Notes from meeting 11 August 2014
Health Select Commission and The Rotherham NHS Foundation Trust

Present:
TRFT - Louise Barnett, Chief Executive and Anna Milanec, Director of Corporate Affairs/Company Secretary

HSC - Cllr Brian Steele, Chair and Cllr Emma Hoddinott, Vice Chair

Notes: Janet Spurling, Scrutiny Officer, RMBC

Purpose of the meeting

As agreed at HSC on 25 June 2014 this would be the first of a series of monthly meetings to discuss progress on Rotherham Foundation Trust's Five Year Strategic Plan. Key issues to discuss in these meetings are likely to be finance, staffing, quality, performance, Cost Improvement Programme (CIP) and the regional Working Together partnership.

Discussion points

Monitor and Five year plan – the final version has been submitted to Monitor and was very similar to the version HSC received in June. Monitor have contacted TRFT by 'phone to clarify some points and a performance review meeting (PRM) is scheduled for 9 September in London. A formal response is expected regarding the breaches for governance and finance in due course. Enforcement regarding the Electronic Patient Records (EPR) has now been lifted, save for a generic point which relates to governance in general which cannot be lifted until the governance breach itself is lifted.

Finance – on track at the end of month 3 with the June deficit of £303k being £175k less than expected at this stage. The quarter 1 deficit in £1,663k is also better than plan and the aim is to have £662k surplus at year end. Income and spending were both higher than plan in quarter 1. Savings of £10.9m are to be made for 2014-15, of which £ 9.1m have been identified and approved following quality impact assessment; the £9.1m excludes some proposals which have been rejected at this stage. There are still further savings possible in corporate functions through reorganisation, which will protect the front line, and some vacancies have not been filled having balanced this against risk to quality.

£12.9m CIP target for 2015-16 will be very stretching and any implications for the proposed Emergency Centre have to be considered.

In terms of the financial position non-recurrent funding obscures the actual bottom line so it is important to be clear about the true financial picture.

Mandatory training is being introduced for all budget holders.

A new team of internal auditors is in place.

Benchmarking – the benchmarking exercise to review overall costs at TRFT and compare them with peer organisations is ongoing

Service Line Reporting – this had been introduced to improve financial information and looks at all the costs for a specialty and compares them with income to identify areas of

surplus/deficit which will help to inform the strategic clinical specialty plans. The first reports are due in October.

Specialty reviews – dialogue has taken place with the doctors to get them on board and a methodology has been agreed that will be piloted in ENT and then be refined prior to roll out. Initially it was hoped to complete the reviews by November 2014 but it is more likely to be March and this will then feed in to the business planning cycle. Patients will be asked for their feedback. A prioritised timetable for the reviews will be drawn up.

Emergency Centre – TRFT board will receive the business case for the new model in September and the decision will be made. The impact of changes was not included in the Five Year Plan as it was not definite at the time of submission. Staff will be involved in the plans.

Board – a Chief Operating Officer, Director of Finance and interim Director of Workforce and Transformation have all been appointed. Recruitment for a permanent DWT is underway so TRFT anticipate having a full board by November which should facilitate progress.

CQC Risk rating – TRFT risk banding has moved from 4 to 2 (higher risk) so there is an increased likelihood of visits, although the expectation is that the risk will return to a 3 or a 4 within the next year. This current rating is due to having four 'elevated risks' and four 'risks', based on a range of data both recent and historical, with use of the latter being an issue for TRFT.

- Complaints – many were in relation to EPR and this data is included even though it is now two years old
- Pneumonia – should be closed
- Ratio of staff : beds was triggered as a risk, yet the ratio is better than average so TRFT intends to liaise with CQC about the calculation because of the impact of community staff.

Risk categories have been altered with Monitor risk now one of the factors taken into account by CQC whereas it was not included previously – the Trust is either 'red' orr 'green' rated for governance so any enforcement action leads to a red rating. Members questioned if there might be care quality concerns not only financial. TRFT will look at measures next time with more up-to-date data and a team are checking if any are likely to be worse.

A mock CQC inspection led by the Chief Nurse, also involving community services, had been a good exercise

Risk Management Strategy – agreed by the Trust Management Committee in July 2014 with a clear timetable to establish a golden thread with training and structures to deliver a consistent approach.

Safeguarding – TRFT is likely to locate one staff member to the Multi-Agency Safeguarding Hub (MASH) and has designated officers to liaise with the Local Authority Designated Officer (LADO) regarding any allegations against professionals working with children and young people.

Nurses – 87 posts have been offered to newly qualified nurses, with around 40 accepting. There are still gaps and a national shortage so international recruitment is likely. If people

want to do more specialised nursing they would tend to go to Sheffield rather than Rotherham as it is very different working at a teaching hospital to a district. There is less opportunity for progression so less need for as many nurses at higher grades. Nursing figures are looked at and reported on monthly.

Staffing costs - £3m was spent on temporary staff in quarter 1 so recruiting permanent staff more quickly is a priority to save money and improve care quality. TRFT cannot have clinical staffing gaps so there is reliance on temporary staff and they are trying to get agency staff more cheaply through the national framework.

Staff turnover – this has reduced and a more detailed breakdown has been requested to identify any issues or trends in a particular area. All leavers have the opportunity to have an exit interview (not with their line manager).

Seven day working – TRFT is working with the CCG to develop both hospital and community seven day services that meet NHSE Clinical Standards. There will be £3m non-recurrent funding in Sept for acute/community.

Staff appraisals – 79% completion at the end of July with the process being much more meaningful and linked to the organisational priorities and plans.

Excellent service ratings – the Primary Ear Care and Audiology Service has been rated as "better than green" in a national audit of children's hearing services.

Targets (quarter 1 performance)

- 4-hour A&E target was achieved and year to date (as at 23.07.14) is 95.77% against a significant increase in activity. Extra resources are still being put in but staff are also working in a different way now.
- All cancer targets achieved subject to validation and a focus group was held.
- All 18 week pathway targets achieved bar the admitted pathway for Trauma and Orthopaedics (due to high volume)
- Service improvement works continues in the stroke service (CQC two metrics) and breast services as TRFT is not yet achieving all the quality metrics.

"Perfect Week" programme – planning is underway for a 'perfect month' in Sept/Oct with staff acting as ward liaison officers to champion their wards and to identify any issues.

Winter plan review – revised plans to the Board in August and to be shared with Monitor at the PRM meeting in September.

Staff engagement – It was agreed that previously there had been engagement problems but TRFT view staff relations as good with more partnership working. Staff governors are a point of contact and there are staff champions. The trust is revamping its whistleblowing policy and engaging with the RCN Speak Out Safely campaign and any similar initiatives trade unions might also have.

"Listening into Action" - staff engagement initiative has ten people at the centre cascading out to 100. A short "pulse check" survey with 15 questions has been sent out with 1642 responses and results will be shared with staff. Results are better than average for TRFT's cohort of trusts. A series of events for over 800 staff are being held in Sept to be able to share their views with the CX (in booked slots) and TRFT want people to feel listened to and valued. They hope to survey everyone in the organisation. This staff survey data will

set the baseline from which to measure change, although it is uncertain if enough time has elapsed since changes commenced for this to be reflected in survey responses.

Patient and public engagement – as the commissioner and decision maker it would be the CCG's responsibility to undertake public engagement if they had any plans to discontinue a particular service at the hospital. TRFT is obliged to provide services according to its licence and also has to work with its governors with regard to any service changes. Work is ongoing through the regional Working Together partnership with providers on potential models for vulnerable services.

Holistic approach of scrutiny – Members reiterated that health scrutiny considers wider issues such as patient experience and access to services, transport and parking and ease of family and friends being able to visit people in hospital as well as the clinical and financial case for any service changes.

Additional car parking spaces have been earmarked for the Emergency Centre following clearance of the area where the crèche used to be situated.

Changes to bus routes were noted with some areas losing their direct link to the hospital. TRFT mentioned that they had been notified that the leaflet showing all the bus routes to the hospital had unhelpfully been withdrawn.

Agreed actions:

1 TRFT to send the following information to HSC Chair and Vice Chair:
- final version of the Five Year Strategic Plan
- prioritised list of Specialty Reviews once drawn up

2 TRFT to attend HSC on 11 September for the Emergency Centre agenda item.

3 TRFT to look into an issue raised regarding charges for damage to hearing aids.

4 Members to follow up the withdrawal of the leaflet advertising all bus routes to the hospital.

Date and time of next meeting:

Monday 29 September 3:30pm at TRFT