

## Health Scrutiny Committee

**Tuesday, 10 January 2023 at 10:30**

County Hall, West Bridgford, Nottingham, NG2 7QP

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of last meeting held on 15 November 2022   | 3 - 14  |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Newark Hospital - Expansion of Elective Capacity   | 15 - 20 |
| 5 | Work Programme   | 21 - 28 |

#### Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenemy (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

## **COUNCILLORS**

Mrs. Sue Saddington (Chairman)  
Bethan Eddy (Vice-Chairman)

Mike Adams  
Sinead Anderson  
Callum Bailey  
Steve Carr – **Absent**  
David Martin

John 'Maggie' McGrath  
Nigel Turner  
Michelle Welsh – **Apologies**  
John Wilmott

## **SUBSTITUTE MEMBERS**

Councillor Mike Pringle for Councillor Michelle Welsh

## **Officers**

Martin Elliott - Senior Scrutiny Officer  
Noel McMenamin - Democratic Services Officer

## **Also in attendance**

Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire
Lucy Dadge	-	Nottingham and Nottinghamshire ICB
Dr. Leona Lee	-	Nottingham University Hospitals Trust
Caroline Nolan	-	Nottingham and Nottinghamshire ICB
Prof. Nikola Sprigg	-	Nottingham University Hospitals Trust
Jenni Twinn	-	Nottingham University Hospitals Trust

## **1 MINUTES OF THE LAST MEETING HELD ON 20 SEPTEMBER 2022**

The minutes of the last meeting held on 22 September 2022, having been circulated to all members, were taken as read and signed by the Chairman.

## **2 APOLOGIES FOR ABSENCE**

Councillor Michelle Welsh (other reasons)

### **3 DECLARATIONS OF INTEREST**

Councillor Mrs Saddington declared a personal interest in agenda item 4 “Update on Health and Care System Winter Planning”, in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Eddy declared a personal interest in agenda item 4 “Update on Health and Care System Winter Planning”, in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor McGrath declared a personal interest in agenda item 4 “Update on Health and Care System Winter Planning”, in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude him from speaking or voting.

The Chairman welcomed Councillor Turner to his first meeting of the Health Scrutiny Committee.

### **5 UPDATE ON NOTTINGHAM UNIVERSITY HOSPITALS ACUTE STROKE SERVICE**

Lucy Dadge, Director of Integration at the Nottingham and Nottinghamshire ICB, and Professor Nikola Sprigg a Stroke Consultant at Nottingham University Hospitals Trust attended the meeting to present a report that provided an update on the relocation of the Nottingham University Hospitals (NUH) Acute Stroke Service. The report also sought the endorsement of the committee that the relocation of services that had initially taken place during the pandemic should be made permanent.

It was noted that the Health Scrutiny Committee had been advised at its June 2020 meeting that it was planned to reconfigure local acute stroke services in order to manage the risk of Covid-19 infections among patients and staff. This change had enabled NUH to treat patients with Covid-19 separately to those who were not infected by creating additional capacity on the City Campus site. The report noted that there had been a clear clinical case for the reconfiguration of stroke services and specifically for the centralisation of hyper acute stroke services, with the changes being aligned to regional and national stroke strategies. The report also noted that it was stated ambition of the local Clinical and Community Services Strategy review that a review of stroke services should take place and that this review would involve a wide-ranging consultation and engagement process with stakeholders.

In presenting the report, Professor Nikola Sprigg advised that the relocation of hyperacute and acute stroke services had enabled assessments and interventions to occur in a timelier way during the earliest and most time critical stages of the stroke patient pathway. It was noted that there had been three significant

geographical alignments made that had optimised the stroke pathway as part of the reconfiguration, these were:

- The Hyperacute and Acute Stroke Service was now geographically aligned with a CT scanner.
- The Hyperacute and Acute Stroke Service was now geographically aligned with the Mechanical Thrombectomy Service.
- The Hyperacute and Acute Stroke Service was now geographically aligned with other critical specialities such as ED, Neurology, Neurosurgery and Vascular Surgery.

Professor Sprigg advised that as the hyperacute and acute stroke services were now geographically aligned with the clinical services that this optimised the stroke pathway, with the relocation of the services eliminating significant delays in patients receiving the required treatment for an optimal outcome following a stroke. Professor Sprigg stated that the relocation of services had resulted in some patients travelling further to access services than would have been the case had services remained at the City Hospital site, but that analysis had shown that this had not resulted in any negative impacts on their care or recovery.

Professor Sprigg detailed the extensive consultation and engagement activities that had been carried out as part of the relocation of services. This had shown broad support for the changes that had been made. Full details of all of the consultation and engagement that had been carried out were attached as appendices to the Chairman's report.

The Chairman sought assurances that the car parking facilities at QMC were sufficient to cope with the additional demand created by the relocation of services from the City Hospital site. Professor Sprigg assured members that parking facilities were able to cope with demand as in emergencies parking was available directly outside of the Emergency Department. Professor Sprigg also advised that changes to hospital visiting procedures introduced during the pandemic had also eased pressures on parking at QMC. The Chairman asked for further information on the planned expansion of car parking facilities at QMC. Professor Sprigg advised that this information would be circulated outside of the meeting.

In the discussion that followed, members raised the following points and questions:

- That the changes to acute stroke services at NUH were positive and had resulted in improved outcomes for patients.
- How the services provided at NUH for stroke patients were of a very high quality and should be praised.
- Members sought assurances that patients self-presenting at Emergency Departments were able to access care as swiftly as patients who had arrived at hospital by ambulance.

- Members asked whether the processes regarding access to services and treatment were the same at Sherwood Forest Hospitals (SFH).
- Members asked what impact the relocation of services had on staff recruitment and retention.

In response to the points raised, Lucy Dadge and Professor Sprigg advised:

- That the NUH and SFH Trusts worked together closely to ensure that care and care pathways were consistent across both trusts. Members were assured that patients at NUH and SFH received the same high levels of care.
- That there were concerns regarding prompt access to care for patients who presented themselves at the Emergency Department, but that this impact was mitigated by having acute stroke services and emergency care located on the same campus at QMC. Members were assured that this was an issue that was carefully monitored.
- That in common with the provision of all health and care services, recruitment and retention of staff was an area of concern. It was noted however that the relocation of services had helped with the recruitment of consultants and was also providing some improvements with regard to the recruitment of nurses.

Members also sought assurances that the care provided for stroke patients would not be adversely impacted by potential strike action in the health service. Professor Sprigg assured members that patient access to emergency care would not be impacted by any strike action but noted that it could impact on follow up services for patients in future months. Members also asked several specific regarding the data included in the information that had been provided in the documentation regarding the consultation and engagement that had been carried out.

Sarah Collis of Healthwatch Nottingham and Nottinghamshire asked for further information on how patient satisfaction with the reconfigured services would continue to be monitored. Professor Sprigg advised that further engagement was planned, in particular with those patients who would now be travelling further to access services at QMC. Professor Sprigg advised however that the benefits of accessing the best possible care greatly outweighed any disadvantages created by having to travel slightly further to access services. Professor Sprigg advised that the provision and effectiveness of all services would continue to be monitored. It was also noted that how services provided would always give regard to the “friends and family test” where those who provided services would always ask whether the services that were provided would be services that they would be happy for their friends and family to access.

The Chairman thanked Lucy Dadge and Professor Nikola Sprigg for attending the meeting and answering member’s questions.

## **RESOLVED 2022/07:**

- 1) That it be noted that:
  - a) the relocation of acute stroke services had maximised the opportunity to provide timely assessment and treatment to patients.
  - b) the patient experience of acute stroke services continued to be positive.
  - c) there was broad support from patients and the public to co-locate emergency services on one site.
- 2) That the proposal to make the re-location of the Acute Stroke Services at Nottingham University Hospitals be made permanent be endorsed.

## **4 UPDATE ON HEALTH AND CARE SYSTEM WINTER PLANNING 2022-2023**

Lucy Dadge, Director of Integration at the Nottingham and Nottinghamshire ICB and Caroline Nolan, Project Director Urgent Care and Flow at Nottingham University Hospitals attended the meeting to provide a progress report on Nottingham and Nottinghamshire Integrated Care Board's winter planning arrangements. At its September 2022 meeting the Committee had considered and discussed in detail a report and presentation on the health and adult social care winter planning arrangements in place for 2022-2023. Arising from those discussions the Committee had requested that a further update be submitted for consideration at its November 2022 meeting.

At the end of September 2022, a Critical Incident has been declared across the Integrated Care System in view of the extreme pressures and extended waiting times to access beds that were being seen at NUH and Sherwood Forest Hospital NHS Trusts. Lucy Dadge noted that a Critical Incident was defined as any localised incident where the level of disruption resulted in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. Critical Incidents could also be declared due to the environment potentially being unsafe that then required special measures and support from other agencies to be implemented in order to restore normal operating functions. Lucy Dadge advised that a Critical Incident was principally an internal escalation response to increased system pressures/disruption to services.

Lucy Dadge stated that in all cases when a Critical Incident was declared then it was essential that the system maintained, and where possible increased the level of flow through all sectors. Lucy Dadge advised that a Strategic Command Group, that was attended by all partners, had been established to lead the response to the incident and to take into consideration the impact and level of risk being held across all partners. Lucy Dadge assured members that once a Critical Incident had ended that there were de-briefs, both in the moment to enable rapid learning and retrospectively which involved more developed feedback. It was noted that this work had helped to identify actions that could be incorporated into business-as-usual activities as well as those that had supported the response to the Critical Incident.

A full report that provided detailed information on the Critical Incident and the ICB's response was attached as an appendix to the Chairman's report.

Lucy Dadge advised the committee that analysis that had taken place over the summer had indicated that there could be the potential for a Critical Incident in September and that despite the ICB's best efforts there had not quite been sufficient time for all of the planned mitigating actions to be fully put in place to prevent it. Lucy Dadge noted that the 24/7 System Control Centre that had been created as part of the ICB's winter planning preparations would play a vital role in whole service planning and reducing the likelihood of Critical Incidents being declared in the future.

Lucy Dadge and Caroline Nolan provided a presentation to the meeting. A **summary** of the presentation is detailed below.

- How during 2022 the Nottingham and Nottinghamshire health and care system had declared two critical incidents due to the extent of pressures driven by acuity of admissions, impact of COVID infection rates, staffing levels and ambulance turnover pressures in Emergency Departments
- How pressures on health and care systems were likely to increase over the winter period due to people being more likely to require admission to hospital or suffer winter illnesses.
- That the winter plan would enable health and care systems to respond effectively when people needed to access urgent and emergency care. There was also an increase in activity that was focussed increasingly to prevent ill health and to anticipate care needs, shifting the focus to prevention as well as response.
- How projections from previous winter demand increases, influenza and likely covid infection rates had been used to put in place plans to manage increased demand for services. This had resulted in creating additional capacity into many services, including hospital and community-based beds, increased care in home settings and expanding services that could safely care for people outside of hospital.
- The Autumn vaccination programme for influenza and COVID-19 had been delivered in order to prevent as many infections as possible.
- The importance of maintaining effective "system flow" through health and care systems throughout winter as delays and backlogs in accessing care that occurred in one care setting could have a detrimental impact for patients and staff.

- The ongoing challenges to recruit to all vacant posts across many health and care roles and the likely challenges with winter illness and infection in staff.
- The ICB was establishing a 24/7 System Control Centre that would
  - Maintain real time visibility of operational pressures and risks across providers and system partners.
  - Take action across the system on key issues impacting patient flow, ambulance handover delays and other clinical and operational challenges.
  - Work with all partners on dynamic responses to emerging challenges and mutual aid.
- How the ICB would be working to build community resilience in areas including:
  - Working alongside community, faith and voluntary groups to identify vulnerable groups and provide support/signposting to appropriate advice.
  - Asking communities and volunteers to support older family and friends with their care needs particularly at the point of discharge from hospital.
  - Sharing information regarding health prevention activities, such as vaccine uptake and access to healthcare.
  - Supporting access to food banks, travel schemes and heating support through partnerships with voluntary and community services.
  - Maximising uptake of support schemes/benefits/financial advice across the area.

The Chairman asked if current levels of flu and Covid-19 were impacting on the delivery of health and care services, particularly with regard to elective procedures. Caroline Nolan advised that that the most recent peak in Covid-19 infections had been lower than had been anticipated and that the number of patients in hospitals was declining. It was also noted that cases of flu were currently at the levels that had been anticipated. Caroline Nolan assured members that that as such levels of Covid-19 and flu infections were not impacting on the delivery of elective procedures and that intensive care provision was also coping with the level of demand.

In the discussion that followed, members raised the following points and questions:

- That whilst the delays in the delivery of elective procedures were a concern, members were assured that the ICB had good plans in place to address these challenges. Members asked for further information on how the ICB was planning to reduce the number of patients waiting for elective procedures.

- That the 24/7 System Control Centre was a welcome innovation in managing patient flows through the health and care system. Members asked whether information gathered by the control centre could be shared with the public in order to assist them in accessing services in the most appropriate way.
- Members asked how the 24/7 System Control Centre would be staffed and sought assurances that the centre wouldn't take resources from elsewhere in the health service.
- Members asked if Covid-19 and flu infection numbers or staff shortages and ambulance waiting had the greater impact on patient flow through health services. Members also asked how these factors were monitored in order to support the effective delivery of services.

In response to the points raised, Lucy Dadge and Caroline Nolan advised:

- How the ICB enabled a whole system approach to healthcare planning and how this would support the work to reduce the waiting lists for elective procedures.
- That significant progress was being made in dealing with the waiting lists for elective procedures, with NUH and SFH NHS Trusts working closely together in order to maximise capacity.
- That levels of flu and Covid-19 were not at a level where they were putting a strain on ICU's or impacting on the delivery of elective procedures.
- That the 111-telephone service was able to provide information on levels of demand across health services and that consideration would be given to further ways of sharing this information with the public.
- How a wide range of interdependent factors were taken into account when modelling and managing patient flow and that as such there was no single factor that was more critical than others in managing effective patient flow.
- That the operation of the 24/7 System Control Centre would provide significant benefits for patients both during the winter period and into the future as it became an integral part of the ICB and as such required to be staffed appropriately.

The Vice-Chairman asked how communications were being managed in order to ensure that the public had the right information that would enable them to access health and care services in the most appropriate way for their needs. Lucy Dadge noted the vital role that communications played in managing demand for health and care services and advised that the ICB was currently updating its communications strategy.

In the subsequent discussion that followed, members raised the following further points and questions:

- How capacity at hospitals was managed in order enable the safe and efficient provision of care.
- What had been the main factors that had caused the low staff numbers that had had in turn been a factor in the declaring of a Critical Incident in September.
- Did the possible industrial action that was being planned in the health service create the risk of another Critical Incident having to be declared?
- How the winter period would be a very challenging period for health services.

In response to the points raised, Lucy Dudge and Caroline Nolan advised:

- That it was always the objective to maintain good levels of spare capacity of hospitals in order to support the delivery of acute care services. It was noted that the discharge process was a vital part in achieving this objective, with the focus always being on the numbers of patients being discharged being the same as, or ideally more than the number of patients being admitted. The less full hospitals were meant less pressure across health and care services.
- There had been a combination of factors related to the low staff numbers that had been a factor in the Critical Incident being declared in September including general staff sickness and the start of the season for respiratory viruses.
- Members were assured that during any periods of industrial action that emergency care would continue to be provided and that essential care would be maintained. It was also noted that there were robust plans in place to ensure the delivery of essential services and maintain patient safety during any periods of industrial action.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch raised the following points:

- That the expansion of “virtual wards was to be welcomed.
- The concern around delays in discharging patients from hospital due to the required social care not always being in place in a timely manner and asked the Chairman if a report on this issue could be brought to the Health Scrutiny Committee.
- That the support 24/7 System Control Centre was a welcome innovation. Sarah Collis asked how its performance would be monitored and how this information would be provided to the Health Scrutiny Committee.

- What plans there were for targeted communications to groups of residents who attended emergency departments when it would have been more appropriate for them to access an alternative care pathway for their health and care needs.
- How the ICB was engaging with the voluntary sector to build community resilience.

In response to the points raised, Lucy Dadge and Caroline Nolan advised:

- That the Chair of the ICB was engaging with the voluntary sector regarding winter planning.
- That the ICB understood the challenges of engaging effectively with all residents due to their different communication needs and that their communications strategy and approach reflected this.
- The 24/7 System Control Centre was in its early stages of operation but that its operation would be consistently monitored and reviewed. This performance information could then be submitted to the Health Scrutiny Committee for consideration.

The Chairman noted the importance of all members communicating with their communities the importance of getting vaccinated and in accessing health services through the most appropriate pathway. The Chairman also noted in conclusion that whilst the ICB had prepared thoroughly, that the winter period would still be challenging.

The Chairman thanked Lucy Dadge and Caroline Nolan for attending the meeting and answering member's questions.

**RESOLVED 2022/08:**

- 1) That the report be noted.
- 2) That a further progress report on the Nottingham and Nottinghamshire Integrated Care Board's winter planning arrangements be brought to the February 2023 meeting of the Health Scrutiny Committee.

**6 UPDATE ON EXPANSION OF NEONATAL CAPACITY AT NOTTINGHAM UNIVERSITY HOSPITALS**

Lucy Dadge, Director of Integration at The Nottingham and Nottinghamshire ICB, Dr Leona Lee, Head of Neonatal Services and Neonatal Consultant at Nottingham University Hospitals and Jenni Twinn, Maternity and Neonatal Redesign Programme Director at Nottingham University Hospitals attended the meeting to provide a progress report on the expansion of neonatal capacity at Nottingham University Hospitals (NUH).

The report provided a progress report to the about the targeted engagement undertaken by the Nottingham and Nottinghamshire Integrated Care Board (ICB) in relation to the Maternity and Neonatal Redesign (MNR) programme as well as detailing some changes that had needed to be made to the programme's approach and scope.

It was noted that an initial briefing had been provided to the committee in November 2021 on the planned expansion of neonatal capacity at Nottingham University Hospitals (NUH) through the MNR programme. The MNR proposed an expansion of the Neonatal capacity at the Queen's Medical Campus (QMC), taking the number of cots from 17 to 38. The number of intensive care and high dependency cots at the City Hospital would be reduced, and it would be redesignated as a Local Neonatal Unit (LNU). This would reduce transfers between sites for specialised imaging, surgical care or other sub-specialty input.

Jenni Twinn, Maternity and Neonatal Redesign Programme Director at Nottingham University Hospitals advised that the original MNR proposal had set out a three-phased approach to the neonatal expansion with benefit of this being that the Neonatal service could continue to operate in situ throughout the duration of the construction process, thereby minimising disruption. Jenni Twinn advised however that as subsequent more detailed planning progressed, it had become apparent that the phased approach would not be viable due to the proximity of the construction work to the neonatal babies and the resultant noise levels that could adversely impact their development and difficulties around isolating the Mains gas supply in East Block at QMC. It was noted that significant work had been carried out at NUH to develop an alternative and clinically safe plan to temporarily move the Neonatal service to a different location at the QMC whilst the expansion work was carried out. The report stated that the original timeline, as set out in the November 2021 report had anticipated completion of the programme by the end of 2023 and that the revised approach would see the enabling works starting in March 2023 with the main construction starting in August 2023 and completion by the end of 2024.

The report stated that the original MNR plans had also included redevelopment of the two obstetric theatres (which were adjacent to the Neonatal unit at QMC), since only one of which was currently full size. This improvement work would take both theatres out of use for a period of nine months, requiring alternative theatre space to be made available. Jenni Twinn advised that unfortunately it had not been possible to identify appropriate alternative theatre provision within a suitably close proximity to labour suite. Jenni Twinn confirmed that NUH was seeking to identify alternative space to enable this work to be carried out at a later date outside of the MNR programme.

Lucy Dadge advised that programme represented a major quality improvement for a small number of pre-term babies and their families and that whilst the benefits to these families were significant, this development represented an adjustment to clinical pathways rather than major service redesign. The report noted that in November 2021 members of the committee had supported a targeted engagement approach on the changes that were being made and requested that the findings from that engagement be reported back. Jenni Twinn detailed the outcomes of

targeted consultation process. A full report on the targeted that had taken place was attached as an appendix to the report.

In the discussion that followed, members asked how the issue of babies being transferred to neo-natal units outside of the area was being monitored and what activity could be carried out to reduce such occurrences. In response Dr Lleona Lee, Head of Neonatal Services and Neonatal Consultant at Nottingham University Hospitals advised transfers between sites and out of the area was an area of ongoing concern, but assured members that the situation was being continually monitored. Dr Lleona Lee stated that the only solution to the situation would be having more cots and more staff that unfortunately was not currently possible. Dr Lleona Lee noted that this challenging situation was also one faced by in many other areas of the country.

Members asked several detailed and specific questions around the data and information contained in the appendix that detailed the outcomes of the targeted engagement that had taken place. Dr Lleona Lee advised that further information and clarification on the data in the report would be circulated to members outside of the meeting.

The Chairman thanked Lucy Dadge, Jenni Twinn, and Dr Lleona Lee for attending the meeting and answering member's questions.

**RESOLVED 2022/09:**

- 1) That the report be noted.
- 2) That the positive feedback received regarding the expansion of neo-natal capacity at Nottingham University Hospitals as detailed in the final engagement from the Nottingham and Nottinghamshire Integrated Care Board be noted.

**7 WORK PROGRAMME**

The Committee considered its Work Programme for 2022/23.

**RESOLVED 2022/10**

That the Work Programme for 2022/23 be noted

The meeting closed at 12:45pm.

**CHAIRMAN**

**10 January 2023**

**Agenda Item: 4**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **NEWARK HOSPITAL – EXPANSION OF ELECTIVE CAPACITY**

#### **Purpose of the Report**

1. To update the Committee on increased operating theatre capacity to be delivered at Newark Hospital following a successful bid for funding from central government.

#### **Information**

2. Nottingham and Nottinghamshire Integrated Care Board (ICB) advise that the Sherwood Forest Hospitals NHS Foundation Trust (SFHT) has an opportunity to access capital funding to expand elective daycase activity at Newark Hospital. Representatives from both ICB and SFHT will attend the meeting to present detailed information and answer questions, as necessary.
3. A written briefing from the Nottingham and Nottinghamshire Integrated Care Board is attached to this report as Appendix1.
4. Members are requested to consider and comment on the information provided, to support the proposed plans and to endorse a public information campaign.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) consider and comment on the information provided;
- 2) approve the proposed plans; and
- 3) endorse the start of a public and patient information publicity campaign from early January 2023

**Councillor Sue Saddington**

**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

## **Proposed Expansion of Elective Daycase Activity at Newark Hospital Sherwood Forest Hospitals NHS Foundation Trust**

### **Briefing for Nottinghamshire Health Scrutiny Committee**

**January 2023**

#### **1. Introduction**

This purpose of this document is to inform the Health Scrutiny Committee of an opportunity for Sherwood Forest Hospitals NHS Foundation Trust (SFHT) to utilise capital investment to expand elective daycase activity at the Newark Hospital site through the construction of a modular theatre and recovery area. Expanding elective capacity will support delivery of significant reductions in elective backlogs in specialities such as Elective Orthopaedics, Urology and Ophthalmology. This expansion of capacity will help to reduce waiting times, it may improve the experience for our patients and help manage future demand.

Developing the Newark Hospital site provides additional services locally for Newark residents and helps to address health inequalities for these patients. In addition, this proposal secures additional elective capacity away from the main hospital site which avoids the potential impact of cancellation due to urgent care demand. This means that other patients facing long waiting times may also be offered care at Newark.

In order to progress in 2023, SFHT have secured access to £5.6m of NHS capital funds to provide:

- An additional modular Laminar Flow Theatre (to treat orthopaedic cases) and a recovery area
- Two 'Minor Operations' suites to increase capacity
- Capacity for more procedures in the outpatient treatment area

To take full advantage of this opportunity NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) is seeking support from the HSC to proceed with the plans, commence the estate works and mobilise the services in time for the first quarter of 2023/4; this would require the Committee to support the NHS to enact the plan including the instigation of a public and patient information campaign starting in early January 2023.

This is aligned to our Newark Strategy to maximise the potential of Newark Hospital for our local Nottinghamshire population and to achieve our vision that Newark Hospital is a valued and vibrant community asset. The plan reflects the ICS ambition to provide elective care on 'cold sites' to reduce the impact of non-elective activity on elective beds in line with national guidance. This is fully aligned to system plans to develop additional elective activity at City Hospital as part of the Nottingham University Hospital NHS Trust (NUH) long-term strategy 'Tomorrow's NUH'.

#### **2. National context**

Backlogs of patients waiting for elective or non-urgent care have grown over the last two years as all NHS Providers were initially required to cease elective activity as a national response to the Covid-19 Pandemic. A challenging winter with increased urgent care demand creates additional pressures for acute providers. Bed occupancy and availability is often impacted by Covid-19 demand, high numbers of medically safe (MSFT) patients waiting for discharge and a rise in patients with laboratory-confirmed influenza.

In order to address long waiting lists, systems have developed 'Elective Recovery' plans that aim to deliver activity at 110% of pre-covid levels in 2022/23 increasing to 130% by 2024/25. National planning guidance has a number of key priorities for transformation to inform these plans including the requirement to fully utilise the recommendations of the Getting It Right First Time (GIRFT) programme to increase elective capacity making best use of resources.

GIRFT is a nationally recognised service transformation programme to support acute trusts to improve their productivity (<https://gettingitrightfirsttime.co.uk/>). This includes maximising day-case opportunities and the movement of clinically appropriate procedures into minor operations suites. A national programme of specialty specific GIRFT reviews including Orthopaedics highlighted that many providers are identifying the increased potential for orthopaedic surgery to be safely and effectively undertaken as day case procedures including orthopaedic procedures such as knee replacements and even some total hip replacements.

A local review by the national GIRFT team was undertaken earlier in the year and clinical leads have committed to developing plans to:

- Ring fence elective capacity on sites that are away from the main A&E (cold sites)
- Default to daycase for elective orthopaedic procedures
- Maximise productivity through better use of theatre and ward areas
- Focus on national recommendations for High Volume Low Complexity procedures

The national High Volume Low Complexity (HVLC) programme includes; Ophthalmology, Urology, Ear Nose and Throat and Elective Orthopaedics; all of which are undertaken at Newark Hospital.

### **3. Local Context**

Seasonal pressures such as surges in non-elective demand combined with key constraints such as workforce availability due to staff vacancies impact on the ability of our acute providers to maintain levels of elective activity. The Nottingham and Nottinghamshire Integrated Care System (ICS) has developed an 'Elective Recovery Plan' to reduce waiting times through increasing activity and productivity. Two important facets of this plan are increasing the level of daycase procedures and focusing on HVLC cases. The system had already been successful in attracting national capital funding of £35m to be invested in an Elective Hub on the City Campus at NUH. Further capital funding was then offered to support SFHT development. An outline business case has been supported by NHS England with confirmation that SFHT will receive £5.6m to be invested in Newark Hospital in Q.4 2022/23.

The investment will support the provision of new theatre and minor operation sessions, creating new additional elective capacity which will reduce waiting lists and therefore contribute to overall elective recovery. With separation of elective and non-elective capacity, Newark Hospital can operate as a predominantly 'cold site' able to maintain year-round elective capacity.

Development of facilities and improved infrastructure at Newark Hospital will provide capacity to deliver an additional 2,634 elective cases in 2023/24. In addition, it will also enable movement of clinically appropriate procedures to be undertaken as minor operations outside out of the main in

line with national guidance as part of the GIRFT programme. Activity will be predominantly high volume low complexity cases, providing timely access to consistently high quality elective care.

Key clinically led plans include:

- **One additional modular Laminar Flow Theatre and recovery area to provide Trauma & Orthopaedic surgical activity.** This will deliver approximately 840 additional cases per year as a minimum. Orthopaedics makes up 41% of patients waiting for an operation at SFH and 48% of orthopaedic patients are waiting over 40 weeks for their procedure. The theatre capacity could be further expanded in line with GIRFT recommendations to operate 10 hours per day, 6 days per week to support backlog reduction.
- **Implementation of an Air Handling Unit within Minor Operations Suite on Minster Ward with associated Ophthalmology equipment to repatriate Cataracts from theatre into this suite.** This will provide theatre space for other specialties to utilise main theatre space and support the repatriation of work from NUH to support backlog reduction in ENT and Urology. This would deliver approximately 542 cases per year.
- **Implementation of lead lining within the Minor Operations suite on Minster Ward to enable X-Ray guided injections to be delivered.** This will deliver approximately 202 additional cases per year.
- **Additional Minor Operations procedures – In the Outpatient Treatment area.** Options under consideration subject to clinical review include flexible cystoscopy, template biopsy and injections. This will deliver approximately 756 additional cases per year.

#### 4. Impact on Patients

One of the key stipulations of the NHS England capital funding (also known as the Targeted Investment Fund) is a reduction in Health Inequalities. Nottingham and Nottinghamshire ICS Health Inequalities Strategy 2020-2024 supports this by seeking to restore health and care services inclusively, so they can be accessed by those in greatest need paying particular focus to those from the most deprived (20%) neighbourhoods. The 2021 National Census identified the South West of Newark as having one of the highest rates of deprivation in Nottinghamshire across the four categories of education, employment, health and housing.

The Midlands Decision Support Network (comprising of 12 integrated intelligence functions across the Midlands region including Nottingham and Nottinghamshire System Analytical Unit) commissioned the 'Strategies to Reduce Inequalities in Access to Planned Hospital Procedures' Report which highlights the need for the equitable distribution of service. This is intended to ensure that a patient with a given level of need in one subgroup has the same chance of accessing a service as their counterparts with a similar level of need in other subgroups. Expanding elective activity at Newark Hospital also provides closer geographical access to elective services for the wider Newark population. This reduces the need to travel which can be a barrier to treatment for those in the most deprived groups. With excellent transport links around Newark, this will mean that many people who rely on local transport and services for much of their NHS care, can easily receive care from Newark Hospital.

These additional services will be offered for Nottinghamshire patients who may have previously had to travel to Kings Mill Hospital for treatment. The expansion of elective activity will enable repatriation of patients and address health inequalities in this area. Data from Nottingham and Nottinghamshire ICS System Analytical Intelligence Portal shows that system wide the least deprived quintile is statistically significantly over-represented on waiting lists and inpatient admission for Elective Orthopaedics, Breast Surgery and Urology and the most deprived quintile

significantly under-represented as inpatients for Breast Surgery and Urology services. We anticipate that this health inequality is representative of waits for treatment at SFHT. This proposal for additional capacity helps to close this gap particularly in relation to Urology and Elective Orthopaedics.

The proposal does not mean the removal of services from King's Mill Hospital so there is no reduction in patient choice of where they access their care.

An equality and impact assessment (EQIA) has been undertaken. The impact of this was assessed by the EQIA panel led by the ICB Quality team on 22<sup>nd</sup> December. This was considered in full in line with our commissioning process and a small number of recommendations for action have been made to strengthen plans. These recommendations have been accepted by SFHT and the EQIA Panel will seek final assurance that actions are sufficiently robust on 5<sup>th</sup> January 2023.

Information will be provided to patients (from early January) to ensure timely access to care in the most appropriate setting.

## **5. Impact on Sherwood Forest Hospital staff**

The addition of a modular theatre and upgrading of the minor operations unit will provide new capacity on the Newark Hospital site which will require additional staff. The Trust has developed a recruitment plan to support current staffing vacancies as well as additional staffing requirements for this additional activity.

A workforce task and finish group is in place with a remit to work through the requirements based on the procedures that will be delivered within the different areas outlined in the proposal. Training requirements will be confirmed following recruitment with further detailed operational plans.

## **6. Conclusions and recommendations**

These proposals are fully aligned to the national direction to increase the level of procedures undertaken as day case and to move more cases to minor operations units where clinically appropriate. It is also in line with national and local plans to offer elective care away from the main hospital site to reduce the risk of cancellations due to increased non-elective demand. These plans will increase overall elective activity at Newark Hospital supporting the reduction of waiting times with significant benefits to our patients and public.

It is recommended that the Health Scrutiny Committee:

- Approve the proposed plans described above.
- Endorse the start of a public and patient information campaign from early January 2023.

**10 January 2023**

**Agenda Item: 5**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **WORK PROGRAMME**

#### **Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

#### **Information**

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The Council's adoption of the Leader and Cabinet/Executive system means that there is now an Overview and Scrutiny function, with Select Committees covering areas including Children and Young People and Adult Social Care and Public Health. While the statutory health scrutiny function sits outside the new Overview and Scrutiny structure, it is appropriate to keep this Committee's work programme under review in conjunction with those of the new Select Committees. This is to ensure that we work in partnership with the wider scrutiny function, that work is not duplicated, and that we don't dedicate Committee time unduly to receiving updates on topics.
4. The latest work programme is attached at Appendix 1 for the Committee's consideration. The work programme will continue to develop, responding to emerging health service changes and issues (such as substantial variations and developments of service), and these will be included as they arise.

### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the work programme.

**Councillor Sue Saddington  
Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

## HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2022/23

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing /Update	External Contact/Organisation	Follow-up/Next Steps
<b>14 June 2022</b>				
Review of Maternity Services at NUH – Update and Implications		Scrutiny	None	
Tomorrow’s NUH		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire CCG	
Temporary Service Changes - Extension		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire CCG	
<b>26 July 2022</b>				
Integrated Care System and Implications of Health and Care Act	Further update on the Health and Care Act and its implications for services and residents	Briefing	Dr Amanda Sullivan, ICB	
Proposed Transfer of Elective Services at Nottingham University Hospitals	Endorsement of proposals to move colorectal and hepatobiliary services from QMC to City Hospital	Scrutiny	Lucy Dadge and Alex Ball, Nottingham and Nottinghamshire ICB Ayan Banerjea, Colorectal Surgeon	
<b>20 September 2022</b>				
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)	

Integrated Care System Preparation for Winter 2022/23	Lessons learned from experiences of last winter and preparations for the forthcoming winter	Scrutiny/briefing	tbc	
Update on Dementia Services	Further briefing/update of the Dementia Strategy		Proposed Action: Request briefing and liaise ASC/PH Select Committee on next steps	
<b>15 November 2022</b>				
Health and Care System Critical Incident and Winter Plan	Update from September 2022 meeting on winter pressure challenges	Scrutiny	ICB/NUH	
Update on Expansion of Neonatal Capacity at NUH	Update on Expansion Programme	Scrutiny	ICB	
Update on Acute Stroke Service	Update on relocation of services to QMC	Scrutiny	ICB	
<b>10 January 2023</b>				
Newark Hospital – Increased Elective Capacity	Briefing on expansion of operating theatre facilities at Newark Hospital.	Scrutiny	TBC	
<b>21 February 2023</b>				
NUH Chief Executive – Introduction, Priorities and Challenges	Briefing from Anthony May on key priorities and challenges. To include maternity services and winter pressures updates	Scrutiny	Anthony May, with support from NUH/ICB colleagues	

Access to GP Services	Refresh of information considered to date, and update on post-pandemic access	Scrutiny	TBC	
Colorectal and Hepatobiliary Services to City Hospital – Update  <u>OR</u>  Dentistry Services  (update at January 2023 meeting)	Update on relocation of elective services from QMC  Briefing on service provision and barriers to access, including registration of infants and young children	Briefing (from July 2022 meeting)	Lucy Dadge and Dr Banerjea	
<b>28 March 2023</b>				
Diabetes Services Update	Further information on diabetes services	Scrutiny	Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB)	
Community Diagnostic Centres	Briefing on the roll-out of Community Diagnostic Centres in Nottinghamshire			
Colorectal and Hepatobiliary Services to City Hospital – Update  <u>OR</u>  Dentistry Services  (update at January 2023 meeting)	Update on relocation of elective services from QMC  Briefing on service provision and barriers to access, including registration of infants and young children	Briefing (from July 2022 meeting)	Lucy Dadge and Dr Banerjea	

<b>9 May 2023</b>				
<b>20 June 2023</b>				
<b>25 July 2023</b>				
Integrated Care Partnership - Update	Update from July 2022 meeting on implications for services and residents	Briefing	TBC	
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)	
<b>To be scheduled and potential alternative actions</b>				
Discharge to Assess (From Hospital)	To be discussed with Chair/V-Chair Adult Social Care and PH Select Committee to consider how the committees can work together to look at this item			
Mental Health Services and Support	Last considered Feb 2022 - To be discussed with Chair/V-Chair Adult Social Care and PH Select Committee to			

	consider how the committees can work together to look at this item			
Tomorrow's NUH	Proposal to have all-member briefing sessions as required, rather than as regular agenda item	Scrutiny	For consideration	
Newark Hospital – Future Strategy	Update on future provision	Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire ICB	
Early Diagnosis Pathways	To consider access/timeliness of early diagnosis for cancer, CPOD etc, and to explore where disparities lie	Scrutiny		
Non-emergency Transport Services (TBC)	An update on key performance.	Scrutiny	Senior CCG/ICB officers.	
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC	
Frail Elderly at Home and Isolation	TBC –	Scrutiny	Proposed Action: Initial Focus on GP use of Frailty Index. Possible link in with Overview of Public Health Outcomes	
Performance of NHS 111 Service	Briefing on performance			
<b>Also:</b>				
Visit to Bassetlaw Hospital				
Visit to QMC Emergency Department	Scheduled for March 2023			

