

HEALTH SELECT COMMISSION
25th June, 2014

Present:- Councillor Steele (in the Chair); Councillors Kaye, Dalton, Wootton, Hoddinott, Hunter and Vines, Vicky Farnsworth (Speakup) and Robert Parkin (Speakup).

Apologies for absence were received from Councillors Havenhand, Jepson, Pitchley, Swift and Whysall and Peter Scholey.

13. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

14. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

15. COMMUNICATIONS

There were no communications to report.

16. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraphs 3 and 4 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the Council)/information relating to any consultations or negotiations).

17. ROTHERHAM FOUNDATION TRUST - 5 YEAR STRATEGIC PLAN

The Chairman welcomed Louise Barnett, Chief Executive, Rotherham Foundation Trust, and Tracey McErlain-Burns, Chief Nurse, to the meeting.

Louise stated that the report was to be considered by the Trust Board on Friday and was the reason why it was in the confidential section of the meeting. All feedback from the Select Commission would be shared with the Board.

The strategic plan was to be submitted by 30th June and would be reviewed by Monitor during July-September with feedback in October, 2014.

The plan covered:-

- Declaration of sustainability – financial, operational and clinical
- Market analysis and context
- Risk to sustainability and strategic options
- Strategic plans – strategic challenge, clinical speciality reviews and service line reporting
- Critical supporting strategies – quality strategy, workforce strategy
- Summary

The following additional information, incorporating questions by Select Commission Members, was given:-

Financial Viability

- There was a Transformation Fund of £2M for this year and this was being looked at for the length of the plan. Work was underway on training requirements to ensure there was investment to make the necessary changes.
- A Workforce Plan was under development which would be shared with NHS England as there was funding available to support certain schemes

Capacity Analysis - Estate

- Recognition that there were some ageing buildings within the Trust's stock
- Stocktake taking place to be clear exactly what was used for what reason and how often

Capacity Analysis - Workforce

- There had been an intensive recruitment campaign for nurses - offers of employment had been made to 83 nurses
- Not all of the new recruits would be placed in the Hospital
- Looking to build a District Nurse Team Leader role in the same manner as Ward Sister. They would then have the authority to manage their team in the community
- The financial costings had assumed fully staffed to the desirable level
- The recent national Institute for Care and Excellence had launched consultation on proposed staffing ratio of 1 Registered Nurse to a maximum of 8 patients; Rotherham's current staffing establishment already met that ratio. If the recruitment was successful, the ratio would be better
- Over recruitment would give the ability to flex the workforce where acute patient situations arose
- Staff were actively involved in focus group sessions
- The Workforce Plan for next year would look at the allied health care workforce when patient pathways had been redesigned
- Predominantly female workforce
- The age profile depended upon their occupation but the Trust was finding more staff were continuing to work for longer
- Intention was to ensure that there was strong support arrangements for junior nurses/newly qualified

- Hope to reduce the turnover rate of staff
- Staff survey results demonstrated poor levels of staff satisfaction. The Trust had just signed up to “Listening into Action” which was about empowering colleagues and enable/support them to ensure they could deliver high quality care in their areas. A short survey would shortly go to all staff, with feedback provided to staff within 2 weeks and would be repeated in 9 months
- Over 4.5% sickness level which was higher than average
- Community Transformation Group met on a regular basis with colleagues from the Hospital, Community and the CCG to redesign the pathway
- There was no plan to make compulsory redundancies

Capacity Analysis - Beds

- The number of people who attended A&E who, with support, would not necessarily need to be seen by a consultant
- Need to work closer with primary care partners in an attempt to reduce avoidable emergency admissions and provide services in the community
- Discussions required with NHS England who commission GP services as to how their resources may be utilised with a view to what could be provided in community
- Work ongoing regarding the possible “mothballing” of a Ward which could open if the need arose

Better Care Fund

- Good relationships between the Trust and other organisations
- Ageing population was an increasing issue and needed focus in order to develop a plan

Financial Viability and Sustainability

- There were internal and external auditors as well as Monitor undertaking thorough review
- Had to provide monthly reports

Clinical Sustainability

- Whilst volumes for A&E attendances and maternity services were within guidelines they were significantly lower than national average
- Work would commence very shortly on the speciality reviews
- There had been a lot of work with Consultants and Clinicians on the methodology to ensure it was led by clinical staff to draw on best practice and Royal College Guidelines
- There would be public consultation with regard to any Service redesign and quality impact assessments for any proposed changes
- There would be public consultation with regard to any Service redesign
- Working Together Programme – a programme agreed and put together by 7 Health Trusts within South Yorkshire and Bassetlaw (mid-Yorkshire, Barnsley, Doncaster, Sheffield, Chesterfield,

Rotherham, Sheffield Children's), and included a Chief Executives Group, Chairmen's Group and some working groups. All recognised they wanted to deliver financially sustainable health care in the future and there were things they could work together and benefit from particularly smaller specialities where there was lower demand but required highly skilled professionals

Service Quality

- The general public would know the service had improved through clinical outcomes
- Would expect to see improved scores for patient experience
- Need for improved stakeholder and communication approach

The Chairman thanked Louise and Tracey for their attendance.

Resolved:- (1) That the Chief Executive, Rotherham Foundation Trust, be invited to the Select Commission in 6 months in order that it may monitor the plan.

(2) That the Chairman and Vice-Chairman meet with the Chief Executive on a monthly basis the notes of which will be submitted to the Select Commission for information.

18. DATE AND TIME OF NEXT MEETING

Resolved:- That, due to the planned industrial action, the next meeting of the Health Select Commission be held on Friday, 11th July, 2014, commencing at 1.30 p.m.