

JOINT OVERVIEW AND SCRUTINY COMMITTEE – 26th APRIL 2017

MINUTES

Present: Solihull: Cllrs Mrs G Sleight, (Chairman), A Rebeiro, A Mackenzie, M McCarthy, J Fairburn, J Hamilton
Birmingham: Cllr Dr A Hardie, Dr Jane Upton, (Healthwatch Birmingham)

Witnesses Dr Ann Keogh, Head of Clinical Safety and Governance
Amy Fowlie, Project Assistant, Quality Development.

1. APOLOGIES

Apologies were received from Cllr J Cotton, U Ahmed, M Idrees, M Brown

The Scrutiny Officer advised that the meeting was not quorate in accordance with the terms of reference of this Committee but would continue on with the status as an informal meeting.

2. DECLARATIONS OF PRECUNIARY / CONFLICTS OF INTEREST

Cllr Dr A Hardie declared an interest in so far that he was a General Practitioner working in the Birmingham area.

3. QUESTIONS AND DEPUTATIONS

The Scrutiny Officer advised that there were no questions or deputations received in accordance with Solihull MBC's Standing Orders.

4. MINUTES – 8th MARCH 2017

The Committee considered the minutes of the last meeting that was held on 8th March 2017.

RESOLVED

That the minutes of the Joint Scrutiny Committee meeting held on 8th March are approved as an accurate record of the meeting.

5. HEART OF ENGLAND FOUNDATION TRUST QUALITY ACCOUNTS 2016/17

In introducing the agenda item, the Chairman highlighted the role of the Scrutiny Board in considering and providing comments on the Quality Account as part of the Trust's quality assurance processes. She expressed disappointment in receiving the Quality Account document only a few days ago. This had not given the Scrutiny Committee a considerable amount of time to read and digest the document. In response, the Head of Clinical Safety and Governance highlighted that the reason for the delay was that all the end of year data had not been

collated. She advised that the Scrutiny Committee would have until 17th May to provide comments to the Trust. The Chairman made a further comment on whether the Scrutiny Committee could accurately comment on the Quality Account given that.

The Scrutiny Committee considered a PowerPoint presentation that summarised the format, content and key messages contained within the HoEFT Quality Account 2016/17 document. The Head of Clinical Safety and Governance advised that there was detailed guidance issued by NHS Improvement (formerly Monitor) on what the Trust's were required to include within their Quality Account which did not change considerably year on year. Although this year, there was a requirement to include how Trusts were meeting the Duty of Candor and results from staff questionnaires. The Head of Clinical Safety and Governance also outlined the priorities for this year and the rationale for focusing on these particular priorities and discontinuing other priorities. She advised as all the data wasn't yet included, the commentary was draft and may need to be amended to reflect the results when they become known. The Head of Clinical Safety and Governance also explained that graphs and glossary of terms would be included to make the Quality Accounts more accessible to members of the public. She also advised the timescales for getting the Quality Account approved and on the Trusts and NHS Choices website.

The Scrutiny Committee was asked to make comments on the report.

Members made a number of questions and comments include;

- To what extent did the Trust have staff with the appropriate problem-solving skills.
- Concern about the effectiveness of medicine availability on the wards and at the point of hospital discharge. Reports of patients having to wait for significant periods of time for medication did not seem like quality of care for patients.
- Good to see more patient experience data within the Quality Account document.
- How the Trust's ensure that there was no bias from Friends and Family Test data and information about what lessons had been learnt from investigation of complaints.
- How the priorities had been determined and whether service users and patients have had a role in shaping the priorities.
- More information about the figures in respect of the rising number of serious incidents / investigations and why this might be the case.

In response, the Head of Clinical Governance and Project Assistant, Quality Development provided the Scrutiny Committee with the following information.

- There was quite a lot of practitioner expertise in acquiring problem solving skills within the Trust. Many clinicians and practitioners had undertaken training in identifying and evaluating 'Root Cause Analysis' scenarios and other staff used these skills as part of assessing infection control, quality assurance and patient safety.
- The availability of medicines on the wards was often tailored to the nature of

ward and the appropriate aligned medication would be available on that ward. A backup of less commonly-used medication would be available at the hospital pharmacy.

- The Trust was implementing electronic prescriptions, and it was acknowledged that there were some issues with making medication available at the point of discharge due to doctor's work patterns and availability of the appropriate medication. However, this issue was being actively tackled through early preparation of hospital discharge arrangements and patients were able to wait in the designated discharge lounge.
- The hospital was conscious of ensuring that there were no negative consequences as a result of patient feedback. The Friends and Family Test and anonymous cards were used to ensure that the process was dealt with fairly. Volunteers were recruited to enable patients with more complex illnesses provide feedback.
- Work was ongoing to regulate PALS, incident and complaints data to get a better understanding of key issue affecting the Trust. There had been some service user and clinical input into setting specific priorities contained within the Quality Account.
- Due to changing thresholds, there was now more reporting of serious incidents and this was seen as a positive as there was more transparency when things went wrong rather than being covered up.

As a result of Members inquiries, the Head of Clinical Safety and Governance provided the Scrutiny Committee with the following information;

- Page 60 – improvement data for all quarters.
- How was the Trust effectively dealing with lessons learnt from serious incidents

The Chairman summarised the debate and highlighted that Scrutiny Committee would be making a comment on the Quality Accounts by the deadline of 17th May.

RESOLVED

- (i). The Scrutiny Committee to provide a comment on the Quality Account by 17th May

7 DATE OF THE NEXT MEETING

The Chair advised that there were a number of joint issues that needed consideration in the next Municipal Year. Contact would be made following the Annual Council meetings in Birmingham and Solihull. Key issues that needed to be discussed included;

- Birmingham and Solihull Sustainability and Transformation Plan
- Performance and acute access to Mental Health Services across Birmingham and Solihull – feedback from CQC Inspection
- HoEFT / UHB Merger issues
- Birmingham and Solihull CCG merger issues

- Procedures of Lower Clinical Value – next suite of indicators

RESOLVED

That the Scrutiny Committee considers the above issues in the next 2017/18 Municipal Year.

The meeting finished at 7.15pm