Notes from meeting 24 November 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 Ken Wyatt, Chair and Cllr Stuart Sansome, Vice Chair

Notes: Janet Spurling, Scrutiny Officer, RMBC

Purpose of the meeting

As agreed at HSC on 25th June 2014 the first of a series of monthly meetings took place on 11th August, 2014 to discuss progress on Rotherham Foundation Trust's Five Year Strategic Plan. Notes from the previous meetings formed the basis for this discussion and update on progress to date.

Discussion points

Management - changed roles are in place for the executive team and the CX now receives more line reports (to improve financial information). There are four statutory roles and recruitment is underway to fill the last of these – permanent Medical Director (Dr David Hicks is acting). Simon Sheppard is the new Finance Director, Chris Holt Chief Operating Officer and Lynne Waters HR Director. Joe Barnes is Non-Executive lead of Audit.

Monitor/Finance – Hospital trusts have to apply to have enforcements lifted and the application is ready to go to Monitor to have the enforcement on governance lifted. TRFT received good feedback at a meeting with Monitor last week and is on target to deliver the plan. Although the CIP will be a challenge they expect to deliver the targets and surplus.

CQC Risk/Intelligent Monitoring rating – The latest CQC report is due on 3 December and the rating is expected to improve and hopefully to return from 2 to 4 (lower risk) by the year end when some of the issues around historical data are no longer a factor.

CQC inspection – acute and community services will be inspected by CQC in February.

Winter plans – funding in place

Care and Safety issues – 17 cases of c.dificile to date this year, all unavoidable and no lapses in care.

Targets - 4-hour A&E performance is just below the national 95% target at 94.7%. TRFT has seen a large increase in numbers in the last few weeks, an increase in acuity and more pressure on other non-elective admissions. TRFT remain confident they can improve and meet the target again. Daily average is approx. 220 patients in A&E. The small triage room is also a constraint. Some longer waits can be due to waiting to be admitted to a ward.

Emergency Centre – TRFT board has approved this but there are some extra processes to go through with Monitor because of the breach and Board certification will be approved next month.

There is a delay to the original timescale as there is a gas pipe to be moved on site (which will be funded by the CCG) and TRFT is in discussion with the National Grid about this. The matter is further complicated by the fact that services will still be delivered from the site whilst the building work takes place. TRFT are also looking at what services might move to the current Walk In Centre when the new centre opens.

Working Together – as TRFT chose option 1 the intention is to maintain as many services as possible with patients receiving the services they would expect, but also collaborating with other trusts as in present arrangements with Barnsley and Doncaster.

Specialty reviews – proceeding to schedule to be completed by the end of December. An extra stage has been added to the process following the initial pilot. The review outcomes will feed in to the next two- and five-year plans.

Minor oral surgery – HSC had responded to the consultation by NHSE and asked about the impact on the hospital.

Finance Director is co-ordinating possible tenders and the TRFT position.

Staffing – still nursing vacancies so will go ahead with overseas recruitment. Some roles have been restructured to a higher band with greater responsibility. Staff turnover has reduced further. It is positive to have the new HR Director in post but still early days.

Sickness absence management – sickness absence is high and is a priority as it increases costs through use of bank and agency staff. A campaign is under way and managers are encouraged to take ownership in their teams and to manage the issue in a supportive manner. Aim is to reduce to 3% as elsewhere in the country. TRFT had been commended for their approach to the industrial action that has taken place earlier that day.

Various measures would show if absence was impacting on care quality – Friends and Family test, no. of serious incidents, complaints, patient experience, clinical effectiveness.

Child sexual exploitation – it was noted that the Jay Report had made little direct reference to health services. Intelligence from health partners was raised as being important to tackle this issue.

TRFT response to the report includes working with partners and looking internally to ensure staff come forward with any information, issues or concerns (acute and community). The Chief Nurse is the lead and works with the Safeguarding Board. “Stop the Shift” training to ensure staff report any concerns. Comparisons were drawn with concerns and evidence regarding domestic abuse.

Benchmarking – the benchmarking exercise to review overall costs at TRFT and compare them with peer organisations is going well, carried out by a company called Channel 3. Their final report will include assessing opportunities for cost efficiencies. There are no surprises with regard to the findings e.g. cancelled appointments, analysis of beds taken up when people are fit for discharge (c/f scrutiny review).

Partnership working post Monitor intervention – taking it forward with genuine buy-in to maintain it. Collaboration with partners takes place both within the NHS and outside. There are links between both staff satisfaction and patient experience and between staff satisfaction and finances.

Five strategic objectives – very clear that patients are first.

Effective performance management in such a large organisation – on a journey with several levels of performance reporting from board level (balanced score card, quadrant and process indicators) and monthly performance meetings in the four directorates (dashboards). Diagnostics meet each department and go through issues/indicators ahead of the other meetings.

TRFT felt it needed to be simpler and better coordinated allowing for innovation within a structured framework, such as less time wasted, new procedures or using new technologies, either medical or IT.

Staff suggestions (opportunities for ideas/rewards) – TRFT do get ideas in from staff but this could be more structured. They could perhaps explore a "Dragon's Den" approach where services bid for funding to pump prime an initiative to further invigorate spend to save and innovate where appropriate. Bulletins with positive stories with regard to the CIP are in their infancy.

Staff appraisals – 86% completion to date.

Relations with GPs – varies as some practices are better at working with them than others. Community transformation programme underway (HSC agenda item in January).

Agreed actions:

1 TRFT to send latest information on progress of specialty reviews to the HSC Chair and Vice Chair:

2 For the next meeting HSC Chair and Vice Chair to identify key information they would like TRFT to present at the HSC meeting on 22 January.

Date and time of next meeting:

Wednesday 14 January 2:00pm at TRFT