Children and Young People
- Patient Experience Board to 'Ward'
  'touch and see' i.e. unannounced inspections, Senior Nurse Walkabouts, Patient Safety Visits, Executive Walkabouts
  Patient Stories
- Patient Experience – Review and Refresh Strategy

Complaints – our responsiveness, engagement, ownership, upheld or not, lessons learnt, improvements
Looking across pathways e.g. Safeguarding, C&YPS
"You said We did" – local level, Trust, web page
Celebrating Patient Experience Day

Discussion ensued on the presentation with the following issues raised/clarified:-

- An ongoing issue was agency staff. 60 nurses had been recruited as a result of the January Board decision, half of which had now arrived. It took approximately 3 months to recruit from the time of the advert. Recruitment would be taking place again for a further 49/50 posts, a mix of nurses and health care support workers. There was a challenge nationally as a number of Trusts were in the same position and it may be that there may need to be a targeted advertising campaign

- The new posts would be in areas where there had been a need identified to increase the numbers and on patient care areas

- In the main the Hospital used "flexi" staff - predominantly NHS staff and were bank nurses

- From a nursing perspective the staffing ratio was the same 7 days a week

- Rotherham deliberately did not schedule planned major surgery on Friday evenings and over the weekend. The national pattern shows higher mortality rates at the weekends. Rotherham was well advanced with work to introduce 7 day weeks for all staff across all Wards

- In terms of the position with other Trusts, Rotherham was in the middle. It was a risk for all Trusts if a patient was admitted for non-elective admission on a Friday/Saturday as an emergency

- Patients may be discharged at weekends so 7 day working across the health community, including social care and GPs, to back up the patient's discharge at a weekend, may need to be explored.

- 60 nurses recruited in last few months

- The Francis Report focussed on nursing care, and the patient's overall experience and its recommendations concerned actions around medical staff. Validated recruitment had to be the direction of travel

Juliette was thanked for her report.

9. QUALITY ACCOUNTS FOR ROTHERHAM FOUNDATION TRUST

Dr. Tricia Bain, Executive Health Informatics Officer, presented the submitted report on the Trust's Quality Account for 2012/13.

The following issues were highlighted:-

- The report would be available on the NHS website on 13th June, 2013
- Improved on last year and staff should be credited for this
- Work had taken place on Dementia but was included again in the improvement programme
- Significant improvement on the Medication Programme and would not be set as an improvement programme for 2013/14
- Staff morale – the main areas of concern remained the same as last year – learning and development and job satisfaction having scored the lowest of all categories
- Patient feedback and patient experience strategy had been reviewed throughout the year. There had been success in increasing the volume of complaints to obtain more feedback whilst also reducing the overall severity of complaints. Whilst the principal theme related to medical care there had been a significant increase in complaints relating to administration and appointments. This has been attributed to issues arising soon after the implementation of the Electronic Patient Record system
- Care Quality Commission had visited the previous week, carrying out 50 patient interviews, and been very positive. The report was due in two weeks.
- Work next year would focus on intra-operative fluid management, improving data quality, review of death certification and Dementia

Discussion ensued on the report with the following issues raised/clarified;-

- Health Assessments for Looked after Children data was collected by the commissioners. Data had been collected throughout the year but was unable to be validated
- Information was reported through to the Safeguarding Board Quality and Assurance Committee who had tracked and monitored the information. There was an issue of Health Assessment for Rotherham Looked after Children who were being cared for outside of the Borough

- The work was being linked through the Ward Nurses and Safeguarding work. The work was still taking place but was not 1 of the key priorities for 2013/14

Dr. Bain was thanked for her report.

10. WARD VISIT

The Select Commission split into 2 groups and visited Medical and Surgical Wards.

11. SCRUTINY WORK PROGRAMME 2013/14

Caroline Webb, Scrutiny Officer, presented a report that was to be considered by all the Select Commissions and by the Overview and Scrutiny Management Board with regard to the 2013/14 work programme.

The proposed programme for the Health Select Commission was as follows:-

Excess Medication
Continence Services
How to Improve Health in Rotherham
Access to GPs
Continuing Health Care for Children and Young People

Additional suggested areas of work were:-

Access to School Nursing
Sexual Health Services
Mental Health Services

Discussion ensued on the proposed programme:-

- Both School Nursing Services and Sexual Health Services were very important with regard to child sexual exploitation and also following the NHS changes now came under the local authority – to discuss with Public Health colleagues
- How to Improve Health in Rotherham – was it too wide?
- Welfare reform was likely to have an impact on health as well as jobs
- Issues with regard to capacity
- Healthwatch – need to avoid duplication
- Full reviews v spotlight reviews
- Excess Medication and Continence Services – it was agreed to have initial reports to the commission first
- Access to GPs was seen as this Select Commission's top priority

It was noted that a meeting was to be held on 13th June between the Cabinet and Select Commission Chairs to discuss the work programme followed by approval by the Overview and Scrutiny Management Board on 14th June.

Resolved:- (1) That the 2013/14 work programme be noted.

(2) That a meeting be set up between the Chairman, Vice-Chairman and Healthwatch to discuss priorities and any potential for overlap.

12. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 13th June, 2013, commencing at 9.30 a.m. to be held at Rotherham District General Hospital.