LATEST UPDATE TO JOINT OVERVIEW AND SCRUTINY COMMITTEE

Purpose

This short paper updates members on the varied items to which the Trust is a party. It assumes familiarity with the last three JOSC meetings where the issues raised have been consistent. We welcome questions and can be contacted outside the meeting via tobylewis@nhs.net

1. Midland Metropolitan Hospital

a) The Final Business Case to complete the building with Balfour Beatty as our preferred bidder was approved by the Trust's Board on June 2nd 2019. This approval follows HMG approval of the Outline Business Case in January 2019, and the collapse of Carillion in January 2018. Approval from NHS Midlands, DHSC and HMT had been expected in August. Negotiations continue on the approval route, conscious that any delay in agreeing the FBC beyond September would mean that the cost of the final build would rise further, and the hospital would not then be opened before the Commonwealth Games.

b) The decision of the CCG – after member votes - to retain its current footprint within the Black Country and West Birmingham STP removes one of the key risks cited in the FBC and priced at an unfunded £7.1m per annum. Strong STP/STP discussions have taken place generally around the boundary debate, and specifically around Midland Met. The Trust has been asked to develop working groups to take forward the idea of "postcode-blind" community nursing, social care provision and liaison psychiatry.

c) Interim reconfiguration of services to address quality issues that the single site was designed to mitigate will need to proceed. Funding for that purpose has been provided. However, since March 2019, the Trust has seen a 12.5% rise in emergency admissions. This means that the Sandwell site no longer has capacity to sustain winter provision in 2019-20 without some adjustment of which beds and ambulances arrive where. Discussions with the CCG on an emergency reconfiguration are taking place. The most likely option for safety will be to move most inpatient respiratory services from Sandwell to City (as we will with Midland Met).

2. Emergency care provision and waiting times at SWBH

a) The Trust has the shortest ambulance turnaround times of any hospital in the west midlands. Whilst too many patients wait beyond 30 minutes for handover, very few wait beyond 60 minutes. Work is ongoing to ensure that this fantastic effort by staff does not result in the diversion of ambulances from out of the area to either City and Sandwell. The risk is that whilst it may be, at times, proportionate and safe to take a patient out of an ambulance to permit that vital vehicle back on the road, if that is done by corridor care, and there is then a surfeit of ambulance arrivals, the A&E can become overwhelmed. A more subtle suite of indicators of hospital capacity is required, and is used elsewhere in England.

b) The Trust is the second best performing in the west midlands for addressing the requirement to reduce long lengths of stay among patients over 21 days as an inpatient. This improvement is all the more impressive when we note that, unlike many hospitals, we operate most of the community beds in both Sandwell and western Birmingham, and so the 'ask' of us for improvement was comparatively greater than elsewhere. This improvement cannot mask the reality that Delayed Transfers of Care for Sandwell are among the three lowest in England, and DTOC data for Birmingham, including our Trust, remains relatively weak. The improvements have been achieved at the same time as reducing average length of stay in medicine by one day, and increasing ambulatory alternatives (which actually remove short stay patients from the numerator, so the improvement like for like is greater than this).

c) Unfortunately four hour performance is not consistently on our improvement trajectory, which targeted 90% by October and 85% from June. Our 'performance' is below average for the west midlands and is not good enough. Very high admission numbers place pressure on cubicles and on resus beds and we are not seeing the gains from our improvement work that we had hoped for as a result. Staffing has improved markedly and we have 14/18 consultants, and for the first time in five years a full 'junior' doctor rota. We are working with NHS Midlands on the projects needed to achieve a consistent position of 85% on both sites as a baseline. This is achieved in the Eye Hospital. Data for the year for both acute sites is shown in the table below.

(>4 hrs/<4hrs/%age)	April	May	June	July to 21st
Sandwell	2373/6072/72%	1650/6495/79%	1855/6257/77%	1297/4634/78%
City	1717/7450/81%	1545/7516/80%	1380/7293/77%	1091/5188/78%

3. Specialist gynae-cancer surgery

a) The local decision in 2016-17 to remove without transition the 'top up' tariff for gynae-cancer led to the Trust, after arbitration, giving due notice on the service provision in April 2017. The Trust has maintained the service with top up funding since and holds a contract to March 2020. The Trust has repeatedly, and again last month, indicated that no further contract extension will be agreed until a firm contractual date is set for service transfer to UHB. NHS Midlands are considering how (not whether per se but the mechanism) the capital required for service change to happen should be secured and funded, and committed at the last JOSC that this information would be shared in July.

b) SWBH has independently made representations to NHS Midlands on this matter and is awaiting a formal response. The Midland Metropolitan Hospital is not configured to maintain this service but will contain the local gynae-cancer service for which new clinical teams have been successfully recruited. Recruitment into the service has been stabilised during 2018-19. It would be fair to say that the renewed prolonged uncertainty will place that encouraging position at risk if clarity is not secured between the parties before autumn.

4. Solid tumour oncology (AOS, MDT, clinics and chemotherapy)

(a) Both Trusts are committed to a model of returning solid tumour services, and in so doing to both achieving an equitable quality across Sandwell, Birmingham and Solihull, addressing historic IOG non-compliance in key tumour groups, and improving the service from what existed before. Productive joint discussions to that end continue and a review with the two Chief Executives of progress is diaried for August.

(b) Changes to the Sandwell inpatient estate referenced above will allow for the haemato-oncology ward to be moved within the site. That in turn will create space for a joint haematology and solid tumour chemotherapy unit to commence operation, probably in April 2020. The Trusts are working through the safest IT and best staffing models for these changes. At the same time we are finalising joint clinic structures for the various tumour groups as well as ensuring that crucial MDT are staffed and structured distinct from other commitments. IT changes at SWBH have been made to support virtual work and similar changes at UHB are ongoing.

(c) The position at City remains contingent on estate and capital. Discussions with NHS Midlands continue and the Trust is finalising a financial model to confirm a rental charge that would allow capital to be sourced and amortised. The latest NHS capital regime – notified since the last JOSC - in effect moves money from Trusts in surplus to Trusts in deficit and we are therefore considering whether we have got sufficient cash to cashflow this position, charging the cost to the provider, who we assume will charge a premium to the commissioner. That premium is not yet agreed.

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