

BIRMINGHAM CITY COUNCIL

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (BIRMINGHAM AND SOLIHULL)

THURSDAY, 19 JANUARY 2023 AT 14:00 HOURS
IN COMMITTEE ROOMS 3 & 4, COUNCIL HOUSE, VICTORIA
SQUARE, BIRMINGHAM, B1 1BB

A G E N D A

1 NOTICE OF RECORDING/WEBCAST

The Chair to advise/meeting to note that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site (www.youtube.com/channel/UCT2kT7ZRPFCXq6_5dnVnYlw) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

2 APOLOGIES

To receive any apologies.

3 DECLARATIONS OF INTERESTS

Members are reminded they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at this meeting.

If a disclosable pecuniary interest is declared a Member must not participate in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If other registerable interests are declared a Member may speak on the matter only if members of the public are allowed to speak at the meeting but otherwise must not take part in any discussion or vote on the matter and must not remain in the room unless they have been granted a dispensation.

If it is a 'sensitive interest', Members do not have to disclose the nature of the interest, just that they have an interest.

Information on the Local Government Association's Model Councillor Code of Conduct is set out via <http://bit.ly/3WtGQnN>. This includes, at Appendix 1, an interests flowchart which provides a simple guide to declaring interests at meetings.

- 5 - 12**
- 4 **MINUTES**
- To confirm the minutes of the meeting held on 13th October 2022.
- 13 - 18**
- 5 **COMMITTEE TERMS OF REFERENCE**
- Fiona Bottrill, Senior Overview and Scrutiny Manager, Birmingham City Council.
(1405-1415hrs)
- 19 - 22**
- 6 **HEALTHWATCH GROUND RULES FOR REVIEWS ANNOUNCED BY NHS BIRMINGHAM AND SOLIHULL**
- Andy Cave, Chief Executive Officer, Healthwatch Birmingham; Richard Burden, Chair, Healthwatch Birmingham; Fiona Bottrill, Senior Overview and Scrutiny Manager, Birmingham City Council.
(1415-1430hrs)
- 23 - 36**
- 7 **INDEPENDENT REVIEWS AT UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST (UHB)**
- David Melbourne, Chief Executive Officer, Birmingham and Solihull Integrated Care Board; Jonathan Brotherton, Interim Chief Executive, University Hospitals Birmingham NHS Foundation Trust.
(1430-1500hrs)
- 37 - 64**
- 8 **WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST**
- Vivek Khashu, Strategy and Engagement Director, WMAS; Mark Docherty, Executive Director of Nursing and Clinical Commissioning, WMAS; David Melbourne, Chief Executive Officer, Birmingham and Solihull Integrated Care Board.
(1500-1530hrs)
- 65 - 84**
- 9 **BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM UPDATE ON PERFORMANCE AGAINST FINANCE AND RECOVERY PLANS**
- Paul Athey, Integrated Care System Finance Lead.
(1530-1600hrs)
- 10 **DATE AND TIME OF NEXT MEETING**
- The next meeting will take place on Wednesday 15th February at 6.00pm at the Civic Suite, Solihull MBC.

11 **OTHER URGENT BUSINESS**

To consider any items of business by reason of special circumstances (to be specified) that in the opinion of the Chair are matters of urgency.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13 October 2022

MINUTES

Present: Councillors: A Mackenzie, M McCarthy, Mrs G Sleigh, R Sexton, R Pocock, D Harries and G Moore

Officers: Jonathan Brotherton – Chief Operating Officer, University Hospitals Birmingham
 Mr Martin Richardson - Medical Director, UHB
 Mr Ian Sharp - Deputy Medical Director, UHB
 Fiona Alexander – Chief Communications Officer, UHB
 Lisa Stalley-Green – Deputy Chief Executive and Chief Nurse, BSOL ICS
 Paul Athey – Chief Finance Officer, BSOL ICS

1. APOLOGIES

Councillors: M Brown and K Kurt-Elli

2. DECLARATIONS OF INTEREST

Councillor G Moore made a declaration of interest as a Trustee of Birmingham LGBT.

3. QUESTIONS AND DEPUTATIONS

A deputation was read out on behalf of Mr Tolman, a local resident. The deputation raised a number of points, including whether the Committee had previously received reporting on the scope and scale of use of the private sector, due to the volume of demand faced by NHS services. Points were also raised in regards to the frequency of these meetings and it was requested for them to be held on up to a monthly basis. It was also requested for this Committee to receive reporting on a range of issues, which included waiting lists, including for cancer treatments, ambulance response times and handover delays at hospital, as well as timescales for hospital discharges. A question was also raised in regards to Birmingham and Solihull residents using Warwick Hospital.

The Chairman responded to the deputation, explaining that, over the previous 12 months, the Committee had not received a specific report on the scale of use of private health services and confirmed the request would be taken into account as part of the Committee's future work programme. He also detailed how, following the establishment of the ICS on a statutory basis on 1st July 2022, it was recognised this Committee would continue to have a critical role in scrutinising any service developments and substantial variations taking place across the Birmingham and Solihull area. It was confirmed that going forward, the frequency of meetings would be subject to review, as appropriate.

The Chairman emphasised that individual Birmingham and Solihull Health Scrutiny Boards had held and would continue to hold regular public meetings

and he outlined a range of topics considered. He also explained how, as part of the agenda for that evenings meeting, the Committee was due to receive updates on a number of issues raised in the deputation, including on Elective performance and waiting list backlogs, ambulance handover delays and cancer performance. Again, it was confirmed the requests raised by Mr Tolman for future reporting would be taken into account as part of the Committee's future work programme.

It was also agreed for BSOL ICS to provide a written response to the points raised in regards to Birmingham and Solihull patients using Warwick Hospital.

4. MINUTES

The minutes of the previous meeting held on 2 December 2021 were presented.

RESOLVED

That the minutes of the meeting held on 2nd December 2021 be approved as a correct record.

5. UPDATE ON THE RECOVERY AND PROPOSED CONFIGURATION OF SURGICAL SERVICES ACROSS UNIVERSITY HOSPITALS BIRMINGHAM

The Chief Operating Officer for UHB introduced the report, which provided high-level information to support a discussion around the current situation facing UHB and the BSOL ICB, with regards to the measures that are proposed to support the recovery of hospital services across Birmingham and Solihull. Members received updates on the proposed configuration of surgical services across UHB; the development of a proposal around building work at Solihull Hospital to create six new theatres; and the re-provision of a Minor Injuries Unit and Urgent Treatment Centre at Solihull Hospital.

Members raised a number of queries, which in summary included the following:

- Members queried the arrangements to ensure the recruitment and retention of staff to support the recovery and configuration of services, as set out in the report.
- The Chief Operating Officer confirmed staffing was an area of major focus at UHB. He detailed how there was local recruitment, through collaboration with local employers and Universities for a range of medical and non-medical staff. There were also a number of international recruitment programmes. Progress had also been made on alternative workforce models, including nursing associates, midwifery and therapy support workers. There was also emphasis upon ensuring professional development opportunities for employees, to support the retention of staff.
- A Member raised the following questions:
 - They welcomed the capital investment, as set out in the report and requested for UHB to provide a figure for capital investment for the last 2-3 years.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 13 October 2022

- It was noted the capacity expansion and recruitment should help reduce the backlog – Members requested the latest figures for Birmingham and Solihull.
- The Chief Operating Officer outlined how, for all of the proposals set out in the report, they had secured both capital and revenue funding. Also, it was explained that, for UHB, the annual capital programme was approximately £40m and a notable proportion of this was for new capacity. Further to this, £97m had been secured from the Department of Health and Social Care (DoHSC) for the Heartlands Treatment Centre. For the proposed extra capacity at Solihull Hospital, the outline business case for £43m of capital investment had been submitted to NHS England and the DoHSC.
- The Chief Operating Officer confirmed there were currently 160,000 people awaiting treatment – this had been reduced by 10,000 over the last 4 months. Prior to the pandemic, there had been 90,000 awaiting treatment. Members requested for the latest figures on the volume of people awaiting treatment to be presented at future JHOSC meetings.
- Members requested further information on the planned communication and engagement for the proposals set out in the report.
- The Chief Communications Officer explained a draft communications and engagement plan had been developed for the proposals in the report and confirmation this would be shared with the Members. Communications would be shared with all ICS partners. Engagement would be undertaken with key stakeholders, including the Primary Care Networks, Healthwatch, the third sector, as well as patient carer and community groups. Extensive communications would be shared via social media, whilst posters and leaflets would be shared in health and community settings.
- Members queried how it was ensured patient received timely pain relief, following admission to hospital.
- The Medical Director for UHB detailed how a quality improvement programme was being led by the medical and nursing teams in the Trust. Pain relief at admission and during admission was a key quality improvement project. The delivery of the quality improvement programme was reported to the Trust Board.
- A Member detailed their own experiences, following a recent admission to hospital and queried whether further measures could be undertaken to support the discharge process.
- The Medical Director for UHB also explained that, as part of the overall quality improvement programme, there was considerable focus upon length of stay in hospital and ensuring an efficient discharge process. This included for patients with complex needs who may be being accessing local care settings. It was explained how the delivery of this programme was overseen by the Chief Operating Officer and Chief Medical Officer.

The Chairman thanked officers for presenting the report, welcoming the update on the recovery and proposed configuration of surgical services across University Hospitals Birmingham.

RESOLVED

The Joint Health Overview and Scrutiny Committee:

- (i) Endorsed the proposed future configuration of surgical services across UHB sites, subject to the planned communications and engagement with the public and key stakeholders.
- (ii) Endorsed the proposed developments for extra capacity at Solihull Hospital, subject to the planned communications and engagement with the public and key stakeholders;
- (iii) Agreed for the communications plan to be shared with Members' following this meeting
- (iv) Noted that a report on the re-provision of a Minor Injuries Unit (MIU) and Urgent Treatment Centre (UTC) at Solihull Hospital will be presented at the Solihull Health and Adult Social Care Scrutiny Board meeting on 9th November.

6. BSOL INTEGRATED CARE SYSTEM - UPDATES ON PERFORMANCE AGAINST FINANCE AND RECOVERY PLANS

The Chief Finance Officer for BSOL ICS presented the report, detailing how the establishment of the ICS on a statutory basis in July meant it was possible to provide a full system financial position. The following points were highlighted:

- BSOL ICS had submitted a breakeven plan for 2022/23 and each of the 5 NHS Providers and the CCG/ICB each individually submitted breakeven plans.
- In regards to performance to Month 5, the system was currently showing a deficit of £12.2m at the end of August 2022, but was still anticipating achieving a breakeven position at year end.
- For efficiency delivery, the system had a total efficiency targets of £97.1m. The Committee was updated on the delivery of a number of system efficiency programmes.
- BSOL ICS had secured additional funding for a number of service areas, including Elective Recovery, Urgent and Emergency Care, as well as Discharge Schemes.
- The Committee received an update on the delivery of Recovery Plans, including in regards to Urgent and Emergency Care, Elective performance and waiting list backlogs. There were also updates on other Operational Performance, including ambulance handover delays, Cancer performance, as well as Primary Care access.

Members raised a number of questions, which in summary included the following:

- Members noted how the update detailed how additional funding had been announced in May 2022 to support increases in inflation, particularly around energy costs and requested a further update on this.
- The Chief Finance Officer for BSOL ICS detailed how the additional £1.5bn funding announced nationally related to additional inflationary funding – this had enabled BSOL ICS to cover inflationary pressures up to approximately 5.5 per cent. Linked to this, it was explained how the majority of the BSOL ICS energy contracts had been set 12 months in advance.

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- Members noted how the presentation provided an update on ambulance handover delays greater than 60 minutes. They queried whether data on ambulance waiting times was available. Members also questioned whether evidence was available on people travelling to hospital sites directly, due to the waiting times for ambulance services.
- Members highlighted the increase in demand for GP appointments and queried whether any information or data had been collated on what might be causing this.
- The Chief Finance Officer for BSOL ICS detailed how they were working with GP teams to review the data available. He explained how BSOL ICS was working with GP pilot sites to support more robust recording of appointment activity, to help understand trends and the reasons for demand.
- Members detailed challenges residents faced in accessing Primary Care. They queried whether any evidence was available which indicated residents were accessing appointments at a later stage than intended, which meant they required further treatment and support.
- The Chief Finance Officer for BSOL ICS explained how it was recognised that the operational pressures faced across the whole NHS system was likely to be resulting in increased demand for GP appointments. This included people seeking advice on the timescales for receiving different treatments to patients whose condition may be getting more acute due to waiting times. The Chief Finance Officer for BSOL ICS detailed the work being undertaken on this across Primary and Secondary Care. This included providing more administrative capacity in Primary Care settings, to provide additional information and advice to patients,
- Members queried the work being undertaken with any specific GP teams that may be facing challenges in responding to residents and offering timely appointments. Members also raised the data provided on GP appointments for 22/23 vs. 19/20 and queried why there appeared to be a spike in October 2019.
- The Chief Finance Officer for BSOL ICS detailed how a range of support was offered to the GP teams, which included targeted interventions and peer support. Going forward, the annual patients' survey for General Practice was being reviewed, to help determine any GP teams that may benefit from further support. In regards to the spike in GP appointments in October 2019, the Chief Finance Officer for BSOL ICS explained this was likely to relate to national vaccination programmes and would look to provide Members an update on this.
- Members explained they recognised that an increased volume of appointments was being offered in Primary Care; however they emphasised how many residents contacted them with concerns about accessing services. They queried whether any data or evidence could be provided on the waiting times for residents using phone lines to book Primary Care appointments, including unsuccessful contacts. Members also requested for data to be shared on the volume of Primary Care appointments completed, as well as those offered. They also asked for the range of Primary Care appointments offered to be provided as well, including for GP's, vaccinations, Nursing teams and Pharmaceutical

advisors, in recognition of residents needing to access a range of services. It was confirmed this further information could be provided at future JHOSC meetings.

- Members welcomed the additional funding secured for Mental Health Urgent and Emergency Care, as well as the approval of Wellbeing and crisis hubs. They queried what metrics were recorded for Mental Health services, in order to monitor performance against targets.
- The Chief Finance Officer for BSOL ICS explained how a wide range of metrics were recorded and monitored for the delivery of Mental Health services and confirmed an update on this could be shared following the meeting.

RESOLVED

The Joint Health Overview and Scrutiny Committee:

- (i) Noted the BSOL ICS update on performance against Finance and Recovery Plans.
- (ii) Agreed for the additional information requested, as detailed above, to be shared with the Committee and reported to future meetings.

7. BSOL INTEGRATED CARE SYSTEM - LEARNING DISABILITY AND AUTISM STRATEGIC VISIONS

The Deputy Chief Executive and Chief Nurse for BSOL ICS presented the BSOL ICS Learning Disability and Autism Strategic Visions. They outlined why and how the Visions had been developed. This included how they had worked closely with people with lived experience and system colleagues to develop these draft visions, to make sure they reflected the lives and aspirations of local people. For both Strategic Visions, Birmingham and Solihull Delivery Plans would be developed, where again, there would be close work with key stakeholders and experts by experience.

Members raised a number of questions, which in summary included the following:

- Members welcomed the development of the Strategic Visions. They emphasised the challenges young people faced when making the transition to adulthood, including in regards to accessing further education and employment opportunities. Members queried how this could be reflected in the Visions.
- The Deputy Chief Executive and Chief Nurse for BSOL ICS agreed this was important – they outlined how, as part of the development of the Delivery Plan, there would be focus on the whole life course and the support available at different key transitional points.
- Members highlighted how the Strategic Visions acknowledged there were some limitations on what was currently known about the local population – in particular, for residents with a learning disability, the current estimates did not include those before school age. They queried how the needs of this age group could be taken into account, especially due to the length of time it could take to obtain diagnosis and support.

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- The Deputy Chief Executive and Chief Nurse for BSOL ICS confirmed school readiness was recognised as a key transitionary point for children and their families. Going forward, there would be continued focus on the services and capacity available for families to receive diagnosis and support, including via commissioned partners such as Healios.
- Members queried how the Strategic Visions and Delivery Plans could reflect the needs of home educated children. The Deputy Chief Executive and Chief Nurse for BSOL ICS confirmed the needs of this group could be included as a specific area of focus.
- A Member emphasised how it could be extremely challenging for autistic people to raise their condition and ask for reasonable adjustments in different settings, including healthcare. They queried how this could be reflected in the Strategic Vision and Delivery Plan. The Member also emphasised that, whilst autism was not a mental health condition, an autistic person may be more likely to experience a mental health problem. Again, they questioned how this could be taken into account.
- The Deputy Chief Executive and Chief Nurse for BSOL ICS detailed how, as part of the Delivery Plan, there would focus upon ensuring opportunities, in different settings, for people to raise their conditions and receive the necessary support. There would also be emphasis upon continually feeding in peoples' lived experiences, as part of the Strategic Vision and Delivery Plan.

RESOLVED

The Joint Health Overview and Scrutiny Committee:

- (i) Endorsed the BSOL ICS Learning Disability and Autism Strategic Visions;
- (ii) Endorsed the further engagement to be undertaken for the Strategic Visions, especially the proactive engagement with people who have a learning disability, autistic people, as well as carers; and
- (iii) Endorsed the development of the draft Visions into easy to read versions, to ensure all can engage in reviewing and feeding back.

End time of meeting: 8:30pm

Birmingham City Council
Joint Health Overview and Scrutiny Committee
Birmingham City Council and Solihull
Metropolitan Borough Council



Date 19 January 2023

Subject: Terms of Reference for the Joint Health Overview and Scrutiny Committee Birmingham City Council and Solihull Metropolitan Borough Council

Report of: Cllr. Mick Brown and Cllr. Martin McCarthy, Chairs of the Joint Health Overview and Scrutiny Committee
Birmingham City Council and Solihull Metropolitan Borough Council

Report author: Fiona Bottrill, Senior Overview and Scrutiny Manager,
Birmingham City Council
fiona.bottrill@birmingham.gov.uk

1 Purpose

To update the Joint Health Overview and Scrutiny Committee Birmingham City Council and Solihull Metropolitan Borough Council Terms of Reference to reflect the changes in NHS organisations following the establishment of Integrated Care Systems.

2 Recommendations

- 2.1 The Committee agrees the amendments to the terms of reference attached as Appendix 1.

3 Any Finance Implications

- 3.1 There are no new financial implications resulting from this report. The Joint Health Overview and Scrutiny Committee Birmingham City Council and Solihull Metropolitan Borough Council will be supported from within existing resources by both authorities as set out in Section 5 of the Terms of Reference attached of Appendix 1.

4 Any Legal Implications

- 4.1 The amendments to the terms of reference follow the establishment of Integrated Care Systems under the Health and Care Act 2022. A further review of the terms

of reference will be undertaken when the Statutory Guidance on Health Scrutiny has been published.

5 Any Equalities Implications

- 5.1 Birmingham City Council and Solihull Metropolitan Council have a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.2 The Committee should ensure that it addresses these duties. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within the Joint HOSC area; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

6 Appendices

- 6.1 Appendix 1: Joint Health Overview and Scrutiny Committee Birmingham City Council and Solihull Metropolitan Borough Council Terms of Reference.

7 Background Papers

- 7.1 None

Joint Health Overview and Scrutiny Committee (Solihull and Birmingham)

Terms of Reference

19 January 2023

1 Rationale

1.1 Following its inception to examine proposed variations of maternity services at Solihull Hospital, which had implications for patients across Birmingham and Solihull, the scope of the Joint Committee was extended through updates to its Terms of Reference in 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2019, **2023** to include: -

- The monitoring of related issues, such as quality of care across the former Heart of England NHS Foundation Trust, Birmingham and Solihull Mental Health Trust sites, as necessary.
- The scrutiny of activity particularly with regards to any change to clinical pathways.
- To consider proposals coming forward from **the Birmingham and Solihull Integrated Care System (ICS)** that affect Birmingham and Solihull.

1.2 Following the establishment of Birmingham and Solihull **ICS in July 2022**; merger of University Hospital Birmingham with the former Heart of England Foundation Trust in 2018 to form a greater University Hospitals Birmingham (UHB) (including the Queen Elizabeth Hospital, Heartlands Hospital, Good Hope Hospital and Solihull Hospital); a Joint Health Scrutiny Committee needs to continue to exist. It should consider the above, scrutinise and maintain an oversight of health service developments and substantial variations taking place in across Birmingham and Solihull and maintain an overview of key issues such as: -

- Finances and performance (provider / commissioner)
- Quality of care
- Consultation and engagement activity

2 General Terms of Reference

2.1 The primary role and purpose of the Joint HOSC is to consider:

- Whether as a statutory body, the Joint HOSC has been properly consulted within the consultation process;
- Whether in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;
- Whether a proposal for changes is in the interest of the local health service.

- 2.2 The primary role will be in respect of proposed service changes and quality of care issues affecting the provider bodies such as UHB and Birmingham and Solihull Mental Health Foundation Trust and the BSol ICS over proposed changes to care pathways.
- 2.3 The JHOSC would also scrutinise and have oversight of joint issues / plans emerging from the and Health and Wellbeing Boards across Birmingham and Solihull.
- 2.4 The Joint HOSC will have regard to the four requirements for lawful consultation in reaching its conclusions on service changes.
- At the formative stage, the consulting body must have an open mind on the outcome;
 - There must be sufficient reasons for the proposals, and requests for further information should be supported;
 - Adequate time should be allowed for consultation with all stakeholders;
 - There should be evidence of conscientious consideration of responses by the consulting body.
- 2.5 The joint response to the consulting Healthcare Body will be agreed by the Joint Health Overview and Scrutiny Committee and signed by both Chairmen.
- 2.6 No matter to be discussed by the Group shall be considered to be confidential or exempt without the agreement of both Councils and subject to the requirements of Schedule 12A of the Local Government Act 1972.

3 Timescales & Governance

- 3.1 The Joint Health Overview and Scrutiny Committee will continue whilst proposed services changes that affect both areas are contemplated.
- 3.2 The responsibility for chairing meetings will alternate between Birmingham and Solihull, the Health Scrutiny Chair of the hosting authority to chair the meeting. The location of meetings is to rotate between the two authorities. In the absence of a meeting Chairman, the Chairman of the other Authority, if present, takes the chair, and in the absence of both Chairmen, a Chairman will be elected from those members present at the meeting.
- 3.3 Meetings of the Joint HOSC will be conducted under the Standing Orders of the host Local Authority (i.e. the Local Authority chairing the meeting and providing democratic services support)

4 Communication with Media

- 4.1 Should a press statement or press release need to be made by the Joint Health Overview and Scrutiny Committee, this will be drafted by the host Local Authority on behalf of the Committee and will be agreed by both Chairmen.

5 Membership

- 5.1 Membership of the Joint HOSC will be nominated by the Birmingham City Council and Solihull Metropolitan Borough Council.
- 5.2 Membership of the Joint Scrutiny Committee will reflect the political balance of each local authority. For a committee of ten members the ratio for Solihull is (3:2) and for Birmingham it is (3:1:1).
- 5.3 The quorum for meetings will be four members, comprising two members from each authority.
- 5.4 Healthwatch Birmingham and Solihull should be given an opportunity to contribute to the meetings as and when necessary to do so.

6 Support Arrangements / Resources

- 6.1 The work of the Joint HOSC will require support in terms of overall co-ordination, setting up and clerking of meetings and underpinning policy support and administrative arrangements.
- 6.2 Venues for meetings are to be rotated between Solihull MBC and Birmingham City Council with associated administrative costs to be borne by the respective Authority. Responsibility for administrative/ policy support and clerking arrangements is also to be alternated between the two Authorities.
- 6.3 The support officers for the JHOSC will need to work together to support the development and co-ordination of a JHOSC work programme.
- 6.4 These terms of reference would have regard to the following statutory guidance: -

Health Scrutiny Guidance (2014)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

Statutory Overview and Scrutiny Guidance (2019)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

Approved by:

Councillor
Solihull HOSC Chairman

Councillor
Birmingham HOSC Chairman

On behalf of the Joint Health Overview and Scrutiny Committee

Date approved.

Birmingham City Council

Birmingham/Solihull Joint Health Scrutiny Committee

Date 19 January 2023



Subject: Healthwatch Groundrules for Reviews announced by NHS Birmingham and Solihull

Report of: Fiona Bottrill, Senior Overview and Scrutiny Manager, Birmingham City Council
fiona.bottrill@birmingham.gov.uk
 Andy Cave, Chief Executive Healthwatch Birmingham and Healthwatch Solihull
info@healthwatchbirmingham.co.uk
enquiries@healthwatchsolihull.org.uk

Report author: Fiona Bottrill, Senior Overview and Scrutiny Manager, Birmingham City Council

1 Purpose

- 1.1 To seek endorsement of the Birmingham and Solihull Joint Health Overview and Scrutiny Committee for the 4 groundrules proposed by Healthwatch Birmingham and Healthwatch Solihull in relation to the reviews announced by NHS Birmingham and Solihull on the 8 December 2022.

2 Recommendations

- 2.1 The Committee endorses the ground rules proposed by Healthwatch Birmingham and Healthwatch Solihull as set out in Appendix 1.

3 Any Finance Implications

- 3.1 There are no new financial implications for the Council arising from this report.

4 Any Legal Implications

- 4.1 There are no legal implications directly arising from this report however in the event any issues arise these will be considered as and when necessary.

5 Any Equalities Implications

- 5.1 The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:
- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
 - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.2 The Committee should ensure that it addresses these duties. This should include considering: How policy issues impact on different groups within the community, particularly those that share a relevant protected characteristic; Whether the impact on particular groups is fair and proportionate; Whether there is equality of access to services and fair representation of all groups within the Joint HOSC area; Whether any positive opportunities to advance equality of opportunity and/or good relations between people are being realised.

6 Appendices

- 6.1 Appendix 1: Healthwatch Birmingham and Healthwatch Solihull letter to Joint HOSC Chairs 21.12.22

7 Background Papers

- 7.1 None

To:

**COUNCILLOR M BROWN
CHAIR OF THE BIRMINGHAM
HEALTH AND SOCIAL CARE
OVERVIEW AND SCRUTINY
COMMITTEE**

**COUNCILLOR M MCCARTHY
CHAIR OF THE SOLIHULL HEALTH
AND ADULT SOCIAL CARE
SCRUTINY COMMITTEE**

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**RICHARD BURDEN
CHAIR**

**ANDY CAVE
CHIEF EXECUTIVE OFFICER**

HEALTHWATCH BIRMINGHAM
AND HEALTHWATCH SOLIHULL

Date: 21st December 2022

**NHS Birmingham and Solihull and University Hospitals Birmingham NHS Foundation Trust –
Healthwatch Birmingham and Healthwatch Solihull’s ground rules for the announced three
reviews following BBC Newsnight report.**

Dear Cllr M Brown and Cllr M McCarthy,

Following our informal meeting on the 20th December 2022, we are writing to the Joint Committee to confirm your support for our ground rules as part of the three reviews announced by NHS Birmingham and Solihull on the 8th December 2022. In confirming your support for these four conditions, we ask you to request assurance from NHS Birmingham and Solihull and University Hospitals Birmingham NHS FT for your Joint meeting on the 19th January at 14:00, outlining how the ground rules outlined in this letter will be met.

NHS Birmingham and Solihull announced three reviews to take place following the allegations raised in the BBC Newsnight Programs aired on Thursday 1st December and Friday 2nd December 2022.

In our role it was vital for us to be the voice of local Birmingham and Solihull residents as part of the program and following the airing of the episode we published our first [statement](#) published 2nd December 2022.

In this statement we called for an independent investigation into the allegations raised in the TV report.



Healthwatch Birmingham and Healthwatch Solihull

Cobalt Square, 83 Hagley Road, Birmingham, B16 8QG

www.healthwatchbirmingham.co.uk | info@healthwatchbirmingham.co.uk | 0800 652 5278

www.healthwatchsolihull.org.uk | enquiries@healthwatchsolihull.org.uk | 0808 196

3912 Company Registration No: 08440757

The allegations around bullying and patient safety at University Hospitals Birmingham (UHB) made by former and current UHB staff in the report by Newsnight and BBC Midlands Today are extremely worrying and it is imperative they are investigated seriously, thoroughly and urgently.

As concerns about the organizational culture at UHB were central to the BBC report, any investigation must be both transparent and independent if it is to command the confidence of patients and staff.

In the follow-up BBC Newsnight Program on the 9th December 2022, we outlined our ground rules for any investigation or review into the allegations at the Trust. These conditions are outlined in our [statement](#) on the 9th December 2022.

Our four ground rules for the announced reviews are:

1. The reviews must be carried out by people who are transparently independent.
2. That Terms of References for the reviews enable the investigation to go wherever the evidence leads and that this must not be fettered in any way.
3. That the findings of all reviews will be published in full as well as shared within the system and with any reference groups in which Healthwatch and others may be invited to take part.
4. That all recommendations from the reviews must be actioned and the reviews should not be allowed to gather dust. This needs to be communicated to build public confidence in local services.

We have raised these ground rules directly with David Melbourne, CEO of NHS Birmingham and Solihull and subsequently at the Birmingham and Solihull Integrated Care Partnership meeting on the 14th December 2022, where they received support from members.

We ask the Birmingham and Solihull Joint Health Overview and Scrutiny Committee to:

1. Support our four ground rules for the reviews taking place, as announced by NHS Birmingham and Solihull.
2. Use your influence to request assurance of these ground rules being met at the meeting scheduled for the 19th January 2023 at 14:00.
3. To continue to work with Healthwatch Birmingham and Healthwatch Solihull to ensure action is taken as a result of these reviews for the people of Birmingham and Solihull.

Yours sincerely



Richard Burden, Chair



Andy Cave, CEO



Healthwatch Birmingham and Healthwatch Solihull

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Birmingham City Council

Birmingham/Solihull Health Scrutiny Committee

10/01/2023



Subject: Update to the Birmingham and Solihull Joint Health Overview and Scrutiny Committee

Independent reviews at University Hospitals Birmingham NHS Foundation Trust (UHB)

Report of: David Melbourne, ICB Chief Executive
NHS Birmingham and Solihull

Report author: David Melbourne, ICB Chief Executive
NHS Birmingham and Solihull

1 Purpose

Further to the Newsnight and other media coverage in December 2022, relating to alleged concerns regarding patient safety, leadership, culture and governance, in partnership with University Hospitals Birmingham NHS Foundation Trust (UHB), NHS Birmingham and Solihull (ICB) has agreed three independent reviews.

This paper summarises the progress to date as well as the terms of reference.

2 Recommendations

2.1 None. Update for information.

3 Any Finance Implications

3.1 None

4 Any Legal Implications

4.1 None

5 Any Equalities Implications

5.1 None

6 Appendices

6.1 Appendix 1: Summary Report.

6.2 Appendix 2: Full published terms of reference attached.

6.3 Appendix 3: Letter to Healthwatch Birmingham and Healthwatch Solihull.

Update to the Birmingham and Solihull Joint Health Overview and Scrutiny Committee

Independent reviews at University Hospitals Birmingham NHS Foundation Trust (UHB)

1. Introduction and background

Further to the Newsnight and other media coverage in December 2022, relating to alleged concerns regarding patient safety, leadership, culture and governance, in partnership with University Hospitals Birmingham NHS Foundation Trust (UHB), NHS Birmingham and Solihull (ICB) has agreed three independent reviews that will focus on:

- Patient safety (Bewick Review) - commissioned by the ICB, overseen by experienced senior independent clinician, Professor Mike Bewick, former NHS England Deputy Medical Director. The report is expected by the end of January. Any outputs pertaining to culture, leadership or governance, will address as part of the following two reviews
- Well-Led review of leadership and governance – in conjunction with NHS England, using established methodology. This will happen between January and March 2023. Publication arrangements will be agreed.
- Culture - commissioned externally by UHB's Interim Chair, incorporating findings from above. Will report in first half of 2023. Publication arrangements will be agreed.

2. Terms of reference

The current terms of reference concentrate on the patient safety review (the Bewick Review) and were published at the BSOL ICB board meeting on the 9 January 2023. They are attached to this paper in full for information.

3. Oversight

All three of the reviews will be overseen by a joint NHS Birmingham and Solihull and NHS England Oversight group.

As well as oversight arrangements through the BSol and NHS England oversight group, it is essential that the Bewick Review remains accountable to those who have raised concerns and provides assurance to the public and local partners. As such, Preet Kaur Gill, MP for Edgbaston, will chair a cross party reference, bringing together local voices and organisations.

Councillors will be able to feed any views into the first review via the cross party reference group, including any that they may have received directly from constituents. We want to continue to listen to and engage with councillors and believe we should continue to do that through the tried and tested Joint Health Overview and Scrutiny Committee (JHOSC) channels.

4. Approach

Experienced, senior independent clinician, Prof Mike Bewick, former NHS England Deputy Medical Director, has agreed to oversee the first review, alongside a team of his own experts, and is expected to report no later than the end of January.

The review will ascertain the safety of the current service(s) and appraise the system of current reporting and governance processes and if they are fit for purpose. The review will be independent and without limits but in summary will include (full details included in the terms of reference);

1. Rapid review of the appropriateness of the report (referenced in Newsnight ('the report')) into concerns over the care of patients with haematological conditions.
2. A review of the appropriateness of the governance processes which apply when determining whether or not to make a referral to a professional regulator, such as the GMC, including an overview of the TR case highlighted on Newsnight and benchmarking of the Trust's referral pattern to the regulators such as the GMC.
3. A rapid overview of the Trust's response to staff deaths, including the tragic suicide recently concluded by the coroner.
4. A review of the nurse e-mail Newsnight referenced on their programme.
5. A rapid review of twelve never events at UHB in 2021/22 to include the original Trust led reviews and with a further look back at events since 1st April 2022.
6. A rapid review of the appropriateness of current governance processes.

This will be a desk top review supplemented by focused interviews to include (but not limited to) discussion with individuals listed below. The reviewing team may wish to hold discussion with others if felt necessary.

- Preet Kaur Gill MP and Richard Burden (Chair of Healthwatch)
- The Trust's Chief Medical Officer and Responsible Officer (RO) if different from the Chief Medical Officer (CMO)
- Chief Nursing Officer
- Non-Executive Director responsible for quality and safety
- Head of Quality / Chief Legal Officer
- Freedom To Speak Up Guardian (FTSUG)
- Senior member of patient liaison personnel
- Non-Executive Director for Quality at the ICB
- Clinical director of haematology and relevant medical director for the division

5. Conclusion and next steps

Prof Mike Bewick's review is already underway, gathering evidence and is expected to report by the end of January 2023. The culture and well led reviews will follow. We hope that this paper and terms of reference provides assurance to the Joint Health Overview and Scrutiny Committee members that the system, UHB, and BSol ICB all take these issues very seriously and are committed to an independent and transparent review process.

Terms of Reference

Independent review of governance procedures at University Hospitals Birmingham NHS Foundation Trust (UHB), in response to concerns raised during a BBC Newsnight programme on the 1st December 2022 and the subsequent discussion and feedback about the safety and culture at the trust.

Background

On Thursday 1 December 2022, UHB was informed by Healthwatch Birmingham that their Chair, Richard Burden, would be featuring on BBC Newsnight later that evening, having contributed to the programme some days previous. The programme featured interviews and statements from staff from University Hospitals Birmingham (UHB) currently or previously employed at the Trust relating to a range of concerns around leadership, governance and culture at UHB impacting on patient care.

In the few days prior to this, an inquest into the suicide of a junior doctor who was working at UHB at the time of her death had concluded. Whilst the coroner apportioned no blame to UHB, understandably the inquest attracted significant media discussion.

In the immediate aftermath of the Newsnight programme, further media coverage discussed other cases and Newsnight subsequently ran an interview with Professor Bion, the Trust's Freedom to Speak Up Guardian, on Friday 9th December. The Chair of Healthwatch Birmingham, released a further statement raising concerns over bullying and patient safety at the Trust.

As a result of these concerns the Trust, along with Birmingham and Solihull Integrated Care Board (BSOL ICB) wish to put in place three independent reviews that complement the overall picture.

1. Aspects of patient safety raised in the Newsnight programme and other recent media activity commissioned by NHS Birmingham and Solihull Integrated Care Board. The findings from this will link to two following reviews.
2. Governance processes at UHB commissioned through an independent well led review (using the established well led methodology) undertaken by NHS England which will provide the Trust with the information to further focus work on an independent culture review.
3. Culture at UHB commissioned by the Interim Chairman and Interim Chief Executive.

BSOL ICB recognises the immediacy of the situation both to reassure the public of the quality of care at UHB and if any immediate remedial actions are required to improve safety.

The three reviews will require different timelines. There is an immediate need for a safety review to be carried out by a credible external investigator. This should be completed in weeks and will be commissioned by BSOL ICB. The review team will report to the Chief Executive Officer of BSOL ICB. It is proposed that this review reports to the ICB by the end of January with an interim report indicating immediate actions required to assure the health system of the safety of clinical services (with specific reference to the areas of concern raised by staff in the Newsnight broadcast as priorities) and what immediate actions, if any, are required.

The current terms of reference concentrate on Phase 1 of the review.

The second and third phases of the review, covering governance and culture, will be undertaken in early 2023 with an estimated commencement date of the 9th of January and a completion date of March 2023.

Rapid review of patient safety at UHB.

The review will ascertain the safety of the current service(s) and appraise the system of current reporting and governance processes and if they are fit for purpose. The review will be independent and without limits but will include;

1. Rapid review of the appropriateness of the report (referenced in Newsnight ('the report')) into concerns over the care of patients with haematological conditions to include
 - a. Background to report including why and how it was commissioned
 - b. Who wrote the report, under what governance structure, what methodology was adopted, what were the recommendations and conclusions and what actions were taken by the Trust in response.
 - c. Review of the findings of the report, with UHB haematologists, to determine whether further expert review should be recommended.
2. A review of the appropriateness of the governance processes which apply when determining whether or not to make a referral to a professional regulator, such as the GMC, including an overview of the TR case highlighted on Newsnight and benchmarking of the Trust's referral pattern to the regulators such as the GMC.
3. A rapid overview of the Trust's response to staff deaths, including the tragic suicide recently concluded by the coroner, to include:
 - a. overview of the incidence and prevalence of such cases
 - b. an appraisal of appropriateness of UHB policies
 - c. a review of whether appropriate support and training is available to staff in the context of a death from suicide by a staff member, including support for staff with psychological distress from a suicide and action taken to prevent similar deaths by suicide.
4. A review of Newsnight referenced nurse e-mail ('the e-mail') to establish:
 - a. Context of the e-mail; from whom and what specialty area.
 - b. Response by the Trust to its contents.
5. A rapid review of twelve never events at UHB in 2021/22 to include the original Trust led reviews and with a further look back at events since 1st April 2022. To determine whether actions appropriate lessons learned and assurance of relevant change in practice.
6. A rapid review of the appropriateness of current governance processes to include;
 - a. Incident reporting and evaluation
 - b. Quality of reporting

- c. Responsiveness of UHB senior team to serious incidents.
- d. Transparency and the functionality of the Freedom to Speak Up process and whistle-blowing policies.
- e. Governance review, including defined executive responsibility, of how processes are appraised and acted on by the Trust Board.

Essential information which would support the independent external review would include;

- Latest CQC evaluation of the Trust and specific performance matrices of the past well led review.
- Performance indicators to include
 - Key performance indicators for elective, acute and cancer care
 - Any recent independent reviews into haematology
 - Details of the twelve never events during 2020/21
 - Staffing including vacancies, churn and retention/recruitment data
 - GMC feedback from doctors in training
 - Letters of referral of the ophthalmologist to the GMC and any subsequent relevant correspondence.
 - Quality reports 2021/22
 - Staff survey 2021/22
 - Transcripts of the Newsnight programmes and any email or other communication with the BBC or other intermediate organisations.
 - Disciplinary processes within the Trust for senior medical staff
 - Last four quarterly reports of the Trust's Quality Committee (or similar)

Methodology

This will be a desk top review supplemented by focused interviews to include (but not limited to) discussion with individuals listed. The reviewing team may wish to hold discussion with others if felt necessary.

1. Preet Kaur Gill MP and Richard Burden (Chair of Healthwatch)
2. The Trust's Chief Medical Officer and RO if different from the CMO
3. Chief Nursing Officer
4. Non-Executive Director responsible for quality and safety
5. Head of Quality / Chief Legal Officer
6. FTSU chair
7. Senior member of patient liaison personnel
8. Non-Executive Director for Quality at the ICB
9. Clinical director of haematology and relevant medical director for the division

The rapid review will concentrate on the above six essential areas of concern as listed above. In addition, the reviewers should:

1. Indicate any cultural issues that they have become aware of during this review which should be investigated further during the culture review.

2. Set out, based on this review, any specific issues in respect of how the Trust is being led that should be included in the well-led review.

It is important that the review is open and transparent. As well as oversight arrangements through the BSol ICB and NHS England oversight group, it is essential that the review remains accountable to those who have raised concerns and provides assurance to the public and local partners. As such, Preet Kaur Gill, MP for Edgbaston, will chair a cross party reference group made up of local representatives. Reference group members will input into the review as well as bringing together local voices and organisations to steer its broader direction. The reference group will hold the oversight group and review lead to account and ensure the review's independence and that its findings are published.

The reference group will act as the conduit through which concerns raised with MPs, Healthwatch, unions and others can be shared with the review lead confidentially. Patients and family members will also be able to share concerns and feedback via this group and then onto the review lead. In this way, the reference group will ensure that the final review captures and reflects as many voices as possible and that patients are at the heart of any recommendations it makes.

Assumptions

The independent review team will have access to

1. A secure repository for documents available online
2. A central point of contact at UHB to arrange interview appointments via a Teams video link
3. Contact details with key members of the executive teams at both the ICB and UHB
4. Access to the ICB/UHB communications team when required for any external communication issues that may arise.

It is not envisaged at this stage that on site visits will be required

Timelines and reporting

Phase 1 of the review will commence as soon as possible once contractual agreements have been finalised early in the week beginning 12th December 2022.

The review team will report verbally to the ICB Chief Executive Officer by the 19th January with a draft report agreed by the 30th January. The review team will be available to give written statements on the progress of their report to support UHB/ICB's communication teams during the intervening period.

Factual accuracy checks will be undertaken with participants in the review. The final draft report will be reported to the UHB January Board and through the ICB Quality Committee in January.

Oversight of the whole programme of work across the three phases will be overseen by a co-chaired NHS England and NHS Birmingham and Solihull group.

The findings of the review will be made public following the findings being presented at the respective NHS Boards.

An engagement plan will be developed with key stakeholders to ensure information continues to flow this will include (but not limited to):

- Meeting with local MPs on the 21st of December
- Presentation to the Joint Health Overview and Scrutiny Committee of Birmingham City Council and Solihull MBC during January.

Phases 2 and 3 of the review will require more detailed planning but are expected to report by 31st March 2023.

29th December 2022

Sent via email to:

Andy Cave, CEO and Richard Burden, Chair
Healthwatch

Dear Andy and Richard

Thank you for the letter that I received on the 21st December regarding the request for four ground rules for the reviews that we are organising across University Hospitals Birmingham.

Apologies for the delay in response but I hope that you will understand that I, with many of the senior leaders in the health and care system, have been focussing on ensuring access to care during a period of unprecedented demand as we experience increased respiratory viruses in the population whilst preparing for industrial action and two bank holidays over Christmas and the New Year.

I had hoped that Healthwatch were clear on the intent of the NHS to ensure that we are transparent and open in respect of these reviews, I think it is worth reviewing the recent activity on this issue:

- Richard, I spoke to you on the 17th and explained our approach to the reviews. I understand that we have already been in touch to ensure that Professor Mike Bewick (the independent clinician who will lead the initial review) speaks to both you and Preet Gill MP as he starts the review so he understands your concerns and you can share the evidence that you have and will help shape his thoughts.
- At our Board Workshop on Monday the 12th attended by our Independent non-executives as well as partner members, for which there is an open invite to Andy as Healthwatch Chief Executive, we discussed the approach to the review and there was opportunity for challenge and debate.
- At the Integrated Care Partnership meeting on the 14th December – chaired by Councillor Grinsell and attended by Richard as well as a range of partners, I set out the approach to the review and confirmed that our approach would meet the requirements set out by Richard at the end of that item.
- On the 16th December I had a constructive conversation with Preet Gill, I listened to her concerns and we agreed that she would chair a external reference group. I have offered her my Chief of Staff to provide support to establish the group and I understand they have been in contact to take that forward. I stressed that Healthwatch be part of that group.
- Yesterday, Councillor Ian Ward had convened a meeting of local MPs with Dame Yve Buckland, Interim Chair at UHB, Jonathan Brotherton, Interim Chief Executive and myself in which I briefed those in attendance on our approach.

- As you will be aware there is a Joint Overview and Scrutiny Committee on the 19th January where we have been asked to attend to discuss the issues raised regarding University Hospitals Birmingham.

As Chief Executive of NHS Birmingham and Solihull I need to ensure that we can continue to operate effectively during what is an incredibly challenging winter period whilst also ensuring that necessary improvements are being made, where required, in the system. I hope that you will appreciate the need for a careful balance and would ask for some understanding when we have many staff at all levels across the health and care system working long hours to ensure we can continue to tackle the challenges in our emergency and urgent care pathways whilst ensuring we drive down long elective waits and cancer waits (where we are making progress).

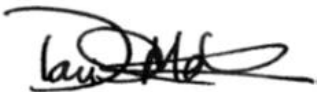
I am happy to meet again to confirm the points I have already made regarding the next steps around these reviews. Please let me know if either of you would like to do this, albeit I suspect this will have to be early in the New Year.

I have copied this letter into Councillor Ian Ward (Leader of BCC), Councillor Mariam Khan (Chair of the Birmingham Health & Well Being Board) and Councillor Karen Grinsell (Chair of Solihull Health & Wellbeing Board) and Fiona Botrill at the BCC so this can be included in the papers for the 19th January 2023. I have also ensured that Dame Yve Buckland and Jonathan Brotherton have copies as I understand that you have written to them under separate cover.

In the meantime can I wish you a Happy New Year.

Best wishes

Yours sincerely



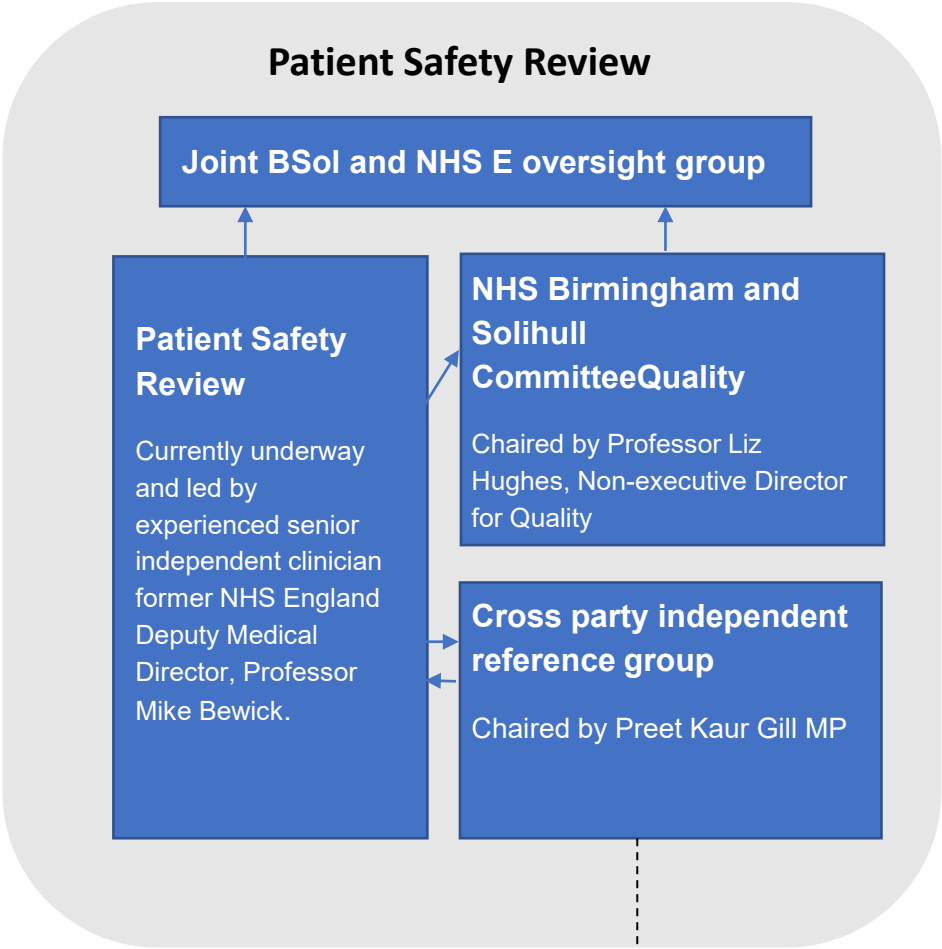
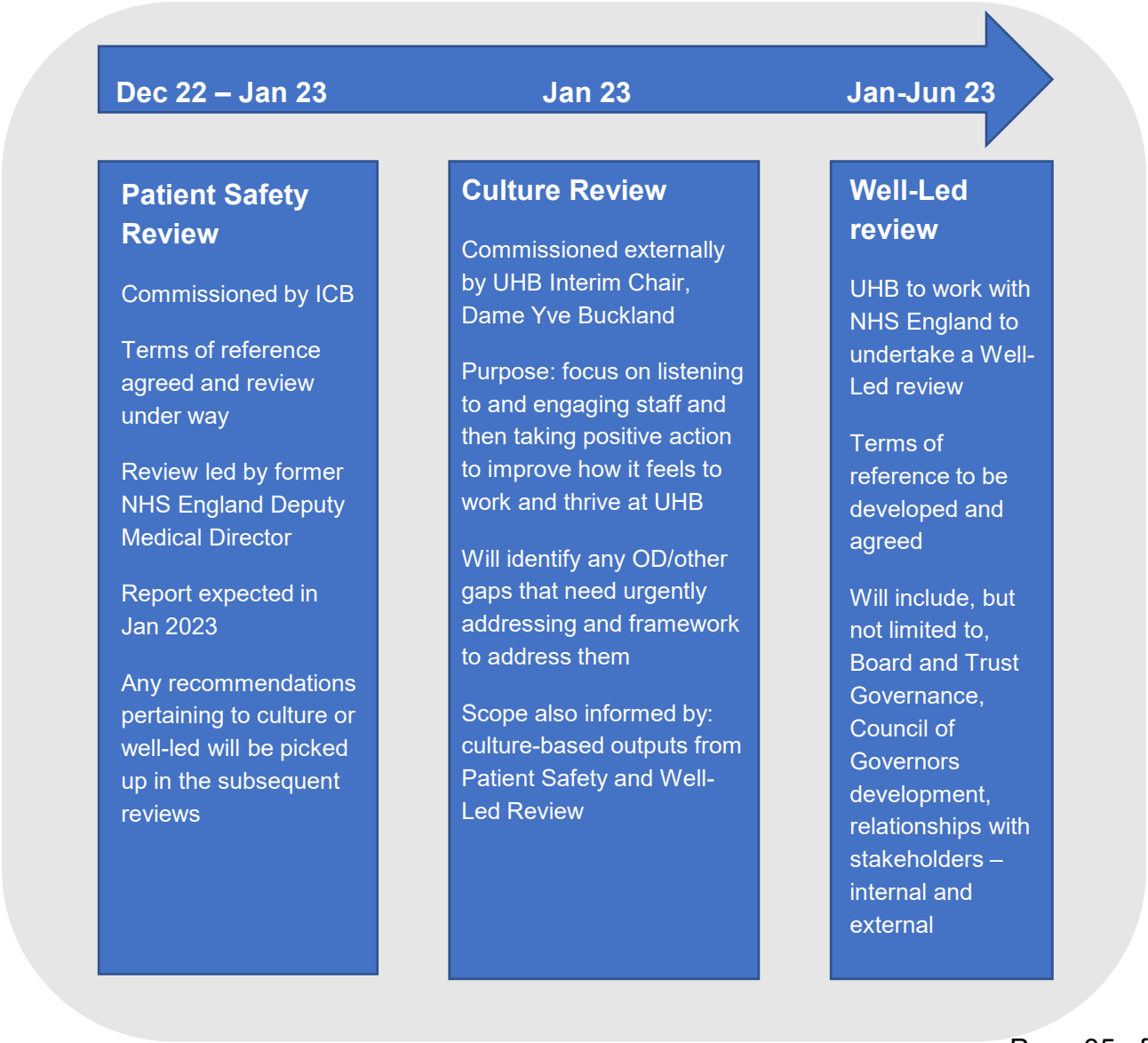
David Melbourne
Chief Executive Officer
NHS Birmingham and Solihull

c.c. Cllr Ian Ward, Leader Birmingham City Council
Cllr Mariam Khan, Chair, Birmingham Health & Wellbeing Board
Cllr Karen Grinsell, Chair, Solihull Health & Wellbeing Board
Fiona Botrill, Senior Overview and Scrutiny Manager, Birmingham City Council

Timeline and schematic overview – Reviews into patient safety, culture and leadership at University Hospitals Birmingham NHS Foundation Trust



Birmingham and Solihull



- Virtual Townhall Session - 23rd January – opportunity for citizens that have raised concerns raised with MP to share concerns with review team
- Ref group meeting - 26th January – Lead Reviewer attending to discuss review process and give group members opportunity to input.
- Ref group meeting - 7th February – Lead reviewer presenting draft report

Birmingham City Council

Health and Social Care Overview and Scrutiny Committee

Date 24 January 2023



Subject: West Midlands Ambulance Service Report

Report of: Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service, Mark Docherty: Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service

Report author: Vivek Khashu: Strategy and Engagement Director, West Midlands Ambulance Service

1 Purpose

- 1.1 To consider the West Midlands Ambulance Service activity and conveyance to hospitals, lost hours to handover delays, response time by call category, profile of Serious Incidents, actions taken by WMAS, high impact actions to make a difference, outcomes from a WMAS perspective in Appendix 1.

2 Recommendations

- 2.1 The Committee considers the West Midlands Ambulance Service report and agrees any comments / recommendations.

3 Appendices

- 3.1 Appendix 1: Presentation
Appendix 2: Background information



Birmingham and Solihull joint HOSC meeting

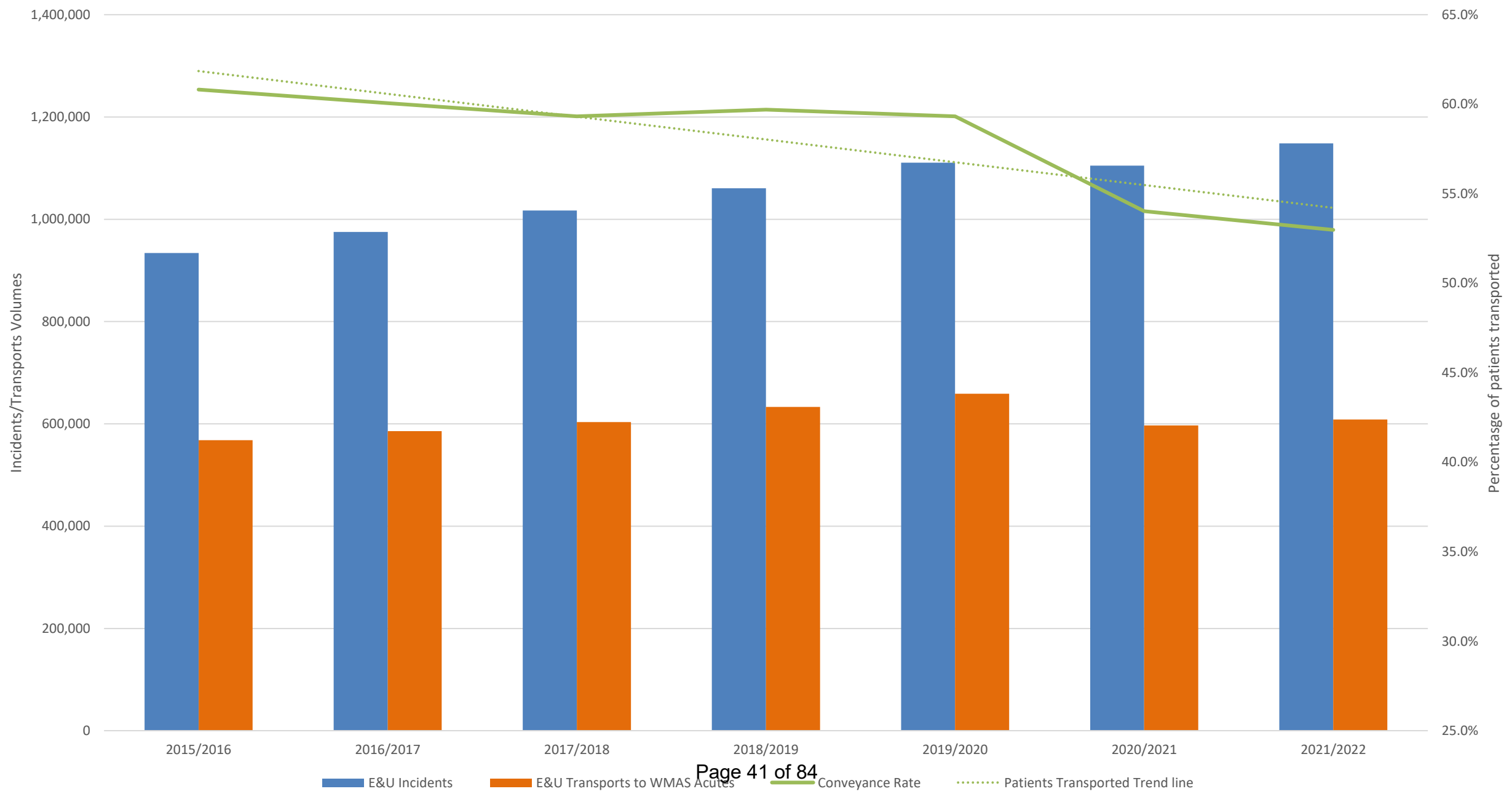
Vivek Khashu – Strategy and Engagement Director

Mark Docherty – Director of Nursing and Clinical Commissioning

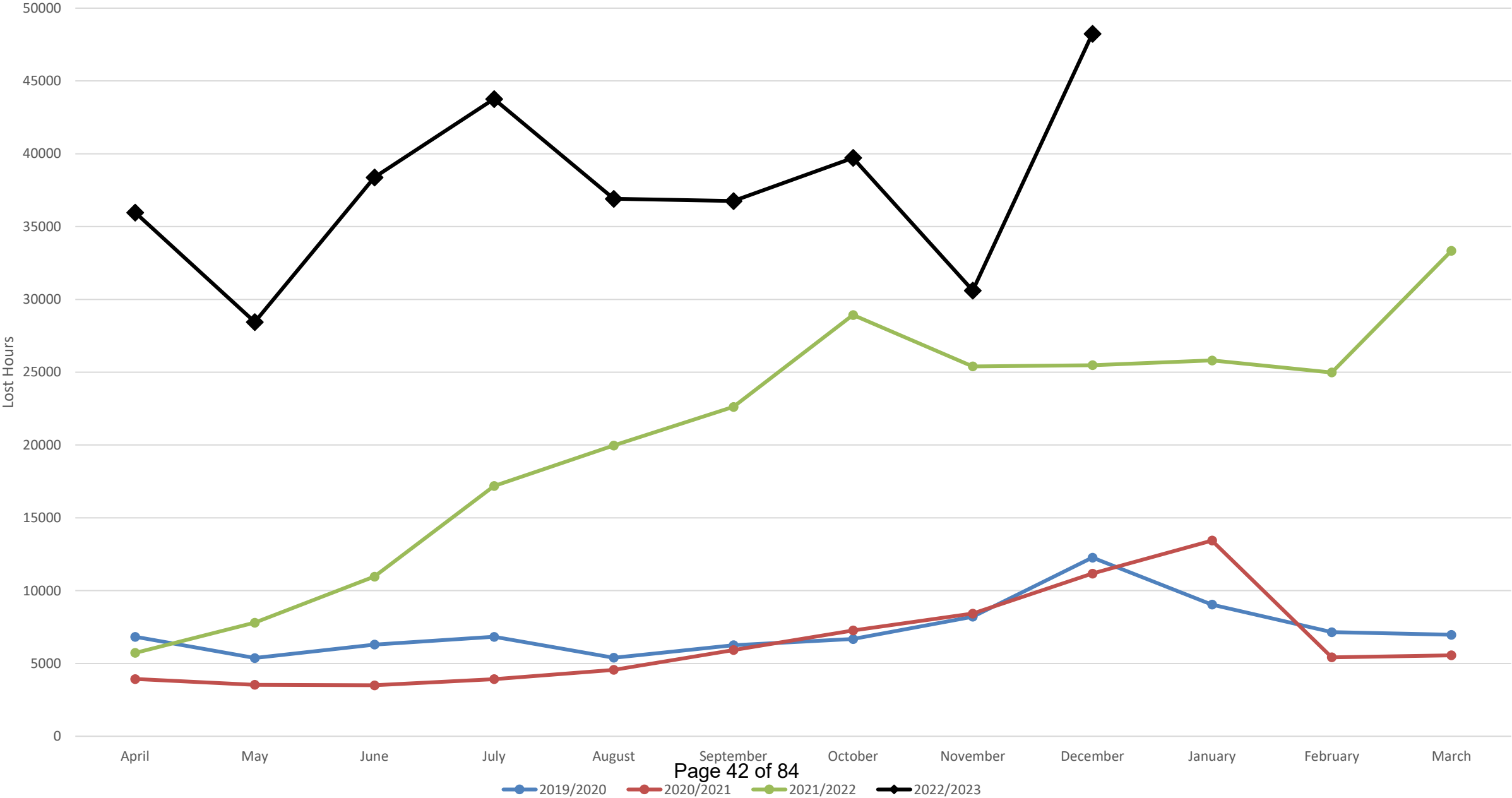
Content

- What has happened, over the last three years
- Activity and conveyances to hospitals
- Lost hours to handover delays and response times by call category
- Profile of SIs, numbers and type and why
- Actions taken by WMAS
- High impact actions by WMAS or WMAS with partners to make the difference
- The outcomes from an WMAS perspective
- Concluding remarks

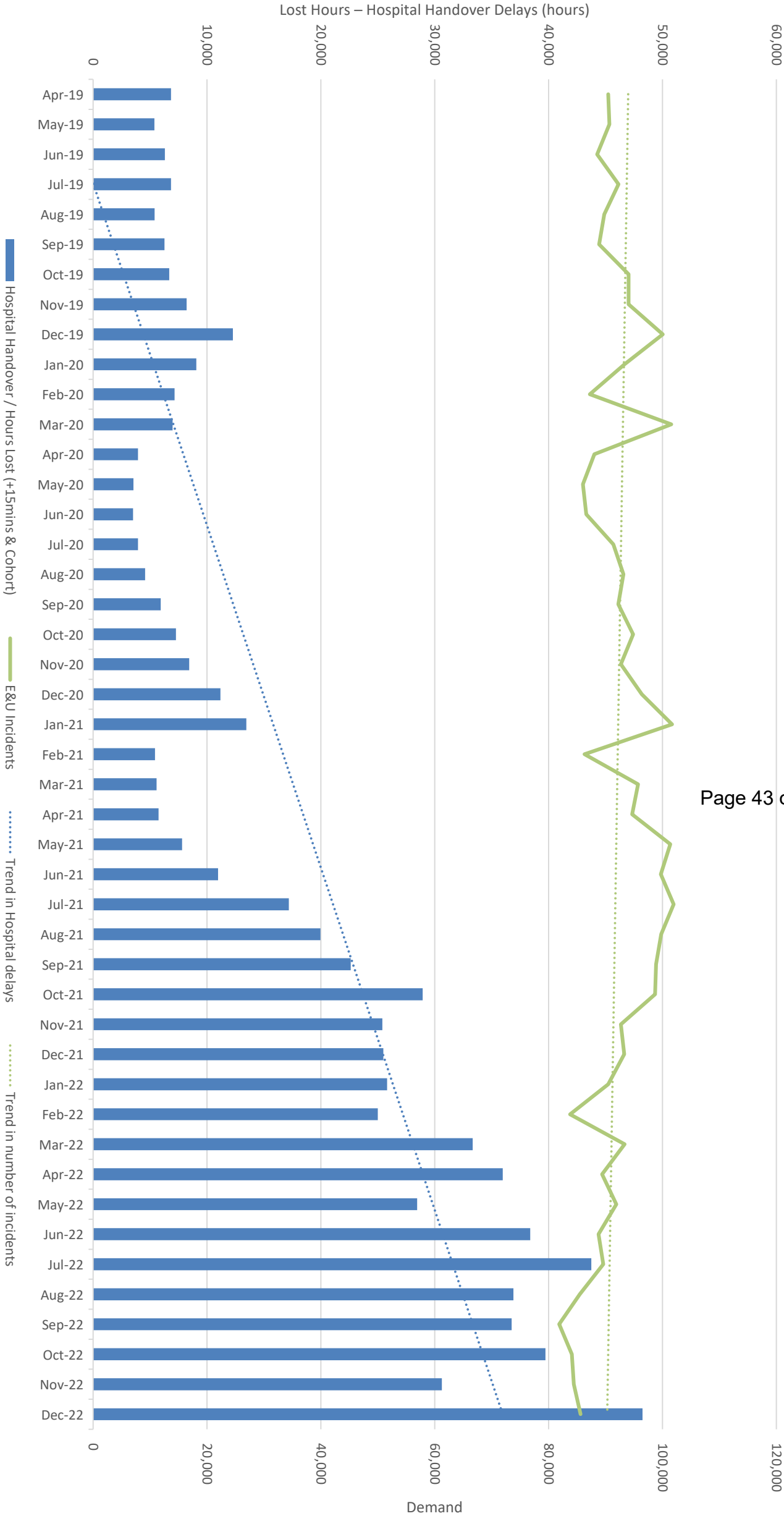
Incidents, Transports & Conveyance Rate Year on Year



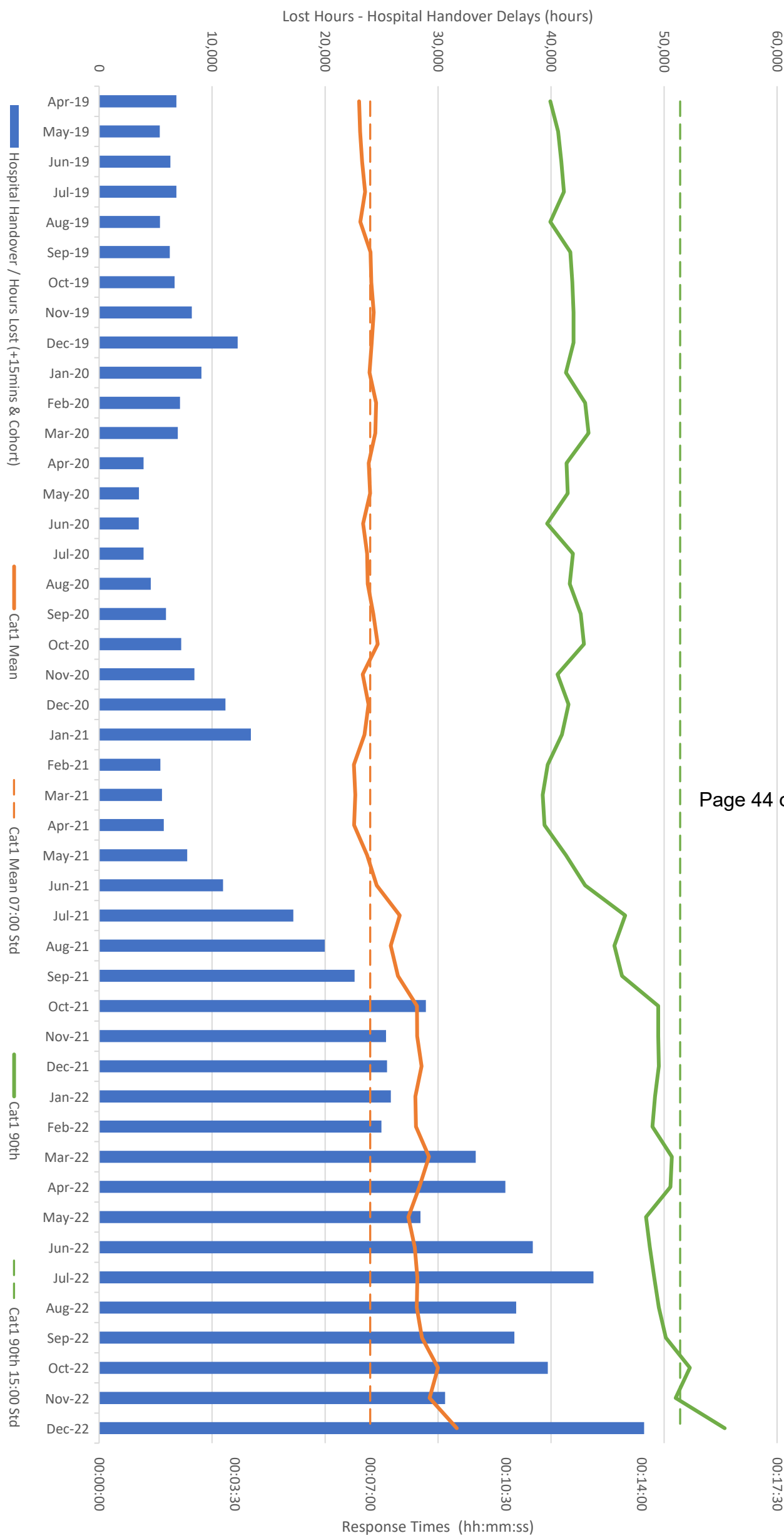
Regional Hospitals Handover Delays >15mins (inc cohorting) - Total Hours by Month



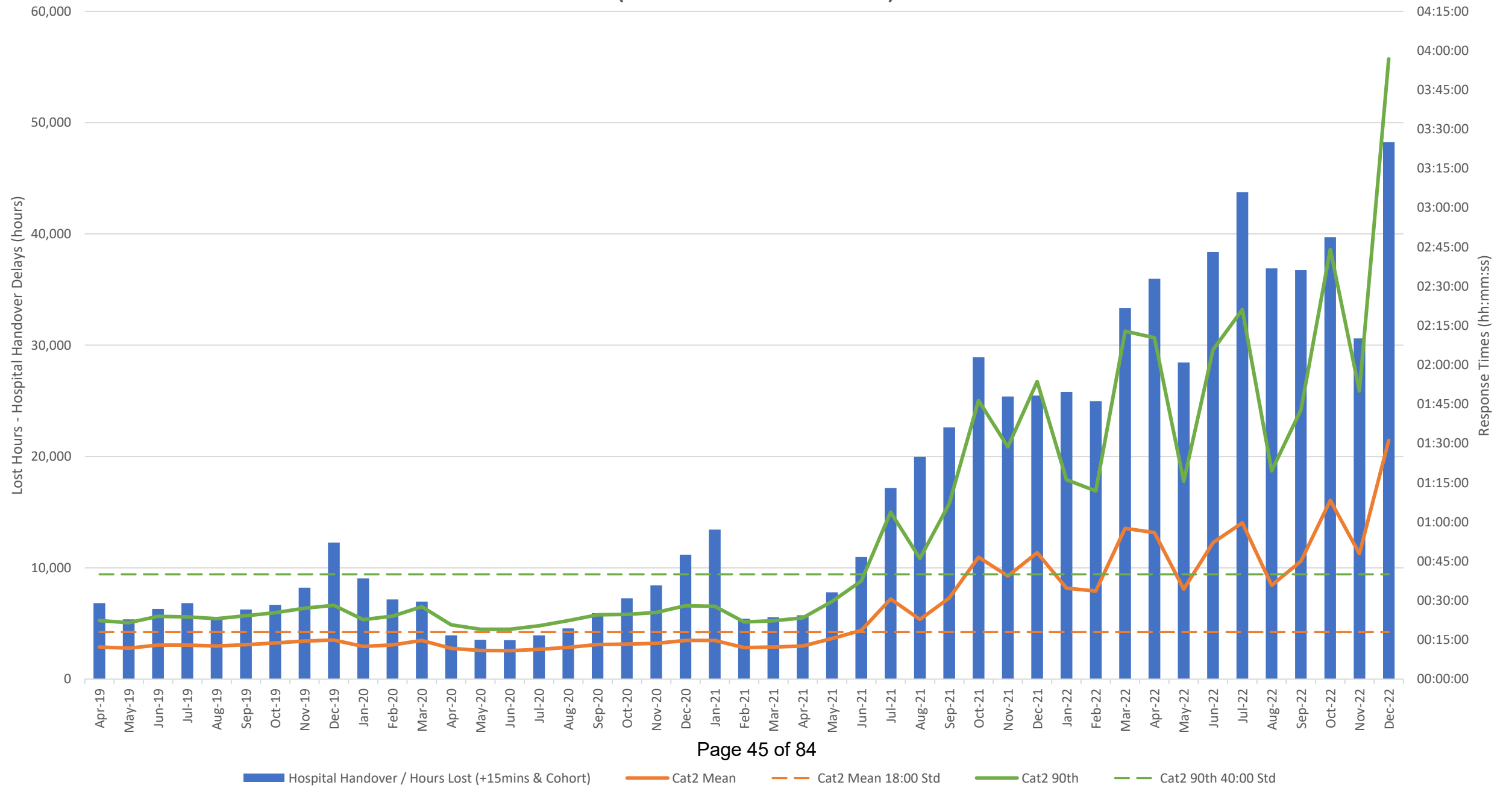
Operational Demand & Handover Delays



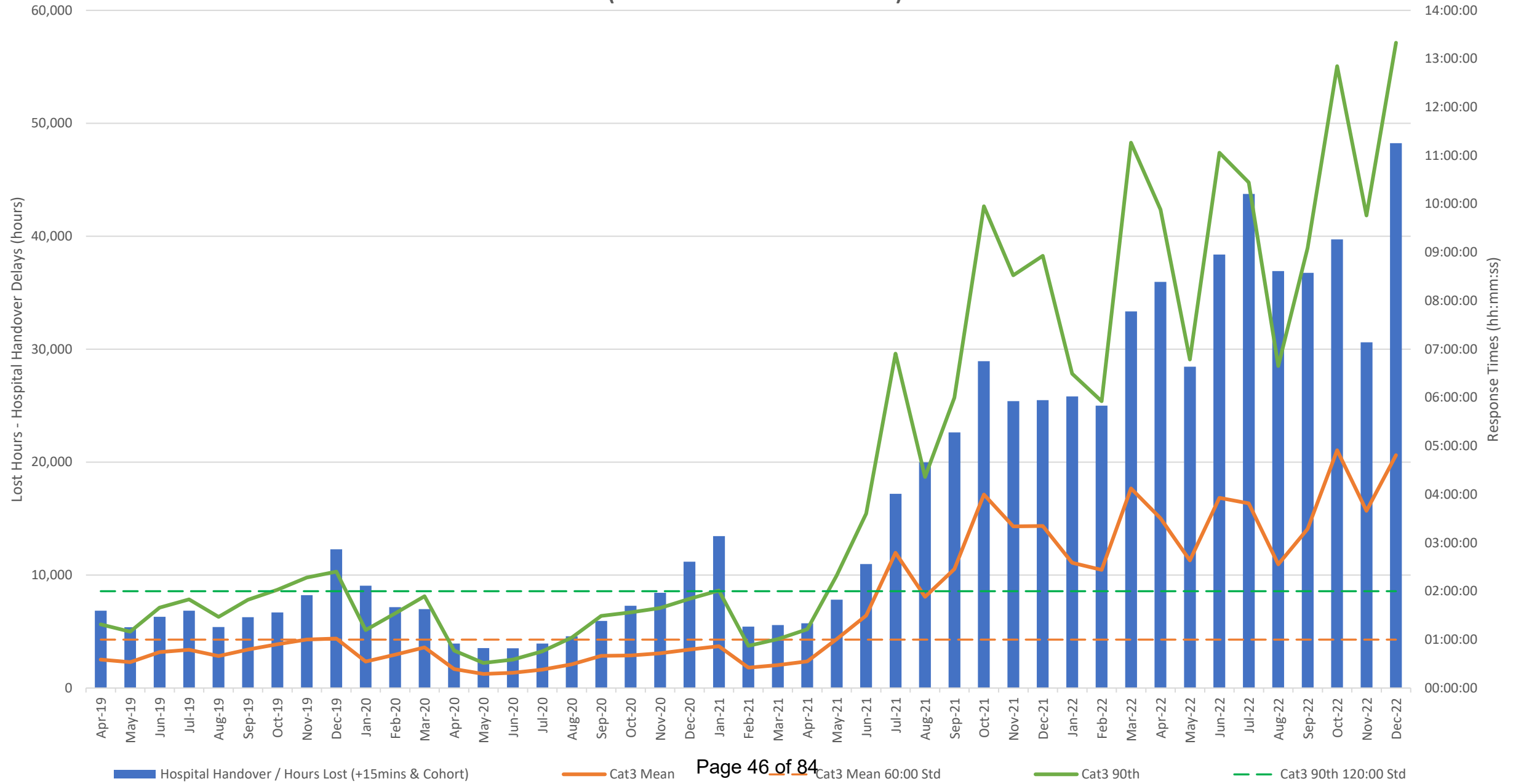
Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat1
(mean 7 mins & 90% 15mins)



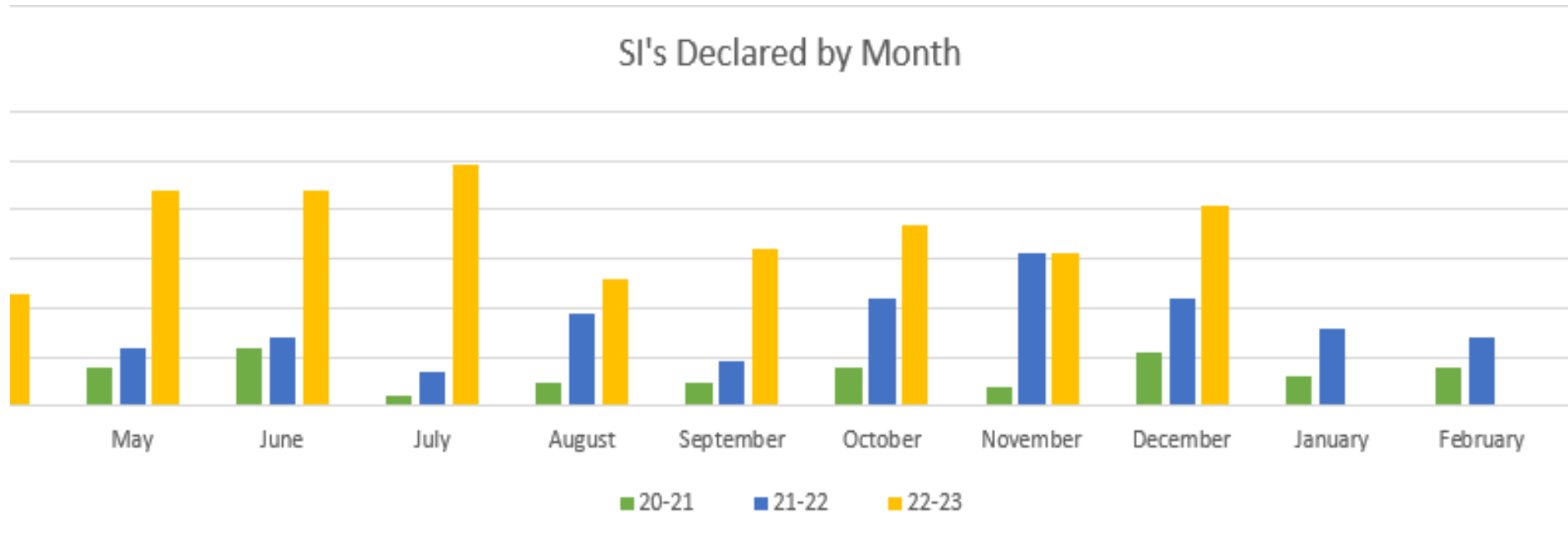
Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat2
(mean 18mins & 90% 40mins)



Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat3 (mean 60mins & 90% 120mins)



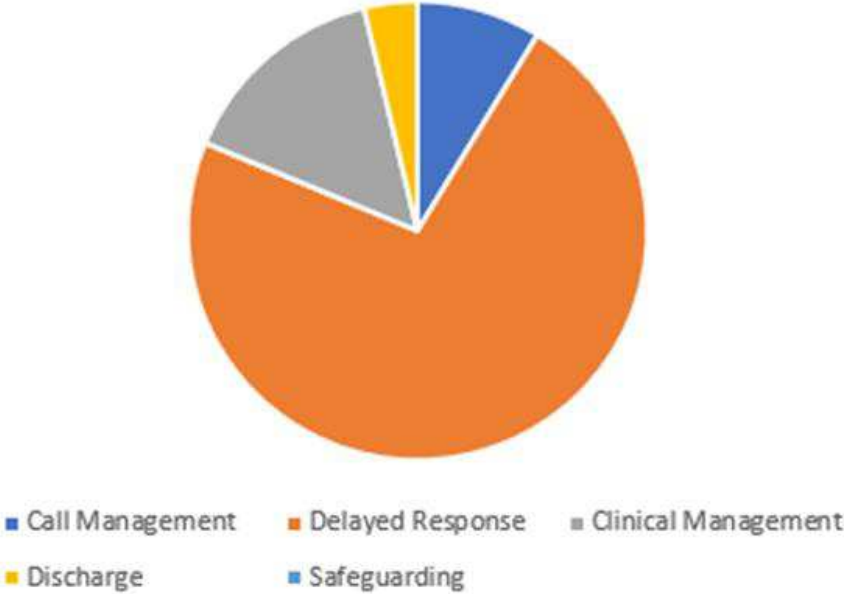
Profile of Serious Incidents over the last three years



As handover delays have increased, response times have deteriorated, our Serious Incidents have exponentially increased, 2021/22 now going into 2022/23

What is the breakdown of the rising number of Serious Incidents in BSOL ?

Birmingham & Solihull



Patients see per shift

	Arden	B'ham	BCtry	Shrop	Staff	H&W	WMAS
Jan 18	6.529	6.537	6.655	6.251	7.02	5.767	6.523
Sept 22	4.105	3.459	4.399	2.704	3.144	3.650	3.601

There are secondary harms associated with poor response times, for example the rising number of “duplicate calls”, abuse towards call assessing staff, patient facing contacts from our staff have also halved (see table) linked to risks on maintaining clinical skills.

What actions have we taken – governance and partnership working?

1. Director input into respective Integrated Care Systems (ICS) and A&E Delivery Boards including systems escalation calls daily
2. Escalation of two risks on Board Assurance Framework (BAF) to 25 – Handover delays and ambulance response times, monthly monitoring by Quality Governance and performance committees and the Board of Directors (in public)
3. Reflection of our BAF risks in our host ICS BAF – triggering ICS level patient safety summits which the CQC have joined
4. Strong partnership working with ICS quality team and lead commissioner on risk, safety, SI process and learning, the lead CCG / host ICS is supportive.
5. Proactive engagement with Health Overview and Scrutiny Committee Meetings.
6. Whole regional engagement with partners on Urgent Community Response and receiving patients from WMAS to reduce dispatch – 100s of patients every month now being referred prior to ambulance dispatch.
7. Duty of candour exercised – including frequent meetings with affected families and speaking out with the media
8. Proactive Engagement with NHSE / CQC on risks regional teams, including regional clinical forums
9. Engagement with regional groups such as Emergency Medicine Doctors jointly with Acute Trust CEO
10. Completion of new risk assessments e.g. harm due to prolonged periods on stretchers, clinical validation, impact of regular surge contingency enactment and regular review and increase of existing risks, hospital delays, stacking of incidents, Trust performance. Risks are reviewed more regularly due to their significant impact.
11. Close engagement between the Board of Directors with Governors and staff side union reps.
12. Briefing of the CQC national NHSE Urgent and Emergency Care team and our regional inspection team

What have we done in terms of improvement?

1. Clinical validation Team mobilised July 2021 – now have best in sector Hear and Treat (H&T) numbers
2. H&T/Alternative Pathway, 13% through See & Treat, and 23% through See & Convey
3. Head of Hospital flow now embedded within the Trust, attending meetings with partners and articulating areas of risk which need addressing by Acutes , as well as managing HALO provision to ensure the delays are mitigated where possible
4. Use of the rapid handover protocol to reduce risk to outstanding emergencies
5. Increasing use of “intelligent conveyance” to balance pressures and delays
6. Development of a CAD portal which enables the transfer of cat 3 and 4 work electronically in Urgent Community Response, utilisation of alternatives rising, for example, Black Country ICS breaking records
7. Controlled pilot of clinical validation of cat 2 calls to prioritise dispatch
8. Visibility – Chair and CEO visiting hubs, exec team spending time with our staff across the region
9. Nationally leading on non conveyance (best in country CCG patch in Staffordshire)
10. Primary research in Birmingham on falls in nursing homes published but importantly led to investment in training and equipment across Birmingham within nursing homes.
11. PTS delivering support to prompt hospital discharge to support patient flow
12. Recruitment plan in for the forthcoming year increased including ongoing recruitment of IEUC staff, student paramedics, CFRs in all areas
13. Additional recruitment into 111 to recover performance – which reduces the risk of unheralded presentations to EDs
14. Best in country 999 call answering performance (the very first risk to a patient, not getting a call answered promptly)
15. Winter HALO secondment has extended for 1 month, giving us 7 day cover at stretched sites so this is positive as we will have comms and support.
16. Significant package on staff wellbeing, mental health and support in place and expanding further still

Of everything we have done, what have been the high impact changes from WMAS perspective?

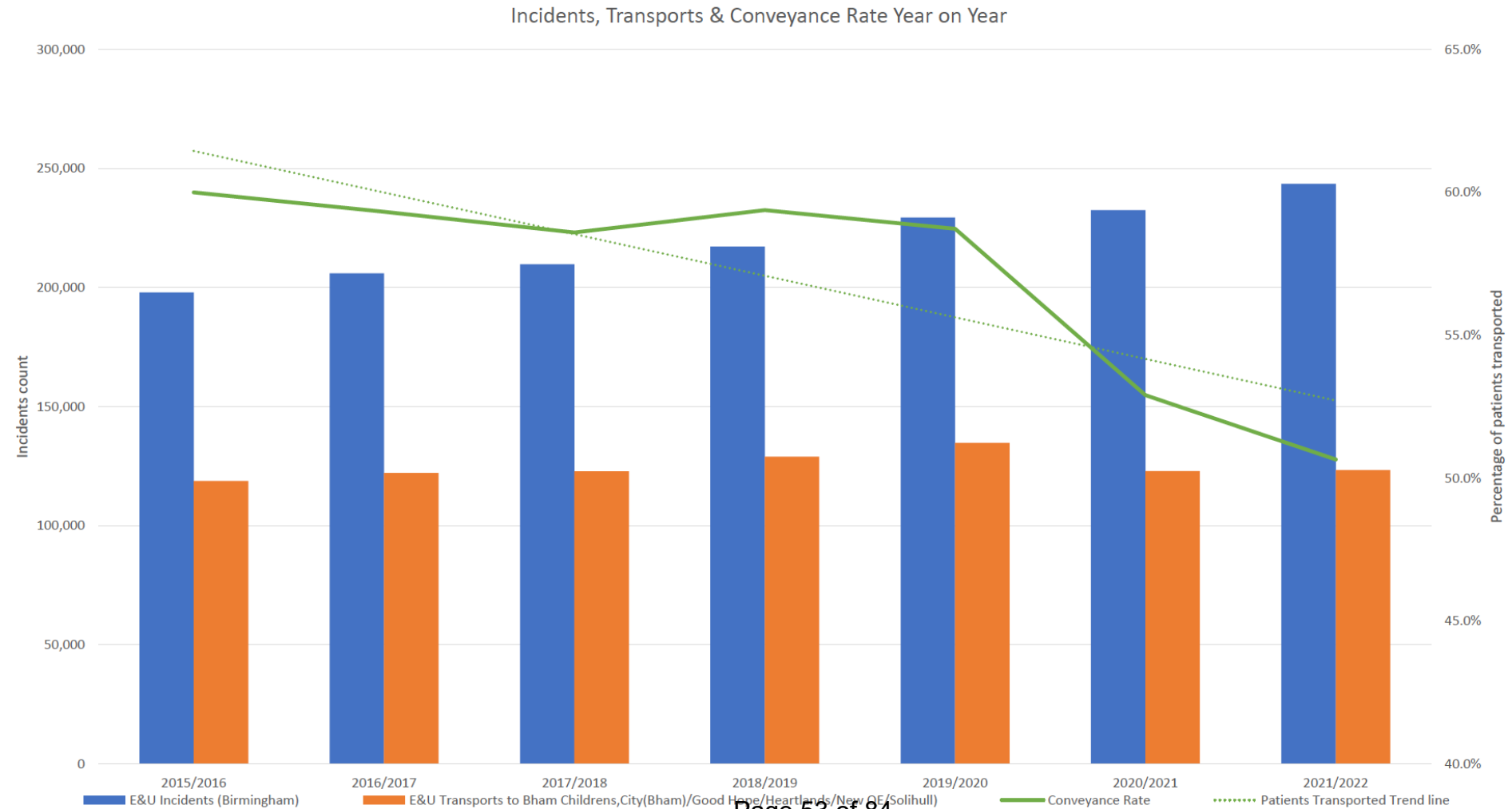
- WMAS have sustained the best call answering performance in the country, patients aren't waiting to have a 999 call answered, the only ambulance service in the country to have a paramedic on every ambulance
- Introduction of the Clinical Validation Team in July 2021 – we have improved the numbers of patients being managed over the 'phone' from 3.5% to c20%
- SWBH receiving c10 ambulances per day out of UHB to balance waits
- Introduction of WMAS CAD portal in July 2022 – 100s of patients now electronically referred into alternative pathways each day across the region
- Implementation of the BCHC NHS Trust Urgent Community Response – receiving 30-40 patients from WMAS, avoiding an ambulance dispatch
- Multi-million pound ICB investment September 2022 - Implementation of the Ambulance Decision Areas 24/7 across the 3 UHB sites – an ICB supported join initiative with UHB to provide ambulance staff to ED to undertake the receipt and initial assessment of patients to release individual ambulances – 72 whole time equivalent staff, consisting of paramedics and care assistants.
- Further ICB additional investment enabling the recruitment of additional Ambulance Hospital Liaison Officers and ambulance care assistants, to provide 24/7 support to the UHB hospitals on ambulance handover and patient safety.

The net effect and the ask of partners?

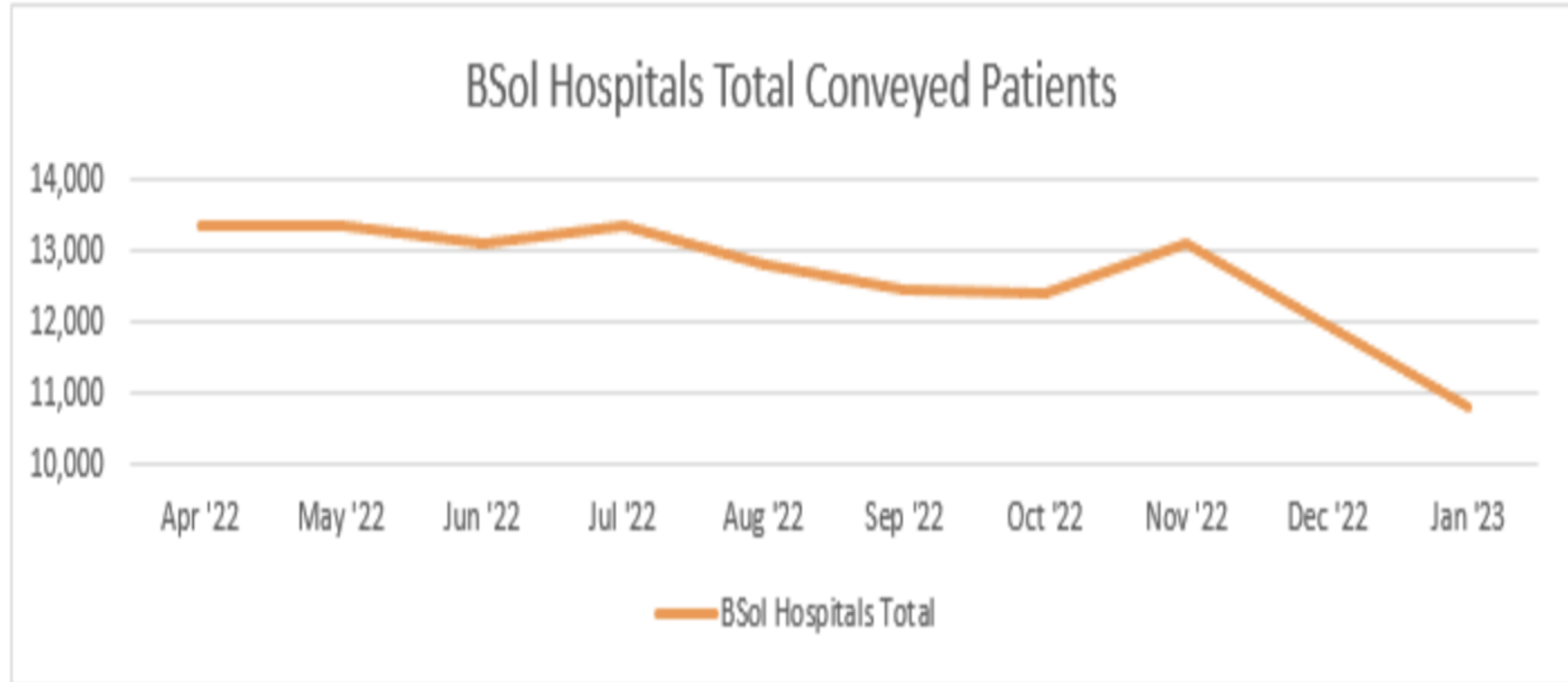
December 2022			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
ICS	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS BIRMINGHAM AND SOLIHULL ICS	39,424	20,303	5,187	25.5%	5,828	28.7%	9,288	45.7%	8,573	42.2%	715	3.5%
NHS BLACK COUNTRY ICS	30,914	19,680	3,401	17.3%	6,163	31.3%	10,116	51.4%	9,613	48.8%	503	2.6%
NHS COVENTRY AND WARWICKSHIRE ICS	21,133	11,999	2,352	19.6%	3,693	30.8%	5,954	49.6%	5,585	46.5%	369	3.1%
NHS HEREFORDSHIRE AND WORCESTERSHIRE ICS	16,602	9,244	1,650	17.8%	2,603	28.2%	4,991	54.0%	4,684	50.7%	307	3.3%
NHS SHROPSHIRE, TELFORD AND WREKIN ICS	11,178	5,943	1,247	21.0%	1,891	31.8%	2,805	47.2%	2,536	42.7%	269	4.5%
NHS STAFFORDSHIRE AND STOKE ON TRENT ICS	29,903	15,052	3,326	22.1%	4,622	30.7%	7,104	47.2%	6,363	42.3%	741	4.9%
ICS Total	149,154	82,221	17,163	20.9%	24,800	30.2%	40,258	49.0%	37,354	45.4%	2,904	3.5%

Birmingham and Solihull Integrated Care System has the lowest ambulance conveyances rates out of the six ICSs we cover – the hospitals receive the lowest proportion of ambulances Vs calls received

Despite rising numbers of 999 calls within the Birmingham and Solihull area, fewer patients are being brought to hospital by ambulance



WMAS are taking fewer and fewer patients to hospitals, which is the 'ask' of our partners.



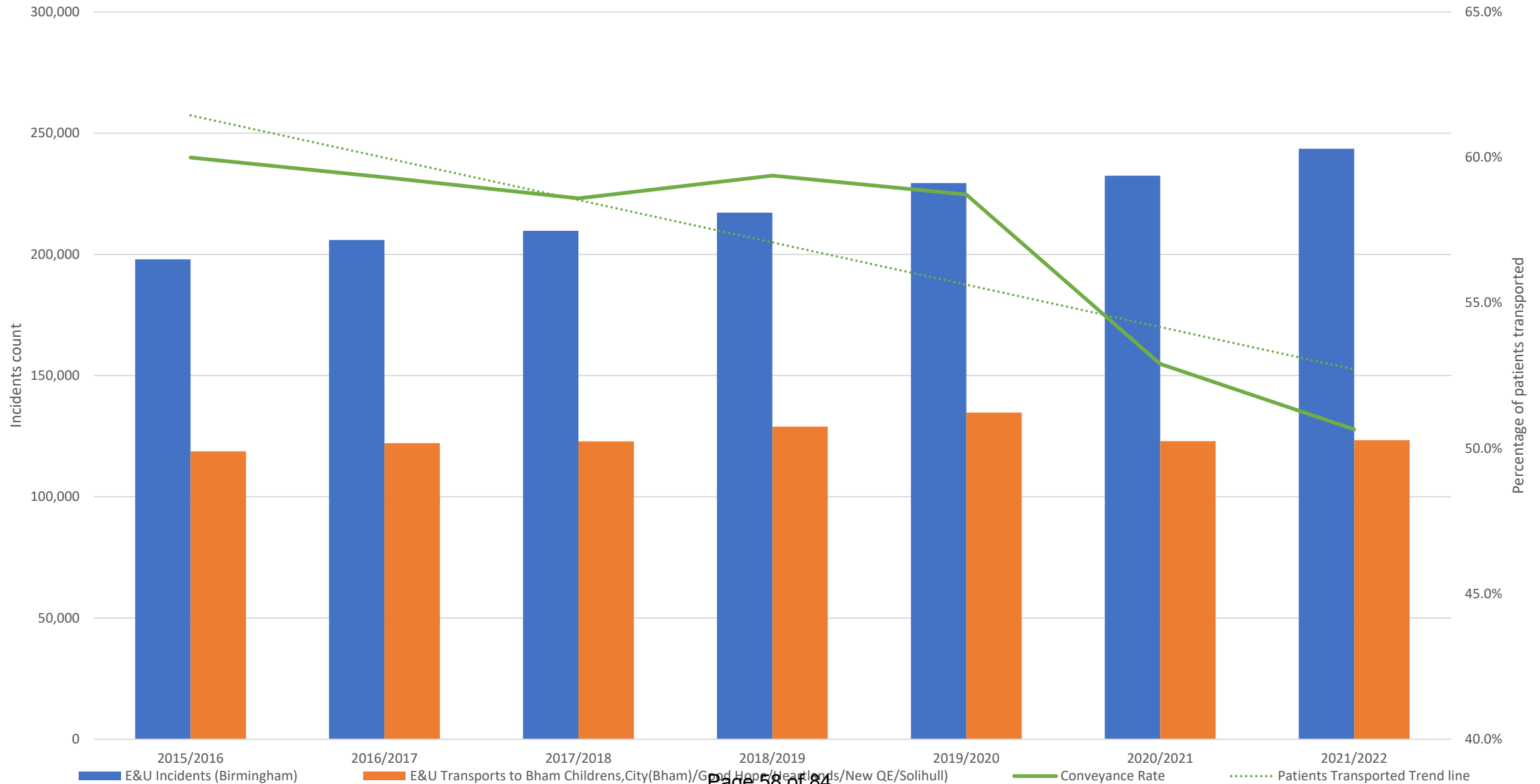
Concluding remarks.

- WMAS has a track record of meeting or exceeding all of its response times standards.
- As the NHS 'opened' back in May / June 2021, nationally, regionally and including Birmingham and Solihull, the sector has witnessed a rising tide of congestion, increasing handover delays and reducing the ability for the ambulance services to respond.
- Our Serious Incidents have tracked the growth in handover delays and our growing inability to respond to patients, as response times have deteriorated, our serious incidents have significantly increased, which do include severe harm and death
- WMAS has been well supported by both the ICS and UHB, but the problem of congestion and occupancy across the Emergency Care pathway is one which WMAS alone cannot compensate for or resolve, due to the scale of the problem and its impact.

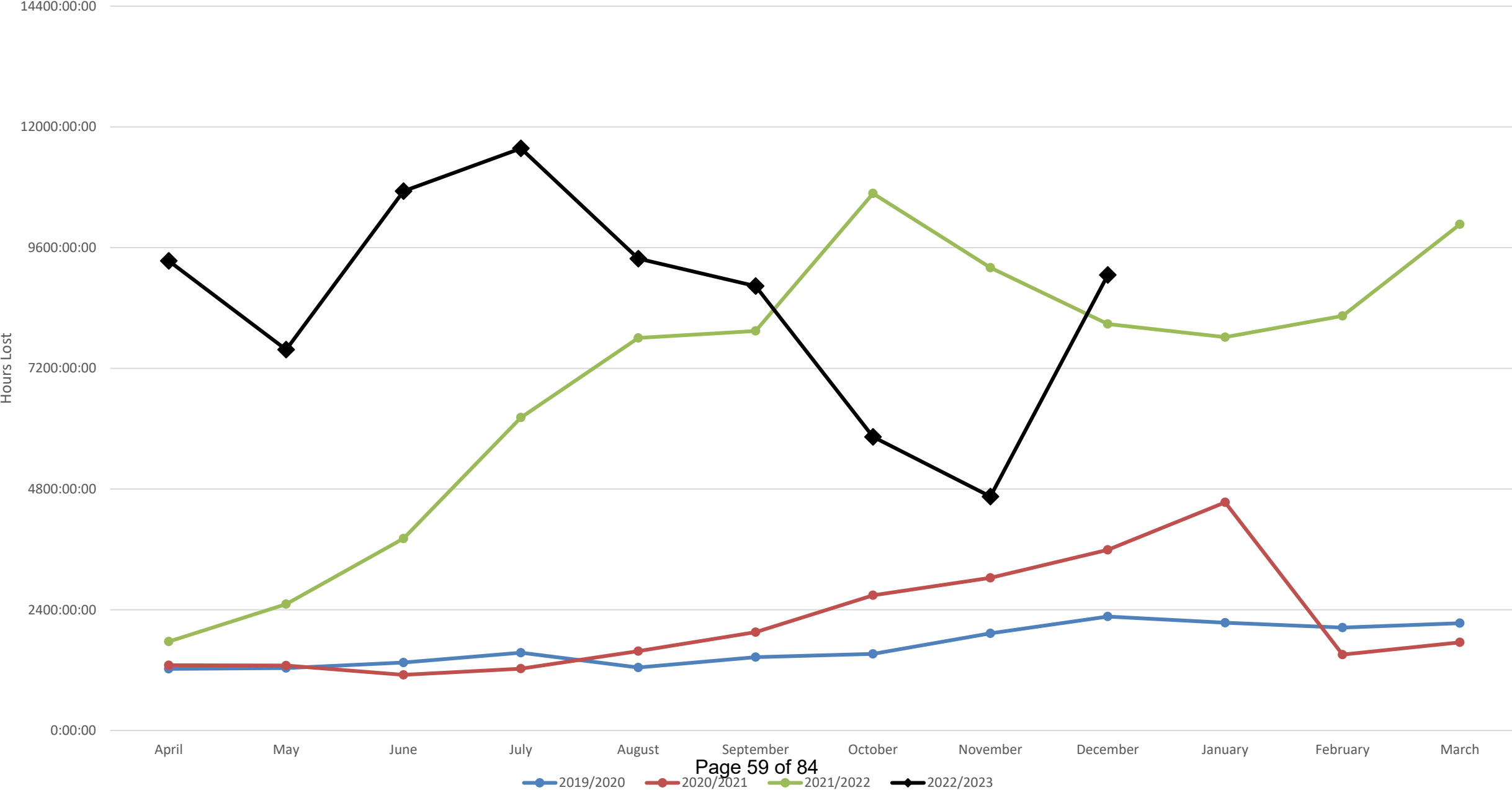


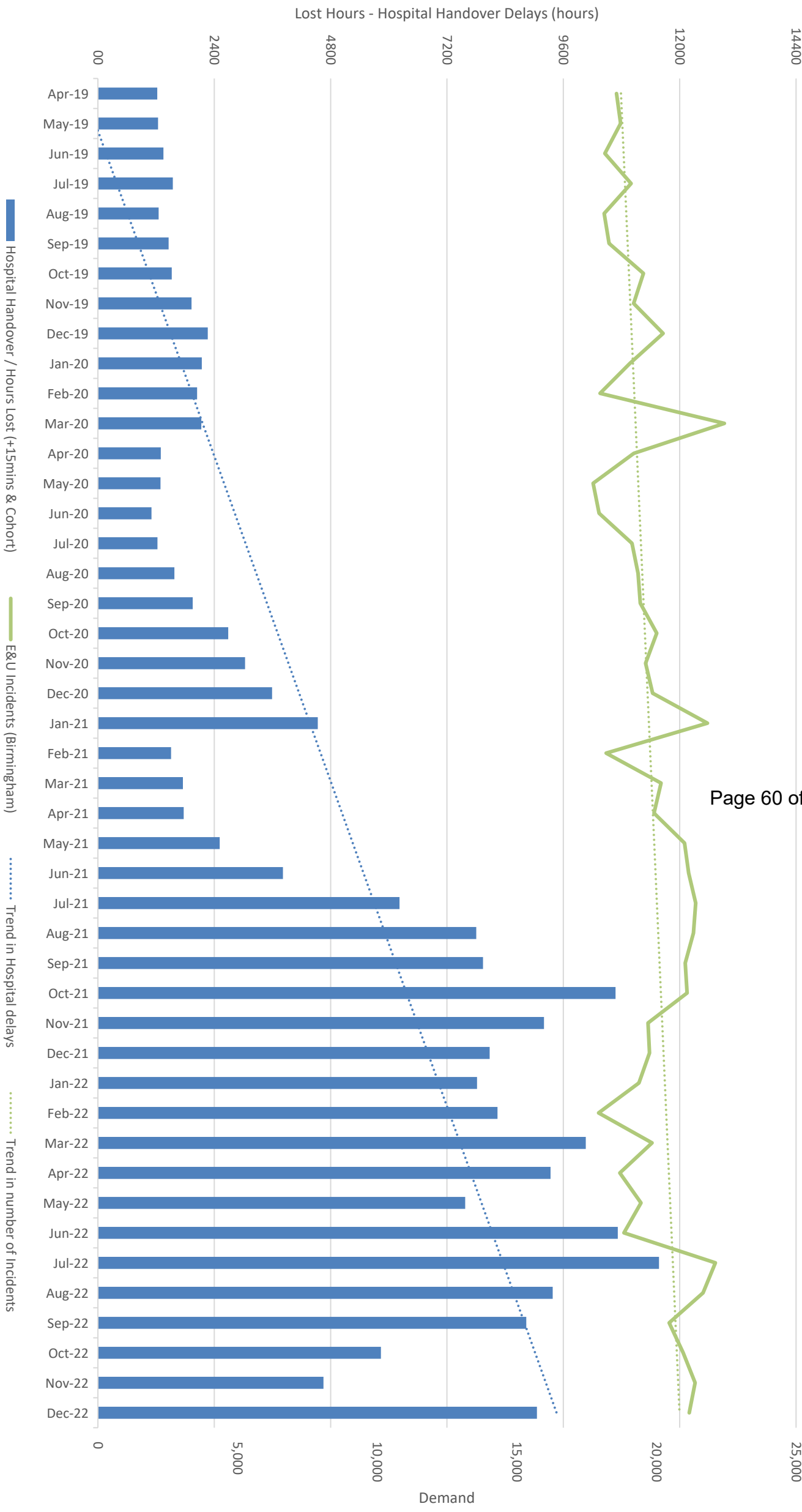
Birmingham ICS Demand, hospital delays v performance December 2022

Incidents, Transports & Conveyance Rate Year on Year

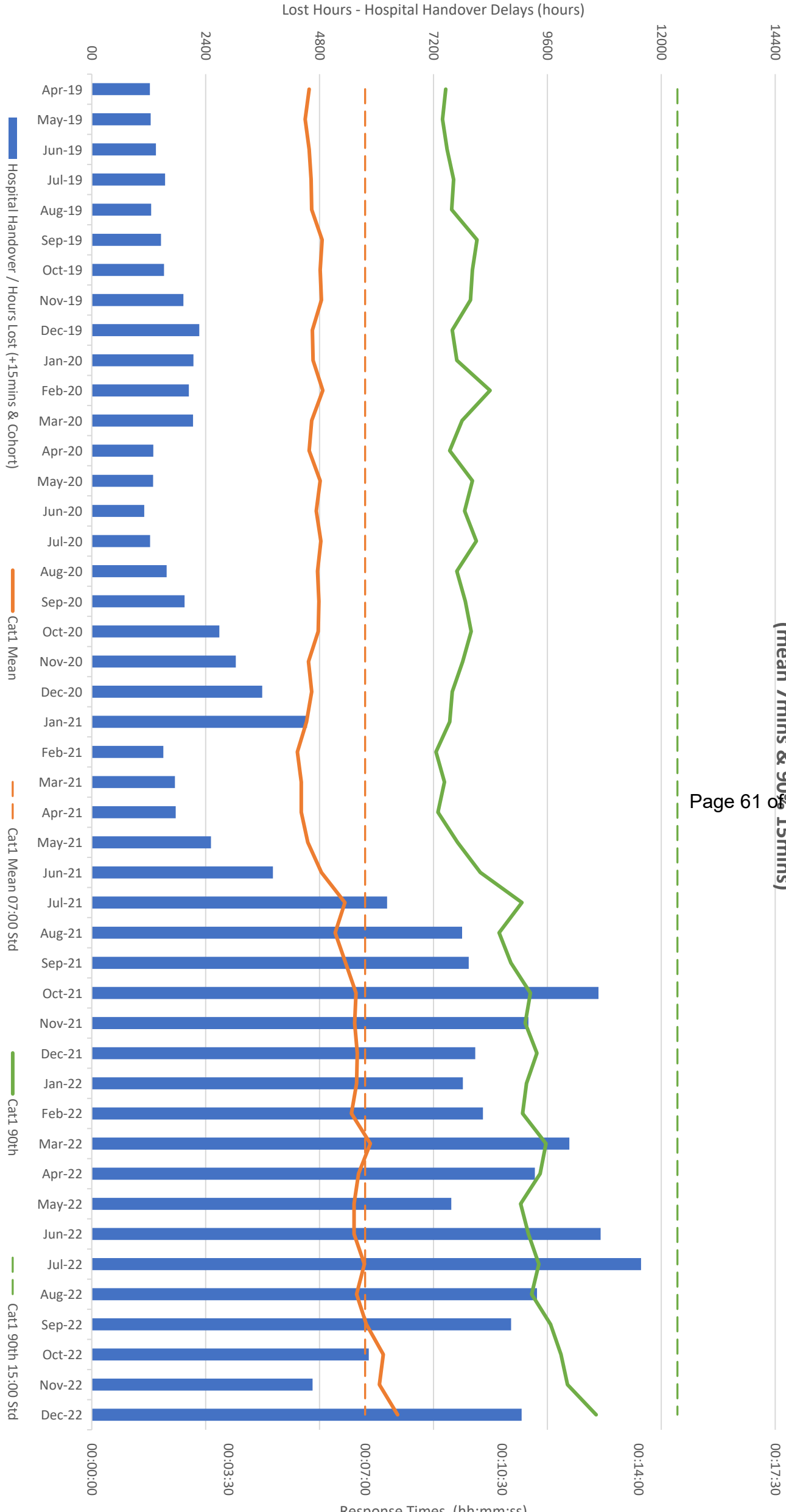


Birmingham Hospitals Handover Delays >15mins (inc cohorting) - Total Hours by Month

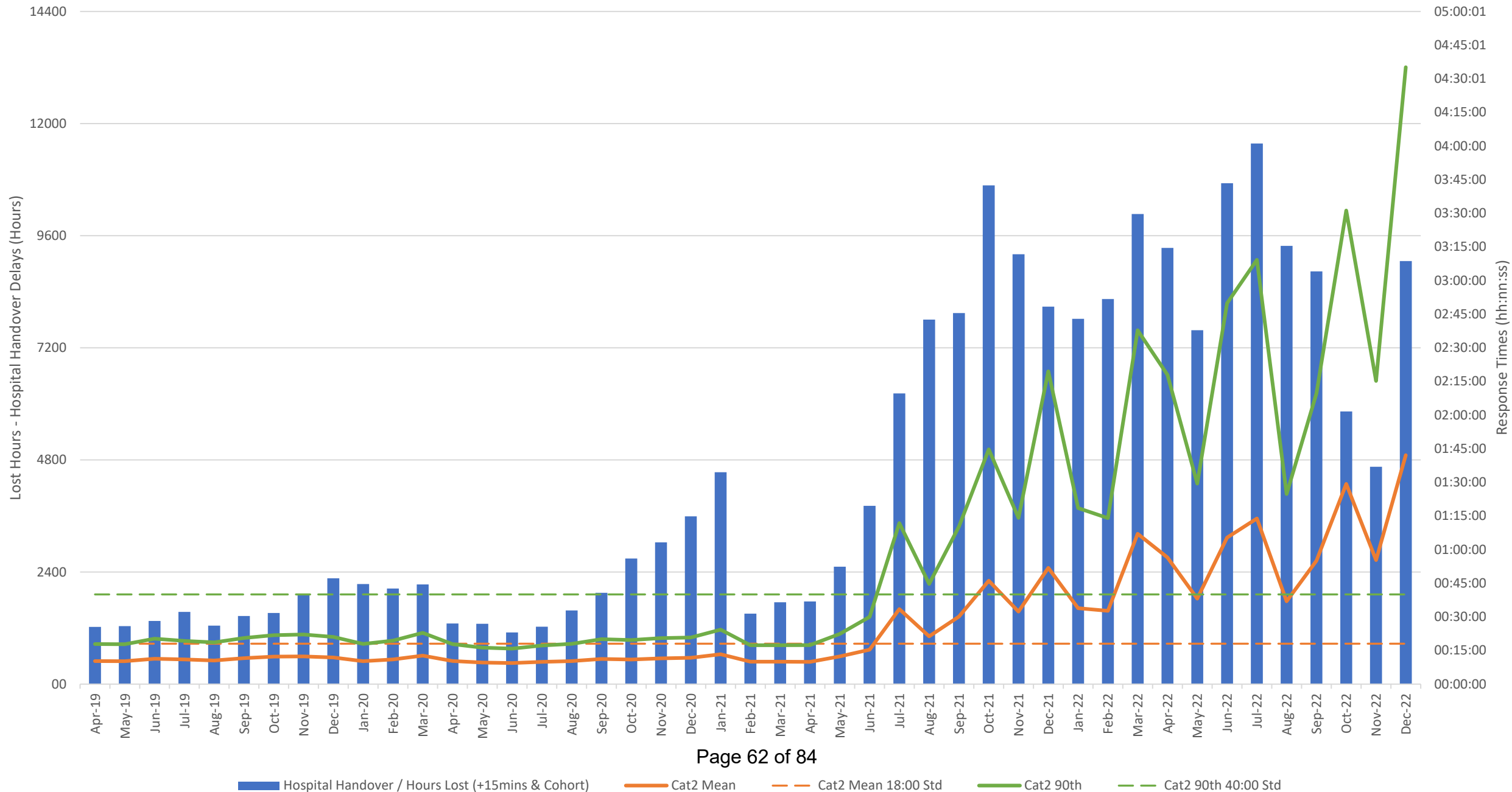




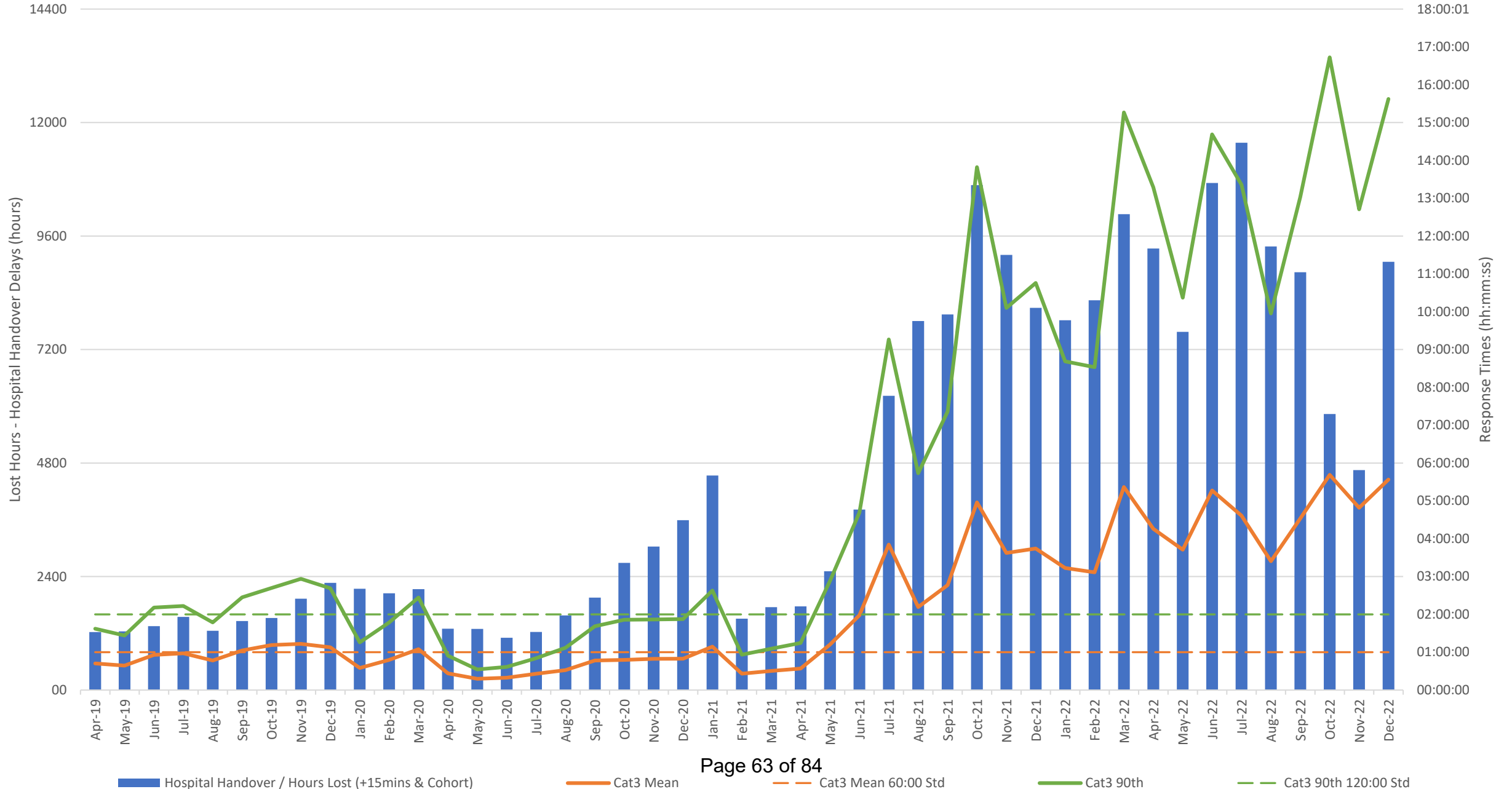
Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat1
(mean 7mins & 90th 15mins)



Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat2 (mean 18mins & 90% 40mins)



Hospital Handover Delays > 15mins and Cohorting vs Operational Performance Cat 3 (mean 60mins & 90% 120mins)



Birmingham City Council

Birmingham/Solihull Health Scrutiny Committee

Date: 19th January 2023



Subject: BSOL ICS Update on performance against finance and recovery plans

Report of: Paul Athey, Chief Finance Officer, NHS BSOL ICB

Report author: Paul Athey, Chief Finance Officer, NHS BSOL ICB

1 Purpose

- 1.1 The purpose of this report is to update members of the committee on the progress of the Birmingham and Solihull Integrated Care System (ICS) on the following areas of focus:
 - 1.1.1 Performance against the 2022/23 financial plan target of a breakeven financial position
 - 1.1.2 Recovery of healthcare services following the impact of the Covid pandemic

2 Recommendations

- 2.1 The committee is asked to note performance to date and provide appropriate scrutiny and challenge to financial and operational delivery within the Birmingham and Solihull ICS

3 Any Finance Implications

- 3.1 All NHS organisations within the Birmingham and Solihull ICS have a collective duty not to exceed the revenue resource limit set by NHS England. For 2022/23, this limit equates to a breakeven financial position.

4 Any Legal Implications

- 4.1 No specific implications to note

5 Any Equalities Implications

- 5.1 All ICS partners have collective responsibility for ensure due consideration is given to equality of care and access as part of their recovery plans

6 Appendices

- 6.1 Birmingham and Solihull Integrated Care System – Headline Finance and Performance Report – Month 8.



Item 9

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Birmingham and Solihull ICS Headline Finance & Performance Report

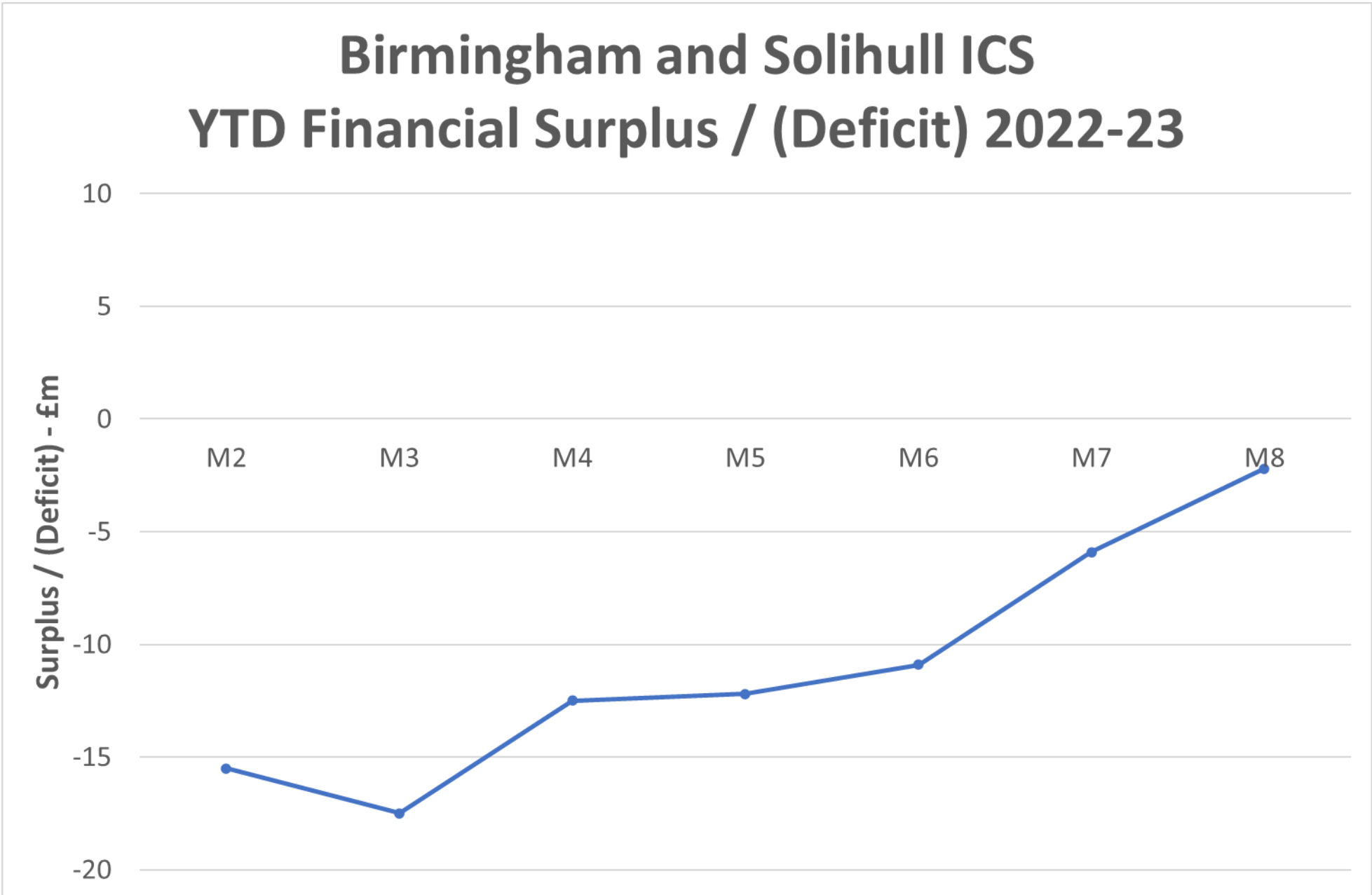
Month 8



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Finance

Month 8 Financial Performance



The ICS has seen consistent improvements in our financial position over the course of the 22/23 financial year. At the end of November 2022, the system deficit was £2.2m, with a forecast breakeven position by year end.

The key drivers of the ICS financial position are:

- Prescribing – Increases in primary care drug volumes and prices
- Pay vacancies/recruitment slippage – Continuing underspends on substantive pay, partly offset by overspends on bank and agency spend.
- Efficiency delivery - Whilst the system is exceeding its year to date ask, a significant element of this has been achieved non-recurrently
- Elective recovery – Suspension of clawback for activity shortfalls has improved the overall system financial position
- Inflationary pressures
- Interest receivable – increased interest on cash balances

	M1	M2	M3	M4	M5	M6	M7	M8	Forecast
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Agency Cap	4,958	4,758	5,078	5,334	4,959	5,369	5,370	5,496	60,016
Total Agency Actual	6,587	6,587	6,596	6,876	7,267	7,636	8,576	8,327	82,939
Less costs re add'l cap	171	113	240	195	213	318	519	450	4,149
Adjusted Agency Actual	6,416	6,475	6,357	6,681	7,053	7,318	8,057	7,877	78,790
Total % of cap	129%	136%	125%	125%	142%	136%	150%	143%	131%

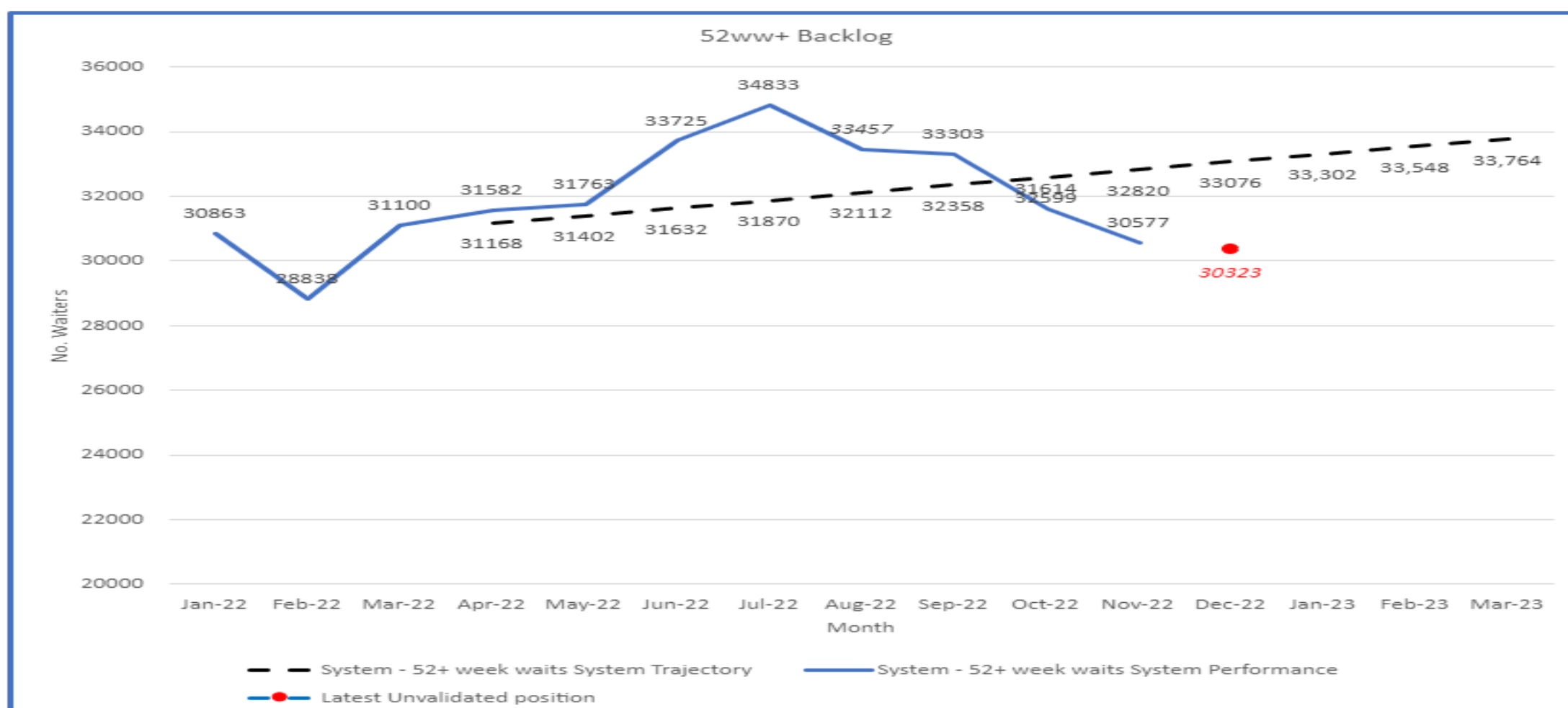
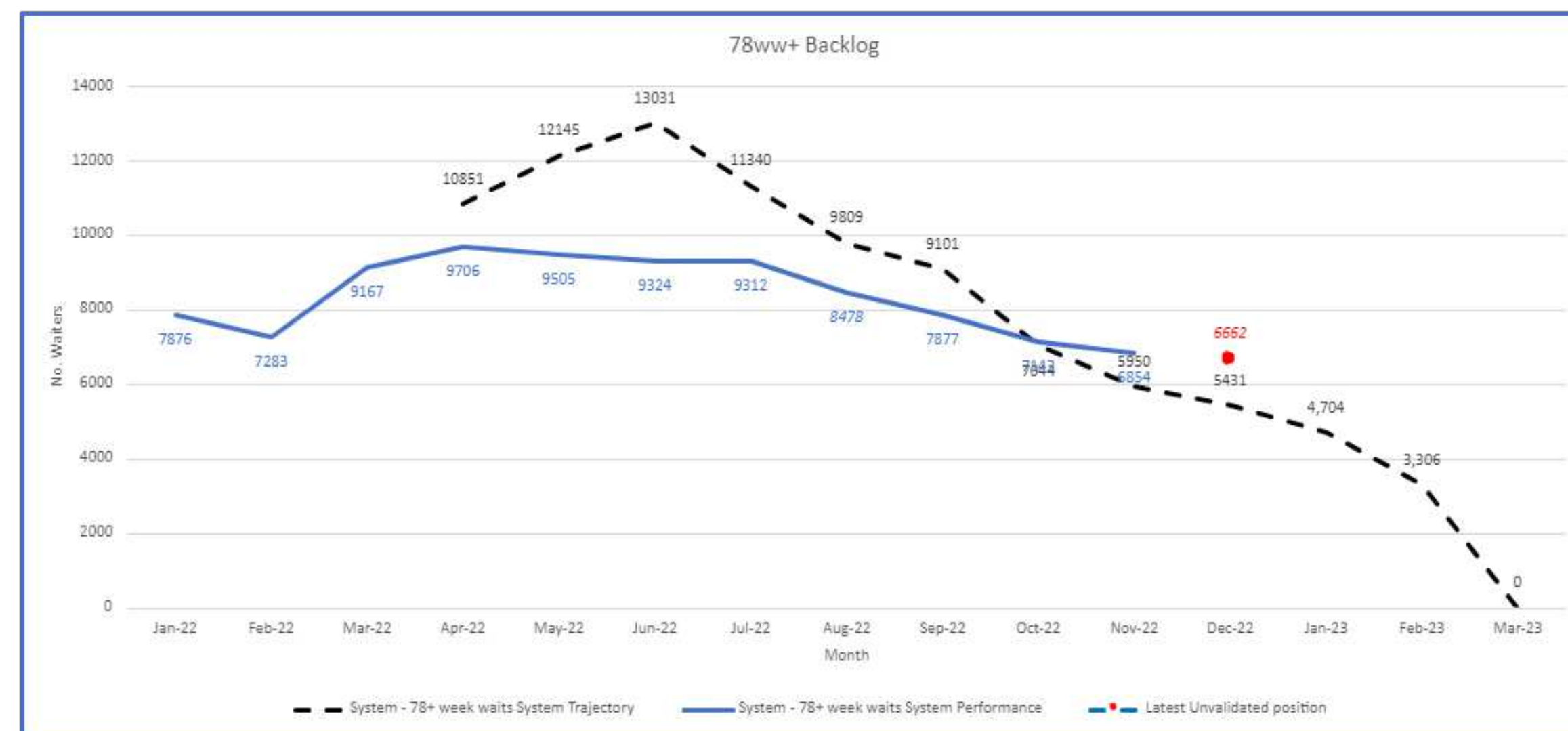
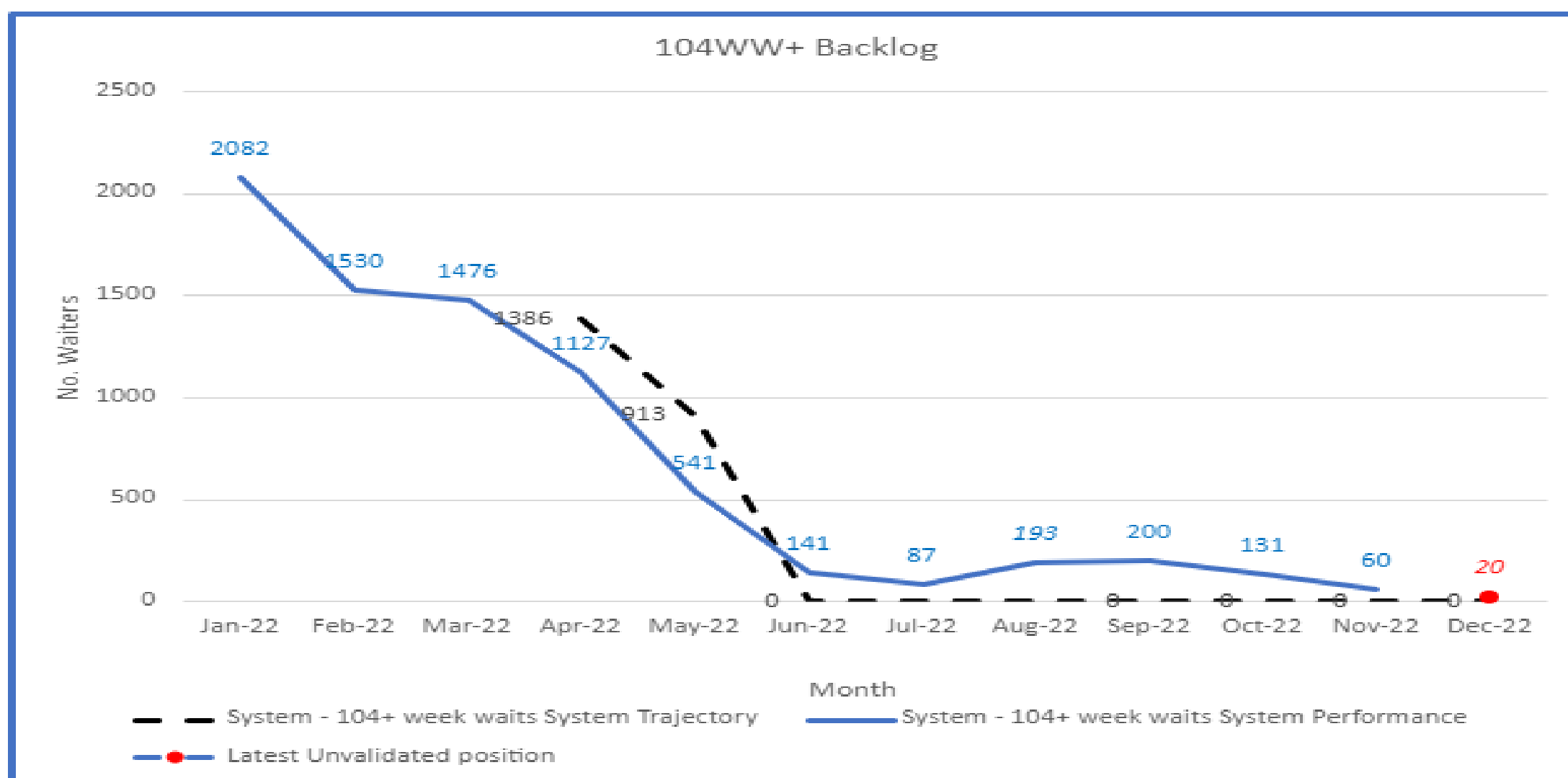
Efficiency Performance	Annual Plan	FOT	FOT	Actual	Recurrent		Non-recurrent	
	£000s	£000s	Variance	as % of Plan	schemes variance	% of plan	schemes variance	% of plan
Provider Total	72,981	72,298	-683	99%	-17,767	61%	17,084	162%
B'ham and Solihull CCG/ICB	24,141	24,141	0	100%	-1450	92%	1,450	121%
System Total	97,122	96,439	-683	99%	-19,217	69%	18,534	153%



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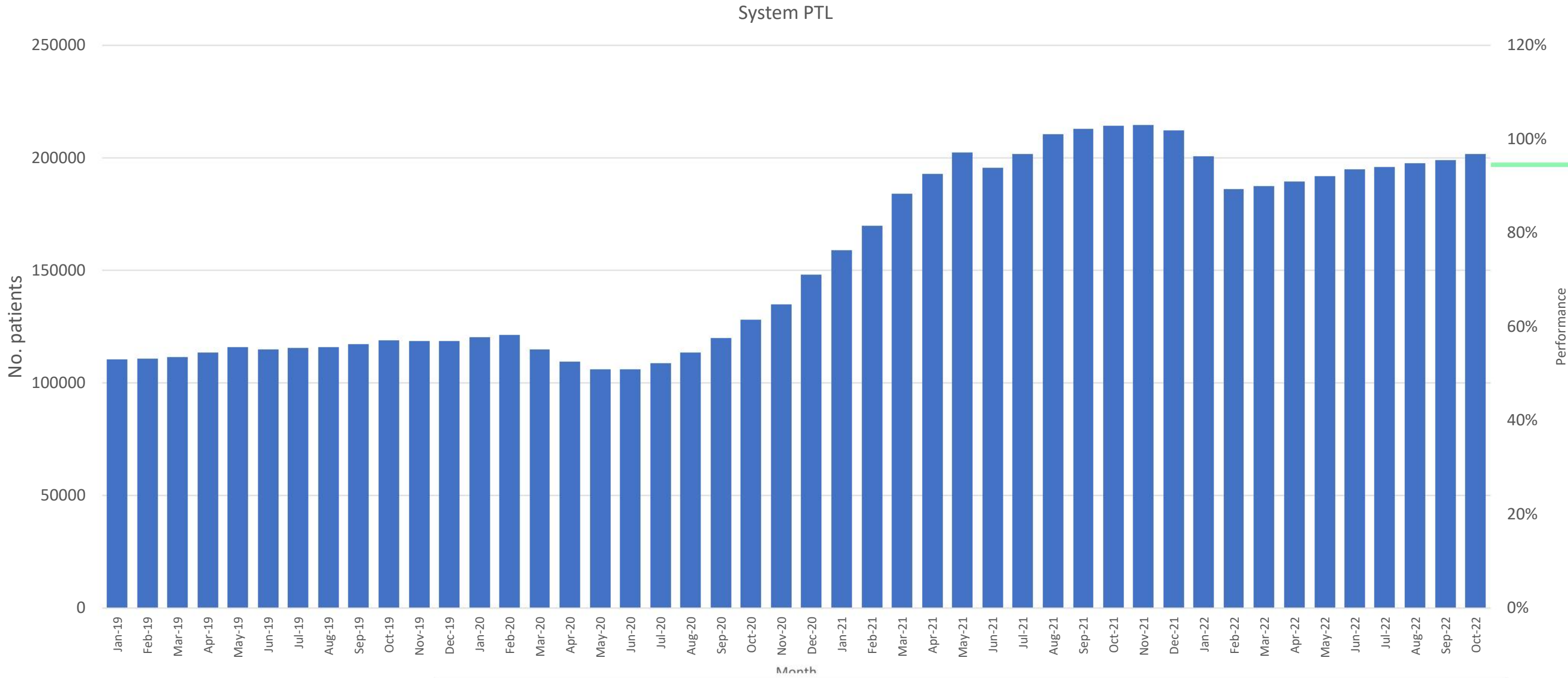
Elective recovery

System Waiting Time Backlogs



- Figures to the end of November 2022 show reductions in the number of patients waiting 52, 78 and 104 weeks for treatment.
- Unvalidated data for December is subject to final update
- Final validated data for 104 weeks shows just 3 patients waiting over 104 weeks for treatment; this is a huge progress for the system. Plan in place to deliver zero breaches by end of January 2023.
- The number of patients waiting over 78 weeks for treatment exceeds the monthly trajectory but the system is confident in delivering the improved target of zero breaches by the end of March 2023.

System Waiting Time Backlogs



- The latest validated system position shows there were 201,521 patients on the system PTL at the end of October 2022. This is down from a peak of 214,424 in November 2021 but has been steadily rising since February 2022.
- There has been a focus on the longest waiting patients during 2022-23 which has seen a reduction in the longest waiting times for patients. This has contributed to a steady increase in the overall waiting list
- Looking at the latest validated position for October 2022 there is a breakdown by specialty in the table opposite. This shows the patients on the waiting list by provider and how those figures tally to the overall system position.
- Following the query at last JHOSC, the Gynaecology waiting list shows 22,388 patients on the BSOL waiting list

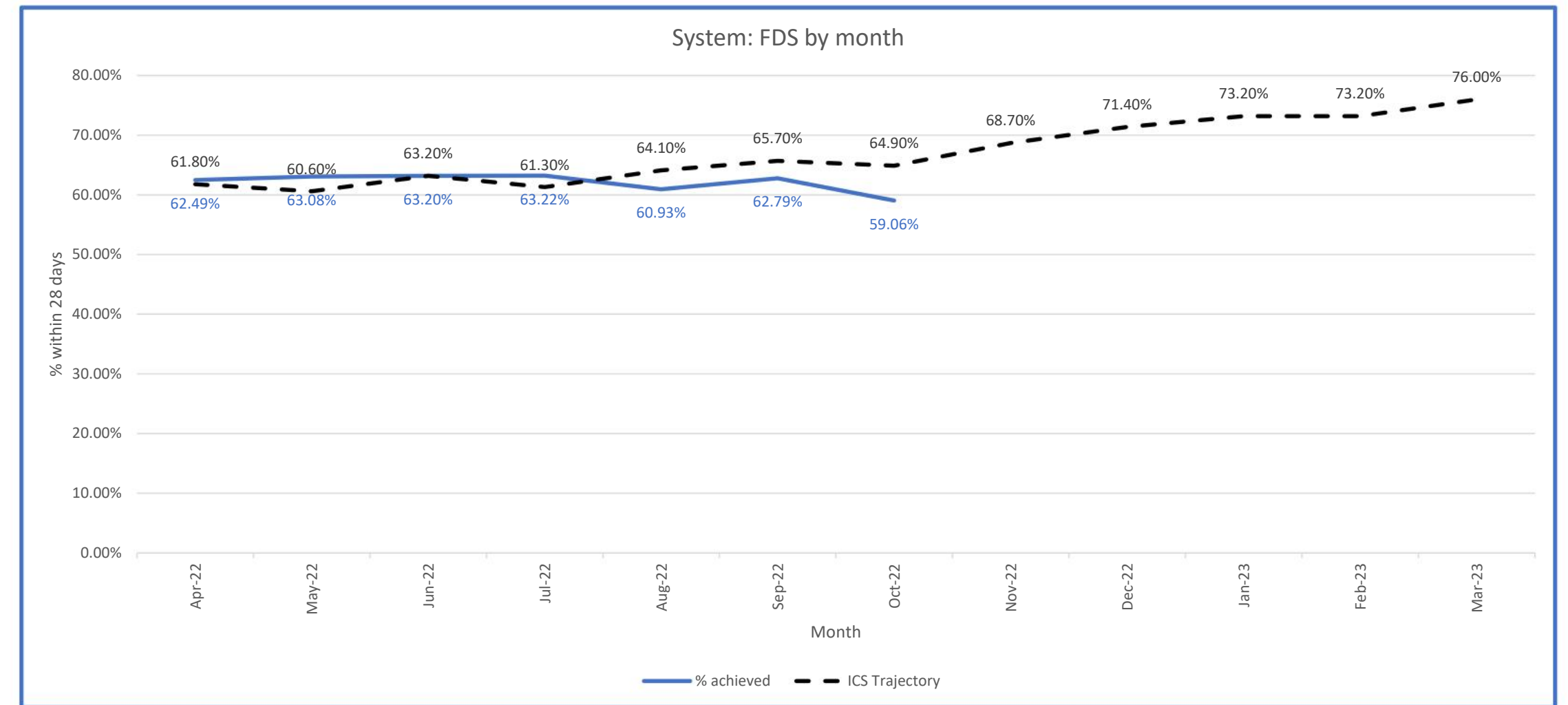
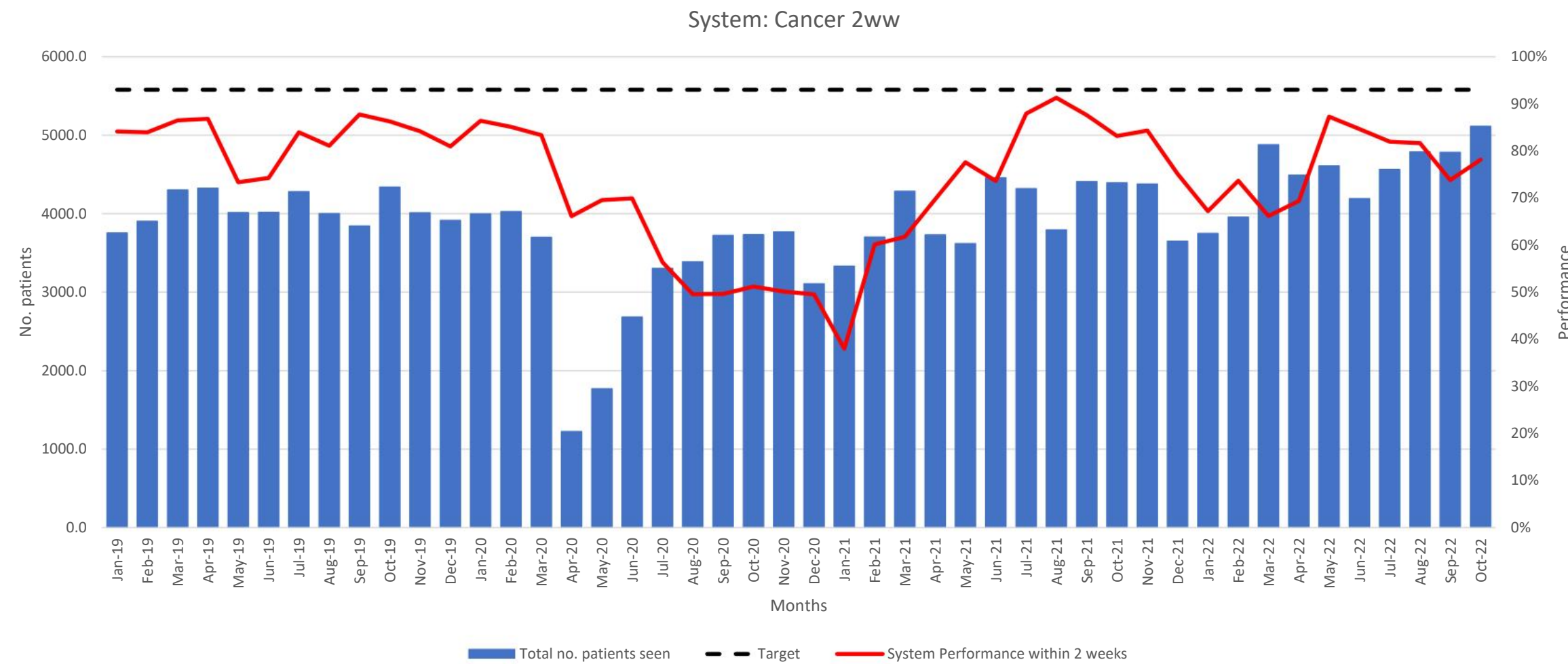
Treatment Function	Oct-22			
	Total number of incomplete pathways			
	BYCH	ROH	UHB	System
General Surgery Service	0	0	11493	11493
Urology Service	0	0	12265	12265
Trauma and Orthopaedic Service	0	11996	11042	23038
Ear Nose and Throat Service	0	0	21089	21089
Ophthalmology Service	0	0	13397	13397
Oral Surgery Service	0	0	4510	4510
Neurosurgical Service	0	0	1258	1258
Plastic Surgery Service	0	0	1297	1297
Cardiothoracic Surgery Service	0	0	181	181
General Internal Medicine Service	0	318	506	824
Gastroenterology Service	0	0	12885	12885
Cardiology Service	0	0	6950	6950
Dermatology Service	0	0	9528	9528
Respiratory Medicine Service	0	0	4799	4799
Neurology Service	0	0	6835	6835
Rheumatology Service	0	0	1881	1881
Elderly Medicine Service	0	0	271	271
Gynaecology Service	10862	0	11526	22388
Other - Medical Services	0	641	13468	14109
Other - Mental Health Services	0	0	1	1
Other - Paediatric Services	13709	0	3717	17426
Other - Surgical Services	0	0	9714	9714
Other - Other Services	2991	247	2144	5382
Total	27562	13202	160757	201521



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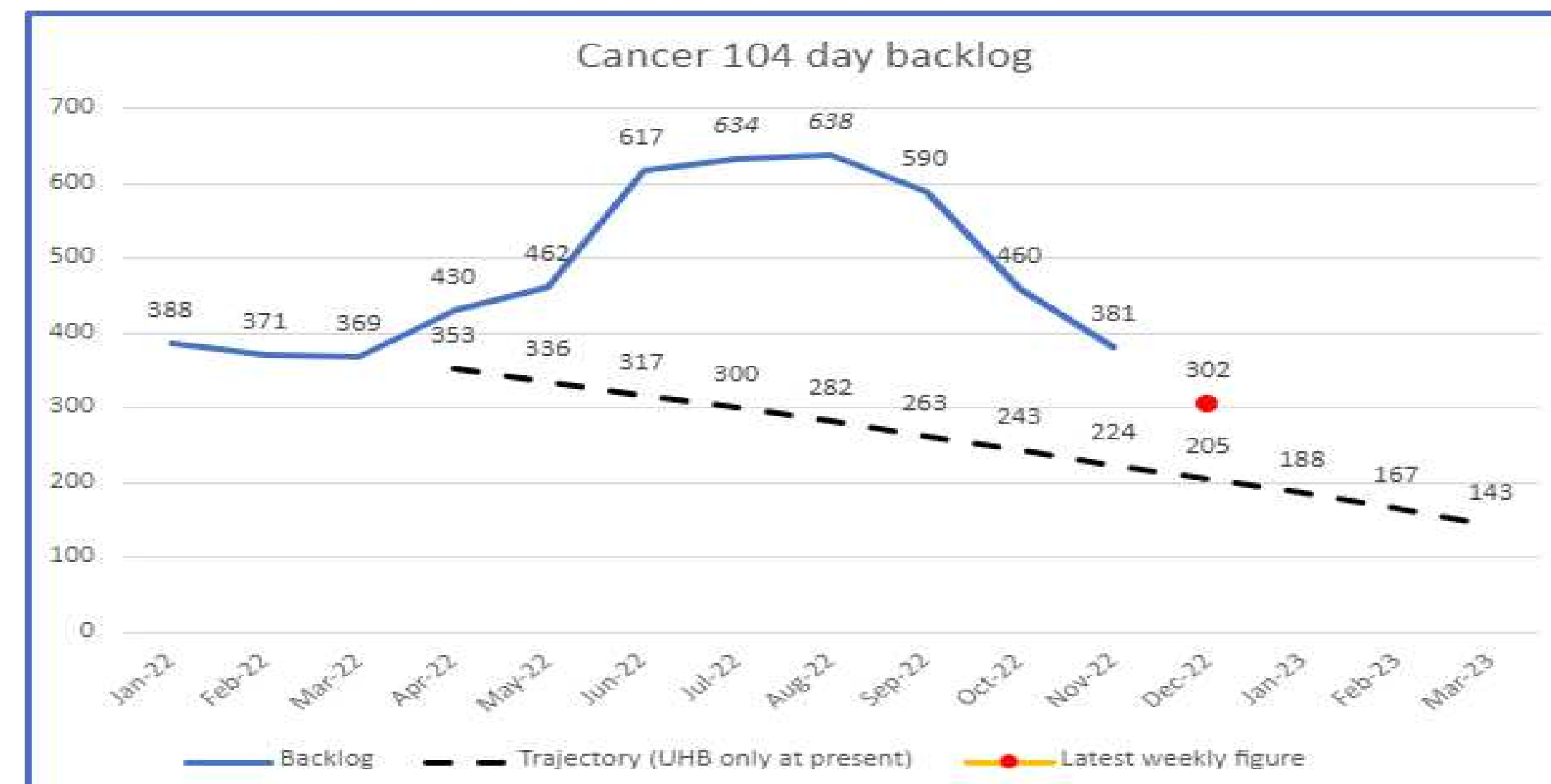
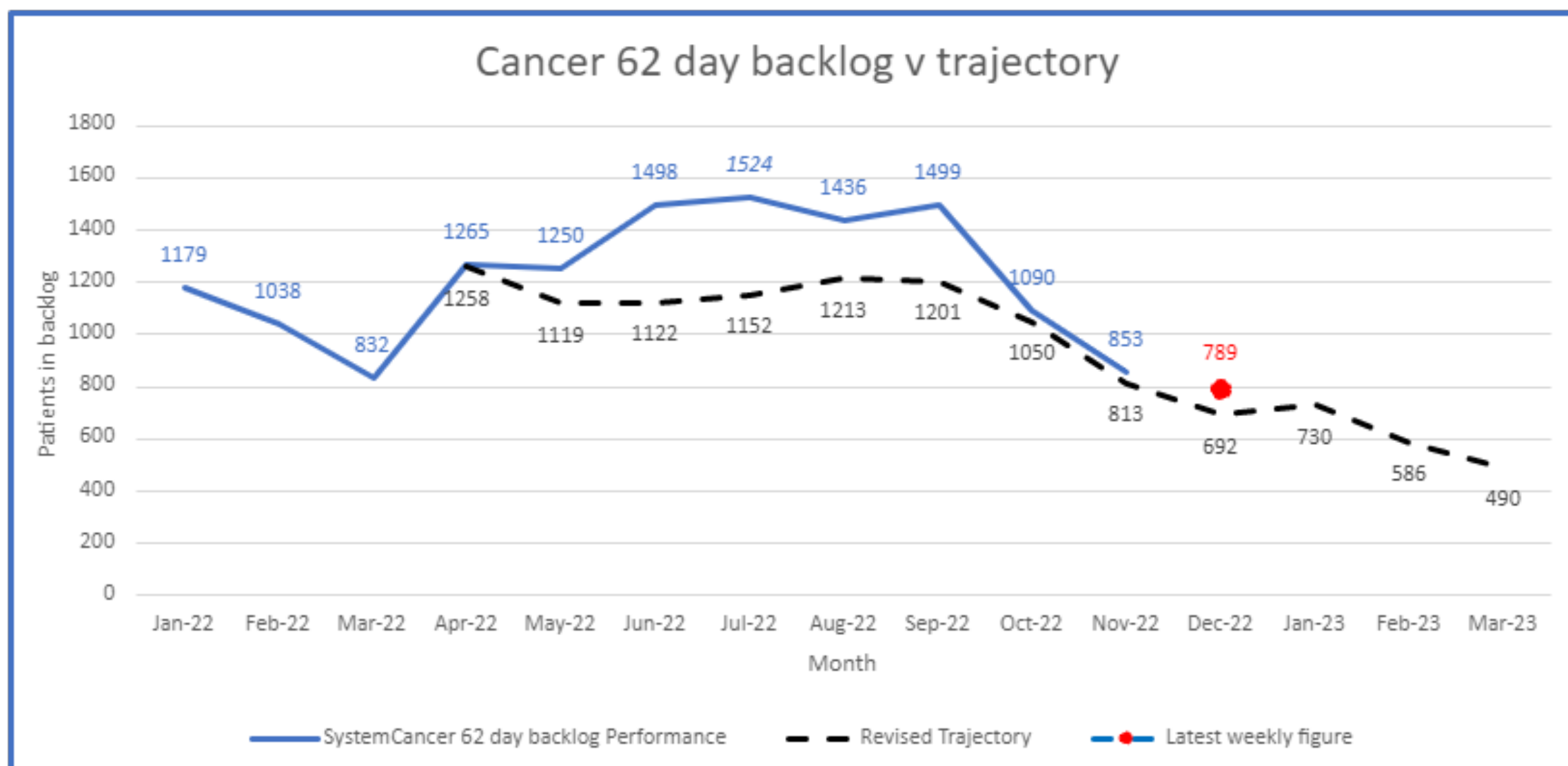
Cancer

Cancer Referral performance



- Latest 2 week wait system performance was 78.16% for October 2022. This figure has fluctuated in year but October 2022 saw a peak of 5,114 patients treated, it is expected that 2 week wait performance will improve as the system continues to work through its recovery and transformation processes.
- Faster Diagnosis Standard is a new measure that was bought in which measures people receiving their first cancer treatment within 28 days. Again there have been pressures along this pathway with the volume of patients we have in the backlog and treating new patients coming onto the cancer pathway. Latest performance in October 2022 was 59.06% against a operational planning trajectory for the system of 64.90%.

Cancer treatment backlogs



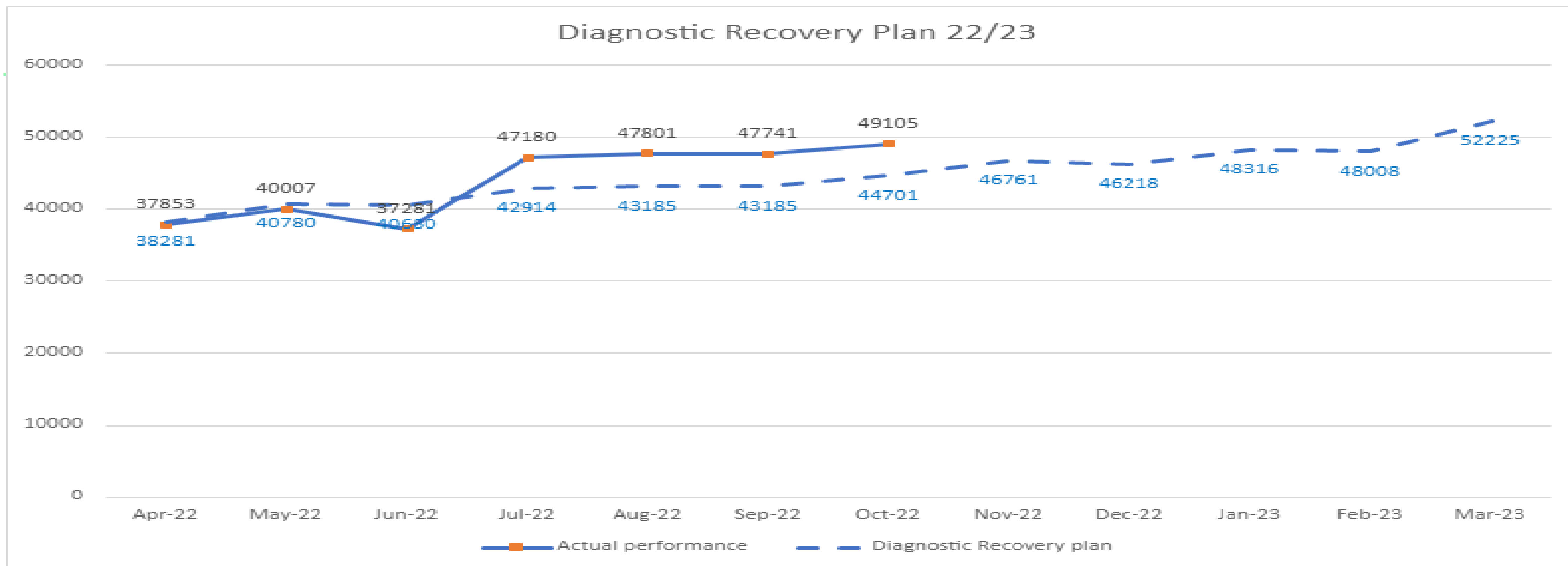
- The latest unvalidated position shows that there were 789 patients who have waited over 62 days for treatment in w/e 11th December and 302 patients who have waited for over 104 days.
- These figures have reduced significantly over the past few month with a peak validated position in July of 1,524 patients on the 62 day backlog that has reduced by 48% to the latest position that is continuing to be driven down.
- There is confidence that the March 2023 trajectory will be delivered with accurate forecasting haven taken place over recent months and assurance and oversight given weekly through the System Oversight Group.
- This March position will be a significant improvement from the pre Covid position so will be successful progress



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Diagnostics

Recovery 120% of Activity against 19/20 baseline



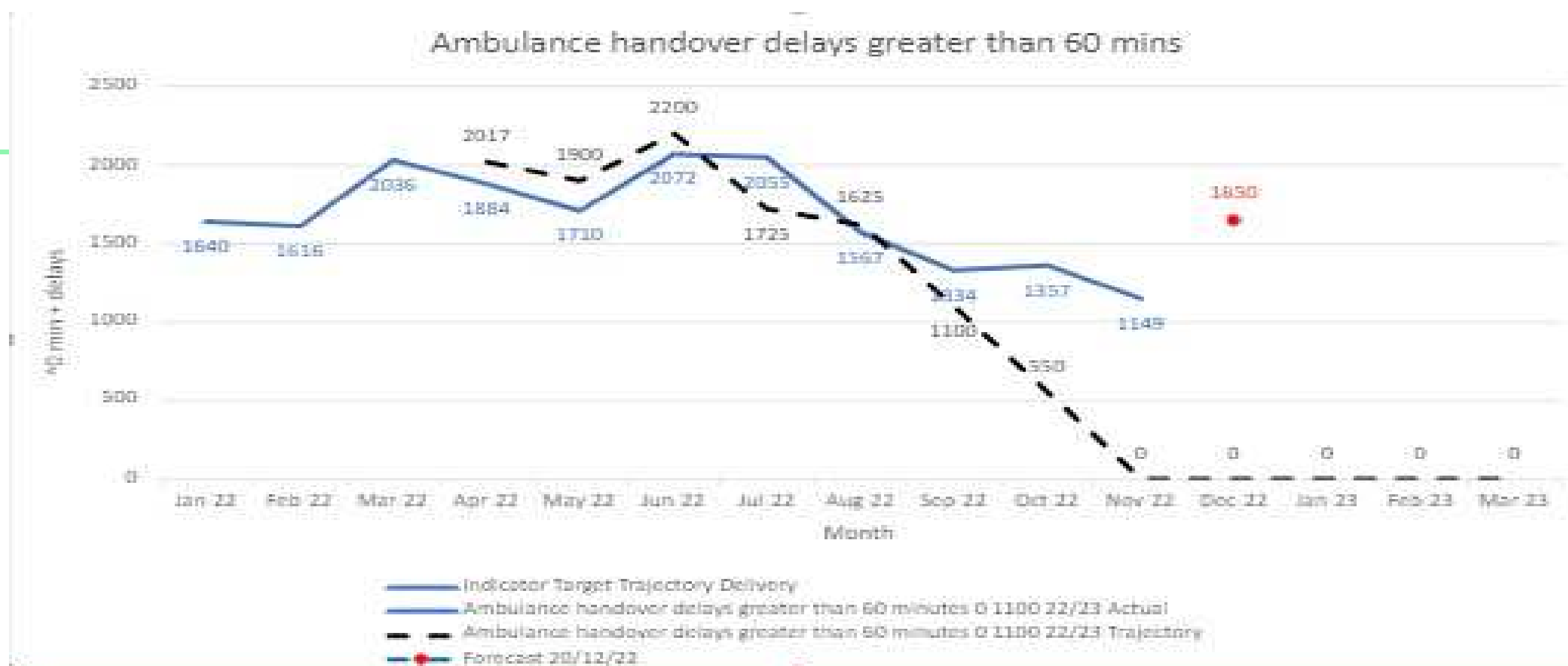
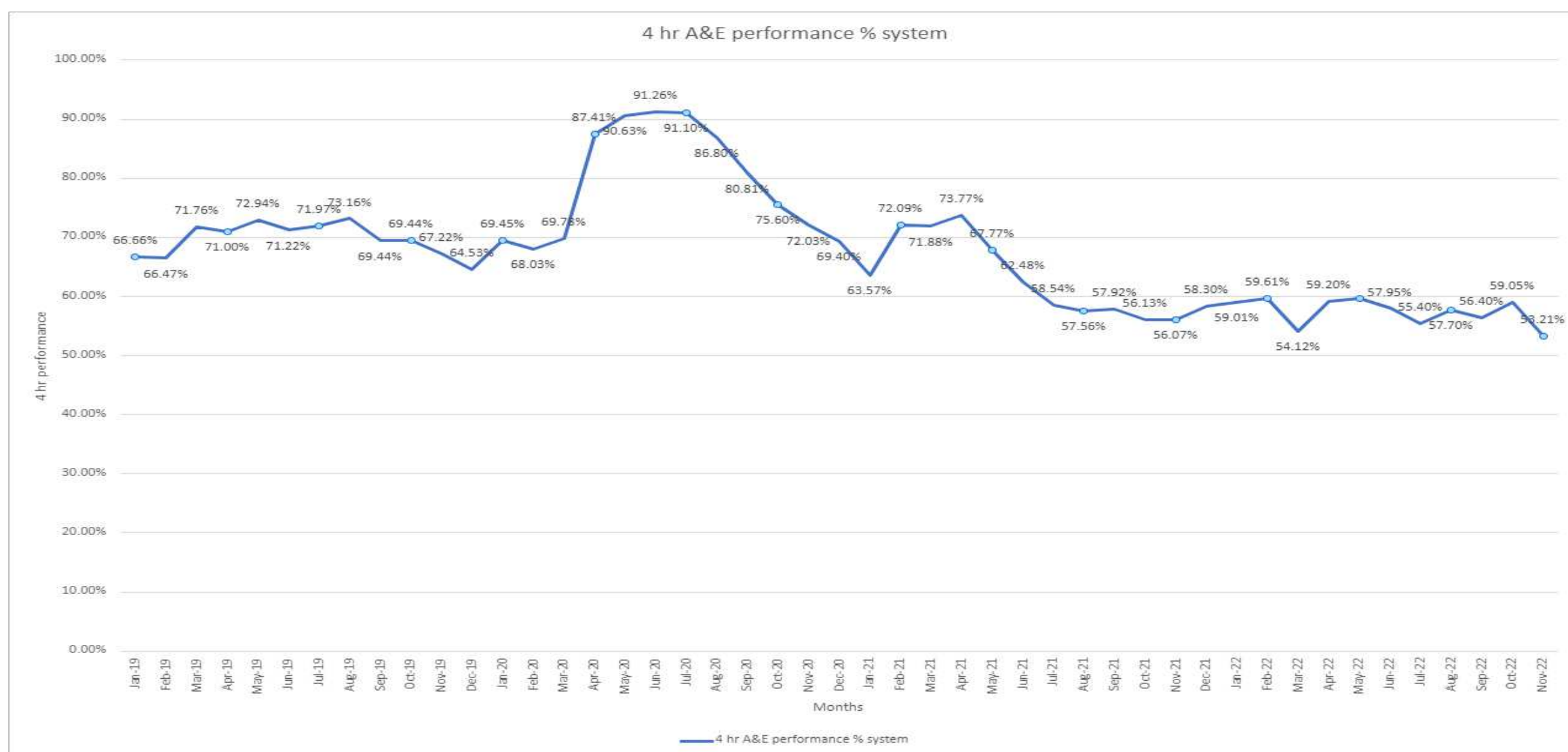
- Diagnostic activity remained above the system 22/23 recovery plan for the fourth consecutive month.
- The system is delivering the target set in the planning return in August with activity of 49,105 against a plan of 44,701
- Although that we are delivering the overall activity against plan there are three specific areas where diagnostics remains a challenge for Ultrasound, MRI and Gastroscopy.



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Urgent and emergency care

Accident & Emergency



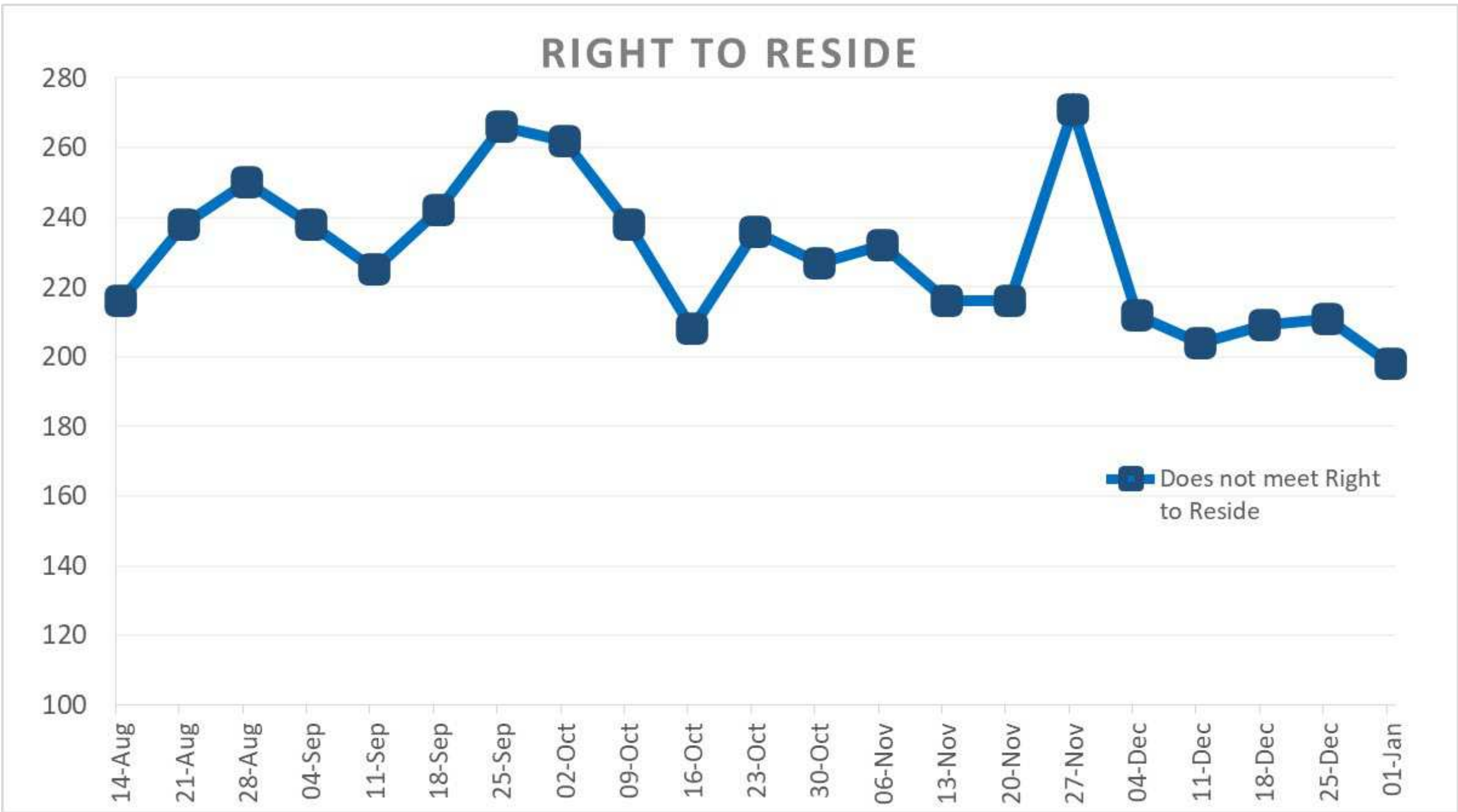
- There has been a decrease in performance in November and Performance against the 4 hour target has remained under 60% for most of the last year. There is a new national target to work towards delivering 76% by March 2024.
- The number of ambulances waiting for greater than 60 minutes to overload patients in A&E showed significant and consistent improvement between June and November, however this is expected to increase significantly in December. This has been mirrored nationally where December was a very challenging month for ambulance handovers.
- Targets for ambulance handovers are 7 minutes, 18 minutes, 120 minutes and 180 minutes respectively. Category 1 performance is better than the average across the region but categories 2 – 4 are generally waiting longer than other patients across the region



**Birmingham and Solihull
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Discharges

Discharges



Weekly Snapshot - Trust Name	% beds occupied by patients NOT meeting criteria to reside	Number of patients NOT meeting criteria to reside
Midlands	13.6%	2246
University Hospitals Birmingham NHS Foundation Trust	10.0%	165
Trust A	15.9%	83
Trust B	13.2%	39
Trust C	10.3%	57
Trust D	15.9%	105
Trust E	16.4%	254
Trust F	11.5%	70
Trust G	13.4%	88
Trust H	12.3%	39
Trust I	11.4%	65
Trust J	15.7%	127
Trust K	21.2%	153
Trust L	14.4%	142
Trust M	30.6%	231
Trust N	7.7%	104
Trust O	11.5%	179
Trust P	9.9%	122
Trust Q	20.0%	103
Trust R	6.1%	44
Trust S	24.3%	76

- We are getting our patients as close to home as possible, a lot quicker than we have done previously – this is reflected in the performance over time as well as the comparative table for the midlands.
- Looking at the latest weekly snapshot the percentage of beds occupied by patients who do not meet the right to reside compares well across the Midlands region. Of the 20 trusts there are only 3 trusts across the region who have lower proportions of beds occupied by patients who do not meet the right to reside criteria.
- Overall numbers without a right to reside at UHB have fallen this week from 190 to 165 – **current week**
- BCHC patients without a right to reside rose from 21 to 33 this week (Friday snapshot) – **current week**



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Mental Health

Mental Health

Out of Area Placements in Mental Health

		Current Achivement	Current Target
Birmingham and Solihull CCG	September, 2022	1,475	1,360

BSOL CCG

Inappropriate Out of Area Bed Days and Target

Achievement Target (max)



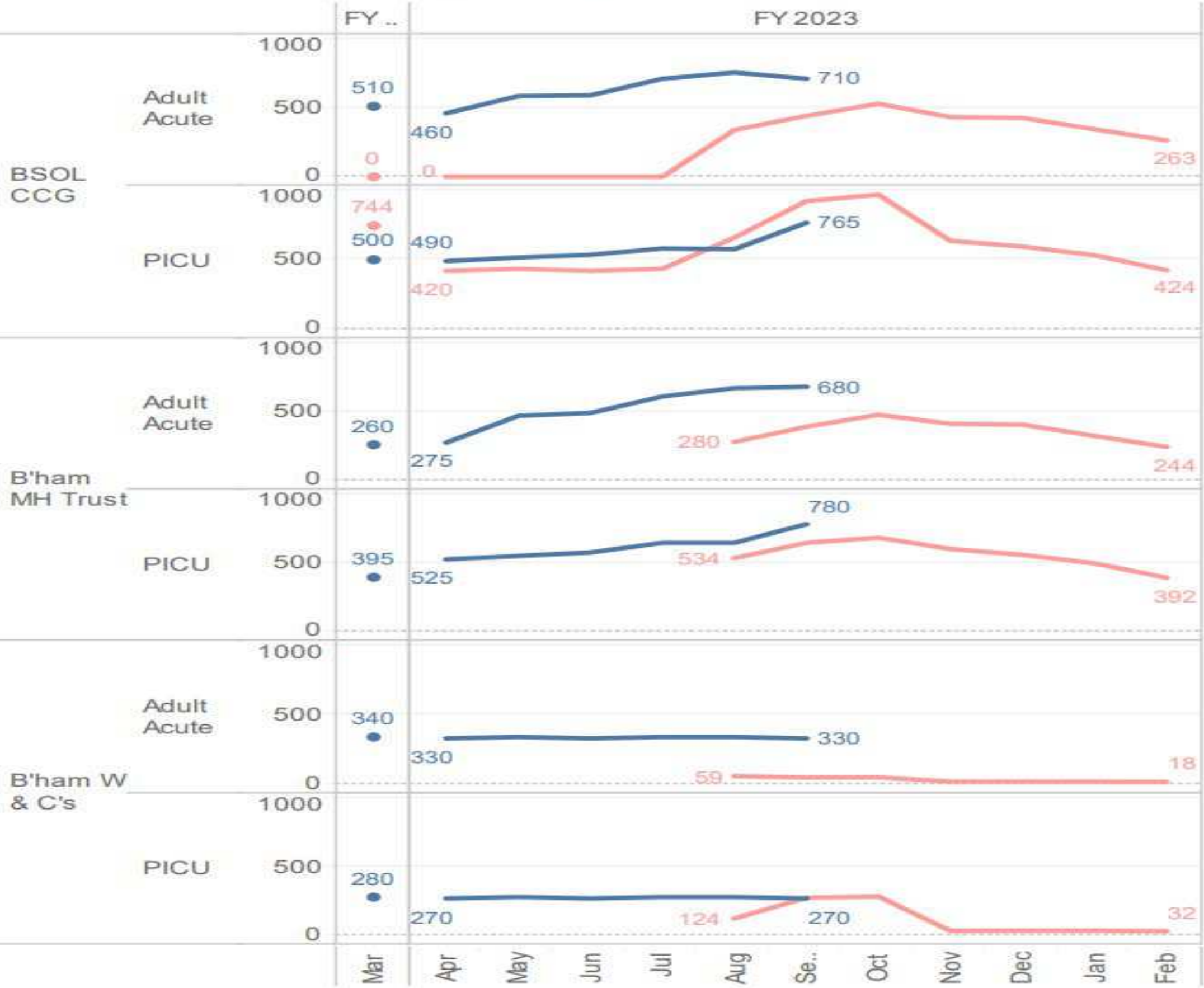
Source: NHS Digital via MLCSU Analyst Global

- Elimination of out of area placements is desired.
- Targets re-profiled from Aug 2022 onwards.
- Figures for sending providers include both BSOL and non-BSOL patients. Figures for BSOL are restricted to BSOL patients.

Adult Acute and PICU

Inappropriate Out of Area Bed Days and Target

Achievement Target (max)



The number of inappropriate out of area bed days remains above targeted levels. This figure has already become to reduce in the local data, post September, that we hold and additional capacity is also coming online that will continue to reduce this figure.

A trajectory is being revised that will track progress to delivering zero by Q2 2023/24

IAPT Access



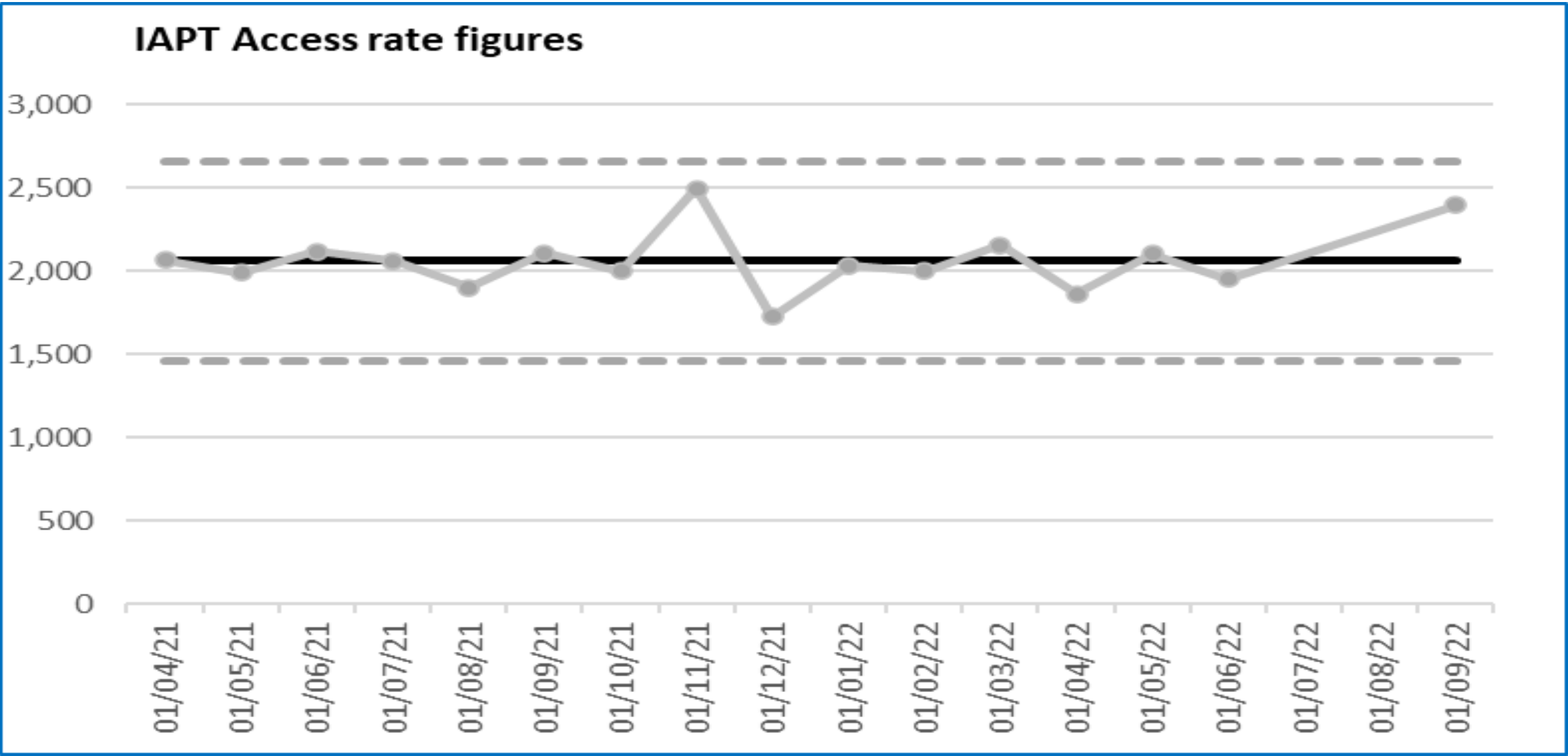
- Accessing targets are volumetric in the 2022.23 year and based on the numbers of patients reaching their first treatment appointment.
- In-Month trajectory target plotted is that submitted for the 22.23 planning round.
- Both planning round and NHS E Target plotted on rolling 12 month chart for 2022.23
- Volumetric targets replace prevalence accessing targets due to transition from 2000 to 2014 Adult Psychiatric Morbidity Survey as benchmark.

Source: NHS Digital IAPT Monthly

2022.23 BSOL Internal Target
36,289

2022.23 NHS E Volume Target
47,538

2023.24 Volume Target
51,666



- 2,395 patients entered NHS funded treatment with IAPT services in September 2022. The cumulative figure of 20,710 to date is an estimate as a result of July and August figures not being available at this time.
- BSol are targeting to see 36,334 patients across the year, this will be below the national target to see 47,459.

Note on Rolling 12m figure: July and August data is missing, but September data is included, this means the rolling 12 month figure is short of two months of data. My estimate is 25,055 which is below the BSOL target of 36,289.