

# Public Document Pack

SOLIHULL METROPOLITAN BOROUGH COUNCIL

## **Joint Health Overview and Scrutiny Committee**

### **Supplementary agenda pack**

Thursday 13 October 2022 at 6.00 pm

Civic Suite, Solihull Council House

## Disclosing Pecuniary Interests - What Must You Do?

(a) You must complete a declaration of your disclosable pecuniary interests, including those of your spouse/civil partner (or someone with whom you are living as such) and send it to the Monitoring Officer within 28 days of your election or appointment to the Council.

(b) When you attend a meeting of the Council, Cabinet, Scrutiny Board, Committee, Sub-Committee or Joint Committee etc, and a matter arises in which you have a disclosable pecuniary interest, unless you have been granted a dispensation, **you must:**

- Declare the interest if you have not already registered it
- Not participate in any discussion or vote
- Leave the meeting room until the matter has been dealt with
- Give written notice of any unregistered interest to the Monitoring Officer within 28 days of the meeting

(c) If you are the Leader or a Cabinet Portfolio Holder you may not exercise any of your delegated powers as a single member in relation to a matter in which you have a disclosable pecuniary interest or take any other step except to give written notice of any unregistered interest to the Monitoring Officer within 28 days of your becoming aware of the interest, or arrange for another person or body to deal with the matter.

Disclosable Interest	Description
Employment, office, trade, profession or vocation	Any employment, office, trade, profession or vocation carried on for profit or gain by you or your partner.
Sponsorship	Any payment or provision of any other financial benefit (other than from the Council) made or provided within 12 months of your declaration of interests in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.
Contracts	Any contract between you or your partner (or a firm or body corporate in which you or your partner is a partner or a director, or in the securities of which you or your partner has a beneficial interest) <b>and</b> the Council (a) under which goods or services are to be provided or works are to be executed; <b>and</b> (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the Council and which gives you or your partner a right to occupy the land or receive income.
Licences	Any licence held by you or your partner (alone or jointly with others) to occupy land in the area of the Council for a month or longer.
Corporate tenancies	Any tenancy where (to your knowledge)— (a) the landlord is the Council; <b>and</b> (b) the tenant is a body in which you or your partner has a beneficial interest i.e. a firm or body corporate in which you or your partner is a partner or a director, or in the securities of which you or your partner has a beneficial interest.
Securities	Any beneficial interest held by you or your partner in securities of a body where—  (a) that body (to your knowledge) has a place of business or land in the area of the Council; <b>and</b> (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; <b>or</b>  (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you or your partner has a beneficial interest exceeds one hundredth of the total issued share capital of that class.  “securities” means shares, debentures, debenture stock, loan stock, bonds, units of a collective investment scheme within the meaning of the Financial Services and Markets Act 2000 and other securities of any description, other than money deposited with a building society.

SOLIHULL METROPOLITAN  
BOROUGH COUNCIL

To:  
Councillors R Long, A Mackenzie,  
M McCarthy, Mrs G Sleigh, R Sexton, M  
Brown, K Kurt-Eli, R Pocock, G Moore and  
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Date Thursday 6<sup>th</sup> October 2022

**JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - Thursday 13  
October 2022**

**SUPPLEMENTARY AGENDA/ PAPERS**

5. **UPDATE ON THE RECOVERY AND PROPOSED CONFIGURATION OF  
SURGICAL SERVICES ACROSS UNIVERSITY HOSPITALS BIRMINGHAM**  
(Pages 5 - 12)

The purpose of this briefing is to provide high-level information to support a discussion around the current situation facing University Hospitals Birmingham NHS Foundation Trust (UHB) and the Birmingham and Solihull Integrated Care Board (BSOL ICB), with regards to the measures that are proposed to support the recovery of hospital services across Birmingham and Solihull (BSOL). Specifically, this pertains to 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 reprovision of a Minor Injuries Unit and Urgent Treatment Centre at Solihull Hospital.

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## **Joint Birmingham and Solihull Health Overview and Scrutiny Committee 13 October 2022**

### **Update on the recovery and proposed configuration of services across University Hospitals Birmingham**

#### **Introduction**

The purpose of this briefing is to provide high-level information to support a discussion around the current situation facing University Hospitals Birmingham NHS Foundation Trust (UHB) and the Birmingham and Solihull Integrated Care Board (BSOL ICB), with regards to the measures that are proposed to support the recovery of hospital services across Birmingham and Solihull (BSOL). Specifically, this pertains to 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 reprovision of a Minor Injuries Unit and Urgent Treatment Centre at Solihull Hospital.

#### **Background context**

Even before the COVID-19 pandemic, the NHS was under substantial pressure; increasing demand and workforce shortages led to a growing mismatch between demand and capacity. These pressures both affected the ability to meet the needs of our local population, but also affected UHB's ability to provide specialist, complex care to patients across the region and nationally, such as organ transplantation or specialist surgery.

Prioritisation of clinical need, against finite physical capacity and workforce resource, is a daily occurrence. The decision-making is difficult and not sustainable. These challenges have become even greater following the pandemic and tackling these problems in the same way we have always done is not sufficient alone.

The design and implementation of services need to be radically transformed, using the latest thinking, innovation, ways of working and most importantly, system-wide collective expertise, to truly improve services for our communities.

Nationally, the new Secretary of State for Health and Social Care has set out a number of priorities to support the minimisation of variation across the system, region and nation. Existing priorities, both national and local, have required the elimination of waiting times of two years or more. In November 2021, UHB had a waiting list of 17,000 two-year waiters; this was reduced to less than 100 by July this year.

Eliminating waits of over 18 months by April 2023, over 15 months by March 2024, and over a year by March 2025, are the next priorities. To further enable this, £1.5 billion of national funding to support surgical hubs was announced in 2021 to enhance elective recoveries.

Furthermore, the delivery of the Cancer Faster Diagnosis Standard and reductions in 62-day cancer backlogs feature prominently in the national strategy. Achieving these standards, for

BSOL, relies heavily on the provision of a diagnostics strategy befitting of modern-day healthcare responding to the aftermath of a global pandemic.

Vital to this picture are the wider priorities at the 'front doors' to health systems; urgent care in primary care, our emergency departments (ED) and urgent treatment centres (UTC). ED waiting times and delays offloading ambulance-conveyed patients, and the demand on services, are integral to this picture; greater volume and acuity mean a reduction in capacity for non-ring-fenced surgical services e.g. inpatient wards and critical care services. Therefore, a move to prevention, admission avoidance, and more out-of-hospital services, linked to community and primary care services, is key.

The BSOL system has an ambitious plan to deliver against these multiple, and often competing, priorities which has the support and engagement of all providers and stakeholders in health and social care. In summary, the aims of the plan are to achieve recovery alongside transformation, whilst addressing inequalities in health. This will leave BSOL as a system and the population that we serve in a healthier and higher performing position than prior to the pandemic.

#### **Birmingham and Solihull Integrated Care System (BSOL ICS)**

As a system, BSOL ICS remains challenged on all fronts with regards to elective recovery, diagnostics and urgent care with complex interactions between these three areas.

The system is making good progress on recovery, but this is hindered by a challenging pre-COVID-19 baseline, as outlined. Working together through the system elective hub and partnership between providers, has created opportunities in the system for genuine improvement in care quality, with improved equity of access and delivery now being a real possibility. Building on the strong basis already in place will allow this change to be delivered.

#### **University Hospitals Birmingham NHS Foundation Trust (UHB)**

UHB is one of the largest NHS trusts in the UK, serving a regional, national, and international population. With multiple sites including Birmingham Chest Clinic, Heartlands Hospital, Good Hope Hospital, the Queen Elizabeth Hospital Birmingham, and Solihull Hospital, as well as community and primary care services, more than 2.2 million patients are seen and treated at UHB every year.

The Trust runs Umbrella, the sexual health service for Birmingham and Solihull, and has regional centres for cancer services, bone marrow transplants, trauma, renal dialysis, burns and plastics, HIV, cystic fibrosis, and thoracic surgery. The Trust provides highly specialised cardiac, liver, and neurosurgery services to patients from across the UK, along with having expertise in premature baby care.

The QEHB is a Major Trauma Centre treating the most severely injured casualties from across the region. The Trust hosts the Institute of Translational Medicine (ITM) and is the lead organisation for two Health Data Research UK Hubs, as well as the NHS lead for five National Institute for Health Research Centres. UHB is proud to host the Royal Centre for

Defence Medicine (RCDM) providing dedicated training for defence personnel, which is also a focus for research and innovation.

The infographic below gives an overview of the scale of the Trust:



### Existing and planned capacity expansion

Before, during and post the acute phase of the pandemic, UHB has actively been working to provide more capacity across its sites, in order to deliver additional surgery and reformed pathways, supporting UHB's position on waiting lists more widely.

The Heartlands Treatment Centre opens in January 2023; the £97m facility will provide replacement and expanded capacity for ambulatory patient diagnosis and treatment.

Immediately after the initial COVID-19 surge had begun to plateau, plans to expand capacity to support recovery of patient backlogs were developed and enacted. This included three modular theatres installed at Solihull Hospital as part of the move to create a 'cold' (COVID-secure) elective site to protect essential patient treatment in the face of further anticipated waves that were realised. Two new wards and a new medical treatment centre at QEHB have already opened, with a further ward to open in October.

Two new modular wards were fully opened on the Good Hope site in August and two new modular wards at Heartlands are due to open in February 2023. An expanded medical assessment unit at Heartlands opened in September, with an expanded medical assessment unit at Good Hope due to open in November. Two new Gastroscopy rooms and a urology treatment room, opened at Solihull in 2021, as did an Ophthalmology Hub.

Solihull Hospital has also continued to deliver its outpatients services and has treated 430,000 patients since August 2020 when the site also became COVID-secure.

### **Proposed future configuration of surgical services**

Prior to the COVID-19 pandemic, UHB was very much focused on the integration and transformation of services, to provide higher quality and increasingly efficient patient-centred care for local people. This work was impacted by the pandemic and several essential service changes were made, under emergency legislation, to ensure the safe and continued provision of services.

With ongoing capacity and workforce constraints, combined with the need to resolve a significant elective backlog, there remain huge challenges in the effective provision of both emergency and elective care.

Initial internal engagement across UHB has resulted in proposed clinical and operational models, which attempt to fully integrate and consolidate services with a view to reducing variation and improving patient outcomes, but acknowledging the importance of local hospital identity, as well as workforce implications. This is all balanced against patient access, quality of care, clinical outcomes and ultimately addressing the prevailing health inequalities across BSOL.

The provision of non-elective emergency care remains based across the three main acute sites (QEHB, Heartlands and Good Hope hospitals), with the acknowledgement that there are options being developed for the reinstatement of a Minor Injuries Unit and Urgent Treatment Centre at Solihull Hospital (see below). This has to be delivered in tandem with maintaining a 'cold' elective surgery hospital, running alongside the many speciality outpatient and diagnostic clinics, where numbers of patients treated will increase.

The proposed model for elective care is based around consolidating current services into a more strategic fit, offering more surgical activity across all four hospital sites whilst recognising the resource and workforce constraints. The proposal supports the continued provision of complex major surgery, including transplantation, and highly specialist major cancer surgery at QEHB with a greater degree of protection afforded to these tertiary regional and national services.

Solihull Hospital has significant potential to be further developed as a 'cold' elective surgical hub, concentrating on high volume, low complexity surgery, including orthopaedic joint replacement and intra-abdominal surgery (upper and lower GI, urology, gynaecology). The hospital will also provide high volume intermediate-major cancer surgery, for those tumour types that affect most people in our locality.

This would allow efficiency improvements and will support the rapid development of robotic surgery on the Solihull site, building on what is already in place. Since August 2020, when Solihull Hospital became an elective COVID-secure site, there have been in the region of 8,000 elective and 61,000 day case procedures carried out at Solihull, with no procedures cancelled due to day-to-day emergency pressures.

The proposal is estimated to generate an extra 15,000 treatments a year.



The opening of Heartlands Treatment Centre in early 2023 will allow similar surgery to be performed through ambulatory capacity (less than 24 hour stay) at Heartlands Hospital, allowing restoration of the acute gallbladder service, previously successfully rolled out in Solihull, and similar transformational changes in urology and ear, nose and throat (ENT).

The proposed model indicates that the majority of inpatient surgical theatre capacity at Heartlands Hospital would be scheduled for acute surgery (general and specialty), trauma (fractured neck of femur and frailty fractures) and acute vascular, along with the established maternity service on the site.

Good Hope would continue to provide acute general surgery, as well as continuing acute gynaecology. There would be a transition of orthopaedic provision to ambulatory trauma and short stay upper limb. Elective ambulatory surgery would be concentrated on general and ophthalmology provision, to accommodate service and workforce requirements.

Overall, these proposals look to optimise use of current and future inpatient capacity, but also need to ensure enhanced throughput of ambulatory care facilities on all four sites. There additionally needs to be consideration of the potential transformation in diagnostic provision. These changes will deliver appropriate access for outpatient and short stay procedures on all sites, whilst enabling efficiency to improve through higher volume 'specialty centres' in each of the major inpatient sites.

#### **Proposed developments for extra capacity at Solihull Hospital**

Just after the first wave of the pandemic had reached its peak in terms of emergency admissions, changes were made at Solihull Hospital to make it a 'cold' elective site, which enabled the hospital to be a dedicated hub for elective surgery. As outlined above, three temporary modular theatres were quickly put in place to enable this.

UHB is now in a position to propose securing and expanding theatre capacity at Solihull Hospital and have therefore submitted a planning application to build an elective hub, encompassing six theatres (replacement of three modular theatres and creating three new) as well as support services, connected to the south-west of the main hospital building. Hospital-wide, taking into account other existing theatres across the site, this would result in a total provision of 13 high quality theatres.

The theatres would cover a broad range of low and high complexity cancer and non-cancer surgery. This would be a leading-edge development aligned with current national policy, for which £1.5bn has been made available nationally to support sustainable recovery from the pandemic. The outline business case for £43m of capital investment has been submitted to NHS England and the Department of Health and Social Care, with the full business case due by December. There is an indicative opening date of December 2023, subject to approvals, engagement and market forces affecting building supplies and costs.

## **Reprovision of a Minor Injuries Unit (MIU) and Urgent Treatment Centre (UTC) at Solihull Hospital**

The strength of feeling in Solihull regarding the urgent care services that are currently available to its residents is fully recognised; there is a commitment to providing a service that better meets local people's needs.

As referenced above, Solihull Hospital continues to play a crucial role in being able to offer patients their elective surgical procedures, as well as outpatients and diagnostic services. There is a considerable waiting list for some surgical procedures and appointments, due to the unprecedented impact of COVID-19, so the capacity that Solihull Hospital provides is essential to help us treat as many patients from across our local health economy as possible, in a timely way.

UHB and NHS Birmingham and Solihull Integrated Care Board (ICB) have worked through several potential options for an MIU and UTC service, as part of a thorough options appraisal, which has been now considered through UHB's internal processes. The current preferred option, of UHB and the ICB, is to re-provide an MIU and UTC on the Solihull Hospital site, in line with the national service specification.

We have made a commitment to return to Solihull's Health Scrutiny Committee to provide a full update in November 2022, however to ensure that a suitable service is re-provided in a timely way, in line with the public and stakeholders' expectations, there are some operational and procurement elements that require urgent consideration to facilitate this.

### **Communications and engagement**

During the height of the COVID-19 pandemic, UHB had to make essential changes to the delivery of services. This was commonplace across the country, as the NHS responded to the unprecedented emergency at hand.

These changes were enacted under the emergency legislation passed at the time (Coronavirus Act 2020). Due to the unprecedented situation, normal consultation and engagement around service change was not required or indeed possible due to the urgent nature of what was required to enable services to patients remained safe and sustainable.

Early engagement with the West Midlands Clinical Senate and NHS England's regional office has already started and will progress in line with the development of the above proposals.

### **Conclusion**

Over the last two years UHB and the BSOL ICS more widely, with support from JHOSC and other key stakeholders, have had to make a series of difficult, short-medium decisions. These were made in order to manage the impact of the global pandemic, recover our services by prioritising those in most clinical need, as well managing the 'front doors' and protecting as many planned procedures as we could.

We now have an opportunity, by working together as a system and with your support, to achieve recovery alongside transformation, whilst addressing inequalities in health. We will better be able to provide a health and care service for our patients, our communities and our staff that is the best it possibly can be, for as many of our citizens that we can.

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