

JOINT OVERVIEW AND SCRUTINY COMMITTEE –3rd OCTOBER 2016

DRAFT MINUTES

Present: Solihull: Cllrs Mrs G Sleigh, (Chairman), A Rebeiro, A Mackenzie, M McCarthy, J Fairburn, J Hamilton
Birmingham: Cllr J Cotton, M Idrees, R Pocock, M Hardie.

Witnesses: Dame Julie Moore, Chief Executive, University Hospital Birmingham (UHB) and Interim Chief Executive, Heart of England Foundation Trust (HoEFT)
Rt Hon Jacqui Smith, Chair, University Hospitals Birmingham (UHB) and Interim Chair, Heart of England Foundation Trust (HoEFT)

1. APOLOGIES

Apologies were received from Cllr Mrs Nash (Solihull MBC) and Cllr U Ahmed (Birmingham City Council) and Healthwatch Birmingham

3. DECLARATIONS OF PRECUNIAIRY / CONFLICTS OF INTEREST

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

4. QUESTIONS AND DEPUTATIONS

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

5. MINUTES – 27th JULY 2016

The Committee considered the minutes of the meeting held on 27TH July 2016

Matters Arising

The Chairman inquired whether Scrutiny Members from Birmingham were aware on whether the recommendations made at the last meeting had been taken on board. Also, whether there had been any communication about the next set of PLCV Procedures. Representatives from Birmingham advised that they were not aware of developments in this area.

RESOLVED

That the minutes of the Joint Scrutiny Committee meeting held on 27th July are approved as an accurate record of the meeting.

6. HoEFT: PERFORMANCE AND FINANCE ISSUES AND NEXT STEPS

In introducing the agenda item, the Chairman summarised the background, context and the issues that had been raised during the previous meeting where the interim Chair / Chief Executive had attended the Scrutiny Committee.

The Interim Chief Executive, HoEFT presented a PowerPoint presentation, which provided the Scrutiny Committee with an overview of key fact and figures, clinical performance and financial performance of both hospital trusts (i.e. UHB and HoEFT). She also explained in detail the context behind taking over the running of HoEFT in late 2015. The whole leadership team had placed a strong emphasis on improving the quality of care to patients by stabilising and sustaining the operational and financial recovery. She indicated that there had been significant improvement in performance. Waiting times had reduced in key areas, such as the 18 week referral to treatment processes, cancer referral to treatment pathways and diagnostic tests. She also highlighted that there had been a review of the estates and they had secured some capital funding from the Department of Health (DoH) to build a new state of the art Ambulatory Care and Diagnostics Centre at Heartlands Hospital and support from the DoH to find funding for the Tower Block for clinical accommodation had also been forthcoming. She also outlined the Trust financial position; forecasting a deficit of £19million for 2016/17, which was a significant decrease from the dire financial position 12 month ago.

The Chief Executive indicated that some of the key challenges facing both Trusts including rising demand, which stood at 7%, managing the financial challenges, dealing with staff shortages, as she acknowledged that there were not enough doctors and nurses within the system, and the need to upgrade facilities in order for Trusts to provide better quality of care. She placed on record the excellent work being undertaken by staff in an uncertain and difficult financial context. Staff surveys that showed there had been an increase in morale over the past six months, due to a greater level of stability and sustainability within senior leadership and management.

The Interim Chair also provided her perspective of how things had progressed since she had taken over the running of the Trust and highlighted the rationale for combining the work of two Trusts. She placed emphasis on the fact that no hospital / services would be closed as a result of the planned merger.

Key messages from her presentation were as follows;

- They are keen that staff were involved in supporting and contributing to the performance improvement agenda and plans for capital investment.
- Combining the Trusts (UHB and HoEFT) has the potential to further improve clinical access to services across Birmingham and Solihull. They would also be able to recruit and retain high quality staff, combine important clinical research and development work, have better leverage on procuring equipment, improve IT systems and create efficiencies by rationalizing back-office functions. There would also be more scope to experiment with clinical re-organisation (rotating clinical staff) to all sites, to further improve access to patients.
- Following a period of engagement with staff at both sites, reports would be taking through both boards at the end of the Year to seek approval for the Trusts to form one single legal entity
- No hospital Accident and Emergency department would close as it was

acknowledged that demand for A&E services were extremely high and there would be no compulsory redundancies. There would staff engagement events and a number of public meetings to explain the changes that would be taking place.

The Scrutiny Committee was asked to comment on this item.

The Chairman inquired about what the biggest challenge had been over the past 6-12 months and whether they felt this had been sufficiently addressed. In response, the Chief Executive made reference to poor equipment at Heartlands Hospital and the dire need for capital to replace some of the equipment and make the environment more comfortable for patients, carers and staff. She praised the excellent professionalism of staff in undertaking their duties in challenging and difficult circumstances. The Interim Chair, HoEFT highlighted rising demand continues to be an issue. What had been positive was having secure leadership and governance mechanisms in place to manage issues and provide stability to a workforce who had previously undergone a period of change and uncertainty over a length of time.

A Member recounted feedback he had received from within his ward that deaths from the Trust were not been processed quickly enough, i.e. it was taking time for death certificates to be issued and this was a big issue for Asian families. In response, representatives from the Trust indicated that proper, legal channels had to be followed when a death occurred. When cases were referred to the coroner for further investigations, they needed to follow due process and this was beyond the direct control of the hospital. The Interim Chair, HoEFT indicated that she was aware of this issue, and that meetings had taken place between the Coroner's office, MPs and faith leaders, highlighting this issue was in the process of being addressed and dealt with.

In response to a question from the Chairman about the views of the HoEFT on the closure of the Bruce Burns Unit on the Solihull Hospital site, the interim Chief Executive advised that it was her understanding that no decision had yet been made about the future of Bruce Burns Unit. The Trust would continue to work constructively with Mental Health Trust on supporting service users with mental health needs.

Members made a number of comments about the need for NHS to seriously consider how it deals with prevention and asked a range of questions which were as follows;

- How had successful engagement and co-operation with staff been achieved
- How will the larger ensure that 'local' element of a hospital is retained
- What will be the implications be of the Sustainability and Transformation Plans (STP) and perspectives around public engagement
- More information about how the Trust has engaged with the Department of Health to lever funding for key hospital services
- How were the Trust support the health of its employees
- Implications for financial control and staff structures as a result of the merger
- More information about whether discharges from hospital were sufficiently being managed.
- Concern about whether there are enough carers in the community.

In response, the Interim Chief Executive and Chair, HoEFT provided the following information.

- One of the reasons why staff engagement has worked so successfully and morale has improved, is as a result of the Trust's leadership and management focus on quality of care making it easier for staff to do their job. They have also have made it easier for professionals to be held to account when things go wrong, therefore highlighting the focus on patient safety.
- By having a combined Trust, there are more opportunities to have better localised services within four hospital sites, through effective clinical re-organisation. Local Governors and strengthened Patient Care Panels would also have a role in engagement in their area.
- Acknowledged that the STP will be a key driver over the coming months and years. The Trust is willing to play a role in transforming and shaping this change, through the acute workstream and plans around stabilization. Being responsible for community services across Birmingham and Solihull enables them to look at how different interfaces link together, so the prevention agenda can really be tackled. Work was already ongoing with supporting the recruitment of social workers and job placement scheme for jobless. There was also research of prevention-based issues, for example, community cooking classes to promote healthy lifestyles and the planting of trees. There were also examples of care being brought closer to home with online consultations and booking appointments via the internet. It was acknowledged that Solihull had an ageing population and specific work was needed to address this with academic research being carried out in this area had the opportunity to be distributed and bought into localised settings such as Solihull Hospital.
- The Trust was keen to promote healthy lifestyles to their staff and they had a range of subsidized classes such as body balance and pilates. The Trust had its own allotment and there was a commitment to plant more trees. Due to lack of take up, the gym at Heartlands Hospital had been discontinued, but assisted gym membership was being explored. In terms of preventing smoking, it was highlighted that all the hospitals were 'no smoking sites', however it was acknowledged due to the stressful nature of some of the work staff had to do, smoking shelters were provided and there were smoking places within the hospital for patients, particularly when they received upsetting/challenging news or had to deal with trauma.
- There was an acknowledgment that rising demand needed to be actively tackled and system pressures needed to be addressed. Often the reason for high demand was that patients were not always sure how they could access services. Many patients were presenting with more and more complex diseases and issues for medical staff to deal with. They were aware that pressures in social care and closures of residential and nursing homes could have had a knock on effect on the health service. Similarly, it was becoming more difficult to discharge patients, as they needed the appropriate social care and support, but were pleased with the work being undertaken by discharge liaison teams.

- Since they have had control of both Trusts, a more consistent staffing structure has been put in place, including a more consistent nursing structure with appropriate management oversight and support. There would be scope to develop education and training for staff across all four sites as a result of the proposed merger. Financial controls would continue to operate rigorously across all key sites.
- There was a fear about what Brexit might have on the professional carer community, as it was recognised that it was difficult work that was underpaid. However, the Carers Centre was seen as an important resource to support many family carers who were providing care and support to their family members.

RESOLVED

(I). The Scrutiny Committee noted the progress update and put forward the following **RECOMMENDATIONS**

- a). That the Trust continue to engage in the STP process
- b). That the Trust continue to work with adult social care to manage hospital discharge issues
- (ii). That the Scrutiny Committee are kept informed about the 'case for change' and merger of the two Trusts
- (iii). That the Scrutiny Committee consider customer satisfaction metrics at a future meeting

7 DATE OF THE NEXT MEETING

The Chair highlighted a number of joint agenda items for future consideration

- Birmingham and Solihull STP
- Performance and acute access to Mental Health Services across Birmingham and Solihull
- Procedures of Lower Clinical Value – next suite of indicators

The Chair of Birmingham Health Scrutiny advised that his next scrutiny board meeting would be solely focused on the STP, and his committee had invited all of the system leads to contribute to the discussion. There was an agreement that a joint approach of the overall plan would be useful to consider at an appropriate point, as part of the Joint Committee Work Plan.

RESOLVED

- (i). That the Chairs of Birmingham and Solihull MBC agree a date and agenda focus for the next Joint Health Overview and Scrutiny Committee meeting.

The meeting finished at 7.25pm.