HEALTH SELECT COMMISSION
24th October, 2013

Present:- Councillor Steele (in the Chair); Councillors Barron, Dalton, Goulty, Havenhand, Hoddinott, Kaye, Middleton, Roche, Watson and Wootton, Victoria Farnsworth (Speak Up), Robert Parkin (Speak Up) and Peter Scholey.

Apologies for absence were received from Councillors Beaumont and Sims.

Councillors Doyle and Wyatt were in attendance at the invitation of the Chairman.

34. DECLARATIONS OF INTEREST

The following Declarations of Interest were made:-

Councillor Steele	Partner/Governor representation on Rotherham Foundation Trust
Councillor Dalton	Member of Rotherham Foundation Trust
Councillor Wyatt	Member of Rotherham Foundation Trust

35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The following questions were asked by members of the public present at the meeting:-

"The Daily Telegraph had run a story last month about a number of NHS Trusts that had been paying £570,000 a year to agencies. I was disappointed that 1 of them was Rotherham Hospital. Since February, the Rotherham Foundation Trust had paid at least £40,000 a month for Michael Morgan at an annual rate of up to £570,000 for the services of his company. It said that the sum would pay the salary of 26 nurses and is more than twice the top salary paid to any permanent NHS executive. What have the tax payers of Rotherham got for their money? How is it justified paying more than other Trusts?"

Michael Morgan, Acting Chief Executive Officer, Rotherham Foundation Trust, stated that the Trust's website contained all the contractual information concerning both partners. He was not paid directly by the Trust; he was paid by Bolt Partners so the information from the standpoint of him personally was not correct. His job was to work himself out of a job as quickly as possible and would be leaving on 18th November when the new Interim Chief Executive would be taking up the post. Michael had been fulfilling the role of Interim Chief Executive as well as Chief Restructuring Officer. There had also been 4 other individuals as part of that contract that had been in the organisation since February, 2013.

Michael would provide full details or the website had the actual contract between the Trust and Bolt Partners.

The information contained in the newspaper article was not the salary for the Interim Chief Executive but was the amount of money paid to the whole turnaround team that had been brought to Rotherham Hospital. When Bolt Partners had joined the Trust in February, 2013, the Trust had been losing money in recent years.

The Trust had lost £6M in 2012/13, £6M in 2011/12 and £3.5M in 2010/11. It was now £0.5M ahead of the Plan and was projected to break even at the end of March, 2014.

"It had been reported in the local press that the Hospital was considering options as part of the action plan to Monitor. 1 option was the merger or acquisition of other Health Trusts. How developed are the plans and what discussions has the Trust had with other Trusts?"

Monitor had asked the Trust to look at all options for Rotherham Foundation Trust. There were 3 basic options that the Trust was looking at and that was part of the work the turnaround team had been tasked with by the Trust and Monitor:-

Option 1 to continue the Trust as it was in its current structure under the current type of management

Option 2 Increased vertically integrated type of organisation
Currently there are acute and community services that were partially vertically integrated. A fully vertically integrated organisation would see patients taken care of in the community and the acute care trust, plus possibly closer work with social care, to move all the way through the continuum of care in a much more cohesive manner than at present.

Option 3 Affiliation type situation.
The 6 regional Trusts would be looking at what the best ways of working together were, not just for Rotherham but also for the other 5. Bearing in mind the large scale reduction in funding consideration would be given as to how that could be managed in a way that was safe for patients. Examples of current collaborative working are Rotherham cardiology patients going to Sheffield, patients from Barnsley coming to TRFT for opthamology and from Doncaster for ENT services.

The Hospital could not be closed as it would have a knock on effect on other hospitals and it a case of delivering the best care pathway for patients and keeping the Trust established as an excellent part of the community.

"When would the public be consulted on any merger/acquisition?"
The 3 options were to be considered by the Trust Board on 18th December. It was the Board who was the decision maker not Bolt Partners and the Governors would also have to approve the decision. Once the option was decided, consultation would take place.

36. COMMUNICATIONS

Janet Spurling, Scrutiny Officer, reported on the following:-

1. Cancer Care
   The 2013 Cancer Patient Experience Survey and related league tables showed that the Rotherham Foundation Trust was the 4th best performing Trust in the United Kingdom around patients' experience of cancer care. This had been determined by analysis carried out by Macmillan Cancer Support of the NHS England survey data. The report as well as the local and national NHS England reports were available.

2. Women's Health Survey
   The Women's Health and Equality Consortium were conducting a confidential United Kingdom-wide survey about women's experiences of using GP services, both positive and negative. The results would be presented to the Department of Health early next year. The Consortium worked to ensure that the experiences and needs of women and girls were reflected in Health and Social Care Policy and that public sector services were effective in meeting their needs, ensuring that they were safe from violence at home and in their wider community.

3. Indicative CCG Funding Allocations
   Further information regarding the indicative figures showed that under the proposed formula (under review by NHS England), the 68 CCGs in the north of England would have been allocated £46 per person less than they received in the actual 2013-14 allocation and CCGs in the Midlands and the east of England would have received £39 more per head. The reduction for Rotherham would be 6.38%, just under £21M.

37. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 12th September, 2013.

Reference was made to Minute No. 25 (Domestic Abuse Injuries). This had been raised at the Local Medical Committee and would be taken forward and discussed at the Safeguarding Adults Board.

With regard to Minute No. 26 (NEETS), it had been clarified that 12-14 referred to academic year groups rather than chronological years.

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

38. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 11th September, 2013.

With regard to Minute No. S30 (Locally Determined Priority), it was reported that re-commissioning work was taking place on Tobacco Control and Obesity.

With regard to Minute No. S31 (CCG Annual Commissioning Plan), it was queried whether it was known how much Rotherham was likely to receive from the recent Government announced Integrated Health and Social Care Fund and what it would be used for.

Resolved:- That the minutes be received and the contents noted.

39. ROTHERHAM FOUNDATION TRUST - UPDATE

Michael Morgan, Interim Chief Executive, Rotherham Foundation Trust, gave the following update incorporating clarification of questions by Select Commission Members:-

Staffing

- Louise Barnett had been appointed as the new Interim Chief Executive Officer and would be taking up the position on 18th November, 2013

- Jan Bergman had been appointed as the Deputy Chief Executive Officer and Director of Transformation

- 3 new Non-Executive Board Directors appointed – Joe Barnes, Lynne Hagger and Barry Mellor

- The complete team from Bolt Partners would continue their work in the Trust until the Board meeting on 18th December, 2013

- All of the Non-Executive Directors were in place; there was still another group of Non-Executive members that had been with the Trust for several years. The new Directors were interviewed by both the Board and Trust Governors and would not have been invited for interview if it had not been felt they had the experience for the tasks facing them

Options

- There was no preferred option. The Trust, like any other Trust, would probably prefer to move forward on their own without other changes but whether the organisation would be able to do that had yet to be seen especially with the budget restrictions

- There may be services between other Trusts in the region that would work better grouped together. Often Trusts had recruitment issues for specialist clinicians. It may be that clinicians worked between 2 Trusts similar to the current way of Rotherham providing ENT to Doncaster. This could be done under Option 1

- All services would be looked at and considered

- No discussions had been held with the Council as yet. The options to be considered by the Board in December are high level and would take a tremendous amount of work in order to get a 5 year strategic plan in place from January onwards.

- There would be a consultation process to ensure the community were fully informed

- Privatisation had not been put forward as 1 of the options

- Since the turnaround team had been in place, 75 nurses had been recruited. It had also been established that a further 35 were required. A recruitment drive was underway

- The proposed changes to the 11 CSUs had been implemented and now consisted of 4 Directorates. The 4 Clinical Directors would now sit on the Board but would not have voting rights but it is important to have clinical input.

- Rotherham was not alone in facing financial challenges. All the regional Trusts would have to work together and do so in a way that was good for patients that prioritised excellent quality of care within the amount of funding available through the NHS for each of the Trusts

- A specialist had been brought in to work on the Electronic Patient Records system. Rotherham was now well on its way to having such a system and would be much further ahead than others

- There would be additional car parking spaces for the Urgent Care Centre but it was not known whether there would be charges for parking

Michael was thanked for his attendance.

Resolved:- (1) That Rotherham Foundation Trust inform the Chairman in writing as to whether there would be car parking charges imposed for the new Urgent Care Centre.

(2) That a special meeting be held in January, 2014, to which the new Inerim Chief Executive Officer and Chair of the Rotherham Foundation Trust should be invited.

40. HEALTHWATCH

Naveen Judah, Chair of Rotherham Healthwatch, and Melanie Hall, Healthwatch Manager, gave the following presentation:-

- Healthwatch was a statutory body introduced by the Health and Social Care Act

- It was the new consumer champion for both health and social care

- Independent, influential and effective

- Gave citizens a stronger voice in influencing and challenging how health and social services were provided in Rotherham

- In part response to a number of reports – Mid-Staffs, Keogh Review, Berwick Report, Winterbourne Review

- NHS – A Call to Action – "This is all about neighbourhoods and communities saying what they need from their NHS; it is about individuals and families saying what they want from their NHS

- Rotherham Healthwatch structured around the 6 Priorities of the Health and Wellbeing Strategy i.e. Prevention and Early Intervention, Expectations and Aspirations, Dependence to Independence, Healthy Lifestyles, Long-term Conditions and Poverty

- Each Director had been allocated 1 Priority – all projects would fall under the 6 Priorities

- Links with CQC, Local Medical, Dental, Optician and Pharmaceutical Committees

- Additional projects would be undertaken as requested by partners or by issues raised through community engagement and the complaint process. Reports would then be submitted to the Healthwatch Board. If the Board agreed, a project and plans would be identified. Findings would be reported back to the Board, partner agencies and the Health and Wellbeing Board

- Healthwatch now occupied offices on High Street – open Monday to Friday 9.30 a.m.-4.30 p.m. and Saturday 10.00 a.m.-12.00 Noon. Its staff included 6 Directors, Manager, two Engagement Officers, Information Officer and Advocate. Volunteers would be relied upon. One of the Directors is a development role for a young person working across all the six priorities.

- Accessibility – looking to have drop in centres at Dinnington and Maltby as well as through social media and working with and through local groups.

- Met with CQC bi-monthly

- 3 issues had been escalated in the last month – 2 relating to health and 1 to Social Care. In the first instance Healthwatch would speak to providers and ask if they were aware of the particular problem in their organisation and give time to undertake remedial action. If an improvement was not made, the issue would be reported to the respective commissioner for further action. Healthwatch Rotherham sat within the Quality Surveillance Group for South Yorkshire and Bassetlaw CCG

- Healthwatch Rotherham's data was reported to Healthwatch England and had to submit an annual report

- Rotherham was ahead of many others and was already seeing the impact of work that had been undertaken

- The Head and Wellbeing Board had been given the opportunity to submit a 6 month project that Healthwatch Rotherham could lead on. Any suggestions submitted would be considered by the Healthwatch Board

- Healthwatch had the power to enter any organisation unannounced if there were concerns. If the concerns were with regard to a care home it could be referred to the Council as commissioners of that service or referred to the Quality Surveillance Group. If no action was taken, Healthwatch could refer the matter to Healthwatch England who would go to the Secretary of State

- Health was promoted subtly but did not involve health promotions and would direct members of the public to where they could get the relevant information

- Due to the independence of Healthwatch it had not been felt appropriate to have Elected Members on the Board

- Any complaints had to be connected to NHS services

Naveen and Melanie were thanked for their presentation and for their help in publicising the scrutiny review looking at information for carers.

Resolved:- That a progress report be submitted to a future meeting.

41. URGENT CARE CENTRE

Deborah Fellowes, Scrutiny Manager, reported that the views expressed by the Commission on the Urgent Care Centre proposal had been incorporated into the full Council consultation response and submitted to the CCG.

The Commission's views and those of the Cabinet had been very similar with issues around access, car parking and transportation identified. However, the Commission had opposed the proposal and the Cabinet had supported it so the response submitted had been that the Council supported the proposal.

It was clear that there were some common issues had arisen from the consultation regarding accessibility to the new facility.

It was key now to ensure that sufficient weight had been given to the comments made and that the CCG had addressed the issues.

Discussion ensued on the consultation feedback with the following issues raised:-

- The CCG had investigated available bus routes to the proposed facility but it would depend upon which side of the Borough you lived

- Although the same number of car park spaces at the present location were guaranteed, there was already a parking problem at the Hospital without adding to it

- A number of organisations had raised queries which had not been answered as to the financial model. The question of whether the investment was financially sound and the best use of funds given the issues the Hospital had

- The consultation report had given a guarantee that patients would be seen in X minutes but had not said what "X" was. This was particularly relevant given the recent problems at the Walk in Centre when it had turned people away during the last 3 months as it could not cope with demand

- Should the Working Group reconvene to look at the consultation report?

Resolved:- That the members of the working group meet again to go through the published report and raise any issues of concern within the Council.

42. YORKSHIRE AMBULANCE SERVICE QUALITY ACCOUNTS

Janet Spurling, Scrutiny Officer, reported that the Yorkshire Ambulance Service would be attending the December Select Commission to give a presentation on their Quality Accounts. Their consultation process had commenced earlier than normal and responses required by 31st December, 2013. The information below had been submitted to enable Commission Members to give some thought as to their responses when they attended in December:-

YAS Quality Accounts

- Performance against last year's priorities for improvement (2012.13)
- Performance against the 'core' indicators (on which all Ambulance Trusts must report)
- A review of the quality of their services over the last year (2013/14)
- Priorities for improvement for the year ahead (2014/15)
- NHS111 Service for Yorkshire and Humber

2013/14 Priorities for Improvement

- Improving the experience and outcomes for patients in rural and remote areas
- Public education – increasing public understanding of when to call 999
- Improving their Patient Transport Service

201314 Priorities for Improvement

- Working with care and residential homes to improve understanding of when to call 999 and to develop alternatives for patients needing urgent rather than emergency care
- Achieving a reduction in the harm to patients through the implementation of a safety thermometer tool (a way of measuring how many patients are harmed in specific ways compared to the total number of patients receiving an ambulance response)

Core Indicators

- Red ambulance response times
- Care of STEMI patients
- Care of stroke patients
- Staff views on standards of care
- Reported patient safety incidents

Consultation Questions

- Service Quality Measures – proposal to use same measures as last year to aid comparison
- Plus new measure regarding performance on NHS111 call handling

- What does “quality” meant to you?
- Do you think YAS provides high quality patient care?

43. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 24th October, 2013, commencing at 9.30 a.m.