BIRMINGHAM AND SOLIHULL JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC)

5th OCTOBER 2023

MINUTES

Present: Solihull: Councillors G Sleigh (Chairman), S Gethen, R Long, A Mackenzie

Birmingham: Councillors R Pocock, D Harries, S Bano, G Moore

Witnesses: Mandy Nagra, Chief Delivery Officer, Birmingham & Solihull ICB (Virtual)
Alan Butler, Associate Director for Delivery and Development, Birmingham & Solihull ICB (Virtual)
Margarett Garbett, Chief Nursing Officer, UHB
Lisa Stalley-Green, Deputy Chief Executive and Chief Nurse, Birmingham & Solihull ICB
Elizabeth Howland, Deputy Chief Medical Officer Consultant Obstetrician and Gynaecologist, UHB
Carla Charles-Jones, Director of Midwifery, UHB
Paul Athey, Chief Finance Officer, Birmingham & Solihull ICS

Support Officers: Paul Rogers, Senior Democratic and Scrutiny Officer (Solihull Metropolitan Borough Council)
Adewale Fashade, Interim Scrutiny Officer, Birmingham City Council (Virtual)

1. APOLOGIES

Apologies were received from Councillor S Ashraf (Solihull Metropolitan Borough Council), and Councillor M Brown (Birmingham City Council).

2. DECLARATIONS OF PRECUNIARY / CONFLICTS OF INTEREST

Councillor Moore declared that he was a Trustee of Citizens Advice Bureau, which had contracts with Birmingham City Council

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were received.

4. MINUTES

The Joint Health and Overview Scrutiny Committee considered the draft Minutes arising from the previous meeting held on 25th July 2023.

RESOLVED:

(i) That the minutes of the Joint Overview and Scrutiny Health Committee meeting held on 25th July 2023 be approved as an

accurate record of the meeting.

5. DELIVERY OF MATERNITY SERVICES – PROGRESS UPDATE FOR HEARTLANDS HOSPITAL

The Deputy Chief Executive and Chief Nursing Officer (NHS Birmingham and Solihull ICB) and Director of Midwifery (UHB) presented the report to the Committee.

The Committee was informed that UHB was one of three NHS Trusts providing maternity services in the BSOL area. Between them, Heartlands and Good Hope hospitals delivered 10,000 babies annually. There were links in the region services by the hospitals with some cases of high social deprivation and infant mortality.

The Care Quality Commission (CQC) report was published in June 2023 into maternity services at Heartlands and Good Hope hospitals following CQC inspections undertaken on the 8th and 9th February 2023. Consequently, a Section 29a Warning Notice was issued to the Trust on 23rd February 2023, which raised immediate concerns and requirements for the Trust to respond and improve areas of safety in practice.

Specifically, the CQC raised concerns with there being insufficient medical staff to provide safe care and treatment, to support the triage/Pregnancy Assessment Emergency Room (PAER) effectively and that significant improvements to medical staffing were required. The Trust did not have the Director of Midwifery in post at this point in time. The CQC inspection also identified a number of areas of good practice, namely related to safeguarding and bereavement services.

The Trust responded by drawing up a neo - natal and maternity improvement plan for sign off via both the UHB Trust Board and ICB Board. Enhanced monitoring arrangements were also put in place to gauge service improvement.

The Deputy Chief Medical Officer Consultant Obstetrician and Gynaecologist, UHB informed Members that Heartlands Hospital supported 5, 500 mothers annually. A larger, better environment was required to support future mothers with improved room availability, as a significant majority required additional monitoring. The redevelopment of the Princess of Wales Women's Unit was expected to contribute towards providing an improved environment.

Designated medical cover arrangements have been put in place for the Delivery Suite and robust cover arrangements addressed support for the PAER. Further work was also being undertaken regarding compliance in seeing patients in a timely manner. Subsequent patient feedback following the introduction of the new measures to support timeliness was reported to be positive.

JHOSC Members were advised that the CQC had paid attention to Midwifery Services, which were seen as key to running efficient services. The Thrust had consequently spent considerable time in reviewing leadership arrangements in the Midwifery Service and had consequently appointed a Director of Midwifery and a Head of Midwifery for each hospital site. The number of consultees

Midwifes had also been increased two. Medical leadership had also been reviewed and an additional layer of senior leaders put in place.

Governance arrangements were reviewed and strengthened with the appointment of a Governance Midwife to ensure robust compliance with reporting and procedures.

The Director of Midwifery UHB, advised JHOSC Members that she had been appointed and in post only from June 2023. Members were advised that the priority for the Director of Midwifery was patient safety. Significant progress had since been made around the patient triage area, identifying vulnerable patients via the demographic presenting (in some cases relating to BAME women and women refugees). Processes were continuing to be strengthened in the areas relating to leadership, supporting/engaging with women presenting to the service, culture and care pathways.

The Trust has established an engagement/advisory group comprising women who had used Maternity Services to ask directly what the best model of care would look like for them.

Having received the report presentation, the Chairman invited Members of the Committee to submit questions pertaining to the detail within the report. In response to questions from Members, the Committee were informed by the witnesses present that:

- The issuing of the Section 29a Warning Notice to the Trust had not been unexpected following the CQC inspection. Three other Trusts had received a Warning Notice in the past twelve months. Inspections were reported to be increasingly identifying significant concerns in Trusts. The Trust continued to work with the CQC to identify the progress being made and to meet all requirements of Section 29a Warning Notice within 9-12 months of its issue.

- Leadership challenges within Trusts appeared to be a national issue. The Trust's structure was already under review prior to the CQC inspection, which did not reveal anything further in this area which the Trust was not already aware of itself.

- The NHS had identified leadership as a key priority throughout the organization, which had also led to significant new investment in maternity units. Significant public oversight was now also in place in instances where concerns had been raised, such as in the cases reported in Derby, Nottingham and Staffordshire. Sustainability of service was recognised as a key role for the ICS leadership to deliver, with a program of work established to address leadership and governance arrangements within the trust as well as seeking to reduce infant mortality.

- There were continued pressures placed on the Heartlands estate and access to services. The Integrated Care Board sought to ensure that workloads were evened out across the respective hospital sites to address pressures and access to services. It was found that when the whole health system was placed under pressure Heartlands and Good

Hope hospitals tended to take more of the urgent cases than other sites.

- Health inequalities were a part of the BSOL reality for many residents, particularly when addressing infant mortality.

- Some improvement workstreams had been identified and commenced before the CQC inspection had taken place, which had formed an Improvement Plan, which was being implemented. Some of the significant challenges already identified by the Trust included leadership challenges, such as appointing to the Head of Midwifery positions at each site, identifying maternity champions, and improving the environment of the Princess of Wales Women's Unit. All these issues were also subsequently raised in the CQC inspection report.

- Additionally, dedicated trained staff were now in place in the delivery suite at Heartlands hospital, which was addressing some of the causes of the delays accessing services. Infant mortality rates were reducing and were more in alignment with national ambitions for infant mortality rates generally.

- It was confirmed that Good Hope was a consultant-led service, with Solihull being a Midwifery led unit. Prior to the Covid-19 pandemic, the Solihull midwifery unit saw two births per month. The service was maintained with provision for acute neo natal clinics.

- The JHOSC raised concern that the CQC rating had changed from *Requires Improvement* to *Inadequate,* with the CQC stipulating that it required to see significant improvement by May 2023. Members queried what additional actions remained outstanding. The JHOSC was informed that additional actions would refer to midwifery services and medical cove, with a maternity and neo natal improvement program having been established to address these concerns. The service had moved department only a few months prior to the CQC inspection. One of the most significant actions to be addressed was the work undertaken to improve the Princess of Wales Women's Unit on the Heartlands site.

- An insight visit to the Trust was scheduled for November 2023, after which if all required improvements were evident the Trust would be encouraged to seek a further CQC review leading to the removal of Section 29a Warning Notice. A further review of Maternity Services would not be scheduled again for a further two years, but oversight visits would be scheduled every six months during the interim period.

- It was confirmed that the Capital Improvement Program was scheduled for completion by December 2023.

- Regarding the Improvement Plan arising from the CQC inspection held in 2019, the JHOSC was informed that post 2019 continuous improvements were made across the Heartland and Good Hope estates. During this period, which incorporated the C19 pandemic, NHS services were challenged on a national basis in terms of staff turnover. The Director of Midwifery position is recognized as a pivotal position in any NHS Trust.

With the appointment of the current Director of Midwifery for UHB, improvements were being made at pace, with a view to seeking to engage with the CQC again to perform another review.

- The Trust was disappointed with the CQC rating of *Inadequate*, but it was noted that some exceptional examples of good practice were also identified through the inspection. Members were advised that the value of leadership and continuity could not be underestimated in Midwifery Services.

- Regarding the excellent practice identified in Safeguarding Services, the JHOSC was informed that the service sought to engage with women proactively and was specifically seeking to strengthen the community care offer available.

- A Support Network and other initiatives were in place to support new Mother's. The importance of offering ante-natal care in the mother's home environment was fully recognised. The Trust continued to explore ways to deliver ante-natal care to new Mother's in the hospital and home settings for Mother's to exercise some choice and personal preferences.

- Several hundred thousand pounds had been invested to improve ante natal support services, which included support for Mother's for whom English was a second language or were not registered with any medical practice. Such Mothers were supported through the entire care pathway leading to birth and discharge to home, with any housing and equipment needs also being addressed by support services.

- Members of the JHOSC referred to the Berwick Review, specifically the finding for safety as being *Inadequate*, and asked whether the Trust was confident in giving assurances to prospective Mothers that giving birth in Heartland and Good Hope Hospitals was safe to do so. The JHOSC was advised that the Trust was confident in giving such assurances, with internal governance units and the CQC providing assurance around safety of the Midwifery Service. The JHOSC was further advised that the CQC had undertaken a thorough and comprehensive inspection, that the Trust had responded to quickly in terms of addressing its findings.

Having considered the report, the Joint Health Overview and Scrutiny Committee (JHOSC):

RESOLVED:

(i) To note the progress update on actions being taken forward and implemented following the CQC rating of Maternity Services at Heartland Hospital; and;

(ii) To receive a further Update Report on the delivery of improvement actions for Maternity Services at Heartland Hospital at a future meeting of the JHOSC scheduled for June/July 2024.

6. INTERGRATED CARE SYSTEM APPROACH TO MANAGING FLOW AND ESCALATION DURING WINTER

The report before the JHOSC outlined the proposed Birmingham and Solihull Integrated Crae System (ICS) approach to managing winter pressures from October 2023 to March 2024. The JHOSC was advised that the focus would be a shared set of principles to align resources around hospital sites to manage flow, to use information and data to lever improvement and to escalate to the correct forum at the right time. The report was introduced by the Chief Delivery Officer, Birmingham & Solihull ICB and Associate Director for Delivery and Development, Birmingham & Solihull ICB.

The jhosc was informed that an approach to manage winter pressures had been identified, which entailed having the correct medical structures in place and secondly, identifying priority areas. It was imperative that the correct services were in place with proposals which would manage patient flows during the winter period to keep residents safe. Systems leadership will be in place and will have a site-specific based focus. A place level approach would be utilized to manage patient flows. Five priority areas had been identified, namely:

1. Home based or virtual services to support patients;

2. Patients located on A&E Wards attendance at 10%;

3. Development of single transfer hub / single team supporting patients into a community pathway;

4. Supporting mental health patients, particularly support in the right place;

5. National Approach – Entailing a system co-ordination center to understand winter pressure points.

Having received the report presentation, the Chairman invited Members of the Committee to submit questions pertaining to the detail within the report. In response to questions from Members, the Committee were informed by the witnesses present that:

- Significant work had been undertaken to address staffing resilience in the scenario that significant numbers of medical and nursing staff were themselves impacted by winter illnesses leading to pressures on access to and delivery of medical services. Winter pressures workforce planning had already taken place, leading to investment in additional paramedics and health care assistants. Studies had also been undertaken regarding the potential impact of the influenza vaccination program on winter pressures.

- The JHOSC was assured that care services would not be allowed to be compromised. Agency staff would be procured if required to maintain staffing levels.

- The JHOSC highlighted and sought further clarity around the role of GP's and medical practices in managing winter pressures. The JHOSC was advised that substantial learning had taken place the previous winter period in respect of the role played by primary care colleagues, such as GP's and pharmacies. GP access specifically had received substantial attention over the past six months and attention was being given to how best support GP surgeries during the winter period, which has led to the early development of support plans for GP practices i.e., identification of what would be the most beneficial type of support. Further work was on-going over the next 6-10 week period to provide support to primary care services. A systems model approach had also been adopted to support GP access.

- The JHOSC highlighted protocols for the discharge of patients from hospital before midday and delayed discharges (into late evening) for vulnerable patients and what actions were being taken to address delayed discharges. The JHOSC was advised that a current piece of work was leading to the establishment of a single Care Hub for cancer patients, which would place different professions in one team to reduce the number of hands-off points. It was expected to reduce instances of delayed discharge and put patients back into the community setting in a timely fashion. Work was also in progress which reviewed the national metric for patient discharges before 1:00 p.m., which was challenging. Earlier discharge had been a focus over the past two months and there was evidence that performance in this respect was beginning to improve.

- The JHOSC was further advised that a new patient discharge model at UHB was expected to make a significant difference to getting patients back home from hospital in a timely manner. It was also noted that a single discharge model across BSOL may also address any variations or inconsistencies with discharge practices.

- The JHOSC queried whether the monthly Executive Board meetings were frequent enough and whether the GOLD call system was adequate monthly. The JHOSC was advised that the ICS was nationally commended in 2022 despite the winter pressures it experienced, which saw the system coming together on GOLD and SILVER calls. There was a high level of confidence in the current model.

- It was confirmed that data was available regarding any patients being readmitted to hospital shortly after discharge. The last three months of data were quite positive, with the Trust's patient readmission rates not classed as an outlier statistically i.e., approximately an 8% readmission rate. The quality of data was also reviewed and monitored regularly by the Agency Care Board.

- The JHOSC was further advised that a weekly social care meeting was facilitated to assess the community, mental health and acute needs of patients prior to discharge, which entailed an assessment of whether the patient was fit for discharge and whether they had the correct level of support in place at home once discharged from hospital.

- The JHOSC highlighted reference in the report *to improve flow across mental health pathways by freeing up capacity for patients to continue their recovery in the community* and queried what this entailed. The JHOSC was advised that the weekly social care assessment meeting reviewed every patient prior to discharge, including any patient assigned to a bed for mental health, to evaluate their respective wraparound care and support requirements post discharge. Such arrangements could entail early intervention support, domestic care or a requirement for alternative settings etc.

- The JHOSC noted that appropriate support arrangements had to be in place before mental health patients were released into the community, especially when it was recognized that there was a shortage of mental health care staff. The JHOSC questioned what measures were in place addressing the shortage of mental health staff and what appropriate support was in place for mental health patients in the community. Members were advised that there was an immense challenge experienced around capacity in the winter of 2022/23. There was a strong mental health workforce in place. There was also significant work on-going around localities and primary care networks to provide mental health support. There was also a Home Support Mental Health Team in place.

- Regarding patient information, it was confirmed that BSOL had a shared care record system in place, with all data entries entered for an individual saved on to the shared care records.

Having considered the report, the Joint Health Overview and Scrutiny Committee (JHOSC):

RESOLVED:

(i) To note the collaborative approach being taken to managing winter pressures as a Birmingham and Solihull Integrated Care System (ICS);

(ii) To receive as part of the JHOSC Work Program for 2024/25 a future Update Report on Mental Health Services, addressing in further detail the issues raised above by the JHOSC; and,

(iii) To receive as part of the JHOSC Work Program for 2024/25 a report addressing winter pressure preparations for 2024/25.

BIRMINGHAM AND SOLIHULL ICS FINANCE AND PERFORMANCE REPORT

7.

The Chief Finance Officer, Birmingham & Solihull ICS introduced the report, which provided a summary of the key finance and performance deliverables as at the end of July 2023.

The JHOSC was informed that working through to the end of year fiscal position

was challenging, with the possibility that a balanced budget position may not be delivered. The costs arising from industrial action in 2023 amounted to £8M via additional enhanced staff payment costs. Another £5M in costs arising from cancelled medical procedures.

BSOL recruitment and agency costs have seen changes over the past 6 – 9 months. There was substantial recruitment to access temporary staffing resources during this period, which brought some fiscal challenges regarding the use of agency staff.

Some slippages had been seen in the Efficiency Program, but was a lower level of concern than presented by the two areas referenced above.

Regarding cancer and elective services, backlogs continued in elective services, but was the system with the lowest wait of 70 weeks in the Midlands region. Cancer backlogs had reduced, with the Trust working to three new cancer standards from 1st October 2023.

Having received the report presentation, the Chairman invited Members of the Committee to submit questions pertaining to the detail within the report. In response to questions from Members, the Committee were informed by the witnesses present that:

- The JHOSC queried whether any contingency plans had been put in place for the industrial dispute and sought further clarity over the consequences arising from the industrial action. It was confirmed that fiscal contingency planning had commenced in January 2023 when the NHS settlement had been received. NHS business rules led to the repayment of any deficits in 2025/26.

- It was confirmed that any break- even position was unlikely to be achieved, with £19M enhanced controls in place specific subject of measures. There was no vacancy freeze in effect, but each individual post was evaluated on a risk basis as to whether it was advertised or not.

- The JHOSC was assured that any remedial fiscal actions were quality assured to ensure that there was no adverse quality impact on medical service delivery. Robust quality impact assessments were in place, including statutory duties involved in the assessment process.

- It was confirmed that there were overseas agency staff currently employed, particularly in nursing services, over the past two years. Over 2,000 international nurses have been recruited over the past two years, with the Trust now seeking to recruit therapists. However, the Trust was also looking a developing longer term local workforce solutions, particularly in terms of training and workforce development.

- The JHOSC was advised that under NHS Choice arrangements, patients were informed of the five options available to them in accessing services which could potentially shorten the waiting time they experienced e.g., via private care, other Trust services etc. However, hospital waiting times were now currently far longer than desired, which had led to an uptake in

private care services.

Having considered the report, the Joint Health Overview and Scrutiny Committee (JHOSC):

RESOLVED:

(i) To note the report.

WEST MIDLANDS AMBULANCE SERVICE UPDATE

8. The report provided the JHOSC with an update on WMAS demand, hospital delays and performance for the period up to and inclusive of September 2023.

Having considered the report, the Joint Health Overview and Scrutiny Committee (JHOSC):

RESOLVED:

(ii) To note the report.

The Birmingham and Solihull Joint Health Overview and Scrutiny Committee (JHOSC) meeting closed at 8:02 p.m.