

# BIRMINGHAM CITY COUNCIL

**JOINT HEALTH O&S  
COMMITTEE MEETING  
(BIRMINGHAM & SOLIHULL  
THURSDAY, 19 JANUARY  
2023**

**MINUTES OF A MEETING OF THE JOINT HEALTH O&S COMMITTEE  
(BIRMINGHAM AND SOLIHULL) HELD ON THURSDAY 19 JANUARY  
2023 AT 1400 HOURS IN COMMITTEE ROOMS 3&4, COUNCIL HOUSE,  
VICTORIA SQUARE, BIRMINGHAM, B1 1BB**

**PRESENT:** -

Councillors Mick Brown, Deborah Harries, Richard Long, Annette Mackenzie, Martin McCarthy, Gareth Moore, Robert Pocock, Rosemary Sexton and Gail Sleigh

**ALSO PRESENT:-**

Paul Athey, Integrated Care System Finance Lead  
Fiona Bottrill, Senior Overview and Scrutiny Manager, BCC  
Joseph Bright, Democratic Services Officer, Solihull MBC  
Jonathan Brotherton, Interim Chief Executive, University Hospitals Birmingham NHS Foundation Trust  
Richard Burden, Chair, Healthwatch Birmingham  
Andy Cave, Chief Executive Officer, Healthwatch Birmingham  
Mark Docherty, Executive Director of Nursing and Clinical Commissioning, WMAS  
Vivek Khashu, Strategy and Engagement Director, WMAS  
David Melbourne, Chief Executive Officer, Birmingham and Solihull Integrated Care Board  
Gail Sadler, Scrutiny Officer, BCC  
Errol Wilson, Committee Services, BCC

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**NOTICE OF RECORDING/WEBCAST**

1. The Chair welcomed attendees and advised, and the Committee noted, that this meeting will be webcast for live or subsequent broadcast via the Council's meeting You Tube site ([www.youtube.com/channel/UCT2kT7ZRPFCXg6\\_5dnVnYlw](http://www.youtube.com/channel/UCT2kT7ZRPFCXg6_5dnVnYlw)) and that members of the press/public may record and take photographs except where there are confidential or exempt items.

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**APOLOGIES**

2. An apology for non-attendance was submitted on behalf of Councillor Kirsten Kurt-Elli.
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### **DECLARATIONS OF INTERESTS**

3. The Chair reminded Members that they must declare all relevant pecuniary and other registerable interests arising from any business to be discussed at the 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.

Any declarations will be recorded in the minutes of the meeting.

Councillor Gareth Moore declared his interest as a Trustee of Birmingham LGBT.

### **MINUTES**

4. **RESOLVED:** -

The Minutes of the meeting held on 13 October 2022, having been previously circulated, were confirmed and signed by the Chair.

The Chair advised that there were three items he wished to update the Committee on in relation to the Birmingham and Solihull Integrated Care System (ICS) Performance Finance and Recovery Plan. Firstly, it was requested that future reporting, including ambulance response timescale for hospital discharges. These have been included as part of a report in the BSol ICS Recovery Plan which the Committee will receive today.

Secondly, queries were raised on the growing use of private health sectors providers due to pressure on the NHS. Healthwatch had produced a briefing note outlining the feedback they had received from residents which was shared with Members last week.

Thirdly, when the BSol ICS Recovery Plan was considered at the last meeting Members queried the availability of a wide range of data and/or evidence regarding Primary Care services. ICS had advised that they were developing Primary Care enabling strategy and it was proposed for this to be considered at

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the next Joint Health Scrutiny Committee meeting scheduled for the 15 February 2023.

The major focus of this strategy was ensuring effective data collection arrangements. ICS had explained that the data requested at the last meeting was not available from all GP sites. However, GP locality briefings for all areas across Birmingham and Solihull have been shared with the Members.

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### **TERMS OF REFERENCE FOR THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE BIRMINGHAM CITY COUNCIL AND SOLIHULL METROPOLITAN BOROUGH COUNCIL**

Fiona Bottrill, Senior Overview and Scrutiny Manager, BCC introduced the item and advised that the purpose of the report was to update the terms of reference to reflect the changes in NHS organisations following the establishment of Integrated Care Systems. Ms Bottrill highlighted that the terms of reference attached at appendix 1 to the report the changes were highlighted in RED and that subsequent items on the agenda were then carried out with these new references.

(See document No. 1)

#### **5. RESOLVED: -**

That the Committee agreed the amendments to the terms of reference attached as Appendix 1 to the report.

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### **HEALTHWATCH GROUND RULES FOR REVIEWS ANNOUNCED BY NHS BIRMINGHAM AND SOLIHULL**

Andy Cave, Chief Executive Officer, Healthwatch Birmingham and Richard Burden, Chair, Healthwatch Birmingham presented the item and drew the attention of Committee to the information contained in the report highlighting the four ground rules.

(See document No. 2)

Members made the following comments:-

Councillor Sexton stated that the ground rules sounded sensible, and the importance of independence was not only in the production of the report but also giving people confidence in those outcomes. The review has to be seen to be independent, which is as important as the independence itself.

Mr Burden stated that the Integrated Care Board (ICB) response in relation to the first review chaired by Professor Mike Bewick, he understood that the ICS agreed to the four ground rules. The point was taken that the letter was capable of being read in more than one way, but after this item a report would be submitted on the review, so it was hoped to clarify that response. One caveat was that there were three reviews – the one being directly being

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commissioned by the ICB which was being led by former NHS England Deputy Medical Director Professor Mike Bewick, the second was the organisational culture at UHB was being primarily commissioned by UHB itself. The third one was in the leadership of the Trust was being commissioned by NHS England.

In relation to the UHB review - organisational culture – Healthwatch were yet to have clarification as to whether or not they would be agreeing to our four ground rules. This was not yet confirmed, and Healthwatch did not have any information regarding that review in terms of who was undertaking it etc. With regard to the third review – leadership of the Trust – Healthwatch have received a reply from NHS England expressing sympathy with what we were saying. They did not give an unequivocal yes to our ground rules and there was some vagueness about how far that review would be published. This was something we needed to pursue with them and the Committee support with this would be welcomed.

Councillor Pocock commented that the ground rules were solid and strong and that the word independent was crucial. Mr Burden stated that in the letter that was sent to the ICB and others we were clear that by independent we meant that even though the ICB commissioned this review and the other two bodies – NHS England and UBH commissioned the other two. The persons carrying them out should not be part of the organisation and they should not have any personal or commercial relationship with anybody senior at UHB. We hope that this request would be met. There has been some push back within the last week from a number of whistle-blowers which was of concern regarding things at UHB. They were not confident that the first review would be sufficiently independent. We have made some serious points which was passed to the UHB for a response, and it will also be considered by the independent and External Reference Group at its meeting next week.

Councillor McCarthy sought clarification on item 3 of the letter and that he agreed with this in principle but should be weary that pre-determined the length of the Healthwatch contract. Mr Cave stated that as long as there was a Healthwatch Birmingham and Solihull, the system should be working with whoever the provider was regardless of the contract. Healthwatch played an important local role and should be part of this regardless of the contract in process and would take into account any contracting arrangements changing in the future with on-going project like this. Councillor Moore stated that he had no issues with the ground rules as set out. He was concerned about NHS England holding back on committing to those four things that was asked for, but he could not see why there would be any issue. He also recommended that the Committee track the implementation of the recommendation. The Chair put this recommendation to the Committee and it was agreed.

Healthwatch were concerned by the pushback that came from some of the people most affected because if they did not have confidence in the review, the way it was set up and the way it was going about its work then that was a problem as this was identified in the first place. It had to be seen to be independent. As with all these things the proof of the pudding will be in the eating. This was why the role of the External Reference Group was important so that there was no doubt. If it looked like that review was fettered in any way

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from the ground rules that we set, then we have no doubt that the External Reference Group would have something to say about that.

Cllr Sexton enquired what the timescale was for the review. Mr Burden advised that the External Reference Group would be meeting for the first-time next week. In terms of the review this was being done by Mike Buick, but that he would be surprised if he and his team finished their work by the end of January. The allegations and the issues raised by UHB were so detailed that he could not see how they could have the results of the full review within the timescale being set. However, he was aware that they wanted to produce something by the end of January, but it was likely he would be going back to the ICB and stating that these were his findings so far. There were lines of enquiry that still needed to be pursued and therefore the work should continue whether it be by his team or by some other mechanism.

Councillor Harries enquired about timescales and that she was in support of the ground rules – timescales for review and timescales for action. Mr Burden stated that it was difficult to set timescales, but it needed to be done quickly and rapidly after the Newsnight Report as there were concerns from individuals who were there for a number of years and the sooner they were tackled the better. However, as it was quite complicated issues had arisen over the course of the last few weeks. It was important to do this thoroughly than to do it quickly. Nothing should be skated over to meet the timescale. Mr. Burden's best guess was that something would be produced by the end of January and then probably talking about a few months to get detailed results back. The sooner those results come back the sooner the recommendations were made. We could not prejudge what those recommendations would be, and this was the reason we stated that it should be action to implement those recommendations which had to be taken without delay after that report.

Councillor Long asked if past experience indicates that this would not happen and whether there were examples. Mr Burden responded that he did not mean to imply that. As soon as Healthwatch knew what was coming out of the Newsnight Report he along with Mr Cave had a meeting with David Melbourne from ICB which was before we had published our four ground rules. We verbally put to him then what we would be looking for in terms of the investigation. Verbally he agreed then. The reason we put it in writing afterwards was partly because we thought that there was so much that was happening at UHB in terms of who said what to who when.

We thought it was important to get it on the record and what was our ask was on that, but also to get on record without ambiguity the ICB response and UHB response to that and NHS England response to that so as to create an audit trail. We also knew that the whistle-blowers were concerned and that others had expressed concerns before it was submitted for statutory public enquiry of the kind that was set up in relation to Mid-Staffs. We did not in any way close the door on that and if the reviews that were being set up did not meet what was required was the reason we wanted to put it on record now to show that we wanted anybody to have confidence in this review.

Councillor Sleigh enquired about the timescale and what would be done about keeping this on top of the agenda. Mr Burden stated that we will constantly be

monitoring this through as Healthwatch and were just one of those monitoring. Our role and focus were patients and the public which was our core mission. The allegations here go a lot further and all of them will end up on what this impact had on patient care. Mr. Burden said that others would also be monitoring this including the External Reference Group chaired by Preet Kaur Gill, MP and the Joint HOSC.

Councillor McCarthy queried whether councillor comments would be fed in by Cross party independent reference group. Were we clear that those were going to be fed verbatim to the next level into the review groups themselves. Mr Burden, the Cross-party independent reference group has not yet met, but he understands that the terms of reference had not yet been made available either. Again, Healthwatch were not running the Cross-party independent reference group. His understanding was that its role would be one of scrutiny. That reference group was not going to be part of the review but was going to be part of the scrutiny mechanism to ensure that the review did what it needed to do. The former NHS England Deputy Medical Director, Professor Mike Bewick, who was undertaking the review, had made it clear that anybody could provide evidence directly to him and was happy to have his personal email address shared for this purpose.

**6. RESOLVED: -**

That the Committee endorsed the ground rules proposed by Healthwatch Birmingham and Healthwatch Solihull as set out in Appendix 1 to the report.

That the Committee monitors the implementation of the recommendations from the reviews.

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**INDEPENDENT REVIEWS AT UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST (UHB)**

David Melbourne, Chief Executive Officer, Birmingham and Solihull Integrated Care Board and Jonathan Brotherton, Interim Chief Executive, University Hospitals Birmingham NHS Foundation Trust presented the item.

(See document No. 3)

Mr Melbourne made the following statements:-

The University Hospital Birmingham (UHB) provides the majority of secondary care for citizens within our city with over 22,000 staff, 1200 consultants and was one of the largest health providers in the country and indeed Europe. The majority of the care was high quality care, and he would not want people leaving the meeting thinking that that this was not the case. There was no doubt that we as an NHS had to look at the issues raised by Newsnight Programme. One of his jobs was to make sure there was confidence in the NHS locally. The majority of the care through all our system was high quality care.

Mr Melbourne advised that the NHS had commissioned three reviews and then drew the attention of Committee to the information contained in the slide presentation - *Timeline and schematic overview – Reviews into patient safety, culture and leadership at University Hospitals Birmingham NHS Foundation Trust* and highlighted the following reviews:

- Patient Safety Review – commissioned by ICB
- Culture Review – commissioned externally by UHB Interim Chair Dame Yve Buckland
- Well-Led Review – UHB to work with NHS England to undertake a Well-Led review

The Patient Safety Review and the Culture Review was decided prior to the Newsnight Programme and not in response to the programme. None of the experts undertaking the Well-Led review were from Birmingham and none of whom were local to Birmingham and none of whom were in the UHB. That report would go to Jonathan Brotherton, Interim Chief Executive and Dame Yve Buckland, UHB Interim Chair.

For those types of reviews, most organisations will have every 3-4 years and it was good to take stock and learn from them. The Culture Review takes longer to assess and understand the culture in an organisation and will be commissioned externally by UHB Interim Chair Dame Yve Buckland. No one at the trust or in the system that undertakes that review would be involved in doing the review, there was clear independence there. This review will report to Dame Yve Buckland and Jonathan Brotherton.

The third review was the issue around patient safety. Mr Melbourne stated that he was as shocked as anybody when he heard the Newsnight report and that it was decided to look at the Patient Safety Review. This was specifically focussed on those allegations made in the Newsnight programme. There were six specific allegations in the programme, and we will focus on those allegations. It was important to place on record that no one involved with this review worked in Birmingham or has worked at UHB.

In terms of the Culture Review it was clear from the outset that that needed to be clinically led and what they did not want was anyone amongst the consultants coming in to do that and therefore we needed a senior clinician, someone who had not worked in the system preferably so we could avoid accusations of bias or vested interest. Professor Mike Bewick ticked all those boxes.

Our intention was to do the first two reviews and not the second one, but it was recognised that he had spoken with Professor Mike Bewick on a regular basis that it was important that he may find things in the initial review that he has to refer on either the Well-Led reviewers or the Cultural reviewers. These were big issues that needed to be resolved and he will make recommendations by the end of January. He has also committed to come back in May to see whether those recommendations have been implemented. He added that he recognised what colleagues around the table had stated regarding timeliness, but that he had no apology for the speed at which the last review was commissioned.

It was imperative, given what he was hearing in the media that they acted at appropriate speed. If he did not do that, he would have been criticised for dragging his feet. There was a balance between the two and that was what was considered in terms of timeliness. It was perfectly in the boundary of good governance to undertake the three reviews and report them through our normal processes to process these Healthwatch, Health and Wellbeing Board and to our own internal governance processes in the NHS.

Our Quality Committee at the ICB was chaired independently by Liz Hughes and the Cross-party reference group chaired by Preet Kaur Gill, MP was working with her to ensure we had that additional transparency. The terms of reference were with Preet Kaur Gill, MP at the moment who had helped to develop those terms, and these will be available early next week. They will be considered at the meeting on the 26 January 2023 by that reference group. This reference group includes local politicians, Karen Grinsell, Chair of Solihull Health and Wellbeing Board, Councillor Mariam Khan, Chair of Birmingham Health and Wellbeing Board. A request was also made for a local Conservative MP and a local Labour MP to sit on this group.

Professional representatives from the Trades Unions were also included from the RCN and the BMA and an expert from Ernest Young Governance in Public Services as well as expert colleagues. This did not include anyone from his or Jonathan Brotherton's team as they have tried to ensure there was full independence. People could feed into this through the Virtual Town Hall Session details for which was on the slide that was circulated. This gives opportunities to citizens to raise concerns or through their MPs to tell the review team. Dame Yve Buckland and Jonathan Brotherton had met with councillors in Birmingham, and they were clear that if there were any constituents who wished to raise anything to contact them, and they will pass those concerns through to the reference group and Professor Bewick.

Our whole intent was to be open and transparent. Now we have commissioned these reviews there had to be less of a focus on looking for a scapegoat. The NHS at the moment was under extreme pressure and we needed to get on and deliver services whilst also given the confidence whilst doing these reviews. Working with Healthwatch, local councils and NHS England we will be able to do that. We were speaking with the Care Quality Commissioner (CQC) about this and their role. It was important to get something out within the next 2 - 3 weeks at least as a start and this was the reason it was so important to link into the Joint Overview and Scrutiny Committee meetings. The initial report from Professor Bewick will go to the 7 February meeting.

In response to questions and comments Mr Melbourne made the following statements:-

1. Mr Melbourne noted the Chair's queries concerning the Virtual Town Hall Session and how people would link into that session.
2. In terms of councillors who may have queries from their residents what the contact point was for the Cross party reference group and advised that people could go to the Cross party reference group chaired by Preet



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Kaur Gill, MP, but would prefer if people went to Professor Bewick's group as he wanted to hear directly from individuals.

3. Regarding the link to the Virtual Town Hall Session, he was unsure how this would be done but undertook to get back to the Chair on this point. The people attending the Town Hall session were those who had contacted Preet Kaur Gill, MP.
4. A number of people had contacted him, and others were contacting Professor Bewick directly and that it was those people who were invited to those meetings. Professor Bewick also stated that if people were not comfortable in speaking in an open forum, he would speak to them one to one.
5. Mr Melbourne undertook to get the contact details for the Virtual Town Hall Session and for Professor Mike Bewick circulated to the Committee. He advised that the terms of reference were with Preet Kaur Gill MP which would be considered at the first reference group meeting on the 26 January and, once agreed, will ask for them to be published.

At this juncture, Councillor Gareth Moore voiced concerns that there were no details in relation to how a member of the public could engage with the Cross-party reference group. If it was meant to be a political engagement it was poor as no one would actually know how to join or feed into it important details. Regarding the briefing that was given to councillors last time was that the engagement with local councillors was more than the Cabinet Members. The NHS seem to think that if they tell the Cabinet Members something that was engagement with councillors but that was not the case. The NHS was frequently not engaging at the local level with local councillors.

6. Mr Melbourne stated that the purpose of the Bewick Review was clear and that it needed to be clear why people wanted to be in touch with Professor Bewick. The terms of reference had been agreed with Healthwatch and it was not about engagement about everything that happens at UHB.
7. It was specifically what was in the terms of reference and about understanding what that review was about. He undertook to ensure that people got Professor Bewick's information and that people knew how to get onto the Virtual Town Hall. Preet Kaur Gill, MP, office was managing the arrangements around that.
8. Mr Melbourne noted Councillor Mackenzie's comment concerning a review that was done in 2013 in Staffordshire and advised that an American Don Burke undertook that review and that Professor Bewick understood as he did the reviews at Morecombe Bay and that he understood all the issues that Don Burke would have highlighted.
9. It was needed to distinguish two things – what was claimed and the allegations in the Newsnight review which we were looking into and the experience that many of our citizens had of the NHS. If you work from

the top of the NHS all the way through, we would say that December was incredibly challenging.

10. We had flu, Covid and industrial actions and record levels of demands, we knew we were not where we wanted to be. Birmingham and Solihull was one of the fastest improving systems in terms of its cancer waits, over 78 weeks waits and other areas. This was not saying that we did not have a lot to do.
11. Mr Melbourne stressed that there was confidence in the local NHS as they had some fantastic teams that were working incredibly hard. There was industrial action again next week and we had to navigate that for our patients safely. He acknowledged that the lived experience of many people was not great including the mental health service. He stated that his job was to help improve that.
12. Mr Melbourne noted Councillor Sexton enquiry regarding the stimulus for setting up the review and advised that the NHS has a process of governance that looked at all its providers and already there were some issues with UHB that we knew within UHB and outside UHB that we had to look at.
13. We had a process where NHS England had board meetings with the local Integrated Care Board (ICB) with the provider and the NHS Board and it was that meeting which sets the requirements for a Well-Led review and the Review into Culture. Our assessment at the time was that that was what was required. What we added to that was something else – the Bewick review which was specifically around patient safety, and he would feed into those reviews and come back and tell us if we had done what we said we had done.
14. Mr Melbourne further noted Councillor Sexton’s statements on the importance of general mental health support, in addition to support in relation to suicide and will raise this with Professor Bewick. Cllr. Sexton also raised that page 30 of the document set out that the review group as asked for assurance that the members of this group will be independent of the Trust and also that staff have moved between the Trust and ICS. In response to Cllr. Sexton’s question about page 27 “BSOL ISB 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” he gave assurance that this does not pre-determine the outcome of the review gave assurance that it was the wording rather than anything else and apologised for how that came across.
15. With regards to independence of the review and oversight group, we were not unique and that he would not be an apologist for this as he was not unique as he was a senior staff drawn from a broader system. There were 40,000 staff in the NHS locally 22,000 of which was at the UHB. What he had committed to was to ensure that none of his colleagues who worked at UHB would be involved in any of these reviews or in the oversight group.

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16. UHB staff could get in touch with Professor Bewick and that he would ensure that Professor Bewick's email address was available to staff who wish to contact him directly.
17. Cllr. Sexton asked how staff have been informed of the reviews and how they can contribute. Mr. Melbourne, stated, the scope of the Bewick review and that when you have 22,000 staff not all of those staff will be happy. Therefore, we needed to ensure that if we opened that up it makes the whole thing undoable about the local population. The new leadership at the Trust are listening to staff.

Jonathan Brotherton, Interim Chief Executive, University Hospitals Birmingham NHS Foundation Trust stated that he had been with the organisation for nine years and almost all of that time as the Trust's director and more latterly as the Deputy Chief Executive since April 2022 and assumed the role of Interim Chief Executive since the beginning of January 2023. He advised that Dame Yve Buckland had joined as the Interim Chair at the same time, and they were taking this moment in time to speak with many people as they possibly could for the following reasons: -

- ❖ There was clearly a strength of feeling that exists that needed to be heard understood and acted upon.
- ❖ There were many of the staff that were concerned about the impact of the negative coverage that was in the media, being talked about as we were discussing it today that was impacting on the public in their confidence to access services at the hospital.
- ❖ Our own patients were all under our treatment and people that were having our treatment in the past and were wondering if everything was alright. We needed our staff to be on top form during the difficult time just outlined by Mr Melbourne.

For the whole NHS this was one of the toughest periods that he had faced during his lifetime at the NHS. We needed to do everything we could to in our performance during these difficult times – difficult in terms of the demands that had been place upon us and of health care, but also the reporting of the organisation was some of the things we encounter. We were doing our best to address all of these things at the same time. What we were clear about was that when it comes to the Cultural Review that was being commissioned we needed some independence and support in delivering that.

Dame Yve Buckland was in the process of identifying an organisation to come in and oversee that Cultural Review to ensure that everybody got the chance to speak up through whatever route they feel most comfortable speaking up, whether that was confidentially or whether that was in person or however that may be. The Trust will be providing a variety of opportunities so that people could share their experiences, thoughts and any concerns that they have. We will take that information that we were already doing but will continue to build upon that in order inform what we needed to do going forward. There was quite a lot of overlap as Mr Melbourne had described. For the Patient Safety Review the terms of reference was in the pack and anything that was learnt from the Patient Safety Review would be fed into the Cultural Review and the Well-Led

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Review. We were doing our best to tie all of this together at the same time and provide opportunity for people to speak.

In response questions Mr Brotherton and Mr Melbourne made the following statements: -

- I. In response to the Chair's question, Mr Brotherton agreed to find information about the number of referrals to staff counselling and stated that they had a range of services that were available for staff to speak up.
- II. That there were a number of other health and wellbeing measures that were put in place over the last few years during the pandemic and also during some of the more tragic events that was reported in the media.
- III. We had stepped up the support that was available to people, but we also knew that those services needed further development and enhancements and we were committed to do that as well.
- IV. Mr Melbourne advised that regarding proposals for the public launch etc. we had a plan around how we would launch that and how we would engage with communities on that. Cllr. Pocock said the response to the initial findings will be crucial to trust in the subsequent reviews.
- V. The plan needed to be worked through with the reference group to ensure the reference group was comfortable with that, but that they do have some constraints as Professor Bewick will be away for three weeks from the 9 February 2023.
- VI. We had a short window in which to do this as we would like for Professor Bewick to be there. He has a team working with him so it might be some of his team. We were working through the details of that at the moment.
- VII. There will be a published report which will be made public but the process for that opportunity needed to be worked through. Once the report was published there will be an opportunity for people to come back on that, but that he did not have the details at the moment.
- VIII. As stated earlier, the report would go in draft to the reference group on the 7 February, but he needed to work through the logistics as to what happens after that as Professor Bewick who was leading the report would be in the USA for three weeks after that so that needed to be worked through.
- IX. Mr Brotherton noted Councillor Sexton's comments that there appeared to be some perception amongst some staff that psychological support was difficult to access and that this could be communicated to staff more effectively and undertook to take this issue on board.

Mr Burden made the following statements: -

- Mr Burden referred to the earlier discussions and the four ground rules and stated that in relation to the Patient Safety Review, even though concerns had been expressed by a number of the whistle-blowers, about whether it was sufficiently independent and transparent it could at least be said that in relation to the flowchart that Mr Melbourne had provided, it was clear who was doing it.
- It was clear within the ICB who will be monitoring that from the ICB's viewpoint, and it was clear that there would be the external reference

- group. Whether those were radical needed to be seen, but at least it was there.
- With regard to the second and third reviews he had no such confidence as there was no details that would guarantee their independence. There was very little in terms of their transparency and no details in terms of who actually would be charged in responding to the recommendations.
  - We knew that the concerns that were expressed at UHB, there were some new ones in the report but only some of what came out of what Healthwatch had been raising for the best part of the last 18 months. We knew that we had been raising these with the Trust the Care Quality Commission (CQC) and to some extent publicly in response to the CQC's reports.
  - We knew that Unison had placed a detailed dossier to the CQC in the summer of 2021 which had upheld all of the things that had subsequently came out in the Newsnight report.
  - We knew that in the autumn of 2021 UHB own speak up guardian reported from his survey that 50% of the employees that he had surveyed stated that they would be worried about the detriment if they spoke up about the concerns, they had about the way the Trust operates.
  - What we had been told today regarding the second and third reviews would be processed through the NHS's normal mechanisms and that he was not confident that that was good enough.
  - Mr Burden highlighted that an awful lot of people were asking the question now if so, many people knew so many bits and pieces of what came out in Newsnight report at least 18 months or longer before the Newsnight report came out and questioned what the institutions of the NHS were doing about it.
  - What UHB governance process was doing about it and what other supervisory structures of the NHS were doing about it. These were important matters to be debated and that he did not wish to prejudge the results of any of these reviews, but this was precisely why they wanted to put those four ground rules on the record.
  - Independence, transparency, going where the evidence leads and acting on those recommendations – we really needed more about those reviews we needed to know who was going to do them, how were they going to guaranteed that they would be independent, who was going to look at them, whether there was going to be the same kind of independent oversight process in relation to the second and third reviews that there was in relation to the first review and whether the findings would be made public.
  - If the answer to any of those was anything less than an unequivocal yes, then he would have problems with it.

Mr Melbourne undertook to go back and ensure, having heard what was being said that we take on board the second and third reviews some of those concerns. He added that he had already spoken to Preet Kaur Gill, MP about this who had some of these concerns as well. He added that he had already spoken to Professor Bewick and Dame Yve Buckland about it and his emerging thought was how could the independence or how could we as a body use the independence of Professor Bewick to oversee all three reviews to bring that

overview of all of them. This was something that he could not commit to at present.

One of the reasons the Culture Review and the Well-Led Review, there was not quite the clarity as the Patient Safety Review was that we have not yet got the terms of reference. Once we got that we would be able to state what was happening. He added that he was not aware of any reticence to share the findings of the Well-Led Review or the Culture Review and that he needed to take that back.

The Chair advised that this Committee meets again on the 15 February 2023 and enquired whether the details would be made available then. Mr Brotherton advised that the Well-Led Review was being led by NHS England. He further advised that regarding the Culture Review the reason the details was not available was that it was still being worked through and that as soon as this was available the details would be shared. Whether this be on the 15 February or another date it was uncertain but that he would feedback to the Chair this afternoon to see if they could get that ready for the 15 February Joint Health Overview and Scrutiny Committee (Birmingham & Solihull) meeting.

The scope of the review was being worked through at the moment and there were external organisations that specialised in this that the Chair was speaking with to understand which one would be best and how we could ensure it was extensive enough to be appropriate. This would then inform the timescale that was involved and what we could report back and when it could be reported. There was no reason why the findings of the NHS review could not be made available in the public interest as this was the right thing to do.

Mr Melbourne undertook to come back and address those issues about the oversight overall at February's Committee meeting.

**7. RESOLVED: -**

That the Committee noted the update and asked for a further update to the next meeting.

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**WEST MIDLANDS AMBULANCE SERVICE REPORT**

Vivek Khashu, Strategy and Engagement Director, West Midlands Ambulance Service and Mark Docherty, Director of Nursing and Clinical Commissioning, West Midlands Ambulance Service presented the item and drew the attention of the Committee to the information contained in the slide presentation highlighting the key points.

(See document No. 4)

In response to questions and comments, Mr Khashu and Mr Docherty made the following statements: -

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- a. Mr Khashu noted Councillor Long query concerning first response and advised that in terms of the model of care they had moved away from the solo response base to a different kind of model.
- b. Each of the WMAS ambulances had a paramedic on board which was not the case for any other ambulance service.
- c. If we were to go to another ambulance service, there would only be 30% of the ambulances that had a paramedic. They had other grades of staff.
- d. There was kind of a dichotomy as we had paramedics doing solo response, but the question was what happens when that patient needed to go to hospital – they would not get you there on the back of a motor bike etc. so an ambulance would then come. That person may get there quickly but may stop there for hours with the ambulance then turning up.
- e. When we looked at the reason for changing our model of care was that it was a less efficient model.
- f. Looking at resources per incidents that model of care required more resources per incidence. We wanted to get an ambulance to a patient because s/he could make the decision to leave them at home or if they needed to be transported it was there.
- g. Prior to two years back we did not have an issue of responding with an ambulance, but we did not have to send a first responder.
- h. Mr Docherty stated that a good example of what Mr Khashu was describing was if you had a stroke, what you needed was to get you to a stroke unit quickly and a motorbike did not help in that respect.
- i. What we were now looking at was the period of time between calling and getting an ambulance because as Mr Khashu stated we never had a problem of getting there quickly up until the last year and a half to two years.
- j. If you were in cardiac arrest getting an ambulance 15 minutes late would probably not be worth it as you would almost certainly be dead unless someone was with you to help.
- k. One of the things we were advertising was to expand our first responders – a cardiac arrest was a good example where even an ambulance getting to you in 7 minutes was too slow. Someone needed to be there usually with a defibrillator so that they could help you quickly and then the ambulance gets there to stabilise and take you to a specialist centre.
- l. We had to look at the model we had because we were not going to get back to where we used to be. Mr Khashu has been in the service for 21 years and he had been in for nearly 40 years.
- m. Some of these things he had seen before, the long waiting times in hospitals which were a lot longer than they were now. None of the things that Mr Khashu had spoken about was due to Covid and we should not believe anyone that stated that we had a bad year because of Covid and that that was what had caused this.
- n. Mr Docherty stated that he was writing about this issue 7 – 8 years ago and he did not know about Covid at the time, but what had happened happened quicker as a result of Covid.
- o. The delays at hospitals were always going to reach a peak in the way that they had it might have been next year or the year after. The way the graphs were going it was going to happen so in a sense it was wrong for people to sit here and say that we had a bad year due to flu and Covid.

- p. We always had flu, Covid was on the risk register a novel respiratory virus which had always been a threat to the NHS. We got through it but what we had to do was to recalibrate where we were all at to be able to provide the right service that people needed.
- q. In response to a comment from Councillor Long, Mr Khashu stated that there was generally us having a much bigger range of alternative pathway. Two years ago, we had urgent community response, and we were putting through 30 – 50 patients per day through that.
- r. Undoubtedly patients would think that given what I have heard, I would not bother to ring 999, I will just make my way there. That was undoubtedly happening.
- s. During December this was fairly bad and what we had to do in response to this was to say to patients, if you needed an ambulance but if you could make your way to hospital please do so. This amounted to hundreds of patients.

**8. RESOLVED: -**

That the Committee considered and noted the West Midlands Ambulance Service report and asked for a further update at the 13<sup>th</sup> of March 2023 meeting.

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**BIRMINGHAM AND SOLIHULL INTEGRATED CARE SYSTEM UPDATE ON PERFORMANCE AGAINST FINANCE AND RECOVERY PLAN**

Paul Athey, Integrated Care System Finance Lead introduced the item and drew the attention of the Committee to the information contained in the report highlighting the key points. It was reported that the ICS has high confidence that it will deliver against statutory financial duties in 2022/23 with the deficit reducing to break even position at the end of the year. There has been improvement in the key performance indicators for the health system. However, there remain significant challenges and improvement required.

(See document No. 5)

A brief discussion ensued, and the following points were made:

In response to a question from Cllr. Sexton about the proportion of patients that receive adequate pain relief, Mr. Athey said this was likely to be data that providers would collect and included in the Quality Accounts. Cllr. Sexton related the length of time waiting in A&E and the importance of pain relief when required. Mr. Athey agreed to ask providers to look into this.

Cllr. McCarthy asked about the right to reside and the flow through the system affecting the WMAS. Mr. Athey agreed that the flow through the system is vital, and that the local system was a higher performing system when compared to regionally and nationally on the right to reside. He said the work with social care colleagues meant that delays in discharge were not due to access to social care support. The challenges are flow through the hospital so there are better links with community services in hospitals described as the 'pull model'.



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Additional funding has been made available to purchase packages of care and there is daily reporting on the number of beds / additional packages. There is also more work to be done on identifying discharges early. The hospital carries out analysis of the different processes that enable effective discharge.

Cllr. Sleight gave examples of discharge in the acute hospital where there was delay due to medication not being ready compared to a rehabilitation hospital where it went smoothly. Mr. Athey said there are daily calls at an Executive level and operation level and each provider gives the numbers of patients to be discharged at each part of the day. Issues around staffing have slowed processes. There is a steady decline in the number of patients medically fit for discharge.

Patients should not be put in the position where they feel they are the problem if there is a delayed discharge.

There is an ambition to reduce the out of area mental health placements to zero by summer 2023 and there are currently 1400 cases. Cllr. Pocock asked what proportion of patients this represented and Mr. Athey said he would find this figure. There have been significant challenges to access to mental health beds nationally. Additional 20 bed capacity has been commissioned in Birmingham but to reduce the out of area placement will also require a reduction in length of stay.

### **9. RESOLVED: -**

That the Committee noted performance to date and provided appropriate scrutiny and challenge to financial and operational delivery within the Birmingham and Solihull ICS and asked for a further update at the 13 March 2023 meeting.

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### **DATE AND TIME OF NEXT MEETING**

10. It was noted that the next meeting of the Joint Health O&S Committee (Birmingham and Solihull) will be held on Wednesday 15 February 2023 at 1800 hours, in the Civic Suite, Solihull MBC.
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### **OTHER URGENT BUSINESS**

11. No other urgent business was submitted.
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The meeting ended at 1635 hours.

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CHAIRPERSON