

**HEALTH SELECT COMMISSION**  
**17th April, 2014**

Present:- Councillor Steele (in the Chair); Councillors Barron, Dalton, Gouly, Hoddinott, Kaye, Middleton, Roche and Wootton.

Apologies for absence:- Apologies were received from Councillors Beaumont, Havenhand, Sims and Watson, Robert Parkin (Speak Up) and Peter Scholey.

**80.       DECLARATIONS OF INTEREST**

There were no declarations of interest made at this meeting.

**81.       QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

There were no members of the public and press present at the meeting.

**82.       COMMUNICATIONS**

(1)       Response to Youth Cabinet

The response to the question from the Youth Cabinet (Minute No. 70 of 13<sup>th</sup> March, 2014) was attached to the agenda.

(2)       Joint Health and Overview Scrutiny Committee

2 reports had been published following the Leeds Children's Heart Surgery Services review – the Mortality Case Review and the Family Experience. The third report, Governance Review, would be published later in the year:-

Mortality Case Review Overview Findings

- Clinical management of the cases examined showed medical and surgical care to be in line with standard practice
- Case mix of surgical conditions and patients operated on was in keeping with comparable Children's Cardiac Surgical Units in the United Kingdom
- The cases reviewed were predominantly of high or significant complexity often with additional contributory risk factors

Family Experience Finding

- A number of themes around care planning and support for families emerged based on the views and experience of 16 children and their families

Both reports made recommendations that had formed the basis for an action plan that the LTHT and the Unit were implementing – Service development, audit programme development.

(3) Suicide Prevention Conference

The conference, held in Rotherham, had been attended by Councillors Beaumont, Dalton and Steele representing the Select Commission. It had been a well attended thought provoking event with some very good speakers. CARE about Suicide, the Guide to help universal workers prevent suicide, had been launched. The Chairman highlighted the work of the Youth Cabinet on self-harm which had been featured at the conference.

(4) The Rotherham Foundation Trust Quality Accounts

The first draft would be circulated at the end of April/first week in May for Members to consider before the Trust attended the meeting in June.

(5) Healthwatch

It was proposed that there be a new standard agenda item "Issues from Healthwatch", either verbal update or written report, to enable Healthwatch to raise issues/concerns they wished to bring to the Select Commission's attention.

(6) Yorkshire Ambulance Service Quality Accounts

To be submitted shortly.

Resolved:- That "Issues from Healthwatch" be included as a standing item on future agendas.

### **83. MINUTES OF THE PREVIOUS MEETING**

Consideration was given to the minutes of the meeting of the Health Select Commission held on 13th March, 2014.

Resolved:- That the minutes of the meeting held on 13<sup>th</sup> March, 2014, be agreed as a correct record for signature by the Chairman.

### **84. HEALTH AND WELLBEING BOARD**

Consideration was given to the minutes of the meetings of the Health and Wellbeing Board held on (i) 19th February and (ii) 23rd March, 2014.

Councillor Wyatt, Chairman of the Health and Wellbeing Board, drew the Select Commission's attention to the following issues:-

- Rotherham Active Partnership (Minute No. S79) – 6 monthly reports to the Board with the sports agenda meshing more closely with the health agenda, including funding streams
- Joint Strategic Needs Assessment Consultation (Minute No. S81) – additional issues had been referred for inclusion within the document which was available on the website
- Peer Review (Minute No. S85) – the offer of a Peer Review had been taken up and may involve members of the Select Commission

- National Energy Action Fuel Poverty (Minute No. S86) – a lot of learning had come from the project
- Better Care Fund (Minute No. S87) – work in progress
- Novation to Healthwatch (Minute No. S88) – would allow Healthwatch to operate as a social enterprise
- Mental Health and Learning Disability Services (Minute No. S90) – a pilot was being run in Rotherham with RDaSH and South Yorkshire Police for those with mental health issues involved in the criminal justice system to ensure they were in the correct placement

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

## 85. RDASH - QUALITY ACCOUNTS

Karen Cvijetic, Head of Quality Improvement, gave the following powerpoint presentation:-

What is a Quality Report?

- Coalition Government White Papers set out the vision of putting Quality at the heart of everything the NHS did
- Key component of the Quality Framework was the continuing requirement for all providers of NHS Services to publish Quality Accounts
- This was the opportunity to enable the OSC to review and supply a statement as to whether “the report was a fair reflection” of RDaSH services
- 2013/14 was the 6<sup>th</sup> Quality Report produced by RDaSH

2013/14 Quality Performance

- Care Quality Commission (CQC)  
Registered with no conditions
- CQC Inspections  
11 inspections of Trust services  
3 of Learning Disability Services in Rotherham  
1 Trust-wide inspection
- Compliant with essential standards of quality and safety reviewed
- CQC Mental Health Act Monitoring Visits  
18 monitoring visits of Trust Mental Health Inpatient Services  
7 monitoring visits of Rotherham Mental Health Inpatient Services
- Compliant with some minor improvement actions
- Commissioner-led Quality Visits  
Adult Mental Health Community Services  
Positive feedback
- Quality improvement Initiatives  
Child and Adolescent Mental Health Services  
Trust Quality Improvement Team

- Commissioning for Quality Indicators (CQUIN)  
Patient Safety i.e. Safeguarding, Patient Safety Thermometer  
Clinical Effectiveness i.e. Outcome Measures, Transitions  
Patient Experience i.e. Patient/Carer Survey

#### Review of Quality Markers 2013/14

Three domains of quality:-

- Patient Safety
- Clinical Effectiveness
- Patient Experience

Plus

- Our people/staff

#### Examples of Quality Improvement Work

- Patient Experience
  - Respecting, involving and empowering patients
  - Improving care through patient feedback
  - Improving access
  - Making service/treatment information available
- Patient Safety
  - Changes in practice through lessons learned
  - Environmental safety/accessibility
  - Personalised care planning
  - Records management
  - Safeguarding
- Clinical Effectiveness
  - Access to supervision
  - Implementing evidence based practice
  - Staff engagement in clinical effectiveness activity
  - Development of care pathways
  - Development of outcome measures

#### Process for 2014

- Consultation with Select Commission
- Engagement with Trust Council of Governors – regular agenda item/draft Quality Report for comment
- Draft Quality Report to Trust Clinical Governance Group and Board of Directors

#### Quality Priority for 2014/15

- Clinical Leadership – developed by Board of Directors, Council of Governors and Business Divisions

#### Francis Declaration

- Trust Francis Declaration jointly signed off by Board of Directors and Council of Governors in December, 2013
- 4 Francis priorities for 2014:-
  - Culture
  - Engagement
  - Non-professionally quality staff
  - Whistleblowing

#### National and Public Health Priorities 2014/15

- Tier 4 CAMHS
- 7 day working
- Better Care Fund
- Closing the Gap
- Public Health – provision of Substance Misuse Services and possible retendering of services

#### Local Commissioning Priorities 2014/15

- Consideration of investment in priority areas following the outcomes of the reviews
- A review of Mental Health and Learning Disability Services
- A review of the Learning Disabilities Assessment and Treatment Unit and Community Services
- Development of a comprehensive CAMHS Strategy
- Development of care pathways and packages (Mental Health Payment and Pricing Systems)

#### Next Steps

- Receive Select Commission's comments for inclusion in the Quality Report – May, 2014
- Report to Board of Directors – 24<sup>th</sup> April, 2014
- Report to Council of Governors – 16<sup>th</sup> May, 2014
- Report to Monitor – 30<sup>th</sup> May, 2014
- Review by Audit Commission – April/May, 2014

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

- Review of the Learning Disabilities Assessment and Treatment Unit and Community Services was being conducted in conjunction with the commissioners looking at if there were the right number of beds, in the right environment, staffing levels as well as financial implications
- Development of a comprehensive CAMHS Strategy – currently RDaSH was not commissioned to provide the Inpatient Service. Work was taking place to ascertain how that could be developed. Work was taking place to review the full Service and Pathways. Seamless transfers were raised for transition. The Strategy could come to a future meeting of the Select Commission

- Another piece of work was around Child and Adolescent Mental Health Services and taking part in a pilot on Child and Mental Health
- The inspection regime and its ratings were in the process of changing to that similar to the rating used by Ofsted. The indications were that RDaSH would not be found to be “Inadequate”; it was hoped to be found “Good”. It would be more in depth looking at leadership, quality, governance and services. RDaSH hoped to receive a “Good” rating and have had positive indications. Minimum standards were what was assessed
- Work was taking place on how to report whistleblowing figures as they were currently not published. Internally there were various methods that could be used to whistleblow as well as through the Care Quality Commission. There had been approximately 30 incidents of whistleblowing. The organisation was confident that the public were aware of the processes and were using them. Each incident raised by the CQC had been responded to and reported to the Board and Clinical Governance Group
- Work was taking place with commissioners and partners with regard to 7 day working to ascertain the possibility of sharing resources and locations/buildings in order to make the best use of what was available
- An identified area for improvement was around communications with GPs and thereby access into RDaSH services, information sharing between the 2 and data quality. A lot of work had taken place on communications with GPs including visits to practices, newsletters and health events and also on improving the Key Performance Indicators. A survey had recently been conducted with the GPs from which there had been very positive feedback. Due to the concerns there had been a contract query from the commissioners, but due to the aforementioned work, it had now been signed off as complete

Karen was thanked for her presentation. It was noted that she would supply the final report to Select Commission Members as soon as possible for comment

Resolved:- (1) That the presentation be noted.

(2) That upon receipt of the final report, Members of the Select Commission forward any comments to the Chairman.

(3) That, upon receipt of comments on the final report, the Chairman and Vice-Chair submit to RDaSH on behalf of the Select Commission.

**86. RTFT - PROGRESS UPDATE ON ACTION PLAN**

The Chairman welcomed Martin Havenhand (Trust Chair), Tracey McErlain-Burns (Chief Nurse), Jan Bergman (Director of Transformation/Deputy CEO) and Kerry Tate Maskill (Communications Officer) to the meeting who were present to give an update on the Operational Plan 2014-16.

The following presentation was given on the 2 Year Operational Plan:-

**Vision**

- To ensure patients are at the heart of what we do, providing excellent clinical outcomes and a safe and first class experience

**Mission**

- To improve the Health and Wellbeing of the population we serve, building a healthier future together

**Values**

- Safe, Compassion, Together, Right First Time, Responsible and Respect will underpin the way we work and define the culture we wish to build within the organisation

**Strategic Objectives**

- Develop high quality and safe services that effectively met the changing healthcare needs of the population it served
- Achieve clinical and financial sustainability
- Work with partners across the local health economy to ensure sustainability of wider healthcare provision
- Ensure that it had the leadership capability and capacity to deliver the strategy and services
- Ensure that its governance arrangements were fit for purpose and help shape the behaviours that would achieve the strategy
- Meet its regulatory requirements
- Develop and maintain an appropriately skilled and engaged workforce to meet service needs now and in the future
- Develop a culture based on their values and behaviours

**Trust Key Priorities****Strategy**

- Develop 5 Year Strategic Plan
- Transformation Programme Action Plan
- Board Development Programme

**Structure**

- Appointment of CEO and Executive Team
- Clinical Management Re-structuring
- Board Committee Structure
- Assurance Framework
- Risk Management

### People

- Staff Communication and Engagement
- People Performance Management
- Performance Management Framework
- Stakeholder Engagement Plan
- Governor Engagement

### Operational Objectives

- To provide quality and safe health services
- To address the underlying financial deficit
- To successfully implement a £22M Cost Improvement Programme
- To produce and implement Clinical Strategies which:
  - Identify those services that sustain a stand-alone Trust
  - Identify those services for increased collaboration
  - Identify those services to be provided by other providers
- Deliver a Board Development programme
- Establish the Executive Team
- Implement Clinical Re-structuring
- Embed and sustain new Board and Committee structures
- Introduce and embed the Board Assurance Framework and Risk Management Strategy
- Develop a staff communication and engagement process
- Introduce the Trust Performance Management Corporate Report and monitor performance throughout the plan period
- Undertake performance appraisal for all staff by Q1
- Develop stakeholder engagement plans
- Agree a forward work plan with Governors

### Quality Objectives

#### Safe

- Mortality
- Harm Free Care

#### Reliable

- Waiting Times

#### Caring

- Friends and Family Test

#### All Domains

- Nationally and locally mandated quality requirements

#### CQUIN

- 9 focus areas

### Organisational Risk

- Quality of Care
- Commissioning and Competition
- Operational Delivery
- Cost Improvement Programme
- Workforce



### Operational Challenges

- Unscheduled Care – in particular ageing population and increase in frail elderly demand for care
- Managing Long Term Conditions in non-acute settings
- Clinical Referrals Managements – delivering outpatient efficiencies
- Service Transformation
- Delivering 7 Day Working
- Commissioning Intentions
- Better Care Fund
- Any Qualified Provider
- Co-operation and Competition
- Collaboration and Integration
- Service Specification Development
- Clinical Service Sustainability
- Recruitment of Registered Nurses
- Development of motivated, engaged workforce

### Conclusion

- Delivery of financial and operational plans was critical to ensure sustainability
- Engaging the workforce at all levels would be critical to delivery
- Effective leadership and ownership was required to challenge progress and performance
- Clinical Strategies would drive changes to deliver improved pathways for patients and subsequently improve efficiency
- Ongoing engagement with other local providers to explore opportunities for collaboration and partnership working was vital

Discussion ensued with the following further information provided to Members:-

- The breaches put in place by Monitor were not likely to be lifted until April, 2015
- 5 year Strategic Plan to be submitted by 30<sup>th</sup> June, 2014
- Consultation would take place on the 8 strategic objectives over the coming months as required by Monitor
- The Board had recently identified the key priorities that were “must dos” in order to provide the quality of care and services the public of Rotherham would want to be provided and to ensure the Trust functioned efficiently and effectively as a good quality organisation
- Throughout the recent difficult times, standards had been maintained in the quality of care in hospital and community which the staff and clinicians should be congratulated for

- The 14 operational objectives were distilled from the 8 strategic objectives
- Aim to communicate clearly and effectively with everyone who worked for the Trust so all were accountable for the delivery of the strategic objectives, therefore, all staff would have had a face-to-face appraisal by 30th June, 2014. Appraisals had been conducted in the past but had not been diligently implemented and were not about performance or connected with a follow through down from the organisation's strategic objectives. It was important that all staff understood their role in delivering the objectives
- The restructuring was almost complete with 4 Directors delivering the standard of care across the Trust
- The Trust's 2014/15 Quality Accounts would feature the 4 Quality Objectives – Safe, Reliable, Caring and All Domains. It also wished to focus on standards for patients with Learning Disabilities so LD CQUIN would also be included
- 2 new posts had been created in the Executive Team – Chief Operating Officer and Director of Workforce and Transformation. There was now a Workforce Committee within the Committee Structure. The Group leading on Employee Relations within the Trust had been reviewed with a view to a member of staff taking on the role of Chair rather than a Senior Manager. It was also suggested that consideration be given to a Trade Union representative sitting on the Workforce Committee
- The 5 year plan would be based on reviewing the specialities within the Trust, looking at best practice, working with partners and ensuring it was fit for purpose
- The Trust had to remove £22M from its budget over the next 2 years - £10.9M in year 1 and £10.8M in year 2. It was the intention and plan to make a surplus of £0.7M in 2014/15 with a further £2.2M in 2015/16
- It was key for the Trust to get out of the Monitor Special Measures and focus on issues that a Trust should focus on i.e. quality of patient care
- The plan predicted a 5% Cost Improvement Programme – ambitious as most Trusts predicted 3.5% - which meant it had to save £10.9M this financial year. The Trust planned to achieve £12.4M. The Transformation Programme established 3 months ago was well under way and to date had achieved £8.44M savings
- For the first time the Board had built in reserves – 1% contingency – plus £1.5M for Invest to Save

- The last 4 months had seen an improving financial position – at the beginning of the financial year there had been a £4.6M forecast overspend but that had recovered and was now likely to be £3.2M
- The 2 year plan addressed the key strategic and operational challenges and would also sit within the 5 year plan. They had been derived from the issues the Trust needed to monitor and ensure were being satisfied throughout the process
- A score card was produced for submission to the Board on a monthly basis and would be included on the website this would reference the operational challenges
- The hospital faced real challenges and the citizens and Members of Rotherham wanted to see it work and have good quality health care in the town
- Disappointment was expressed that reports from the Deloitte and PwC reviews had not been shared with the Select Commission previously. It was noted that the EMR report had raised the issue of the organisational culture with staff being afraid of voicing concerns. Those issues were being put right as the Transformation Programme moved forward. There would always be some that said they were not fully informed but there would be a supportive approach. The Trust would only succeed if it engaged with colleagues and supported them and there was a Board development programme including how they would engage and do things differently.
- Examples of the new culture of working included the Chief Executive having worked over the weekend to understand and experience the new initiative being implemented following the review of Emergency Care and see what it was like to work in that Department. Other members of the Executive Team regularly worked on the Wards at night to gain night staff experience. Staff had feedback that they did not appreciate the use of agency staff and had recommended that they be encouraged to join the Nursing Bank and work within the Trust. Within 3 days of receipt of that recommendation the Executive Team had listened and it had been announced that it would be implemented
- Patient pathways were the key to transformation and there would be reports by late summer. Many of the £8.44m savings had come from staff ideas rather than from the leadership team
- Would be helpful for the Select Commission to receive performance outcomes against the plan

- The cuts would mainly be against efficiencies and contract expenditure. The length of stay for patients within the Trust was average - within Surgery it was good but within Medicine not so good with patients staying 1 day longer than average. Working with Social Services would improve the situation. Each of the 15 workstreams were led by an Executive Lead or a Senior Manager and have a support team

Martin, Jan, Tracey and Kerry were thanked for their attendance.

Resolved:- That a special meeting be held on 25<sup>th</sup> June, 2014, commencing at 9.30 a.m. to consider the Trust's five year plan.

## **87. ACCESS TO GPS SCRUTINY REVIEW**

Consideration was given to a report presented by Councillor Hoddinott, Chair of the Review Group, which set out the findings and recommendations of the above Scrutiny Review.

The 7 main aims of the Review had been:-

- Establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
- Ascertain how NHS England oversees and monitors access to GPs
- Identify national and local pressures that impact on access to GPs – current and future
- Determine how GP practices manage appointments and promote access for all patients
- Identify how NHS England Area Team will be responding to changes nationally
- Consider satisfaction data from the GP Patient Survey on a practice by practice basis and to compare Rotherham with the national picture
- Identify areas for improvement in current access to GPs (locally and nationally)

A full scrutiny review was carried out and evidence gathering began in October, 2013, concluding in March, 2014. It had comprised of round table discussions and written evidence from health partners, reviewing the National GP Patient Survey data, desktop research and fact finding visits to 4 GP practices.

The national and local pressures that impacted upon access to GPs were recognised. There was reduced funding, shortages of GPs and nurses and premises that were not always suitable for the increasing range of services now delivered at practices. Patient demographics with a growing and ageing population, coupled with the prevalence of ill health and long term conditions and local deprivation in some areas meant increasing demand. This required adequate resourcing to ensure good access to services for all patients.

Patients' experiences of accessing GPs varied from practice to practice with some long waiting times reported. Expectations and preferences were changing and it was a question of striking a balance between clinical need, patient expectations and convenient access with practices needing to work with their patients to develop systems that worked well for both.

The review had made 12 recommendations:-

1. Patients' experiences of accessing GPs vary from practice to practice, therefore NHS England needs to ensure that patients' views on access are reflected in the forthcoming Personal Medical Services contract re-negotiations and five year commissioning plan.
2. The continuation of the Patient Participation Directed Enhanced Service in 2014/15 should be used to ensure patients are well informed and empowered through the Patient Participation Groups to challenge pool access and suggest improvements.
3. Although recognising the importance of clinical need, the expectations and preferences of patients are changing and practices should explore more hybrid and flexible approaches to appointments, such as having part of each day for sit and wait slots.
4. NHS England should maintain access to interpretation services for GPs with an emphasis on professional services, supported by training for GPs and practice staff to increase confidence in using telephone services where appropriate.
5. NHS England should review their current interpretation provision to see if economies could be achieved through signing up to Rotherham MBC's framework agreement which is open to partner agencies.
6. GP practices should regularly showcase best practice and share successes on providing good access to patients through existing means such as the practice manager forum and Protected Learning Time events.
7. Patient information and education is important, both generic information about local services and specific information about how their surgery works:-
  - a. GP practices should ensure their practice leaflets and websites are kept up to date about opening times, closure dates for training and how the out of hours service works
  - b. NHS England should explore developing an App with practice information that people with smartphones and tablets can download

- c. Health and Wellbeing Board should consider developing a Borough-wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments
  - d. GP practices should work with their reception staff, patients and Patient Participation Groups to encourage patients to provide more information to staff when contacting the practice, enabling them to see the right person in the practice team
  - e. Health and Wellbeing Board should consider revisiting the "Choose Well" campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations
8. In light of the future challenges for Rotherham outlined in the report, the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care.
  9. NHS England should consider incentives to attract GPs to start their career in Rotherham following training in the area to help address the demographic issues of our current GPs.
  10. Rotherham CCG should collect and analyse monitoring information to ensure that services are resourced to meet peaks in demand during protected learning time at the new Emergency Care Centre from 2015.
  11. NHS England needs to be more proactive in managing increases in GP demand due to new housing developments rather than waiting for existing services to reach capacity.
  12. Rotherham MBC, when considering its response to the scrutiny review of supporting the local economy, should ensure health partners are invited to be part of the multi-disciplinary approach to proposed new developments.

The Review Group and Scrutiny Officer were thanked for their work on this issue.

Resolved:- (1) That the findings and recommendations of the report be endorsed.

(2) That the report be forwarded to the Overview and Scrutiny Management Board and Cabinet.

## **88. HEALTH SELECT COMMISSION WORK PROGRAMME UPDATE**

Janet Spurling, Scrutiny Officer, presented a progress report on the Select Commission's work programme and delivery to date together with future agenda items and potential themes for 2014/15.

Items suggested to date for the proposed programme for the Health Select Commission were as follows:-

Mental Health

Special Schools – Nurses and School Nursing Service

Commissioning Support Unit – Continuing Health Care

Items still to be considered but scheduled for June/July were:-

Continence

Better Care Fund – final action plan

Public Health Annual Report

Health and Wellbeing Strategy Workstreams – Poverty and Prevention and Early Intervention

Emergency Care Centre

Healthwatch

Rotherham Foundation Trust Quality Accounts

Discussion ensued on the inclusion of Mental Health within the proposed programme and the broad spectrum it encompassed. It was suggested that a scoping paper be produced to establish which areas should be concentrated on.

Resolved:- (1) That the achievements made so far be noted.

(2) That Mental Health and Wellbeing underpin the Health Select Commission's 2014/15 work programme.

## **89. DATE AND TIME OF NEXT MEETING**

Resolved:- (1) That the next meeting of the Health Select Commission be held on Thursday, 12<sup>th</sup> June, 2014, commencing at 9.30 a.m.

(2) That a special meeting of the Health Select Commission be held on Thursday, 25<sup>th</sup> June, 2014, commencing at 9.30 a.m.