

Present: Chris Edwards, Rotherham Clinical Commissioning Group (RCCG), Cllr Stuart Sansome, Cllr Peter Short, Kathryn Singh, Rotherham Doncaster and South Humber NHS Trust (RDaSH), Conrad Wareham, Rotherham Foundation Trust (TRFT)

Notes: Janet Spurling, Scrutiny Officer

**Purpose of the meeting**

This was the final meeting in 2016-17 to discuss the current and future work of health partners, including when/how HSC might be involved.

**Summary of main discussion points:**

**TRFT**

**CQC inspection**

- Quality summit held for stakeholders and partners to discuss inspection outcomes and resulting actions, with the CQC being positive about progress.
- Overall rating was still “Requires improvement” but improvements seen in a number of areas.
- Good reassurance for documents at the Governing Body.
- MCA/DNACPR – improvement from 30% documented to 70% (expect 90+% in six months). Separate task and finish groups for both now to address what is both a process and a training issue.

**Financial Plans**

- Not signed up to control total as yet for budget as TRFT view is that this is not achievable. There may be ramifications regarding access to STP monies.
- End of year financial position was not strong and the trust had missed its target. Factors were winter pressures and increased spending on locums (medical and nursing) to maintain services. There are issues beyond TRFT’s control such as a national shortage of medical staff for A&E departments.
- CX was meeting with NHS Improvement to discuss what was achievable.

**Winter plans/New Emergency Centre**

- Winter plans are in place and for next winter there will be increased capacity in the new Emergency Centre, which will also be an attractive place to work in terms of attracting and retaining staff.
- There are plans for middle grades and Advanced Nurse Practitioners, but possibly not all in place for next winter, although there are year on year improvements.
- Emergency Centre will help control the front end of care but there is further work required to reduce delayed transfers of care (DTC). Also there will be a challenge keeping primary care at the same level of service.
- Hope to mobilise adult social care help more quickly next time there are extreme pressures.

**Sustainability and Transformation Plan (STP) and Rotherham Place Plan (RPP)**

- Working on governance arrangements, including an oversight role for HWBB Chairs
- Memorandum of Understanding will show the level of ambition (produced by end of June)
- Accountable Care Systems – lighter regulation in return for developing new models.
- Key will be how partners mobilise and mutually support.
- Workforce implications include diverting resources to where needed in system.
- Clear separation between the RPP and the South Yorkshire and Bassetlaw STP
- Flagging up that there are some hospital specialties where Rotherham Hospital cannot do things on its own and requires collaboration with other hospitals. In terms of collaboration on services, patients already come to Rotherham from Sheffield for Trauma and Orthopaedics.

- Scrutiny role? – Clear pathway for input, probably not at Yorkshire and Humber level. As at present for the RPP.
- 80% of the STP is in the five individual place plans with only 20% across South Yorkshire and Bassetlaw. Support is needed from tertiary providers for paediatrics, maternity, cardiology and gastroenterology.
- Unlike other local hospitals Rotherham Hospital is not landlocked.
- Aim is for all hospitals to be sustainable, but the most specialised care is likely to be at Doncaster and Sheffield.

### Health Education England Training Plans

- Different models in place and training numbers are controlled by the Royal Colleges
- 52,000 nurses in training
- Rotherham tries to ensure a positive experience for junior staff so that they are retained locally and Rotherham is the only area with a full complement for GP training.

### RDaSH

#### Complaints (follow up from April HSC)

- Very few complaints result in compensation for patients/families although there have been a couple recently re ASD diagnosis.
- Staff from a different service area undertake complaint investigations so there is an independent view.
- RDaSH follow the NHS complaints process.
- There has been a reduction in complaints regarding CAMHS.
- Benchmarking takes place across localities and there will be more work to do so nationally
- Two new roles have been created that will help promote organisational learning from complaints and serious incidents. The Trust is establishing a central investigation team, which will provide consistency and mean people have dedicated time to undertake these investigations – rather than clinicians having to fit this in to their existing clinical commitments.

### Medication incidents

- Looked at trust wide by the prescribing group with root cause analysis for serious incidents.
- Further work needed to improve data analysis, such as identifying any clusters
- Again independent investigation from staff in other localities takes place

### Recording a suicide

- A death is recorded as a suicide when the Coroner's decision is made, so the record may change retrospectively

### CQC inspection – specifics for Rotherham

- Main issues were with regard to adult community mental health – a specific client group with complaints about their treatment stopping as there was nothing else. However it could be appropriate to go down the social prescribing route.
- Intensive Community Therapy Team – adults with ASD as there are no specific services

### Learning Disability Residential homes

- RDaSH withdrew from providing this service and the move now is more towards a supported living approach.
- Key is commissioners and providers doing this together,

### Yorkshire Ambulance Service

- Number of category 1 incidents is very small and the CCG looks at the detail behind response times and the actual time waited by the patient.
- Assurance was given that there had been no undue harm to any patients.

**Date and time of next meeting:**

Thursday 24 August at 3:30 in Committee Room 3, Rotherham Town Hall