

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 26 July 2018**

<b>Title:</b>	<b>UPDATE ON THE STRATEGIC OPERATIONS STEERING GROUP</b>
<b>Responsible Director:</b>	Kevin Bolger, Executive Director Strategic Operations (and External Affairs)
<b>Contact:</b>	Randeep Kular, Service Integration Team

<b>Purpose:</b>	To present the update to Board of Directors on progress with the work of the Strategic Operations Steering Group (SOSG).
<b>Confidentiality Level &amp; Reason:</b>	N/A
<b>Annual Plan Ref:</b>	Aim 1: Always put the needs and care of patients first.
<b>Key Issues Summary:</b>	<ul style="list-style-type: none"> <li>• Strategic Operations Steering Group has been established, with terms of reference and governance structure agreed.</li> <li>• A Programme of work has commenced.</li> <li>• Phase 1 clinical specialties identified under Case for Change are being reviewed.</li> <li>• Phase 2 clinical specialties have been identified and are also being reviewed to better understand their current position to facilitate service integration.</li> </ul>
<b>Recommendations:</b>	<p>The Board of Directors is asked</p> <ol style="list-style-type: none"> <li>1. To accept this update on the work of the Strategic Operations Steering Group</li> <li>2. Agree to receive another update in October 2018.</li> </ol>

<b>Approved by:</b>	Kevin Bolger	<b>Date:</b>	26 July 2018
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 26 JULY 2018

### UPDATE ON THE WORK OF STRATEGIC OPERATIONS STEERING GROUP

#### PRESENTED BY THE EXECUTIVE DIRECTOR OF STRATEGIC OPERATIONS

##### 1. Introduction

Following the completion of the Case for Change and a successful merger, University Hospitals Birmingham has become a larger, more complex organisation. The Trust is committed to realising the benefits outlined in the Case for Change and has therefore established a Strategic Operations Steering Group (SOSG), chaired by Executive Director Strategic Operations (and External Affairs) Executive Director Strategic Operations (and External Affairs) to assist with the post-merger integration of services.

##### 2. Executive Summary

This paper is the first update to the Board of Directors on the work of the Strategic Operations Steering Group, which was established in May 2018. It outlines the purpose of the group, the potential opportunities, the current priorities of the group and decisions made to date.

##### 3. Strategic Operations Steering Group (SOSG)

###### 3.1 The purpose of SOSG

The purpose of the SOSG is to identify, prioritise and implement the planning and standardisation of services across all UHB sites. This will be carried out by applying the following guiding principles:

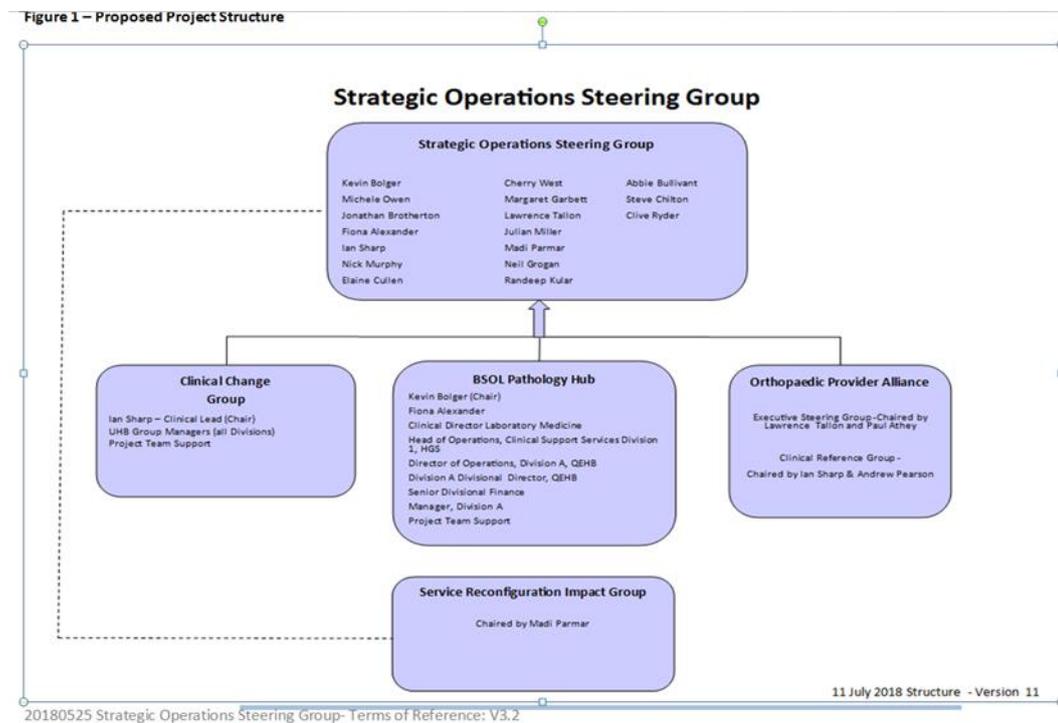
- To offer clinical benefits to patients and provide services in the most appropriate setting
- To maintain or improve the quality and sustainability of clinical services
- To improve efficiency, productivity and identify cost savings

### 3.2 Governance structure

The SOSG will be Chaired by Kevin Bolger - Executive Director of Strategic Operations. The membership of the group is outlined in Figure 1, which also shows that the following groups will feed into the SOSG:

- Clinical Change Group – Chair: Ian Sharp
- Service Reconfiguration – Chair: Madi Parmar
- BSOL Pathology Hub – Chair: Kevin Bolger
- Orthopaedic Provider Alliance – Chair: Lawrence Tallon

This group formally reports to the UHB Trust Board and will provide a written update on a quarterly basis. The Chairs of the Clinical Change Group, Service Reconfiguration Group, BSOL Pathology Hub and Orthopaedic Provider Alliance will provide updates to the SOSG.



### 3.3 The potential opportunities

The potential opportunities identified are to:

- standardise care pathways and processes, supported by a single IT system, so that patients experience the same high quality of care wherever they enter our hospital system
- continuously drive up standards by spreading best practice across our hospitals; where standards are variable at the moment we propose to 'level up to whichever is best' rather than 'meet in the middle'
- consolidate the most specialised care to concentrate rare professional expertise and expensive equipment, improving quality and sustainability for the longer term

- deliver lower complexity care close to where people live, tailored to different communities' needs
- realise economies of scale, for instance in purchasing power and recruitment potential

In many cases, these opportunities exist within the new, expanded Trust. In some cases, such as obstetrics and gynaecology, paediatrics or orthopaedics, these opportunities will be pursued by working with our partners in the Birmingham and Solihull Sustainability and Transformation Partnership (STP), and the emerging provider federation within it. It is anticipated that the focus will mainly be on planned care, such as outpatients or elective surgery.

### 3.4 Clinical Review

The case for change to support the merger selected a small number of specialties to demonstrate the potential benefits, and did so successfully. The SOSG are reviewing the clinical services, with joint leadership from divisional triumvirates at HGS and QEHB, to quantify, prioritise and then deliver the benefits of working at a greater scale across the new trust. This work will be overseen by a new Strategic Operations Steering Group.

### 3.5 Phase 1 Specialties

The initial focus is on reviewing the specialties originally identified in Phase 1. These are as follows:

- Interventional Radiology
- Plastic Surgery
- Neurology
- Nephrology and Renal Medicine
- Cardiology
- Vascular Surgery
- Diabetes
- Gastroenterology/ Liver Medicine

### 3.6 Phase 2 Specialties

At the June SOSG meeting the next stage of the Clinical Review was discussed. The Group decided that the next eight specialties to focus on will be:

- Upper GI
- Pharmacy
- Clinical Oncology
- Ophthalmology
- Radiology
- Urology
- Pathology
- Trauma and Orthopaedics

### 3.7 Away Days

On the 2 May and also the 25 June Away Day sessions were held with key staff, including clinical leads. Through these sessions and additional meetings a comprehensive set of discussions between specialties have been initiated to explore the opportunities for working across sites. As proposals emerge, the Strategic Operations Steering Group will produce a prioritised list.

## 4 **Current Position**

### 4.1 SOSG Meetings

The SOSG has now met three times since May 2018 and receive updates from the Chairs of the Clinical Change Group; Service Reconfiguration; BSOL Pathology Hub; and the Orthopaedic Provider Alliance.

### 4.2 Decisions Made

In order to allay any potential concerns, we can state equally clearly five things our clinical reviews will not do:

- We will not close any of our Emergency Departments.
- We will not close any of our four hospital sites (indeed we will invest in their development and retain their unique brands which are important to patients).
- We will not reduce the number of hospital beds.
- We will not reduce the number of clinical staff we employ (we aim to increase their number).
- We will not compromise on the quality of care we provide in any of our clinical services.

### 4.3 SOSG Priorities

The group has agreed to review the Phase 1 specialties as its immediate priority. To assist this review, data packs for each of the eight specialties identified within the Case for Change are currently being collated and work with each of the Divisional teams is also ongoing. This will allow SOSG to analyse the progress made for each clinical area across the enlarged trust. The second item within the programme of work for SOSG will be to repeat the review for the eight specialties identified for Phase 2. In addition, meetings with the Clinical Service Leads and triumvirates for the Phase 2 specialties will also take place. The work of SOSG will build on the initial work which commenced at the Away Days listed in 3.6 above.

## 5. **Conclusion**

5.1 At this stage, there are no firm proposals to bring to the Board of

Directors. As part of the process of developing the new Trust strategy, we have initiated a comprehensive set of discussions between specialties to explore the opportunities for working across sites. As proposals emerge, the Strategic Operations Steering Group will produce a prioritised list. Work will start with those services where there is the most pressing case for action, for example where there are significant staffing gaps, where the same service is provided across multiple sites but the volume of activity indicates there should be consolidation for quality and efficiency, or where there appear to be different standards of service, quality or patient experience across sites.

5.2 Updates will be shared with the Board on a quarterly basis. Many proposals will be relatively low key business as usual. Where proposals may be more substantial, and if they are approved in principle by the Board, they will then be discussed with key stakeholders, such as patient and community groups, commissioners, other providers and local representatives. In such cases, best practice will be followed along with mandatory requirements, for instance in terms guidance from Royal Colleges, Equality Impact Assessments and legal consultation requirements for clinical service change.

## **6. Recommendations**

The Board of Directors is asked to:

- 6.1 Accept this update on the Strategic Operations Steering Group
- 6.2 Agree to receive another update in October 2018.