HEALTH SELECT COMMISSION
22nd January, 2015

Present:- Councillor Watson (in the Chair); Councillors Kaye, Sansome, Swift, M. Vines and Whysall.

Apologies for absence were received from Councillors Havenhand, Hunter and Jepson.

72. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

73. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The member of the press present at the meeting did not wish to ask any question at this point in the meeting.

74. COMMUNICATIONS

The Chair thanked the previous Chairman, Councillor Wyatt, for his work on the Health Select Commission.

Yorkshire Ambulance Service
The Chairman reported receipt of correspondence, both written and verbal, from Unite and Yorkshire Ambulance Service regarding the performance of the service and industrial relations.

The Care Quality Commission was to inspect the Service in March and the Select Commission needed to decide how it would respond to the issues raised.

Leeds City Council Scrutiny Committee was to consider Yorkshire Ambulance Service at a meeting shortly and had invited Rotherham but unfortunately it clashed with the Council meeting. Apologies for not attending would be conveyed to their Chairman and minutes of the meeting requested to help this Authority decide how to consider the Service.

Councillor Doyle, Cabinet Member for Adult Social Care and Health, reported that a performance update had been given to the Health and Wellbeing Board held the previous day. The report was available on the intranet. He had also had letters from Unite and had agreed to meet a representative of the union. It had been emphasised that he could not become involved in any trade union disputes but performance issues had been raised. Those issues had been conveyed to the Chief Executive of the Rotherham Clinical Commissioning Group asking that they be passed to the System Resilience Group. When a response was received it would be passed to the Chairman of this Select Commission.

Joint Health and Overview Scrutiny Commission
Resolved:- That the Chairman, Councillor Watson, (Vice-Chairman as substitute) represent the Health Select Commission on the above body.

Care Quality Commission
The Commission was to inspect Rotherham Hospital shortly. There was an event on 17th February at the Holiday Inn commencing at 6:30pm for the public to share their experiences of the Hospital.

Incontinence Review
The Cabinet had accepted all 6 Review recommendations and the response would be further discussed at the Overview and Scrutiny Management Board on the 23rd January with regard to monitoring arrangements. A copy of the response would be circulated to Select Commission members.

Refresh of the Health and Wellbeing Strategy
The Health and Wellbeing Board would commence scoping of the new Strategy at a workshop in mid-February and, following wider engagement with stakeholders, would be aiming to have the new Strategy in place by September, 2015.

Health, Public Health and Social Care Round Up
Mental Health
The NHS mandate for 2015-16 included the introduction of access and waiting time standards in Mental Health Services by March, 2016. 50% of people experiencing a first episode of psychosis were to receive a package of care within 2 weeks of referral and 75% of those referred to improving access to Psychological Therapies Services would be treated within 6 weeks of referral and 95% within 18 weeks.

New Models
A good summary contained within around the forward view for the NHS and new models of working and delivering health care.

Healthwatch
No issues were raised.

75. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting of the Health Select Commission held on 4th December, 2014.

Resolved:- (1) That the minutes of the meeting held on 4th December, 2014, be agreed as a correct record for signature by the Chairman.

Arising from Minute No. 58 (Care Home Pilot – Waste Medicine Management), it was noted that the Clinical Commissioning Group had held an event on 19th January for voluntary and community sector groups

to try and understand the reasons why patients received medicines they did not require. The comments and experiences would help the team design a Medicines Waste Campaign for Spring 2015 and would inform their work in the area.

Arising from Minute No. 59 (Community Transformation Programme), it was noted that this item had been deferred to the March meeting.

Arising from Minute No. 62 (Chantry Bridge GP Registered Patient Service), it was noted that the information requested from NHS England had not yet been received.

Resolved:- (2) That NHS England be contacted regarding this matter.

Arising from Minute No. 63 (Childhood Obesity Review Update), it was noted that the Cabinet had approved tenders for the supply of Weight Management Services across six lots procured by Rotherham MBC as follows:-

- Lot 1: Children Tier 2 to be awarded to Places for People Leisure (value £170K).
- Lot 2: Children Tier 3 to be awarded to MoreLife (£128K).
- Lot 3: Children Tier 4 to be awarded to MoreLife (£76K).
- Lot 4: Adult Tier 2 to be awarded to Places for People Leisure (£120K).
- Lot 5: Adult Tier 3 to be awarded to Clifton Lane Medical Centre (Rotherham Institute for Obesity) (£300K).
- Lot 6: Single Point of Access to be awarded to Places for People Leisure (£50K, of which 50% will be retained by the commissioner to purchase licensed software and support marketing of the new framework provision)

76. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of meeting of the Health and Wellbeing Board held on 3rd December, 2014.

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

77. MEETING OF HEALTH SELECT COMMISSION AND THE ROTHERHAM FOUNDATION TRUST

The minutes of the above meeting held on 24th November, 2014, were noted.

78. THE ROTHERHAM FOUNDATION TRUST - UPDATE ON ACTION PLAN PROGRESS

Louise Barnett, Chief Executive, Rotherham Foundation Trust, gave a powerpoint presentation illustrating the progress made on the 5 year strategic plan as follows:-

Option 1 – the preferred Option

- There was overwhelming support from the lead commissioner to retain locally run services for the population of Rotherham led and managed by the Trust
- There was a significant number of potential opportunities that would be realised through closer working and collaboration with other providers without recourse to merger

Option 1 – Financial Challenge and Progress

- Final Cost Improvement Programme for 2014/15 agreed in 5 year plan was £10.9M
- As at 30th November, 2014, Month 8, the Trust had delivered c£6.3M in-year against £6.1M plan
- Year end forecast at Month 8 was £10.1M and full year effect was £12.1M
- Month 9 on track and on target to achieve the full Cost Improvement Programme in-year of £10.9M including significant full year effect to support 2015/16
- All schemes were approved subject to Quality Impact Assessments with sign off by the Chief Nurse and Medical Director
- The Cost Improvement Programme for 2015/16 was currently £12.9M as stated in 2014/15 5 year plan for year 2
- This would be refreshed in line with sector business planning requirements
- Over performance in 2014/15 would support delivery of this requirement
- Capital spend was slightly ahead of plan in Month 8 but was being monitored and where possible consideration was being given to advancing schemes for next year
- Aims was to ensure a robust planned programme of capital expenditure to support Service delivery
- Reserves were being access to support delivery of the plan for 2014/15

Progress against Key Areas

- Clinical Speciality Reviews had been completed and the outcome would be shared with the Trust Board in January
- Emergency Centre Business Case agreed and expected to open in 2017
- Further work would be progressed during 2015/16 and the outer years to support the Trust's strategic direction to be a standalone Trust with collaboration

- Local context was compatible with national context – "Five Year Forward View" and the "Dalton Review" which supported local services and strived to achieve clinical and financial sustainability more broadly
- Benchmarking exercise undertaken with external input
- Identified opportunities for efficiencies compared with peer group
- Used to inform the cost improvement and transformation programmes for 2015/15 and beyond
- Importance of implementing Service Line Reporting and Patient Level Costing (PLiCS) to enable detailed understanding of cost base in 2015/16

Other Key Areas

- Monitor enforcement/undertakings
  Electronic Patient Record enforcement lifted
  Submitted documentation regarding Board Governance enforcement
  Financial enforcement remained in place
- Board Director appointment since the last formal meeting
  Simon Shepherd, Director of Finance
  Chris Holt, Chief Operating Officer
  Lynne Waters, Executive Director of Human Resources
  Donal O'Donaghue, Interim Medical Director
- Winter pressures
  A&E performance
  Support from health and social care partners
  Choose Well Campaign
- Sickness absence
- Recruitment and retention

Our Strategy and Goals

- Our Vision
  To ensure patients are at the heart of what we do, providing excellent clinical outcomes and a safe and first class experience
- Our Mission
  To improve the Health and Wellbeing of the population we serve, building a healthier future together
- Our Values
  Respect, Compassion, Responsible, Together, Right First Time and Safe
- Our Strategic Objectives
  Patients - Excellence in healthcare
  Putting our patients at the heart of what we do
  Care and compassion
  Every patient and their family is special
  Always ensuring we meet essential standards of care
  Embracing the future and leading the way

Colleagues - Engaged, accountable colleagues
Amazing colleagues delivering patient care every single day
Ensuring that is a really great place to work
Listening to you and supporting you to make decisions
Developing you to be the best you can be
Facing our challenges together

Governance - Trusted, open governance
Being open and transparent about what we do
Being responsible and accountable
Learning when things do not go well
Supported by clear policies and structures
Always compliant giving patient's confidence in all we do

Finance - Strong financial foundations
Using our money and resources wisely
Better understanding the costs of delivering services
Making savings safely and becoming more efficient
Investing in quality and improving our facilities
Value for money and planning for the future

Partners - Securing the future together
Understanding the needs of our community
Working with others to improve the health and wellbeing of our community
Looking ahead
Building partnerships to achieve clinical and financial sustainability
Embracing innovation

Next Steps

- 2015-16 business planning process
  Refresh of strategic plan to reflect newly introduced strategic objectives and aims for 2015/16 and beyond
  Quality priorities, workforce, operational governance and financial elements
  Build on feedback from partners, patients and colleagues
  High level draft operational plan – 27th February, 2015
  Final detailed operational plan – 10th April, 2015
- Achieve 2014/15 plan requirements for year 1

Discussion ensued with the following issues raised/clarified:-

- Patients had not been surveyed specifically in relation to the quality of service since the start of the Strategic Plan but there were regular surveys as well as the Friends and Family Test so as to provide a line of sight year on year

- There was £10M in the Trust's recurrent funding. The Trust did carry out non-recurrent activities and the commissioners did give non-recurrent funding every year. Winter pressures were an example of

that funding although that issue may be dealt with differently going forward. A more detailed understanding of the cost base was required so Service line reporting and patient reporting had been implemented so exact costings would be known for particular procedures and make it easier to manage the funding. At the moment there was still an underlying deficit of £6-8M which needed to be added and was masked by a whole raft of things that the Trust did

- A&E had the accommodation/ability to cater for 55,000 attendances a year – it was actually seeing around 75,000 therefore working in a constrained environment. The new Emergency Centre was critical and would open in 2017 although there had been an assurance that by the Winter of 2016 the environment would be sufficiently developed. Work was taking place on the possibility of more space for the Winter 2015 to try and cope more effectively

- The 4 hour access target was a metric giving line of sight on performance in the Emergency pathway because patients needed to be seen, treated, admitted or discharged within 4 hours. Currently the Trust was not consistently achieving the 95% target and would be the subject of discussions with their Regulator who was fully aware of performance. The Trust had achieved Q1 and Q2 but not Q3. Although there was a commitment to achieve Q4, the Trust could no longer achieve the target for the year but was not alone in the wider national context. Actions had been put into place internally to improve the way it worked which should make a significant difference the benefit of which was already being seen. There were now days where the Trust was achieving above 95% but there were difficult days. That would remain the focus throughout the year

- Work was underway on the financial planning and would be submitted to Monitor on 27th February. Discussions would then take place and the plan submitted on 10th April

- The Trust had a deficit but not a debt. There was an underlying deficit but because the Trust was in surplus it continued as it was, however, there was a need to be mindful that whilst it appeared to be fine, once it had been stripped back, the Trust was actually living over its means. Continued monitoring would take place whilst still aiming to be in a position of surplus

- It was incumbent upon the Trust and a statutory requirement to deliver services to the population of Rotherham as a community provider. In light of budget cuts, the services had to be continued but in a more efficient manner. Currently there were a number of long stay patients in hospital but if there was more effective multi-disciplinary working with partners then the length of stay should be able to be reduced, relocating them into the correct setting quickly and thereby reducing the resources of organisations and capacity to provide the care. It was also hoped that the transformation of Community Services would

avoid people coming into hospital as often people were in hospital because there was no other alternative at the time of admission

- The Trust recognised the national challenges around the financial position but it was not planning to cease providing particular services as it had an obligation to provide them

- As part of the development of the Emergency Centre there had been a commitment to provide additional car parking and work was ongoing with bus companies with regard to routing. Work would also take place with the workforce and ensuring staff were flexible in terms of how they worked as the Trust increasingly moved to 7 days working. Other forms of transport would be encouraged e.g. car sharing and cycling. The Trust agreed to provide further information

- The Enforcement had been extremely challenging over recent times and there were still things that could be done to improve performance particularly A&E performance. The Emergency Centre would help take the Trust in a significant direction

- There had been intensive support from Health and Social Care partners during the Winter so far. The Rotherham Clinical Commissioning Group had assisted when the Trust had raised concerns regarding the Walk in Centre and the ability for extra capacity had been provided to prevent people going to A&E which had made a real difference in managing the high spikes. GPs went into the Hospital 3 times a week to work as part of the multi-disciplinary teams to support long term patients to ensure the best possible care in the right place. With the assistance of the Hospital Consultants, senior GP, Head of Nursing in Communities Services, Social Services and Therapeutic Services, there was the ability to carry out focussed work and individual patient service which ensured the patient received the care needed very quickly. The Trust had also been provided with additional Social Workers and was really pleased with the package of support that had been available and felt very fortunate to have that level of co-operation from the local Health and Social Care economy

- Choose Well Campaign – need to keep getting the message out to the public

- The sickness absence rate was not good. Managers were being trained to manage this more effectively, strengthen the health and wellbeing offer to staff when not at work and take a very robust and supportive role. Sickness absence may impact on continuity of care and also leads to higher costs through the use of agency staff

- Recruitment and retention – there were national shortages in certain groups but the Trust continued to strive to recruit as many permanent staff as possible and was determined to ensure it had safe staffing

levels. There were approximately 20,000 nursing vacancies across the country. Rotherham continued with their recruitment campaign both nationally and internationally

- The Trust had faced a shortage of nurses and had done all it could to attract them to Rotherham. As many as the Trust could accommodate were recruited and there had been some very good student nurses within the organisation. It was acknowledged that there was more that could be in terms of unregistered staff, Health Care Assistants for example, who could be trained and not rely on agency staff. The market meant that nurses could go to agencies and work at a higher premium outside of their 'normal' working hours at another hospital. Successful investment schemes had been run attracting personnel to the organisation but ideally would like to reach a balanced position of staff working within the organisation consistently and able to do extra hours on the bank if they wished

- The Trust was very mindful and guided by NHS England in relation to whether it was appropriate and ethical to go abroad to recruit. The Spanish nurses were those that could not secure a job in Spain due to there not being sufficient positions, not because they were not competent. 2 of the Trust's experienced nurses had gone to Spain to interview the applicants and ensure they were fit to work in England and the Trust. Many of the nurses wanted to be able to secure jobs in the NHS and Rotherham's team had given assurance that the nurses were very impressive. They would start at the Hospital in the second week of February and would have a minimum of 2 weeks classroom induction to help them understand how the NHS worked and induct them into the process. The Trust was working with the Council to develop guides of local colloquialisms to help the nurses understand

- Every month the number of registered nursing vacancies were monitored and scrutinised at the Quality Committee. The Trust held between 30-50 registered nursing vacancies across the Trust per month and it knew that the local universities had an outturn twice a year so did its best to recruit new nurses to fill the vacancies. It had been identified that over the course of the next 6 months it would probably need to recruit 70 registered nurses to fill the vacancies and those that were likely to occur. A recruitment visit was to take place to Romania at the end of February as the Trust was led to believe from its recruitment agency that Spain would dry up in relation to surplus nurses shortly and it would be unethical to continue to recruit. It was hoped to recruit up to 30 nurses from Romania

- There was a NHS national staff survey which took place in the Autumn every year the results of which were anticipated in February/March. The Trust's own survey was also conducted in the Autumn and, whilst there was room for improvement, it had done quite well compared to other organisations. There needed to be continued

work with staff to ensure they were supported and had a good experience

- The Vision and Mission statements were reviewed annually. In terms of changes it was incumbent upon the Trust and others to work together and work through the Health and Wellbeing Board and outside that which all contributed to improving the health and wellbeing of Rotherham

- With regard to ex gratia payments i.e. small amounts of money claimed for compensation, the Trust took the stance that it was still public money and should not pay even small amounts without a full investigation. It was acknowledged that administratively it took time and cost for the investigation but it was still public money and if there were lessons to be learnt to avoid future costs that investigation should take place. The Ex Gratia Panel would consider whether an offer should be made and then would be reported to the Finance Committee and/or the Audit Committee.

- Patient litigation – the Trust contributed to the NHS Litigation Authority and was not out of line with other Trusts of its size in relation to litigation costs. It could be 6 years before the cost of a litigation was known. Rotherham's premiums to the Litigation Authority was what might be expected to see in a Trust of its size. Trusts without the 3 specialisms that Rotherham had - obstetrics, orthopaedic and A&E – may have lower premium and claims history as they were known as the 3 highest risk areas

Louise was thanked for her presentation.

Resolved:- (1) That the Trust attend Health Select Commission meetings twice a year to provide updates.

(2) That the Trust provide additional information about future plans for car parking on site.

79. THE ROTHERHAM FOUNDATION TRUST- HALF YEAR UPDATE ON QUALITY ACCOUNT

Tracey McErlain-Burns, Chief Nurse, gave a half yearly update on the Quality Account.

2014/15 Quality Objectives

- Safe – Harm Free Care
  - The aim across the NHS was to get a 95% harm free care position. The national average across all England, including hospitals those which did not necessarily provide Community Care was currently 94%. The Trust had set itself a stretched target of 96%
  - This time last year the Trust's position of harm free care was a little over 90%

- In November and October the Trust had exceeded 95%

- Safe – Mortality – Deliver a 4 point reduction in HSMR
  - It was believed that the Trust would be able to achieve the target and would be demonstrated at year end with a revision of the SHMI (Summary Hospital Level Mortality Indicator)
  - It would be a recommendation that the Priority be carried forward into 2015/16 as it was the original suggestion that it be a 3-5 years long term Strategy

  Zero avoidable Pressure Ulcers Grade 204
  - Primary focus on preventing avoidable pressure ulcers particularly in those patients living in their homes within the community
  - Still some progress to make within the Community
  - 94% rate in hospital

- Reliable – Achieve all national waiting time targets
  A&E
  - Quarter 3 target had not been reached (see Minute No. 78), therefore, the year end position in relation to the emergency 4 hours target could not be met

- Caring and Reliable – Friends and Family
  - Looked to increase the net promoter score for Maternity Services, Inpatients and A&E
  - The Test had been rolled out to all Services including Outpatients, Paediatrics and GPs
  - Current focus to drive the Test and get a representative view of Services, target 75%

2015/16

- The 2013 inpatient survey had been reviewed and would be repeated. The 2013 results along with the Friends and Family Test and complaints had generated a number of issues which had been considered by the Quality Assurance Committee. The Committee had recommended that the Trust look at improving the position and the number of patients whose condition acutely changed and the Trust needed to ensure that that acute change was picked up to prevent further deterioration whilst on the Wards

- Missed or delayed diagnosis. There was a national prerogative that the Trust ought to consider its rates of missed or delayed diagnosis. The Trust had signed up to the National Patient Safety website and made a pledge to improve patient safety and ensuring patients did not deteriorate in its care and did not delay or misdiagnose

- Discharge management and improving the care of patients with Dementia

- Complaints management – both Louise and Tracey managed the process very closely and read every complaint that was received with Louise signing all the responses. However, it was acknowledged that the process was not as effective as it could and there would be some quality improvement priorities set

Infection Control

- MRSA – there had been no cases during 2014/15. The Trust was getting better at preventing infection and increasingly knew how many people may come into contact with the Hospital Services who were carrying the bacteria without any ill effects

- When there had been examples of Norovirus in the Hospital it had been managed without rampant outbreak and contained within 1 or 2 Wards. This was a good marker of Infection prevention

- Clostridium Difficile – The Trust had been set a target of no more than 24 cases in 2014/15. There was currently the 24th case so it was likely that the Trust would exceed the target. The Chief Executive and Board had been advised and a meeting held with the Care Quality Commission and Monitor to make them aware. All cases were subject to a root access analysis which was then peer reviewed by Public Health England and the Clinical Commissioning Group to ensure the Trust had not overlooked anything. With the exception of 1 case they were suggesting that all of the cases were unavoidable and, therefore, if unavoidable it was difficult to know how the numbers could have been reduced

Discussion ensued with the following issues raised/clarified:-

- At the moment there were 25 vacancies across the Ward base but also vacancies in areas such as Outpatients and Endoscopy and approximately 50 Band 5 vacancies

- The vacancy level was higher as the Trust was looking at investing in development of Services such as a nurse leading the management of the Admission and Discharge of all patients from hospital

- Last year's recruitment campaign had been successful but approximately 6-10 nurses would leave on a monthly basis

- All of those nurses leaving were offered the opportunity of an interview with the Human Resources Director or Chief Nurse to understand the reasons for their resignation

- It was often found that nurses wanted to be in control of their rotas and when they worked which was why some choose to be agency nurses. Rotas were based around service needs first but with some flexibility for staff

- There would be approximately 3 nurses retiring a month. The age of a retiring nurse had reduced as many had protected their right to retire at 55 years of age

- The results of the national staff surveys and the national Inpatients and A&E surveys were public documents. It was not known when the results would be received but they were published by the Care Quality Commission

Tracey was thanked for her report.

Resolved:- That a year end report on the Quality Account be submitted to the April meeting.

80. SPECIAL SCHOOLS NURSING SERVICE

This item was deferred due to the report author being ill.

81. DATE AND TIME OF NEXT MEETING

Resolved:- That the next meeting of the Health Select Commission be held on Thursday, 19th March, 2015, commencing at 9.30 a.m.