Nottinghamshire County Council

# Health Scrutiny Committee

## Tuesday, 15 November 2022 at 10:30

**County Hall**, **West Bridgford, Nottingham, NG2 7QP**

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## AGENDA


| | | |
|---|---|---|
| 1 | Minutes of last meeting held on 20 September 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 | Update on Health and Care System Winter Planning 2022-2023 | 15 - 20 |
| 5 | Update on Nottingham University Hospitals Acute Stroke Service | 21 - 38 |
| 6 | Update on Expansion of Neonatal Capacity at Nottingham University Hospitals | 39 - 68 |
| 7 | Work Programme | 69 - 76 |


**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:-

(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 McMenamin (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

Nottinghamshire County Council

minutes

# HEALTH SCRUTINY COMMITTEE

**Tuesday 20 September at 10.30am**

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## COUNCILLORS

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

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr – **Apologies**
David Martin – **Apologies**
Johno Lee
John 'Maggie' McGrath – **Apologies**
Michelle Welsh
John Wilmott

## SUBSTITUTE MEMBERS

Councillor Errol Henry for Councillor John 'Maggie' McGrath
Councillor Francis Purdue-Horan for Councillor David Martin
Councillor Johno Lee took the vacant seat on the committee

## Officers

Mel Williams - Corporate Director, Adult Social Care and Health
Martin Elliott - Senior Scrutiny Officer
Noel McMenamin - Democratic Services Officer

## Also in attendance

| | | |
|---|---|---|
| Dr Ali Aamer | - | Nottingham University Hospitals |
| Dave Briggs | - | Nottingham and Nottinghamshire ICB |
| Sarah Collis | - | Healthwatch Nottingham and Nottinghamshire |
| Greg Cox | - | East Midlands Ambulance Service |
| Sarah Collis | - | Healthwatch Nottingham and Nottinghamshire |
| Sue Chisolm | - | Nottingham University Hospitals |
| Lucy Dadge | - | Nottingham and Nottinghamshire ICB |
| Megan Dawes | - | Nottingham University Hospitals |
| Bill Kelly | - | East Midlands Ambulance Service |
| Annette McKenzie | - | East Midlands Ambulance Service |
| Caroline Nolan | - | Nottingham and Nottinghamshire ICB |

The Chairman referred with sadness to the death of Councillor Eddie Cubley who had been a member of the Health Select Committee as well as to the death of HRH Queen Elizabeth II. Members stood for a minute's silence in their honour.

## 7 MINUTES OF THE LAST MEETING HELD ON 26 JULY 2022

The minutes of the last meeting held on 26 July 2022, having been circulated to all members, were taken as read and signed by the Chairman.

## 8 APOLOGIES FOR ABSENCE

Councillor Steve Carr (other reasons)
Councillor David Martin (other reasons)
Councillor John 'Maggie' McGrath (other reasons)

## 9 DECLARATIONS OF INTEREST

Councillor Mrs Saddington declared a personal interest in agenda item 4 '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 '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.

## 10 HEALTH AND CARE SYSTEM WINTER PLANNING

Lucy Dadge, Director of Integration at the Nottingham and Nottinghamshire ICB, Dave Briggs, Medical Director at the Nottingham and Nottinghamshire ICB, Caroline Nolan – Assistant Delivery Director for Urgent Care at the Nottingham and Nottinghamshire ICB and Mel Williams - Corporate Director, Adult Social Care and Health attended the meeting to present a report regarding Nottingham and Nottinghamshire Integrated Care Board's winter planning arrangements.

Greg Cox – Divisional Director, Annette McKenzie – Head of Operations – Nottinghamshire South and Bill Kelly - Head of Operations – Nottinghamshire North, at the East Midlands Ambulance Service were also in attendance for this item.

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

- That Throughout 2022 there had been significant pressure on urgent and emergency care services across England and in the Nottingham and Nottinghamshire health and care system.

- Nottingham and Nottinghamshire ICS had sought advice and guidance from the Nottingham Expert Advisory Panel on the likely and potential health issues arising from the impact of individuals and services who have

been managing the pandemic for the past two years and the likely economic developments that were likely to impact on patterns of need and health resilience.

- The Nottingham Expert Advisory Panel had provided the following key insights:

    - That it was likely that there would be significant levels of respiratory infection because of flu, Covid and pneumonia over the winter period.
    - Waiting lists for elective operations and screening and diagnostic tests were at high levels.
    - Demand challenges were especially prevalent for mental health services.
    - Issues of trust may affect willingness to follow guidance or engage with pharmaceutical or non-pharmaceutical interventions.
    - The same issue that would impact on the general public would also impact on the health workforce, many of whom were in groups and communities most likely to be affected by health and economic factors.

- That there were humanitarian concerns regarding the rising cost of living and food, fuel and energy affordability for a substantial proportion of our population and the related health impacts that included excess deaths, increased respiratory infections and poorer nutrition and increased vulnerability to illnesses and disease.

- That the Integrated Care Board UEC team would maintain real time oversight of operational pressures at provider and system level and that the Nottingham and Nottinghamshire ICS Urgent and Emergency Care Delivery Board would also continue to provide oversight of winter planning and resilience.

- The activities that were planned to manage winter pressures that included:

    - That the ICS Navigation group was leading two key pieces of work to support acute and specifically ED flow.
    - Ambulance pre handover trajectories improvements having been agreed ICS wide.
    - All system partners being actively engaged in the 100-day Discharge to Access challenge.
    - The ICS Demand and Capacity Group has established a programme of work to develop demand scenarios and mitigation plans.
    - The ICS would be implementing a winter communications strategy to support the public to minimise pressures on urgent and emergency services including the ‘Help Us Help You’ campaign.

- 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.
- Enabling access to healthcare, potential through transport schemes.
- Maximising uptake of support schemes/benefits/financial advice across the area.
- Contributing to the mapping of the public service offer across Nottingham and Nottinghamshire, so that actions were aligned.

A full briefing note on the Nottingham and Nottinghamshire ICS Winter Planning preparations was attached as an appendix to the Chairman's report and published with the agenda.

Mel Williams - Corporate Director, Adult Social Care and Health provided an outline of how activities being caried out regarding the pressures being faced by the Council in regard to the provision of Adult Social Care were connected to the winter pressure planning activities being carried out by the ICB. She noted that work was being carried out with health partners regarding community resilience activity that aimed to mitigate some of the winter pressures that would be faced by health services.

The Chairman asked for further information on whether there was a problem of residents presenting at Accident and Emergency Departments (A&E) when it would be more appropriate for them to access health services in another way. Dave Briggs from the Nottingham and Nottinghamshire ICB detailed how patients were triaged when they presented at A&E and how this process was managed to ensure that patients accessed the most appropriate care. It was noted that the Sherwood Forest Hospitals Trust was a national leader in this work and that other NHS Trusts were working with them to develop and improve their own triage processes.

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

- That the pressure on GP services meant that many residents presented at A&E as they were unable to get a GP appointment. It was also noted that access to GP services out of normal working hours was difficult for many residents.

- That the impact of the pandemic was still being felt, with many health care staff still struggling with work pressures and their mental and physical wellbeing.

- Whether it was correct that patients who were taken to A&E in an ambulance accessed care quicker than patients who arrived by other means.

- That it was essential that health services were able to provide the care that patients needed over the winter period.

- That there should not be an overreliance placed on community resilience in dealing with potential winter pressures on health services.

- That there were still long delays for patients accessing care that had been caused by the pandemic. This was a particular a problem with regard to routine screening appointments, and that along with the forecast winter pressures that bold action was needed in order to ensure that patients would be able to access the services that they required over the winter.

- That diagnostic rates for many cancers had decreased in comparison to before the pandemic. Members asked what action was being taken to address this issue. Members also noted with concern that diagnostic rates for cancer were uneven across different communities in Nottinghamshire.

- Members noted their concern that there were substantial waits for patients being transferred from ambulances when they arrived at hospital and that there was insufficient space on wards when patients arrived at hospital.

- Members asked whether vaccine hesitancy and fatigue was an issue across communities in Nottinghamshire.

In response to the points raised, Greg Cox of the East Midlands Ambulance Service noted:

- That there was no difference in triage times for patients who arrived at A&E by ambulance to those who did not. Triage times did however vary across the region with resources deployed to meet demand as required.

- Ambulance transfer times in Nottinghamshire were the best in the East Midlands allowing ambulance crews to released promptly to attend more calls.

Members were in agreement that whilst it was positive that ambulance transfer times in Nottinghamshire were the best in the East Midlands that it should be a key objective to reduce these transfer times even further.

In response to the points raised, Lucy Dadge of the Nottingham and Dave Briggs of the Nottingham and Nottinghamshire ICB noted:

- Targeted health checks and proactive case finding activity were being carried out in order to identify residents for screening.

- Community diagnostic centres were being used to move screening out into the community and away from hospitals.

- That the ICB was in agreement with members that despite being the best in the East Midlands that further improvements in ambulance transfer times were a priority.

- That the ICB was focussed on activity that supported staff welfare. This activity would also support improvements in staff recruitment and retention, and consequently in patient care.

- That there was no evidence of vaccine hesitancy or fatigue, but that work was being carried out to remind residents of the benefits of vaccination and to encourage vaccine take up.

In response to the points raised, Lucy Dadge of the Nottingham and Nottinghamshire ICB noted:

- That even prior to the pandemic cancer outcomes had been uneven across Nottinghamshire and across its different communities, with outcomes varying greatly across different ethnic groups.

- There was a focus on developing and delivering different access pathways to meet the needs of different communities across Nottinghamshire. It was noted that it was essential that these pathways were developed carefully in order to meet the needs of different communities.

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

- Whether more could be done to inform and direct residents to access the right service for their health care needs. Members noted that there needed to be a focussed, comprehensive and wide-ranging communication exercise with residents.

- Members reemphasised that health care staff were exhausted and asked what more could be done to support them.

In response to the points raised, Lucy Dadge of the Nottingham and Nottinghamshire ICB noted:

- That there was more work to do in ensuring that residents accessed and used health care services in the most appropriate way.

- That work was being carried out by the ICS to simplify systems across health services that would ensure that services linked together better and were able to provide a joined-up response in delivering health services to residents.

- Staff needed to be provided with a sense of hope that things were getting better. This was a key objective for the ICS.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch noted her agreement that an effective communications strategy was an essential part of mitigating winter pressures on health services and ensuring that A&E Departments were not put under additional pressures by patients who could have accessed health care services more appropriately elsewhere. Sarah Collis sought assurances, that were provided by Lucy Dadge and Caroline Nolan of the Nottinghamshire ICB, that a comprehensive action plan of measurable actions was in place to mitigate winter pressures across health services.

Members of the committee sought assurances around the activity that was taking place around recruitment and retention of staff, noting the importance of a stable and motivated workforce in alleviating winter pressures on health services. Lucy Dadge of the Nottingham and Nottinghamshire ICB noted that it was important that there was parity of esteem across all health service jobs and advised that there was substantial work being carried out across the Nottingham and Nottinghamshire ICS to build and sustain a workforce across the entire health sector that could deliver the health care that local residents deserved. Mel Williams - Corporate Director, Adult Social Care and Health noted the activity that was being carried out by the Council to address workforce challenges in the wider health and care sector.

The Chairman thanked Lucy Dadge, Dave Briggs and Caroline Nolan of the the Nottingham and Nottinghamshire ICB, Mel Williams - Corporate Director, Adult Social Care and Health and Greg Cox of East Midlands Ambulance Service for attending the meeting and answering members' questions.

**RESOLVED 2022/04:**

1) That the report be noted.

2) That a further progress report on the Winter Planning within the Health and Care System be brought to the November 2022 meeting of the Health Scrutiny Committee.

## 11 EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE

Greg Cox – Divisional Director, Annette McKenzie – Head of Operations – Nottinghamshire South and Bill Kelly - Head of Operations – Nottinghamshire North, at the East Midlands Ambulance Service attended the meeting to provide a briefing on the performance of the East Midlands Ambulance Service. It was

noted that Health Scrutiny Committee received an annual briefing on the work of the East Midlands Ambulance Service (EMAS), particularly in relation to performance issues.

Greg Cox, Annette McKenzie and Bill Kelly provided a presentation to the meeting. A **summary** of the presentation is detailed below.

- Performance data for Category 1 and Category 2 calls.
- Performance data for ambulance turnaround times.
- Winter preparations including maximising the use of resources, staff welfare, demand management and working with partners.
- Activity around quality and safety that included:
    - Annual statutory and mandatory training for all clinical staff.
    - Robust risk and safety incident reporting for issues arising regarding potential patient harm events, staff health and safety and equipment issues.
    - Adult and Children's safeguarding processes where staff could raise immediate emergency or care concerns.
    - Alternative care pathway ambassadors.
    - Clinical and infection prevention control audits for staff, premises and vehicles.
    - An Incident review group that would identify root causes, contributory factors and prevention of recurrence from incidents reported and enquiries to division.
- The procedures that would be in place to support staff welfare that included responding to staff feedback, support for flexible working, signposting to supportive therapies, and the delivery of occupational health support.
- The progress that had been made in reducing the number of patient conveyances

The Chairman asked for further information on Category 1 calls and how EMAS planned to manage the demand from these calls over the winter period. Greg Cox of EMAS assured the Chairman that there had been significant work carried out to model demand that would ensure that anticipated demand for ambulance services could be met. It was also noted that there had been work carried out to reduce the time that ambulances

waited at hospitals transferring patients that would positively impact on EMAS's ability to respond to calls promptly.

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

- Members noted their concern over the time being taken for ambulance crews to hand over patients when arriving at hospital and asked how many ambulance crews were on duty at any one time.

- Whether EMAS needed increased funding in order to have more ambulance crews available at any one time.

- Members asked whether there as an issue with some patients exaggerating their symptoms in order to obtain an ambulance response more quickly.

- That whilst the committee noted the dedication and loyalty of EMAS staff, members asked whether staff morale was a concern due to the pressures that were being faced by EMAS that would increase over the winter period.

- Members asked whether violence towards ambulance crews a problem, and what support was available for staff who were the victims of violence.

In response to the points raised, Greg Cox, Annette McKenzie and Bill Kelly of EMAS noted:

- That at any one time the maximum number of ambulance crews that were available was 40, with crews becoming available all the time working a combination of 8 and 12 hour shifts.

- That the factors that impacted on the time taken for crews to transfer patients to hospital went wider than the funding of EMAS. It was advised that investment was needed across the health system in order to improve patient flows.

- That whilst incidents of patients exaggerating their symptoms in order to get an ambulance more quickly were not unknown, they were not common. It was noted that there was an ongoing communications campaign that worked to ensure that the public were aware of when it was and was not appropriate to call an ambulance.

- That whilst not widespread, violence towards ambulance crews was a concern with incidents increasing over recent years. Members were assured that there was zero tolerance taken towards these incidents with crews wearing body cams and support being available for staff who were subjected to violence or other abusive behaviour.

The Vice-Chairman noted the good progress that had been made in reducing patient conveyances and asked how the performance of EMAS in this area compared to that of other ambulance services. The Vice-Chairman also asked whether there was confidence that this improved performance would be able to be maintained over the winter period. In response Greg Cox of EMAS noted that an increase in conveyances was not always problematic if it ensured patients were being taken to the most appropriate healthcare setting for their needs, but assured members that this area of performance would be kept under regular review. Greg Cox advised that full performance information on how EMAS compared to other ambulance services regarding conveyances would be circulated to members outside of the meeting.

The Chairman thanked Greg Cox, Annette McKenzie and Bill Kelly of the East Midlands Ambulance Service for attending the meeting and answering members' questions.

**RESOLVED 2022/05:**

1) That the report be noted.

2) That information on how the performance of the East Midlands Ambulance Service compares to other ambulance services with regard to conveyances be circulated to members of the Health Scrutiny Committee.

3) That a further progress report on the performance of the East Midlands Ambulance Service be brought to the July 2023 meeting of the Health Scrutiny Committee.

## 12 DEMENTIA STRATEGY UPDATE - NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Dr Ali Aamer, Consultant, Health Care of Older People, Megan Dawes of the Nursing and Midwifery Team and Sue Chisholm of the Clinical Support Divisional Team at Nottingham University Hospitals attended the meeting to provide a report on the delivery of the Dementia Strategy at Nottingham University Hospitals (NUH).

It was noted that the Health Scrutiny Committee had received an initial report on the NUH Dementia Strategy at its January 2021 meeting. The Strategy described NUH's priorities for developing Dementia services during 2019 – 2022 and detailed their commitment to work with patients, carers, the local community and staff to review, develop and monitor dementia care across a range of priority workstreams including end of life care and training. The report detailed the progress that had been made towards the delivery of the Strategy's Year 2 milestones, the delivery of which had been affected by the Covid 19 Pandemic.

Dr Ali Amar advised that although progress in the delivery of the Dementia Strategy had has been limited due to the impact of the pandemic, that there had

been some good progress made towards achievement of the Dementia Strategy Year 2 milestones. It was noted that staff training had increased, and awareness had been raised internally about the need to increase and improve NUH's care and facilities to best meet the needs of patients with Dementia and their carers. It was also noted that strong links had been made within the local community and that NUH had remained an active partner in the Nottingham and Nottinghamshire Integrated Care System.

The Committee also received a progress report on dementia artwork project at NUH. Members welcomed this progress report and noted their approval for the positive way that it was impacting on the lived experiences of patients and their families.

A full briefing note on the implementation of the NUH Dementia Strategy was attached as an appendix to the Chairman's report and published with the agenda.

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

- What were the current waiting times for patients to access Memory Clinics?

- Whether the Covid-19 pandemic had led to an increase in people suffering with, being diagnosed with and being treated for dementia.

- What activity was being carried out to encourage more people to come forward to be tested for Alzheimer's disease? Members noted with concern that the East Midlands had a higher than average rate of undiagnosed people with Alzheimer's disease.

In response to the points raised, Dr Ali Aamer of NUH noted:

- That whilst he and his team did not have control on the number of patients referred to the Memory Clinic, that changes to how patients were referred that had removed the necessity for a GP diagnosis and referral had meant that patients were able to be referred more quickly to clinic, and as such would be able to access services sooner than had been the case.

- That Covid-19, as a disease had not in itself increased the numbers of people suffering with dementia, but that the response to the pandemic that had resulted in social isolation and loss of interaction with others had, for many people who were coping with their dementia, worsened their condition.

- That whilst the NUH Dementia Service could only support those who had been referred to them as needing help with their cognitive functions and ensure that each patient received appropriate care for their individual needs, that work had, and would continue to be carried out to raise awareness of Dementia and other related illnesses in the community.

Members asked How NUH was managing and delivering staff training and awareness after the challenges faced in delivering training during the pandemic. In response Sue Chisolm acknowledged the difficulties of delivering training whilst maintaining the delivery of services during the pandemic but assured members that there was a comprehensive recovery plan in place for staff training on dementia issues.

Sarah Collis of Healthwatch Nottingham and Nottinghamshire noted with approval the increased focus on staff training on the specific needs of dementia patients, as for someone with dementia going into hospital could be a very difficult experience and having staff with awareness of Dementia patients' specific needs was to be welcomed.

Sarah Collis also asked for further information on how the service worked with carers to support Dementia sufferers whilst in hospital and how services involved the carers of those with dementia in delivering the care that each individual needed. In response Sue Chisolm advised that carers were always allowed to be with patients in order to give reassurance whilst staff were delivering care. It was also noted that the Dementia strategy would be further developed to recognise the integral and vital part that carers played in supporting health staff deliver care to dementia patients.

The Chairman thanked Dr Ali Aamer, Megan Dawes and Sue Chisholm of NUH for attending the meeting and answering members' questions.

**RESOLVED 2022/06:**

That the report be noted.

## 13 WORK PROGRAMME

The Committee considered its Work Programme for 2022/23.

**RESOLVED 2022/07**

That the Work Programme for 2022/23 be noted

The meeting closed at 1:20pm.

**CHAIRMAN**

Nottinghamshire County Council

**Report to Health Scrutiny Committee**

**15 November 2022**

**Agenda Item: 4**

# REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

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

## Purpose of the Report

1. To consider the updated information provided regarding Nottingham and Nottinghamshire Integrated Care Board's winter planning arrangements.

## Information

2. At its September 2022 meeting, the Committee 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 requested a further update for consideration at its November 2022 meeting. This is attached as an Appendix to this report, and sets out the system response to increased pressures since the previous meeting, actions taken during critical incidents, and how the subsequent learning has informed the Winter Plan.

3. Following the previous meeting, at the end of September 2022 a Critical Incident was declared across the Integrated Care System, in view of extreme pressures and extended waiting times to access beds at NUH and Sherwood Forest Hospital NHS Trusts. The committee will wish to understand further the rationale and impact of this development

4. Lucy Dadge, Director of Integration and Caroline Nolan, System Delivery Director (Urgent Care) will attend Health Scrutiny Committee to brief Members and answer questions, as necessary.

## RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and comments on the information provided.

2) Schedules further consideration, if required.

**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

NHS
Nottingham and Nottinghamshire
Integrated Care Board

# Health and Care System Critical Incident and Winter Plan

## Briefing for Nottinghamshire Health Scrutiny Committee

## November 2022

### 1 Introduction

This briefing aims to provide an overview to the Health Scrutiny Committee on the definition of a Critical Incident and response in relation to system pressures. The briefing outlines the impact in relation to the Winter Plan and introduces the concept of System Control Centres. A more detailed update will be provided in the Committee meeting.

### 2 What is a Critical Incident?

Under the NHS Emergency Preparedness, Resilience and Response framework[1], there are 3 types of incidents which include business continuity, critical and major incident.
A Critical Incident is defined as any localised incident where the level of disruption results in an organisation temporarily or permanently losing its ability to deliver critical services; or where patients and staff may be at risk of harm. It could also be down to the environment potentially being unsafe, requiring special measures and support from other agencies, to restore normal operating functions. A Critical Incident is principally an internal escalation response to increased system pressures/disruption to services.
A Critical Incident can be at an organisational or system level, depending on the scale and nature of the incident and in all cases, NHS England are formally notified and monitor the situation through regular situation reports. The decision to call a system critical incident is made with all partners, along with agreement on the strategy and aims.

### 3 How has our system responded

Over the past 12 months the system has declared two critical incidents (26th July to 1st August and 28th September to 5th October) due to the extent of pressures and these have been driven by slightly different factors taking into consideration acuity of admissions, impact of COVID infection rates, staffing levels, ambulance turnover which is also linked to pressures in Emergency Departments (ED).

In all cases, it is essential that the system maintains and where possible increases the level of flow through all sectors and this therefore requires a balanced approach that considers the knock on effect throughout. A Strategic Command Group attended by all partners is established to lead the response to the incident and to take into consideration the impact and level of risk being held across all partners. The approach is supported by an agreed strategy for the Critical Incident. As an example, the health strategy for the Critical Incident in September/October included the following:

- To provide a multi-agency response that recognises the pressure points across all partner organisations

[1] https://www.england.nhs.uk/wp-content/uploads/2022/07/B0900_emergency-preparedness-resilience-and-response-framework.pdf

- To provide a structured response with the intention of impacting on flow into Trusts and expediting discharges
- To take action recognising the impact of a higher level of complex discharges in order to mitigate harm across wider pathways
- To provide a system wide agreed approach to risk thresholds in order to minimise the risk of patient/individual harm
- To reduce pressure on ED across both Trusts and effectively managing the risk to ambulance turnaround times
- To protect activity for elective waiting lists, including long waiters through an appropriate balance and management of risk

At the point that a critical incident is declared, authorisation is provided to implement certain actions and, through the Strategic Command Group, further priorities are established. The types of mitigating actions can include the following and as mentioned are considered in relation to the context of the incident and the capability and level of risk across partners:

- Implementation of communication strategy to the public and across all NHS and social care services
- Commissioning additional interim bed capacity in care and residential homes
- Realigning teams and resources to activities that increase discharges
- Opening up additional beds in Trusts
- Cancelling non-urgent elective activity in the hospitals
- Moving resource from routine community services to prioritise those that support both discharges and ED and admission avoidance
- Targeted actions to create discharges i.e. in-reach by care homes to identify residents who may be fit for discharge
- Review of packages of care for all discharges
- Increasing capacity in primary care through extended hours

The critical incidents have been followed by de-briefs, both in the moment to enable rapid learning (hot) and retrospectively which involves more developed feedback (cold). These have helped to identify actions that can be incorporated into business as usual as well as those that support response.

## 4. The Winter Plan and System Control Centre

Lessons learnt from the critical incident have been incorporated into the winter plan and/or have validated the planned mitigating actions. In particular, the critical incident provided insight into what actions may be carried out at an earlier escalation point in order to avoid the system reaching the highest level on the Operational Pressures Escalation Level[2] scale (OPEL 4). A summary of winter plan mitigations include:

- Additional capacity and interim beds in care homes
- Investment in P1 services across health and care providers
- Improved D2A processes and establishing three discharge hubs
- Opening additional acute beds
- Schemes to provide additional capacity in health community services and home care
- Effective demand and capacity modelling

In addition, there are actions being taken through our Place Based Partnerships on supporting our local communities in keeping well which includes aligning with the strengths of the District and Borough Councils. Admission avoidance schemes are also being progressed at pace and

[2] https://www.england.nhs.uk/publication/operational-pressures-escalation-levels-framework/

include proactive care and self-management through GP Practices and Community Pharmacies, urgent community response, expanding virtual wards and working with care homes to reduce the need to admit to hospital and EMAS referrals to the falls team for non-injury falls.

As well as the winter plan, and since the presentation of this to the Health Scrutiny Committee, the Integrated Care Board will be establishing a 24/7 System Control Centre. It is expected that the System Control Centre will maintain real time visibility of operational pressures and risks across providers and system partners, concerted action across the system on key systemic and emergent issues impacting patient flow, ambulance handover delays and other clinical and operational challenges, dynamic responses to emerging challenges and mutual aid and efficient flows of information.

## 4 Recommendations to Nottinghamshire County Council Health Scrutiny Committee

It is recommended that the Health Scrutiny Committee:

- Note the contents of this briefing.
- Note that a further update will be provided at the meeting.

Nottinghamshire County Council

**Report to Health Scrutiny Committee**

**15 November 2022**

**Agenda Item: 5**

# REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

# UPDATE ON NOTTINGHAM UNIVERSITY HOSPITALS ACUTE STROKE SERVICE

## Purpose of the Report

1. To provide an update on the relocation of the Nottingham University Hospitals (NUH) Acute Stroke Service, which had initially taken place during the pandemic, and to endorse that the move be made permanent.

## Information

2. The Committee received a comprehensive update at its July 2020 meeting in respect of measures taken to ensure continuity of service during the COVID 19 pandemic. The update covered a range of services, including the temporary relocation of the Acute Stroke Service from City Hospital to the QMC. Stroke rehabilitation services remained at City Hospital.

3. The changes endorsed by the Committee in 2020 were in line with national frameworks put in place at the time to deliver restoration of services following the first lockdown and provided vital capacity at the City Hospital site for patients recovering from Covid 19 infection. The re-location also meant that the Acute Stroke Service was co-located with the Emergency Department.

4. The update report provides a narrative on the clinical effectiveness and impact on clinical services and on community providers of the changes, and explains that consultation and engagement undertaken as part of the wider Tomorrow's NUH initiative is strongly supportive of the co-location of emergency support services. That support is also evidenced through patient and carer feedback specific to the Acute Stroke Service. Committee endorsement for making the re-location of the Acute Stroke Service permanent is therefore recommended.

5. A briefing from the Integrated Care Board is attached as an appendix to this report. Members are requested to consider and comment on the information provided.

## RECOMMENDATION

That the Health Scrutiny Committee:

1) Notes that relocation has maximised the opportunity to provide timely assessment and treatment to patients;

2) Notes that patient experience continues to be positive;

3) Notes the support from patients and the public to co-late emergency services on one site; and

4) Endorses the position that the re-location of the Acute Stroke Service be made permanent.

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

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

**Background Papers**

Health Scrutiny Committee report considered in July 2020.

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

All

NHS
Nottingham and Nottinghamshire
Integrated Care Board

**Update on temporary move of NUH Acute Stroke Service from the City Hospital Campus to the QMC Campus during Covid-19 pandemic**

**Briefing for Nottinghamshire Health Scrutiny Committee**

**September 2022**

## 1 Purpose of the report

The purpose of this report is to provide the Nottinghamshire Health Scrutiny Committee with an update regarding the move of acute stroke services from the Nottingham City Hospital site to the Queen's Medical Centre (QMC) site within Nottingham University Hospitals (NUH).

## 2 Background

The Committee was informed on 24th June 2020 of a change that was implemented in July 2020 to reconfigure local acute stroke services to manage the risk of Covid-19 infections among our patients and staff. This change supported (NUH) to treat patients with Covid-19 separately to those who are not infected by creating additional capacity on the City Campus site.

As described at the time the change was implemented, there is a clear clinical case for the reconfiguration of stroke services and specifically for the centralisation of hyper acute stroke services. The change is aligned to regional and national stroke strategies and is a stated ambition of the local Clinical and Community Services Strategy review of stroke services. This review was underpinned by strong patient and public involvement with stroke survivors forming part of the work alongside staff and clinicians, and the Stroke Association supporting a number of patient engagement sessions.

The temporary change to Acute Stroke Services at NUH supported the response to the Covid-19 pandemic and has aligned service provision with regional and national recommendations. In order to deliver further benefits for people experiencing a stroke, the potential opportunities provided by making this a permanent service change have been reviewed. This involved reviewing a range of evidence related to clinical effectiveness and quality, impact on other clinical services and citizen intelligence and insight (see Appendix 1).

## 3 Clinical Effectiveness and Quality Impact

The relocation of hyperacute and acute stroke services has enabled assessments and interventions to occur in a more timely way during the earliest and most time critical stages of the stroke patient pathway. There are three significant geographical alignments which optimise the stroke pathway:

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

The relocation of the services has eliminated significant delays in patients receiving the required treatment for an optimal outcome following a stroke.

With respect of the impact of the two pathways into the stroke service - the two entry points are:

a) Patients arrive via the ambulance having been identified as having had a stroke and are seen immediately by specialist stroke staff in the Emergency Department and placed on the stroke pathway.
b) For patients who self-present at the Emergency Department and where it is not immediately apparent that they have had a stroke, they are assessed by ED staff and are then referred to the stroke team if a stroke has been identified.

For those who self-present at the Emergency Department at QMC the location of the hyper acute and stroke acute services on the QMC site means that they are able to be transferred from the ED to the hyperacute stroke unit more quickly than if the hyperacute unit was still on the City Hospital campus.

## 4 Impact on clinical services

The hyperacute and acute stroke services are now geographically aligned with the clinical services which optimise the stroke pathway. The relocation of the services has eliminated significant delays in patients receiving the required treatment for an optimal outcome following a stroke.

As part of the Tomorrow's NUH programme, clinicians at SFHT and NUH considered whether the stroke service move increased the number of patients travelling north to SFHT rather than travelling the additional miles from City Hospital to QMC. The analysis focused on those patients in the post code areas NG14 to NG25 as the areas likely to be impacted by the change.

Analysis between January 2019 and September 2021 showed that SFHT had a growth of 0.6 patients per month with no measurable difference before or after moving the NUH Stroke service to QMC, consequently the 0.6 patients are most likely attributed to geographic and demographic factors. NUH showed no significant growth to stroke medicine during this time period and therefore moving Stroke services to QMC did not result in a change in activity.

## 5 Impact on community providers

Overall, the feedback is that this has been a positive move in line with national targets and thus possibly reducing the number of deaths due to stroke and potentially increasing the complexity of patients.

Feedback has been received from both the Nottingham CityCare Community Stroke Team who provide rehabilitation for Nottingham City patients and from the South Nottinghamshire Community Stroke Team who provide rehabilitation for Nottinghamshire County patients.

Both teams have reported that, since the move, there has been a change in the type of patients referred from the acute stroke service and there has been an increase in:

- Younger patients
- Complexity of presentation
- Dependency of patients
- Number of craniotomy patients

The reasons for this are unclear however, anecdotally, it has been suggested that this is due to more collaboration between the neurologists and stroke consultants with the wards being closer together at QMC. This has allowed more interventional approaches to be used such as an increase in Mechanical Thrombectomy and neuro surgical interventions (decompression surgery).

## 6 Patient and public engagement

### 6.1 Tomorrows NUH

**Phase 1 pre-consultation engagement**

In November 2020, NHS Nottingham and Nottinghamshire Clinical Commissioning Group (hereafter referred to as Nottingham and Nottinghamshire Integrated Care Board (ICB)) launched a public engagement on proposals to reconfigure hospital services in Nottingham, specifically the "Tomorrow's NUH" programme relating to services provided by Nottingham University Hospitals (NUH).

The engagement was focused on a draft outline clinical model. One of the principles within the model was that all emergency services would be co-located on a single site rather than the existing configuration whereby the majority of emergency services are based at the Queen's Medical Centre (QMC) site, with a small number of emergency specialities based at City Hospital i.e. stroke, cardiology and respiratory.

Following phase 1 of the pre-consultation engagement, 80% of survey respondents strongly or slightly supported the plans for emergency care being on one site, which would include the hyperacute and acute stroke service.

The specific benefits recognised were around a reduced need to transfer patients between sites, a concentration of speciality care resources and expertise on one site, and more prompt access to better and safer speciality care as well as patients having to spend less time in hospital.

As part of the first phase of pre-consultation engagement, in January 2021 Healthwatch Nottingham and Nottinghamshire were commissioned to undertaken targeted engagement with specific diverse and ethnic communities:

- Black, Asian, Minority Ethnic and Refugee (BAMER)
- People with long term conditions/poor health outcomes
- People with a disability
- Frail older people
- Maternity service users
- Young people
- Lesbian, Gay, Bisexual and Transgender (LGBT)

Healthwatch gained the views of 150 people.

Overall, people were very positive about the idea of modernising the hospitals; receiving emergency treatment at one hospital; care closer to home, meaning less travel to busy hospital sites; separating emergency and elective care, if this meant fewer operations would be cancelled; and the use of online and telephone consultations where appropriate. There was support for receiving treatment in one place rather than having to be transferred between sites.

**Phase 2 pre-consultation engagement**

Further engagement was launched by Nottingham and Nottinghamshire ICB in March 2022, with approximately 2,000 individuals participating in this phase by completing an online survey, attending an event or providing a response via social media.

Many individuals (72%) were supportive of having all emergency care services on one site. This would mean more streamlined patient pathways and a single point of access, resulting in a more positive patient experience. There was a perception that this proposal would alleviate pressures in the system and ensure patient care is delivered in the most clinically appropriate setting, and that there would be a reduction in travel between QMC and City Hospital for both staff and patients:

*"Ensuring patients receive the right care, first time in the right place and are safe and effective."*

*"Smoother patient pathways into A&E."*

*"It makes sense to have the ED where there is access to specialist equipment so that people can access these if needed."*

Concerns were raised around workforce and the potential pressure that the proposals could place on them, particularly if the service is accessed by patients who could receive care in other locations. Comments were received around inappropriate attendances at A&E in the current climate with access to the walk-in facilities at other sites allowing faster access to treatment. "I would prefer that some services are still accessed through City Hospital as QMC is already very busy, crowded and difficult to access."

It was acknowledged that having all A&E facilities on one site could reduce the travel impact on some patients:

*"Having most emergency care based at QMC would be good as it has the best transport links (multiple bus routes and the tram go past it) so it would be easiest to reach."*

*"QMC is nearer to my home and easier to access. However, would still entail two buses or bus and tram. I can see the rational of having these services on one site, to save transporting patients from A&E to City Hospital. Further, specialist staff may be available at the main site for urgent assessments"*

However, for some patients, there would be increased travel times and potentially additional pressure on parking facilities at QMC. Concerns were also raised around having the provision across two sites for specific services if emergency care was needed and you had to be transferred.

In summary, the majority felt that it would be beneficial to have similar services in one location, as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensuring continuity of care. There were positive comments around an increase in confidence that the care needed would be available sooner, with specialised services in one place.

### 6.2 Patient case studies

Case studies of three patients who have been through the Stroke Patient Pathway following the relocation in July 2020 can be found in Appendix 1, which highlight the benefits of the relocation to patients. The case study of Mr K highlights the benefits of relocation with respect of providing access to patients with cutting edge treatments. Mr B demonstrates the benefits of the relocation during the first stages of the patient pathway. Mrs J demonstrates the benefits of having the acute stroke services co-located with the neuro-surgery services.

### 6.3 Patient and carer feedback

In August 2022, NUH sought the views of patients and carers about their experience of the stroke service, reaching this cohort through outpatient services.

86 patients and carers responded.

Just over half (59%, n = 48) had accessed stroke services at NUH for immediate and urgent treatment post the July 2020 move. Of this group:

- All described the quality of care received as excellent or good. This was not different to the feedback received from individuals who accessed the service prior to the July 2020 move.
- 88% described the frequency of communication that they or their family member had with NUH staff as excellent or good. For individuals who accessed the service prior to the July 2020 move, all described the frequency of communication as excellent or good.
- 90% described the quality of information that was shared by NUH staff as excellent or good. This was not different to the feedback received from individuals who accessed the service prior to the July 2020 move.
- 67% described the accessibility at QMC as excellent or good, with 8% describing it as poor or very poor. The main reason for this was around lack of parking. This was slightly better than those who has accessed the service prior to the July move, where 64% described accessibility as excellent or good.

## 7 Conclusions and recommendations

The evidence base for management of stroke clearly shows that the assessment and treatment for a person who has had a stroke is time critical to ensure the best patient outcomes and reduces the occurrence of disability or death.

It is recommended that the Nottinghamshire Health Scrutiny Committee:

- Note that the relocation has maximised the opportunity to provide timely assessment and treatment to patients.
- Note that patient experience continues to be positive.
- Note that there is support from patients and the public to co-locate emergency care services together on one site.

- Endorse that this move is made permanent.

**Reconfiguration of NUH stroke services**
**Citizen Intelligence and Insight Report**
**September 2022**

# 1 Executive summary

## 1.1 Background

The hyperacute and acute stroke services, delivered by Nottingham University Hospitals (NUH), were temporarily moved to the Queens Medical Centre (QMC) site in July 2020, enabling NUH to comply with the national directives relating to nosocomial (hospital acquired) Covid-19 infections, and the implementation of pathways to ensure that patients with Covid-19 were managed separately to those without Covid-19, in order to reduce transmission.

Prior to this, the national Getting it Right First Time (GIRFT) assessment (2019) and the regional Stroke Integrated Care System review had already recommended the relocation of hyperacute and acute stroke services to the QMC campus, due to the many benefits to the time critical Stroke Patient Pathway.

To deliver further benefits for people experiencing a stroke, the potential opportunities provided by making this a permanent service change have been reviewed.

The purpose of this report is to provide an update on the citizen intelligence and insight gathered from patients, carers, clinicians and associated health and care services impacted by the reconfiguration of acute stroke services at NUH.

## 1.2 Methods

A range of evidence has been considered within this report to understand:

- Clinical effectiveness and quality impact.
- Impact on clinical services and community providers.
- Impact on travel.
- Whether patients are supportive of the proposals, through patient and public engagement undertaken through Tomorrow's NUH (TNUH), patient case studies and targeted engagement with patients and their carers who have direct experience of stroke services.

## 1.3 Key findings

- There is strong national evidence for the co-location of stroke services to improve the outcomes for people experiencing a stroke.
- The relocation of hyperacute and acute stroke services has enabled assessments and interventions to occur in a more timely way, during the earliest and most time critical stages of the Stroke Patient Pathway.
- The hyperacute and acute stroke services are now geographically aligned with the clinical services which optimise the stroke pathway. The relocation of the services has eliminated significant delays in patients receiving the required treatment for an optimal outcome following a stroke.

- Relocation of stroke services to QMC from the City Hospital did not result in a change in activity at Sherwood Forest Hospitals.
- Feedback from community providers support the relocation, highlighting this has been a positive move in line with national targets, leading to a possible reduction in the number of deaths due to stroke and potentially increasing the complexity of patients.
- A Travel Impact Assessment showed there was minimal impact on the distance travelled to QMC, as opposed to City Hospital.
- Following Phase 1 of the pre-consultation engagement for TNUH, 80% of survey respondents supported the plans for emergency care being on one site, which would include the hyperacute and acute stroke services.
- As part of Phase 2 of the TNUH pre-consultation engagement, we heard that the majority felt that it would be beneficial to have similar services in one location, as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensuring continuity of care. There were positive comments around an increase in confidence that the care needed would be available sooner, with specialised services in one place.
- Patients and carers with direct experience of the services following the relocation describe the quality of care as good or excellent.

## 2 Background

Over the course of the Covid-19 pandemic, the Nottinghamshire County Council Health Scrutiny Committee and Nottingham City Council Health and Adult Social Care Scrutiny Committee were briefed on changes to services that have been made to ensure that patients and staff remain safe. In the main, these were changes made by providers to manage workforce and operational pressures and to maintain patient safety.

The Committees were informed in June 2020 of a change that was to be implemented in July 2020 to reconfigure local acute stroke services, to manage the risk of Covid-19 infections among patients and staff. Through this change, additional capacity was created on the City Campus site, which allowed NUH to treat patients with Covid-19 separately to those who were not infected.

As described at the time the change was implemented, there is a clear clinical case for the reconfiguration of stroke services and specifically for the centralisation of hyperacute stroke services. The change is aligned to regional and national stroke strategies and is a stated ambition of the local Clinical and Community Services Strategy review of stroke services. This review was underpinned by strong patient and public involvement, with stroke survivors forming part of the work alongside staff and clinicians and the Stroke Association supporting a number of patient engagement sessions.

The temporary change to stroke services at NUH supported the response to the Covid-19 pandemic, and has also aligned service provision with regional and national recommendations. In order to deliver further benefits for people experiencing a stroke, the potential opportunities provided by making this a permanent service change have been reviewed.

## 3 Methods

A range of evidence has been considered within this report to understand:

- Clinical effectiveness and quality impact.
- Impact on clinical services and community providers.
- Impact on travel.

- Whether patients are supportive of the proposals, through patient and public engagement undertaken through Tomorrow's NUH (TNUH), patient case studies and targeted engagement with patients and their carers who have direct experience of stroke services.

## 4 Findings

### 4.1 Clinical effectiveness and quality impact

Although the July 2020 relocation was a response to the Covid-19 pandemic, the relocation of hyperacute and acute stroke services has enabled assessments and interventions to occur in a more timely way during the earliest and most time critical stages of the Stroke Patient Pathway. There are three significant geographical alignments which optimise the stroke pathway:

1. The Hyperacute & Acute Stroke Services are geographically aligned with a CT scanner.
2. The Hyperacute & Acute Stroke Services are now geographically aligned with the Mechanical Thrombectomy Service.
3. The Hyperacute & Acute Stroke Servicesare now geographically aligned with other critical specialities such as the Emergency Department (ED), Neurology, Neurosurgery and Vascular Surgery.

The positive impact on patients of the geographical alignment of hyperacute and acute stroke services with the above services on the Queens Medical Centre (QMC) site should not be underestimated. Rapid access to treatment can mean the difference between a full recovery and permanent disability. Between September 2019 and July 2022 between 141 and 228 patients per month were admitted to QMC, presenting with a stroke (Figure 1).

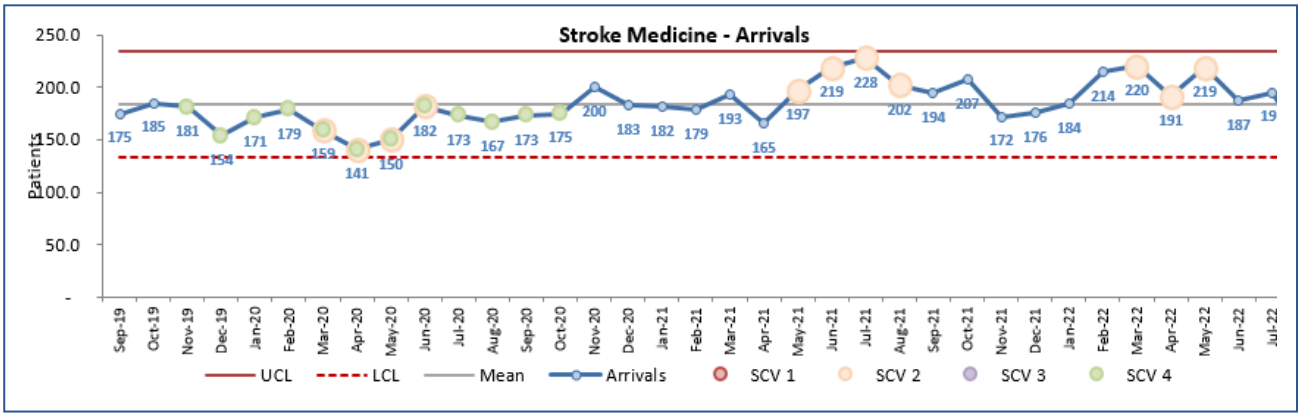



**Figure 1 Stroke medicine arrivals at QMC (Sept 2019 - July 2022)**

The data taken from the national Sentinel Stroke National Audit Programme (SSNAP) Returns for Nottingham gives further insight into patients flows (Figure 2). There are some points to note about the data in the chart on the following page:

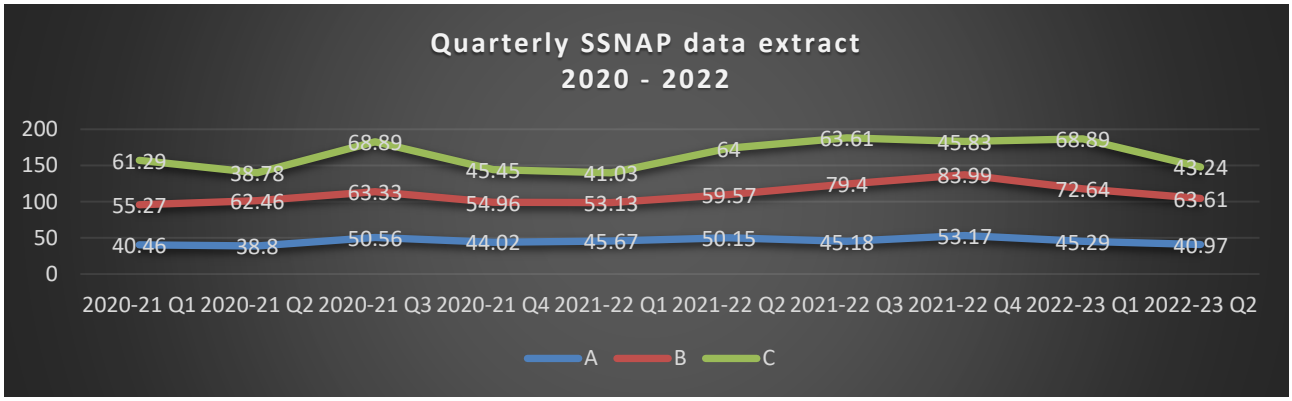
(1) The data collection system at NUH has historically been non-electronic. The national data set that has to be submitted contains answers to over 400 questions, making it ill-suited to a manual process. During 2021, a quality improvement programme which aims at replacing manual processes with electronic processes, to improve accuracy of reporting was launched.
(2) The impact of the Covid-19, and the subsequent peaks and troughs in the number of Covid-19 levels patients in the hospital.
(3) Understanding of the impact of two pathways into the stroke service on front door timings.

With respect of the impact of the two pathways into the stroke service - the two entry points are:

a) Patients arrive via the ambulance having been identified as having had a stroke and are seen immediately by specialist stroke staff in ED, and placed on the stroke pathway.
b) For patients who self-present at the ED QMC and where it is not immediately apparent that they have had a stroke, they are assessed by ED staff and are then referred to the stroke team, if a stroke has been identified.

For those who self-present (pathway b above) the location of the hyperacute and stroke acute services on the QMC site means that they are able to be transferred from the ED to the hyperacute stroke unit quicker, than if the hyperacute unit was still on the City Hospital campus.

Those who self-present to ED and enter the stroke pathway via pathway b will almost always have to wait longer for some of the first stroke specific interventions (e.g. they are less likely to be scanned within one hour of arrival). For example, the symptoms for a range of neurological conditions can be the same as those of a stroke and it takes time to make this differential diagnosis and get the patient onto the correct pathway- be it stroke or some other condition related pathway. Often 40% or more of stroke patients come via pathway b. During 2022 we have seen greater numbers of patients self-presenting to ED (pathway b) rather than coming via ambulance (Pathway a). We are currently exploring the reasons for this.




**Thrombolysis involves administering is a 'clot busting' medication used to treat ischaemic strokes. It is recommended that administration occurs within 4.5 hours of the onset of a stroke*

| | |
|---|---|
| A | % of patients scanned within 1 hour of clock start |
| B | % of patients directly admitted to a stroke unit within 4 hours of clock start |
| C | % of patients who were thrombolysed * within 1 hour of clock start |

**Figure 2. Sentinel Stroke National Audit Programme (SSNAP) for Nottingham**

In quarters 1-4 2021-22, there was an upward trajectory in the number of patients being scanned within one hour of clock start and the percentage of patients directly admitted to the hyperacute stroke unit. However, the figures for the first two quarters of 2022-23 are slightly lower. This may be connected to the external factor mentioned earlier - the fact that more people have started self-presenting rather than coming to ED via an ambulance, also our data collection processes are developing and resulting in more accurate data. The service is currently reviewing all its front door processes (interface with ED) to make sure there are no contributing pathway issues and looking at reasons why we have seen an increase in patients self-presenting to ED, rather than attending by ambulance.

## 4.2 Impact on clinical services

### 4.2.1 Impact on other NUH services

The hyperacute and acute stroke services are now geographically aligned with the clinical services which optimise the stroke pathway – CT scanner, ED, Neurology and Neurology Services and

Medical Thrombectomy. The relocation of the services has eliminated significant delays in patients receiving the required treatment for an optimal outcome following a stroke.

A business case has been approved to expand the current Mechanical Thrombectomy service to 24/7, which will ensure equity of access to a MT for all eligible patients. This expansion is only possible due to the move of the hyperacute and acute stroke service.

### 4.2.2 Activity impact on Sherwood Forest Hospitals Trust (SFHT)

As part of the Tomorrow's NUH programme, clinicians at SFHT and NUH considered whether the stroke services move increased the number of patients travelling north to SFHT, rather than travelling the additional miles from City Hospital to QMC. The analysis focused on those patients in the post code areas NG14 to NG25 as the areas likely to be impacted by the change.

Analysis between January 2019 and September 2021 showed that SFHT had a growth of 0.6 patients per month, with no measurable difference before or after moving the NUH stroke services to QMC, consequently the 0.6 patients are most likely attributed to geographic and demographic factors. NUH showed no significant growth to stroke medicine during this time period, therefore moving the services to QMC did not result in a change in activity.

### 4.2.3 Impact on community providers

Feedback has been received from both the Nottingham CityCare Community Stroke Team who provide rehabilitation for Nottingham City patients, and from the South Nottinghamshire Community Stroke Team who provide rehabilitation for Nottinghamshire County patients.

Both teams have reported that, since the move, there has been a change in the type of patients referred from the acute stroke service and there has been an increase in:

- Younger patients
- Complexity of presentation
- Dependency of patients
- Number of craniotomy patients

The reasons for this are unclear however, anecdotally, it has been suggested that this is due to more collaboration between the neurologists and stroke consultants with the wards being closer together at QMC. This has allowed more interventional approaches to be used, such as an increase in Mechanical Thrombectomy and neuro surgical interventions (decompression surgery).

There has been a different ask of community services and they have had to upskill around some of the neuro-type presentations which has put a strain on resources, but it is not yet clear how much of this is Covid related and the impact of pressures on other services.

The Community Stroke Teams have seen a fluctuation in referrals month on month with their caseload numbers increasing, suggesting they may be picking patients up sooner in the pathway, or the total number of referrals have increased, or that, due to complexity, patients need to remain in their service longer for rehabilitation i.e. more intensity of input for longer.

Overall, the feedback is that this has been a positive move in line with national targets, possibly reducing the number of deaths due to stroke and potentially increasing the complexity of patients.

## 4.3 Impact on travel time

As part of the Integrated Impact Assessment undertaken for Tomorrow's NUH in May 2021, an analysis of travel times was undertaken to understand the impact if all stroke services were moved

to QMC. A system called TravelTime API was used to calculate the average journey and distance between each population weighted LSOA (Lower Super Output Area) centres in the Nottingham and Nottinghamshire Clinical Commissioning Group, to the QMC and City Hospital sites. The system calculated distance and travel times based on actual travel routes making it more accurate. The travel times noted below are average times taken from the centre of the most densely populated part of the LSOA:

- Moving the stroke services to QMC slightly increases travel time, by one minute, for the most deprived populations, who are most densely populated around the City site.
- Moving the stroke services will significantly decrease travel time for the least and middle deprived populations.
- Off-peak driving times will improve across the board for a QMC service, though the smallest improvement is in the most deprived populations (<1 minute).
- Stroke services being moved to QMC will have a positive impact on public transport time for all, though the smallest improvement is for the most deprived populations (2 minutes).

## 4.4 Patient and public engagement

### 4.4.1 Tomorrows NUH

**Phase 1 pre-consultation engagement**

In November 2020, Nottingham and Nottinghamshire Clinical Commissioning Group (hereafter referred to as NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)) launched a public engagement on proposals to reconfigure hospital services in Nottingham, specifically the "Tomorrow's NUH" programme relating to services provided by NUH.

The engagement was focused on a draft outline clinical model. One of the principles within the model was that all emergency services would be co-located on a single site rather than the existing configuration whereby the majority of emergency services are based at the Queen's Medical Centre (QMC) site, with a small number of emergency specialities based at City Hospital i.e. stroke, cardiology and respiratory.

Following Phase 1 of the pre-consultation engagement, 80% of survey respondents strongly or slightly supported the plans for emergency care being on one site, which would include the hyperacute and acute stroke services.

The specific benefits recognised were around a reduced need to transfer patients between sites, a concentration of speciality care resources and expertise on one site, and more prompt access to better and safer speciality care, as well as patients having to spend less time in hospital.

In January 2021, as part of the first phase of pre-consultation engagement, Healthwatch Nottingham and Nottinghamshire were commissioned to undertaken targeted engagement with specific diverse and ethnic communities:

- Black, Asian, Minority Ethnic and Refugee (BAMER)
- People with long term conditions/poor health outcomes
- People with a disability
- Frail older people
- Maternity service users
- Young people
- Lesbian, Gay, Bisexual and Transgender (LGBT)

They gained the views of 150 people.

Overall, people were very positive about the idea of modernising the hospitals; receiving emergency treatment at one hospital; care closer to home, meaning less travel to busy hospital sites; separating emergency and elective care, if this meant fewer operations would be cancelled; and the use of online and telephone consultations where appropriate. There was support for receiving treatment in one place rather than having to be transferred between sites.

**Phase 2 pre-consultation engagement**

Further engagement was launched by NHS Nottingham and Nottinghamshire ICB in March 2022, with approximately 2,000 individuals participating in this phase, through completing an online survey, attending an event or providing a response via social media.

Many individuals (72%) were supportive of having all emergency care services on one site. This would mean more streamlined patient pathways and a single point of access, resulting in a more positive patient experience. There was a perception that this proposal would alleviate pressures in the system and ensure patient care is delivered in the most clinically appropriate setting, and that there would be a reduction in travel between QMC and City Hospital for both staff and patients:

*"Ensuring patients receive the right care, first time in the right place and are safe and effective."*

*"Smoother patient pathways into A&E."*

*"It makes sense to have the ED where there is access to specialist equipment so that people can access these if needed."*

Concerns were raised around workforce and the potential pressure that the proposals could place on them, particularly if the service is accessed by patients who could receive care in other locations. Comments were received around inappropriate attendances at A&E in the current climate, with access to the walk-in facilities at other sites allowing faster access to treatment. "I would prefer that some services are still accessed through City Hospital as QMC is already very busy, crowded and difficult to access."

It was acknowledged that having all A&E facilities on one site could reduce the travel impact on some patients:

*"Having most emergency care based at QMC would be good as it has the best transport links (multiple bus routes and the tram go past it) so it would be easiest to reach."*

*"QMC is nearer to my home and easier to access. However, would still entail two buses or bus and tram. I can see the rational of having these services on one site, to save transporting patients from A&E to City Hospital. Further, specialist staff may be available at the main site for urgent assessments"*

However, for some patients, there would be increased travel times and potentially additional pressure on parking facilities at QMC. Concerns were also raised around having the provision across two sites for specific services if emergency care was needed and the patients had to be transferred.

In summary, the majority felt that it would be beneficial to have similar services in one location, as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensuring continuity of care. There were positive comments around an increase in confidence that the care needed would be available sooner, with specialised services in one place.

### 4.4.2 Patient case studies

The following three case studies are of three patients who have been through the Stroke Patient Pathway following the relocation in July 2020, which highlight the benefits of the relocation to patients. The case study of **Mr K** highlights the benefits of relocation with respect of providing access to patients with cutting edge treatments. **Mr B** demonstrates the benefits of the relocation during the first stages of the patient pathway. **Mrs J** demonstrates the benefits of having the acute stroke services co-located with the neuro-surgery services.

**Case Study: Mr K**

**NUH Stroke Service on the cutting edge of new developments in stroke medicine benefitting patients**

*During August 2022, Mr K presented to the Emergency Department at QMC with a severe stroke. He was immediately taken to the resuscitation area in the Emergency Department where the patient was assessed by a Specialist Nurse Practitioner. Mr K was assessed, scanned and thrombolysed very rapidly – less than two hours from the onset of his stroke.*

*A rapid referral was made for consideration for a Mechanical Thrombectomy. This was an evolving and borderline case so the imaging was rapidly repeated and it was agreed that the patient was not suitable for a Mechanical Thrombectomy. However, there was a risk of brain swelling so the patient was offered the opportunity to be enrolled in a new clinical trial testing a drug to prevent brain oedema, which reduces the need for surgery and reduces the risk of death.*

*This patient is the first patient in Nottingham to be enrolled in the study and only one of a handful in the United Kingdom. Mr K would not have had access to this clinical trial but for the excellent team of medical, nursing and research staff working together, but also because stroke services are now located on the QMC site and aligned with other relevant key services.*

**Case study: Mr B**

*Mr B was eating breakfast when his wife left the room briefly. By the time she returned he was unable to move one side and was unable to speak. The Ambulance Service attended and contacted QMC to provide details that they were bringing in Mr B and that he likely had had a stroke. Mr B's arrival at QMC was registered at 09:37am and he was assessed by specialist stroke staff in the ED. Mr B Had a CT scan of his brain which did not show any evidence of haemorrhage, however it did show what kind of stroke he had had, and it was determined the most appropriate treatment in his case was thrombolysis.*

*Thrombolysis involves the administration of a clot-busting drug and its administration is time critical, it needs to be administered within 4.5 hours following the onset of stroke symptoms. The thrombolysis treatment was administered and monitored by specialist stroke staff. Following his thrombolysis treatment, Mr B was transferred to the Hyperacute Stroke Unit at around 11:41am, just over 2 hours from the time he arrived at the QMC ED.*

*Mr B recovered well and was discharged home six days after his stroke.*

**Case study: Mrs J**

*Following a stroke Mrs J was admitted to a Hyperacute Stroke bed at QMC. The next day her condition deteriorated and a CT scan was ordered. Following this it was determined that Mrs J's stroke had extended and she required an immediate decompressive hemicraniectomy, without which she was unlikely to survive the night.*

*A decompressive hemicraniectomy is when a portion of the skull is surgically removed that gives space for the swollen brain to bulge and reduces the intracranial pressure. Intracranial hypertension is a build-up of pressure around the brain*

*At 4pm Mrs J was assessed by the neurosurgeons and was taken to theatre at 5pm. Following the successful surgical procedure Mrs J spent time on the Critical Care Unit before being transferred to C4 (hyperacute) and then to C5 (acute) at QMC. She was later transferred to the Daybrook ward on the City Hospital campus for rehabilitation therapy before discharge.*

### 4.4.3 Patient and carer feedback

In August 2022, NUH sought the views of patients and carers about their experience of the stroke service, reaching this cohort through outpatient services.

86 patients and carers responded of which:

- 60% described themselves as male, and 40% described themselves as female.
- 59% were over 65 years old.
- 88% described their ethnicity as White British, with the remainder describing their ethnicity as Asian or Black.
- Lived across Ashfield (12%), Broxtowe (24%), Gedling (22%), Newark and Sherwood (2%), Nottingham City (27%) and Rushcliffe (12%).

Just over half (59%, n = 48) had accessed stroke services at NUH for immediate and urgent treatment post the July 2020 move. Of this group:

- All described the quality of care received as excellent or good. This was not different to the feedback received from individuals who accessed the service prior to the July 2020 move.
- 88% described the frequency of communication that they or their family member had with NUH staff as excellent or good. For individuals who accessed the service prior to the July 2020 move, all described the frequency of communication as excellent or good.
- 90% described the quality of information that was shared by NUH staff as excellent or good. This was not different to the feedback received from individuals who accessed the service prior to the July 2020 move.
- 67% described the accessibility at QMC as excellent or good, with 8% describing it as poor or very poor. The main reason for this was around lack of parking. This was slightly better than those who has accessed the service prior to the July move, where 64% described accessibility as excellent or good.

Nottinghamshire County Council

**Report to Health Scrutiny Committee**

**15 November 2022**

**Agenda Item: 6**

# REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

# UPDATE ON EXPANSION OF NEONATAL CAPACITY AT NOTTINGHAM UNIVERSITY HOSPITALS

## Purpose of the Report

1. To provide an update on the expansion of neonatal capacity at Nottingham University Hospitals (NUH).

## Information

2. The Committee considered an initial report on the expansion of neonatal capacity at NUH at its November 2021 meeting. The Committee had expressed support for the expansion, and agreed that a targeted engagement approach was appropriate in this instance. The Committee also asked to be kept informed of progress of the service's expansion.

3. An update briefing from the Integrated Care Board on the roll-out of the expansion is attached as an appendix to this report. The report highlights significant amendments to the schedule and scope the programme, and summarises the outcome of targeted engagement of affected families and staff.

4. Members are requested to consider and comment on the information provided, and to note the positive findings of the final engagement report, which is included within the appendix.

## RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

2) Note the positive feedback in the final engagement report from the Integrated Care Board.

**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

# Update on Expansion of Neonatal Capacity at Nottingham University Hospitals NHS Trust

## Briefing for Nottinghamshire Health Scrutiny Committee

## September 2022

### 1 Purpose of the report

The purpose of this report is two-fold. As well as providing an update to the Nottinghamshire Health Scrutiny Committee about the targeted engagement undertaken by the Nottingham and Nottinghamshire Integrated Care Board (ICB) in relation to the Maternity and Neonatal Redesign (MNR) programme, it also advises of some changes that have needed to be made to the programme's approach and scope.

### 2 Background

An initial briefing was provided to the Committee in November 2021 on the planned expansion of neonatal capacity at Nottingham University Hospitals (NUH) through the MNR programme (see appendix 1). The MNR proposes an expansion of the Neonatal capacity at the Queen's Medical Campus (QMC), taking the number of cots from 17 to 38 as set out below. 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.

| **Cot Type** | Current | | | Proposed | | |
|---|---|---|---|---|---|---|
| | QMC | City | **Total** | QMC | City | **Total** |
| Intensive Care | 6 | 6 | **12** | 13 | 2 | **15** |
| High Dependency | 5 | 6 | **11** | 12 | 2 | **14** |
| Special Care | 6 | 12 | **18** | 13 | 12 | **25** |
| **TOTAL** | **17** | **24** | **41** | **38 (+21 from current)** | **16 (-8 from current)** | **54** |

The MNR programme is underpinned by a detailed workforce plan developed with clinicians at NUH to ensure the necessary recruitment is carried out ahead of the additional cots becoming operational.

The case for change follows the National Neonatal Critical Care Transformation Review (NCCR), published in December 2019. One of the recommendations of that review was that Neonatal Services should have enough capacity to provide all neonatal care for at least 95% babies requiring admission for neonatal intensive care, and born to women booked for delivery within the local network area.

The Nottingham Neonatal Service does not currently have the capacity needed to fulfil its service specification and provide intensive care for all Nottingham-booked and North Hub East Midlands Network Operational Delivery Network (EMN ODN) babies who require it. For example, between April 2019 and April 2020, 116 babies could not be accommodated in Nottingham, and had to be sent to units where there were available cots, sometimes beyond the East Midlands. During that period, babies were sent to Burnley, Luton, Scunthorpe, Bradford and Birmingham.

The proposal to increase neonatal capacity in Nottingham in the short term needs to be seen in the context of the ambition of the New Hospital Programme (Tomorrow's NUH) which – amongst other developments – proposes delivering all Neonatal services from a single site by the end of the decade.

The clinical case shows beyond doubt that prolonging the current situation until such time as the larger scheme is delivered, is not a realistic option, given the potential poorer outcomes for babies in the network resulting from insufficient Neonatal capacity in Nottingham, combined with the issues related to the resulting patient experience for families.

The programme represents a major quality improvement for a small number of pre-term babies and their families. The benefits to these families are significant, but numerically this development represents an adjustment to clinical pathways rather than major service redesign. The Committee was asked at the time of the initial briefing in November 2021 to approve a targeted engagement approach, rather than public consultation needing to be undertaken. The Committee supported the targeted engagement approach, and requested that the findings from that engagement be reported back.

## 3 Programme Update

The original MNR proposal set out a three-phased approach to the neonatal expansion. The benefit of this was that the Neonatal service could continue to operate in situ throughout the duration of the construction process, thereby minimising disruption. However, as subsequent more detailed planning progressed, it quickly became apparent that the phased approach would not be viable for two reasons:

1. The proximity of the construction work to the neonatal babies would result in noise levels that could adversely impact their development
2. It would not be possible to isolate the Mains gas supply in East Block at QMC

Significant work has 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 while the expansion work is carried out.

The original timeline set out in the November 2021 briefing paper anticipated completion of the programme by the end of 2023. The revised approach would see the enabling works starting in March 2023, the main construction starting in August 2023 and completion by the end of 2024.

## 4 Programme change of scope

The original MNR plans also included redevelopment of the two obstetric theatres (which are adjacent to the Neonatal unit at QMC), since only one of which is 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.

Unfortunately, it has not been possible to identify appropriate alternative theatre provision within a suitably close proximity to labour suite. Given the current challenges with staffing within maternity services, having to transfer women to main theatres could not be supported for that length of time on the grounds of clinical safety.

NUH is seeking to identify alternative space to enable this work to be carried out at a later date outside of the MNR programme, acknowledging that it is needed ahead of the long term plan for Tomorrow's NUH.

## 5 Summary of targeted engagement

Nottingham and Nottinghamshire ICB engaged with community groups, women and families, health and social care professionals and the wider public, both within Nottingham and Nottinghamshire and

also bordering counties where families may access Neonatal services, to understand people's views and experiences.

A range of approaches was used by the engagement team to gather feedback, including online surveys for patients and citizens, and for staff, webinars for patients and citizens and conversations with community groups (both in person and virtual).

Engagement feedback from both families and staff around the plans to expand the neonatal facilities at QMC has been broadly positive. Families fed back that their experience of neonatal care was good at both QMC and City Hospital, but that there are things that could be improved with the environment. The expansion plans will see a significant increase in space around each of the cots on the unit, and adjustments to the cot numbers at City Hospital will result in additional space around each of those cots also, so families and staff will experience a greatly improved environment to work in and care for their babies at both sites.

A significant number of comments received during the engagement concerned staffing numbers, and the need to ensure the extended facility could be appropriately staffed with the right levels of experience and expertise in both maternity and neonatal services. As noted above, a detailed workforce plan is being put together as part of the MNR. It sets out a phased approach to recruitment and training to ensure all staff are familiar with the new operational environment and the changes to clinical pathways.
As outlined in section 3 above, more in-depth planning for the programme showed that the original phased approach to construction would not be possible, and a complete move of the Neonatal service at QMC would be required on a temporary basis while the work was carried out. The relocation of the service will impact other areas, particularly Paediatric Surgery, as the service will need to be moved into the Paediatric Surgical Unit. Some of the feedback from staff during the engagement requested that an alternative home be found for the service during this period.

Considerable work has been carried out at NUH with all affected clinical colleagues to establish a safe and clinically appropriate plan to move the Neonatal Service for the duration of the expansion work that does not cause any loss of activity, and the move into the Paediatric Surgical Unit is the best option. The Trust will create additional capacity through its Ambulatory Care Unit to support increased paediatric surgical activity.

The full engagement report is attached in appendix 2

## 6 Recommendations

**That the Health and Scrutiny Committee:**

1. Consider and comment on the information provided
2. Note the positive feedback the final engagement report from Nottingham and Nottinghamshire ICB, which is attached as appendix 2 of this report.

**Appendix 1 – Previous Paper (November 2021)**

**Nottinghamshire County Council Health Scrutiny Committee**

**Case for Change for Expansion of Neonatal Capacity at Nottingham University Hospitals**

## 1. Overview and Summary of Proposal

Nottingham University Hospitals are proposing to access NHS capital funds to increase the number of neonatal cots at the Queens Medical Centre (QMC) from 17 to 38. It is planned that this development is completed by 2023.

Current Neonatal Configuration in Nottingham

At the QMC campus there are currently 17 cots (11 Intensive care/high dependency and six special care) along with six transitional care cots on the postnatal ward (C29) which are co-located with maternity services on B Floor of the East Block. Clinically adjacent to and supporting the Neonatal service is specialised paediatric surgery within Nottingham Children's Hospital and the other paediatric tertiary specialists.

At the City Hospital campus, there are 24 cots (12 Intensive care/high dependency, 12 special care) along with six transitional care cots. The Neonatal Unit is co-located with maternity services in the maternity building. There are no other children's inpatient services at the City Hospital, and there is limited access to specialised radiology. Babies requiring specialised imaging, surgical care or other sub-speciality input are currently transferred from the City to the QMC campus. From April 2019 to April 2020, there were 147 transfers between sites.

In the same period, 116 babies could not be accommodated on either Nottingham sites and had to be transferred to other units, not just in the East Midlands, but much further afield. Destinations for these babies in 2019 included Burnley, Luton, Scunthorpe, Bradford and Birmingham.

Total Additional Neonatal Cots required

In order to address all of the Neonatal capacity issues identified and meet future demand the following additional cots are required at the QMC:

- Activity sent out of network = 6 Cots
- Reducing the QMC Neonatal Unit occupancy to 80% = 5 cots
- Activity that could no longer take place at the City Hospital Neonatal Unit if it is re-designated as a Local Neonatal Unit = 10

This is a total of 21 additional cots increasing the total number at the QMC from 17 to 38. The overall impact is shown in the table below including the reduction at City and the overall increase for the system.

| **Cot Type** | Current | | | Proposed (Change) | | |
|---|---|---|---|---|---|---|
| | QMC | City | **Total** | QMC | City | **Total** |
| Intensive Care | 6 | 6 | **12** | 13 (+7) | 2 (-4) | **15 (+3)** |
| High Dependency | 5 | 6 | **11** | 12 (+7) | 2 (-4) | **14 (+3)** |
| Special Care | 6 | 12 | **18** | 13 (+7) | 12 (-) | **25 (+7)** |
| **TOTAL** | **17** | **24** | **41** | **38 (+21)** | **16 (-8)** | **54 (+13)** |

## 2. National Context

National Neonatal Critical Care Transformation Review

The National Neonatal Critical Care Transformation Review (NCCR) was published in December 2019. It was structured across 5 key work areas; Capacity, Workforce, Pricing, Education and Models of Care.

The aim of the Review was to make recommendations that will support the delivery of high quality, safe, sustainable and equitable models of neonatal care across England. The proposal to expand neonatal capacity in Nottingham responds to the findings of this national review as follows:

Mortality

- Local Maternity Networks (LMNs) must ensure that, where possible, all women at less than 27 weeks gestation are able to give birth in centres with a Neonatal Intensive Care Unit (NICU)
- LMNs and Operational Delivery Networks (ODNs) should aim to ensure that at least 85% of all births at 23-26 weeks' gestation are in a maternity service with an on-site NICU

Neonatal Care Capacity

- Neonatal services should have the capacity to provide all neonatal care for at least 95% of babies requiring admission for neonatal intensive care, and born to women booked for delivery within the network (i.e. the target of 95% was set to allow for the occasional woman who gives birth whilst on holiday or visiting the area)
- Neonatal services should not operate above 80% occupancy averaged over the year
- Babies requiring neonatal services should receive that care from a unit with the appropriate level of care as close as possible to the family home

The Nottingham Neonatal Service does not currently have the capacity to fulfil its service specification and provide intensive care for all Nottingham-booked and North Hub East Midlands Network (EMN) ODN babies who require it. The Neonatal Unit at the QMC usually operates at a level that is on average greater than 95% occupancy far exceeding the 80% average occupancy prescribed.

Neonatal Unit Designation:

- All neonatal units designated as NICUs must provide more than 2,000 intensive care days per year.

The proposal to increase neonatal capacity in Nottingham in the short term needs to be seen in the context of the ambition of the New Hospital's Programme (Tomorrow's NUH) when – amongst other developments – it is proposed that Neonatal Services will be delivered on a single site. The clinical case shows beyond doubt that prolonging the current situation until such time as the larger scheme is delivered, is not a realistic option, given the mortality and morbidity impacts of not having sufficient Neonatal capacity in Nottingham, combined with the issues related to patient (and families') experience as described above.

The Neonatal service is small numerically in terms of patients, but is regionally commissioned, and the current capacity shortfalls have significant long term detrimental impacts on the babies, not just in the immediate period of care, but also going forward into childhood and indeed full maturity.

## 3. The Local Case for Change - Why is this Investment and Change Needed?

There are four key drivers for change for this proposal:

1. Insufficient capacity within the Nottingham Neonatal Service to meet local demand resulting in babies being sent out of network for their care. This has a serious impact on mortality and morbidity as highlighted in the December 2020 Getting it Right First Time (GIRFT) Report.
2. The need to respond to the NNCR Report and in particular the requirement for NICUs to provide more than 2,000 critical care cots days per year.
3. The environment and space available on the Neonatal unit at the QMC is not fit for purpose, leading to increased risk of cross-infection and mortality.
4. Insufficient obstetric theatre space with only one full sized obstetric theatre.

The NHS Outcomes Framework 2019/20 includes the following domains specific to Maternity and Neonatal Services:

- Preventing babies from dying prematurely
- Ensuring that people have a positive experience of care (women's experience of maternity services)
- Treating and caring for people in a safe environment and protecting them from avoidable harm

This proposal aligns with the NHS Outcomes Framework 2019/20 by creating a larger, neonatal intensive care service at QMC campus, supported by Special Care Baby Unit at City campus, which will improve outcomes for pre-term infants in terms of mortality, as the number of babies needing to be transferred out of area will be significantly reduce. Prematurity and congenital abnormalities are the single largest causes of deaths among babies less than one year in age. Also, the proposal aims to improve families' experience of neonatal intensive care by ensuring they are cared for in a safe suitable environment, again aligning to the NHS Outcomes Framework.

The Getting It Right First Time (GIRFT) report identified serious concerns in the EMN ODN as follows:

- Major capacity issues in the three NICUs (two in Nottingham and one in Leicester) are causing excess deaths and poorer quality of care for babies in the EMN ODN.
- The proportion of high-risk babies (extremely premature babies and babies requiring intensive care) dying in local neonatal units and special care baby units in the first week of life is more than twice the national average and is higher than any other network.
- The mortality rates in the NICUs in EMN ODN are low/ average (i.e. NICU performance is not an issue)
- Critically unwell babies are not being transferred from Local Neonatal Units (LNUs) and Special Care Units (SCUs), due to lack of capacity in the NICUs

The GIRFT report also cited serious concerns regarding capacity at Nottingham, including that the capacity gap is the greatest in any NICU nationally. Local data from NUH shows that:

- Occupancy levels across all cot types at the QMC are the highest in the country at nearly 100%. Combined special and transitional care cots at the QMC are insufficient for the number of live births (lowest decile) and special care occupancy is consequently well above recommended levels at nearly 125%.
- Total cot occupancy at City is just under the recommended 80% with special care cot occupancy greater than 80%.
- Capacity transfers for non-clinical reasons are five times higher than the NICU average for the QMC, and in the upper quartile at City
- Both hospitals are in the lowest performing decile in relation to the percentage of pre-term infants born in the NICU

- There are significant numbers of 'out born' babies who need to be transferred back into the NICU having received care out of network

Patient/Family Experience

Whilst the clinical benefits to the families of neonates in terms of the significant reduction in the risk of pre-term babies being transferred out of Nottingham (as well as the improved environment in the new, expanded unit) are clear, there are other practical considerations in relation to access, travel and car parking.

Commissioners will work closely with NUH to ensure that for those families who will in future be able to access this expanded local NICU capacity, access and travel concerns are addressed during in-patient and subsequent family visiting periods. We will also analyse feedback from families who have used the current service, some of whom will have seen first-hand the shortfall in resource, and the consequence of having neonatal care provided far from home.

**4. Conclusions**

This is a major quality improvement for a small number of pre-term babies and their families. The expansion of neonatal intensive care cots at QMC campus will significantly reduce the number of babies needing to be transferred to other hospitals, and the realignment of neonatal care between City and QMC will provide better resources – numbers of staff, expertise, equipment and physical space – for those patients. By way of context the total births at NUH per annum is. circa 8500, albeit that this key clinical development will only apply to approximately 250 babies. The benefits to these families are significant but numerically this development represents an adjustment to a clinical pathway rather than a major service redesign.

Commissioners will work alongside NUH to engage widely with citizens who will access services at both QMC and City to ensure that the development meets user requirements.

The proposed targeted engagement approach comprises three main strands:

1. Review of existing patient experience data. Working with NUH and the CCG Quality team, available patient experience data covering the period of April 2019 to date will be collated and analysed, with a focus on understanding both positive and negative experiences of individuals who have accessed Neonatal services at both QMC and City. Existing research/engagement publications in this area will also be scoped and reviewed to provide a broad evidence base for change.
2. Engagement with patients. This will be focused on previous/current service use, the proposed change and asking for feedback. Methods will include an online survey and/or paper survey, which will include questions about previous/current use of the service, what went well, and what could be improved. There will also be the opportunity to take part in focus groups and workshops to allow patients to provide detailed information about their experiences. Working in partnership with NUH, the Nottingham and Nottinghamshire Maternity Voices Partnership, the CCG's Patient and Public Engagement Committee, Healthwatch Nottingham and Nottinghamshire and other relevant community groups (including organisations such as Zephyr's) will ensure that the voices of those who may be disproportionately impacted are heard, and that the engagement exercise reaches the right people.

3. Ongoing patient and public assurance. The survey, its responses and a "You Said, We Did" summary will be published on the CCG website and disseminated through partners engagement channels.

Commissioners and providers are keen to proceed expeditiously to access the capital funding available to support this major development for Nottingham and Nottinghamshire.

To this end, the CCG wishes to consult with the Health Scrutiny Committee on this proposal, and in parallel, approval is requested from the Health Scrutiny Committee to proceed with a targeted engagement approach (rather than public consultation), the findings of which will be reported back as required. The consideration of the decision to proceed with this work is imminent and therefore a formal response to this request is required before 7th December 2021.

**Lucy Dadge**
**Chief Commissioning Officer**
**NHS Nottingham and Nottinghamshire CCG**

**Appendix 2**

# Maternity and Neonatal Redesign Engagement Report July 2022

## NHS Nottingham and Nottinghamshire Integrated Care Board

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## Executive Summary

### Background

Nottingham University Hospitals (NUH) have prepared an outline business case to secure £29.6m capital funding to invest in neonatal and maternity services at their sites including Queens Medical Centre (QMC) and Nottingham City Hospital. In particular the scheme will:

- Provide sufficient capacity for those network babies who are currently sent out of network for their treatment due to capacity constraints (an average of 116 per year based on 2018-2020) to be cared for within the Nottingham Neonatal Service
- Ensure that the QMC Unit achieves the required 2,000+ Critical Care (level 1) cot days per year as required by the NCCR with babies predicted to need intensive care being delivered and cared for at the QMC in future rather than the City Hospital
- Provide sufficient capacity to allow the QMC Neonatal Unit to operate at the national standard 80% occupancy rate from the extremely high levels currently achieved.

The proposed change to neonatal and maternity services seeks £29.6m capital funding for investment in Neonatal and Maternity services at the Queens Medical Centre (QMC). This scheme will provide an increase in 21 Neonatal cots (from 17 to 38) and 8 additional Maternity beds, enabling the Trust to provide sufficient capacity to meet the requirements of the Neonatal Critical Care Review (NCCR) and the recent Getting It Right First Time (GIRFT) report.

The proposals were shared by Nottingham and Nottinghamshire Clinical Commissioning Group (now known as NHS Nottingham and Nottinghamshire Integrated Care Board, hereafter referred to as NHS Nottingham and Nottinghamshire) with the Nottingham City Council Adult Health and Social Care Committee and Nottinghamshire County Council Health Scrutiny Committee in November 2021. It was agreed that targeted engagement would be appropriate to support the planned service moves, especially given the plans for formal public consultation around the longer-term proposals under Tomorrow's NUH, that would incorporate the vision for maternity and neonatal services.

Tomorrow's NUH is Nottingham University Hospitals NHS Trust's programme to create a modern, fit for purpose hospital estate that will allow the most effective and efficient patient care whenever needed. The vision through the Tomorrow's NUH clinical model is that all Women's and Children's Services would be consolidated on a single hospital site (QMC). This long-term strategy for Women's and Children's Services is also reflected in the ICS Community and Clinical Services Strategy. These proposals will be subject to public consultation (date to be confirmed) and the plans within this proposal around neonatal and maternity services are consistent with that vision whilst not pre-empting the outcome of consultation.

NHS Nottingham and Nottinghamshire have engaged with community groups, women and families, health and social care professionals and the wider public to understand views and experiences of neonatal services within Nottingham and Nottinghamshire County and also bordering Counties where families may access the sites. The insights generated will inform the development of the proposal outlined above.

### Methods

Engagement work commenced on the 27 June 2022 and concluded on the 28 July 2022.

The Engagement Team used various approaches to gather feedback including: -

- An online survey (a total of 138 surveys were completed by members of the public and 30 surveys completed by staff members)

- A webinars for members of the public. This session was recorded and shared on the organisation's YouTube channel.
- The Engagement team attended forums in Newark and Sherwood and groups in Mansfield who were meeting either virtually or in a community socially distanced setting to gather face to face feedback.
- A total of around 20 parent views and opinions were recorded via face to face meetings

**Findings**

**What did members of the public say?**

1. Patients and Families explained that their current experiences at NUH Maternity Services were positive
2. The expansion of the facilities would be excellent and provide the care and support needed to babies at a local level
3. Extending and improving current services and minimising families being transferred further away from their home for neonatal care would be excellent and welcomed
4. Patients and Families said that sufficient space needs to be available on sites to provide better experiences whilst visiting maternity and neonatal services

**What did members of staff say?**

1. Overall staff members working at the Maternity services were supportive of the planned redesign of the maternity and neonatal facilities
2. Comments and feedback received noted the need around staffing levels and retention and recruitment of staff together with sufficient training of staff
3. Feedback from staff raised concerns around the use of children's surgical operating theatres

**Conclusion and recommendations**

**Conclusions:**

Throughout our engagement activity a key theme emerging from all the engagement carried out was the extension of the facility would be welcomed to ensure that there is minimal impact on families and also allowing the capacity of the neonatal service to extent to meet the capacity of demand as and when requires. Comments and feedback also recommended that the facilities should be staffed appropriately with the right levels of experience and expertise, both in maternity and neonatal services, and a sustainable workforce plan to ensure this would be needed.

**Recommendations:**

1. Develop a sufficient and retainable workforce plan of staff currently employed together with consideration of training needs of staff
2. Ensure there is adequate and safe space around cots in the neonatal unit ensuring easier access for staff to provide care, for families to feed babies
3. To continue to promote clear communications between staff, women and families with consistent messages in order to keep people informed of the changes and updates of the programme of work

**Background**

NHS Nottingham and Nottinghamshire undertook a piece of engagement work with community groups, women and families, health and social care professionals and the wider public to understand views and experiences of neonatal services within Nottingham/Nottinghamshire. The insights generated will

inform the development of the future provision. The engagement work commenced on the 27 June 2022 and concluded on the 28 July 2022.

As part of the capital planning and prioritisation exercise for 2021/22 the Trust has received an initial allocation of £5m to support the Full Business Case (FBC) development and enabling works for this programme. The enabling works will ensure those services currently located within the development zone immediately adjacent to the QMC Neonatal Unit are relocated. This includes Clinic 3, some Fertility Services and a small number of Gynaecology outpatient clinics.

The reconfiguration will lead to the re-categorisation of the QMC as a Tertiary Neonatal intensive Care Unit (NICU) and the City Hospital to a Local Neonatal Unit (LNU).

The main driver for this development is the provision of safe neonatal care for the population of Nottinghamshire, which cannot be guaranteed in a "do-nothing" scenario, given the limitations of the current cot capacity. Tomorrow's NUH will provide a long term solution, but the timescales are too protracted for the pre-term babies requiring care in the meantime.

National standards set out in the Neonatal Critical Care Review (NCCR), published at the end of 2019, dictate that to retain status as a Tertiary NICU, a unit must provide at least 2,000 intensive care cot days per year. QMC just about achieves this level of activity at the moment, but the City Hospital does not. Under the MNR plans, the QMC would be secure in retaining its Tertiary NICU status, and the City Hospital facility would be re-categorised as a Local Neonatal Unit (LNU) i.e. babies could be supported in intensive care at City for up to 48 hours, but would then need to be transferred to the QMC for longer term care if required.

The plans would create at the QMC one large unit focused on NICU babies and one medium sized unit with 4 special care cots to allow babies to be treated up to 48 hours in an intensive care unit.

A report was presented to City and County Health Scrutiny Committees (HSC) in November 2021 who welcomed the report informing them of detailed consideration of the neonatal services. Recommendations from the HSC was to work with Healthwatch Nottingham and Nottinghamshire to carry out a targeted piece of engagement work to understand current experience of the services provided and ascertain feedback of the improvements proposed.

## 7 Aim and Objectives

The overarching aim of this engagement work was to understand current experiences of service users and staff, noting improvements needed to be made thus informing commissioners and NUH.

This can be broken down into the following objectives:

- To provide patients, members of the public and carers with the opportunity to state what the neonatal and maternity services mean to them and how they want to access care
- To provide Primary Care staff and providers with an opportunity to feedback on the Maternity and Neonatal Redesign Programme
- To provide patients, members of the public and carers an opportunity to feedback their views
- To understand service users' experience of maternity and neonatal services, particularly those experiencing health inequalities
- To work in partnership with Healthwatch Nottingham to ensure we reach our communities, specifically our underserved and ethnic communities and provide opportunities for them to provide feedback

## Engagement Methods

NHS Nottingham and Nottinghamshire are committed to actively engaging and listening to the views of service users and carers within the community. The key communications and engagement activities that took place included:

- Extensive stakeholder mapping to ensure feedback was sought from those in boundary Counties
- Providing information about the MNR programme to patients, members of the public and carers, including via service providers, community and voluntary sector (CVS) organisations, ethnic and diverse community groups, local authorities (including district councils), NHS Trusts (including Institute of Mental Health at Nottingham University), charities, local community groups and Healthwatch including the Maternity Voice Partnership
- Making materials available in alternative formats upon request
- Social media promotion and information available on Websites
- Information cascaded through local CVS, Council and system partner newsletters and bulletins and social media opportunities

Engagement was undertaken as follows:

- A survey which ran from 27 June 2022 up to including the 17 July 2022. In total 138 responses were received from the public survey with 30 responses received from the staff survey
- Posters were produced and placed in prominent places across the Trust to encourage staff and the public to provide feedback. Information was available in alternative formats and languages as requested. Internally, the survey link was promoted through a range of channels such as newsletters and social media groups. An outline of responses and graphics of the results and comments received are outlined below
- Webinars were also run by NHS Nottingham and Nottinghamshire ICB, supported by NUH clinical and operational colleagues.
- Specific Community Meetings – Homestart Group Sessions in Newark, BABES Group at Mansfield Children's Centre
- Attendance at Best Start, Newark and Sherwood Forum to share information with key partners
- Meetings with key groups – Maternity Voice Partnership and Nottingham Women's Centre
- Information was shared via system partners newsletters and social media platforms

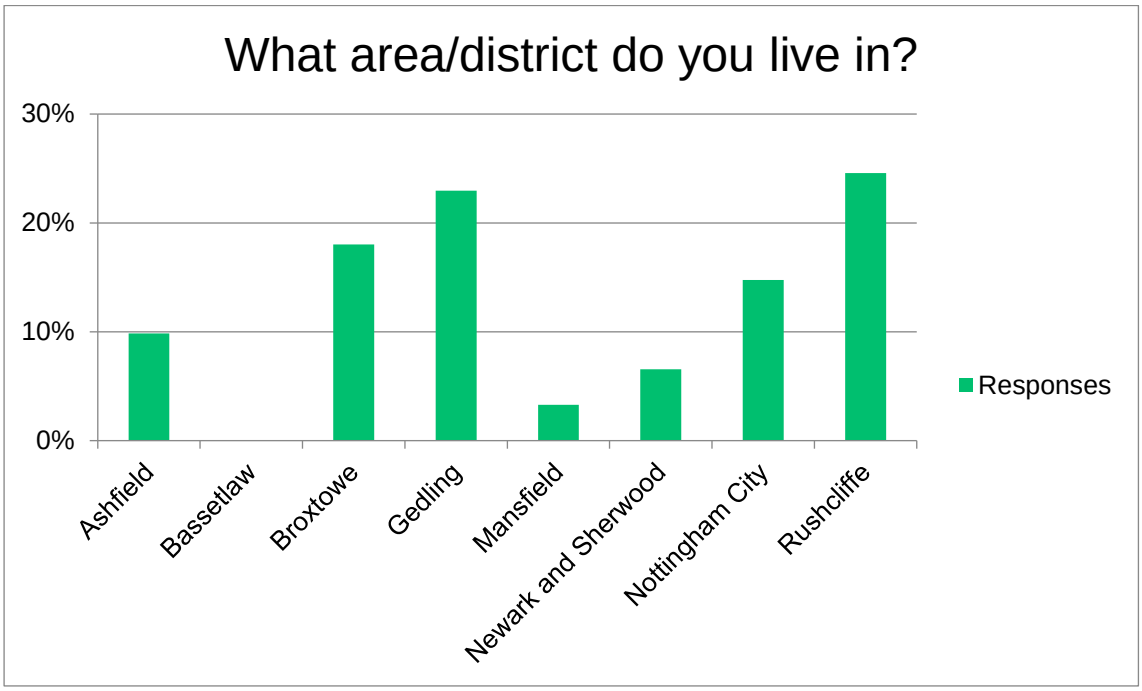
## Findings

A total of 138 respondents completed the public survey, with the majority of these being of White ethnicity 68 people (92%). Members of the public who completed the survey were supportive of the planned redesign of the neonatal facilities, with 65 people (80%) supporting the proposals, and only 1 person (1%) opposing. Comments from parents included themes specifically around current services highlighting smaller units with poor support.

## Survey Demographics

Regarding demographic information from respondents obtained, a number of people from other backgrounds took part including 1 person from each group (1%) Gypsy or Traveler, Mixed White and

Asian, Mixed White and Black African, Mixed White Caribbean and other Asian background. The age range for this survey was from 18 – 54 with majority of ages being between 25 – 34 45 people (58%). The graph below shows the different areas of the County where respondents lived, with the lowest uptake in Mansfield 2 people (3%) but the highest being Rushcliffe 15 people (24%) and Gedling 14 people (22%).




A thematic analysis was conducted for the survey results. The main themes are highlighted within the report. Further information is also available on our website at: Home - NHS Nottingham and Nottinghamshire ICB. Updates and progress of the redesign programme will be available in due course on our websites.

**Responses from members of the public**

35 of the 138 respondents (45%) had remained at Nottingham University Hospitals with their babies to receive care, and 3 of the respondents (7%) had experienced being transferred with their baby from Nottingham to an alternative hospital.

The overall response from members of the public was positive about the care received, however, some negative comments were received.

The data also suggested that resources such as space, parking and parent accommodation could be improved. Further concerns were raised about the importance of preventing the need for families to be transferred or separated during their care. There was also skepticism about the extent to which personal choice was an option for the families using the service.

Below are comments obtained from parents using the service, confirming the perceived need for increased capacity and improved facilities in terms of benefits, improvements and concerns.

**Benefits**

There were clear main themes from respondents around more space, more beds and more staff present for parents and their babies which would benefit service users resulting in less transfers and improvement on mental health wellbeing for families.

> *'A better environment for the babies, less risk to babies from cross infection. A better environment for families.'*

People felt that the facilities at NUH are not fit for purpose with some suggestions for improvements including more space for breastfeeding, bigger sized birthing pools and more parental accommodation.

> *'It's a stressful and confusing time for parents, so having the space to move would help with easing stress.'*

**Concerns and Improvements**

Whilst the redesign proposal of an increase in the number of cots on the unit was welcomed, this caused concerns for many women completing the survey around staffing and the training of recruited staff and potential increased difficulty in accessing specialist nurses on the unit. Respondents expressed the need of increasing workforce. Concerns were also raised around the location and choice of where to deliver their babies together with access to parking.

> *"I am in a slight support, as along with the expansion, you need to hire appropriately too. Great to expand, lots of benefits like more space for women who are having a prolonged labour or for emergencies, but you need to provide adequate care staff to match it ".*

**Responses from members of staff**

There was a total of 30 survey responses from members of staff, with a split across Queens Medical Centre 16 (53%), Nottingham City 5 (17%) and 9 staff members working across both sites 9 (30%). Overall, 21 respondents (72%) of the staff were supportive of the planned redesign and 6 members of staff (20%) who opposed the plans outlined.

The respondents from the staff survey shared their views and comments with location, resources and plans to improvement facilities and for workforce capacity highlighted to be areas of concern. A further suggestion that was noted and considered included the use of alternative locations whilst work is undertaken.

Staff were asked what they felt were the main benefits of the redesign for families and their babies as well as staff.

The majority of respondents were supportive of the proposals, with a high level of comments noting that this would not only create a better working environment, but also a better environment for patients and families. Staff felt that the proposed MNR Programme would improve patient experience, quality of care and the overall patient pathway.

Comments also reflected that this would allow an opportunity for better training and practice for staff members, improved communication and better retention of staff who are currently employed and would also lead to having a workplan in place to recruit to the unit.

The charts below show the staff view of the benefits and concerns in relation to the MNR programme, with patient care and workforce (particularly around recruitment) being the main areas of concern.

The main benefits identified by staff were the improvement of environment for women and families and the quality of care that can be provided if facilities are improved at both sites. The increase of cot facilities will also allow more women and families to be treated in the area rather than transferring to alternative locations. The increased facility would allow increased staff capacity at the sites and allowing training opportunities for new members of staff therefore increasing staff retention.

Staff members gave detailed responses about how they felt the MNR programme could affect patient care and safety. Concerns were noted around the current workforce. Comments were received reflecting some families may not want to attend the Queen's Medical Centre (QMC) for specialist treatment and due consideration to be taken into account around patient choice.

Concerns were also raised about the impact on other facilities at the Trust whilst work was undertaken, specifically the disruption to children's surgical pathways and children's operating theatre during the redesign period.

*'Staffing levels are concerning especially if the buildings are extended'*
*'Office space needs to be considered across all roles including administration'*

Staff responses highlighted points around impact on services together with managing waiting lists for surgical procedures. Additional comments from staff around workforce included:

*'Added pressure and increased workload'*
*'Changes would benefit neonatal team, but disrupt surgical services'*
*'Staff support and wellbeing is essential to improve morale'*

Further feedback from staff highlighted concerns around the rotation of staff across both sites along with challenges that new ward layouts would bring.

All staff were asked a further question of other considerations or comments they would like to highlight regarding the proposed redesign of neonatal and maternity services at NUH.

Concerns were noted around surgical services resulting in possible delays during the redesign work and increase of waiting lists. Staff were also concerned about support they will receive following the change with wellbeing and opportunities to be involved in decision making.

Suggestions were made for the need to increase antenatal beds within B26 and labour suite as well as increasing theatre space and a quiet room for families. As previously stated, further comments were made around the increased pressure on QMC staff.

**Feedback from Community and Representative Groups**

As part of the targeted engagement activity, NHS Nottingham and Nottinghamshire engagement team members attend a number of community groups. The feedback obtained was mainly positive of their experiences in accessing neonatal care across both NHS Trusts in Nottingham and Nottinghamshire with staff being committed, caring and supportive.

Feedback was also received around how and when communications relating to their care are received and how this is not always patient facing and can include jargon which is not helpful and sometimes can be confusing for women, families, and carers.

**Acknowledgements**

Thank you to all participants who took the time to complete the survey and to all who attended the webinars to provide your feedback and experience and sharing your stories with us. Thank you to the community groups who allowed us to attend your specific sessions and to those who shared the information on any social media platforms.

**Appendices – Survey Questions**

**Staff Survey**

**What is this survey all about?**

Through the Maternity and Neonatal Redesign Programme, we are seeking to gain approval for £29.6m funding to redevelop and expand our neonatal and maternity facilities in order to provide an additional 21 cots at the QMC, taking our total to 38. We will also be upgrading the obstetrics theatres so that they are both full sized, and both able to accommodate more complex deliveries.

As the main Neonatal Intensive Care Unit (NICU) for the north hub of the East Midlands Neonatal Operational Delivery Network, NUH provides specialist neonatal care for premature babies from across the wider region.

At the moment, more than 100 premature babies are transferred out of area each year because NUH does not have sufficient cot capacity. Not only does this cause distress for families who have to travel longer distances but results in poorer outcomes for these very vulnerable babies. The neonatal facilities at the QMC are cramped, creating a poor environment for staff and families.

Two recent reports underline the importance of the planned expansion as an immediate priority for the Trust. The first is the Neonatal Critical Care Review (NCCR), published at the end of 2019, which sets out national standards for how many babies a NICU should support each year, and the second is the Getting It Right First Time (GIRFT) report, which highlights poorer outcomes for babies who have to be transferred to other hospitals some distance away.

The planned expansion will create a larger NICU which would include intensive, high dependency and special care cots at the QMC. The Neonatal service at the City Hospital will become a 'Local Neonatal Unit' (LNU), where babies can be supported in intensive care for up to 48 hours, before being transferred to the QMC for longer term care if needed. In future, where it becomes clear during a woman's pregnancy that her baby is likely to need care in the NICU, she could be directed to give birth at the QMC rather than at the City Hospital.

While in the longer term, our vision through Tomorrow's NUH is to bring all women's and children's services together onto the QMC site in a brand-new, purpose-built Family Care hospital, the urgency for more neonatal cots at the QMC means that we need to expand the current facilities now and cannot wait for the 2030 timeline of Tomorrow's NUH.

Enabling works (including the relocation of Clinic 3 and the Fertility clinics) will start from September 2022, and the main construction work is planned to start in February 2023 and will take up to 18 months to complete. During this time, the Neonatal service at the QMC will temporarily decant.

As part of a programme of targeted external engagement, we are seeking feedback from families who have recent experience of using NUH maternity and neonatal services, and from relevant community organisations, so that we can make sure that their needs continue to be met and they have a positive experience of care through this period and beyond. We also want to seek the views of our staff to ensure the neonatal and maternity expansion runs as smoothly as possible for everyone involved.



As well as completing the survey, you can also leave feedback in one of the two MNR hub rooms (at

City and QMC) or contact a member of the MNR programme team. More information is available on the MNR intranet page.

1. Are you completing this survey as:

- As a member of the nursing and midwifery staff
- A member of medical staff
- A member of allied health professionals staff
- A member of staff within support functions
- A member of administrative and clerical staff
- Other (please specify)

2. What is your role? Please leave blank if you would rather not say

3. Where are you usually based?

- Queens Medical Centre (QMC)
  Nottingham City
- Hospital Work across both sites
- Other (please specify)

4. To what extent do you support the planned redesign of the Neonatal facilities at the Queen's Medical Centre?

- Strongly Support
- Support
- Neither support or oppose
- Strongly oppose

Please add any additional comments

5. What do you see as the main benefits of the redesign for families and their babies?

6. What do you see as the main benefits of the redesign for staff?

7. Do you have any comments about the proposed redesign and how they will affect patient care? If yes, please state below.

8. Do you have any comments about the proposed redesign in terms of how they will affect the workforce? If so, please state below.

9. Are there any other considerations or comments you would like to make around the proposed redesign to Neonatal and maternity services at NUH?

10. Do you have any further concerns? If so, please state these below

**Equality and Diversity Questions**

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

11. What is your gender?

- Man
- Women
- Non binary
- Prefer not to say
- Other (please specify

12. Is your gender the same as you sex registered at birth?

- Yes
- No
- Prefer not to say

13. Which age band do you fall into?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

14. Which race/ethnicity best describes you? (Please only choose one)

- Arab
- Asian / Asian British - Bangladeshi
- Asian / Asian British - Pakistani
- Black/Black British – African
- Black/Black British - Caribbean
- Chinese
- Gypsy or Traveller
- Mixed – White and Asian
- Mixed – White and Black African
- Mixed – White and Black Caribbean
- Other Asian Background
- Other Black background
- Other ethnic background
- White
- White – Irish
- Prefer not to say

15. Do you have an impairment, health condition or learning difference that has a substantial or long-Term impact on your ability to carry out day to day activities?

No known impairment

A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilspey

Blind or have a visual impairment if uncorrected by glasses

Deaf or have a hearing impairment

| | |
|---|---|
| A mental health difficulty such as depression schizophrenia or anxiety disorder | A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches |
| A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches | A social communication impairment such as a speech and language impairment or Asperger's syndrome other autistic spectrum disorder |
| A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D | An impairment health condition or learning different that is not listed above |

16. Are you a carer providing unpaid support to a family member partner or friend who needs help because of their illness, frailty, disability and mental health problem or an addition

- Yes
- No
- Prefer not to say

17. What district do you live in?

- Ashfield
- Bassetlaw
- Broxtowe
- Gedling
- Mansfield
- Newark and Sherwood
- Nottingham City
- Rushcliffe
- Other please specify

18. Are you currently pregnant or receiving maternity Care?

- Yes
- No

**Patient/Public/Family Survey**

**What is this survey all about?**

Nottingham and Nottinghamshire NHS Integrated Care Board (ICB) is working with Nottingham University Hospitals NHS Trust (NUH) to redevelop and expand the neonatal unit and maternity theatre facilities at the Queen's Medical Centre (QMC), providing 21 additional cots (taking the total from 17 to 38), and expanding the smaller of the two theatres so that both are full size in line with national standards.

NUH is the main neonatal intensive care unit (NICU) in this part of the East Midlands, and currently provides care for premature babies and their families at both the QMC Hospital and the City Hospital sites.



At the moment, more than 100 premature babies are transferred each year to other hospitals in the East Midlands, or sometimes further afield, because there are not enough cots available at NUH to look after them. Not only does this cause distress for families who have to travel longer

distances but transferring very poorly and vulnerable babies can carry some risk. The current neonatal facility at the QMC is very cramped with limited capacity, creating a poor working environment for staff and insufficient space around the existing cots.

The planned expansion would create a larger NICU which would include intensive, high dependency and special care cots at the QMC. The Neonatal service at the City Hospital would become what is known as a 'Local Neonatal Unit' (LNU), where babies could be supported in intensive care for up to 48 hours, before being transferred to the QMC for longer term care if needed. In future, where it becomes clear during a woman's pregnancy that her baby is likely to need care in the NICU, she could be directed to give birth at the QMC rather than at the City Hospital.

We are now asking for feedback from families and members of the public who have recently used NUH maternity and neonatal services, and from relevant community organisations, so that we can make sure that the redesign work is carried out in such a way that families continue to have a positive experience of care during this period and beyond.

As part of our programme of targeted engagement, we are also carrying out focus groups and online question and answer sessions, as well as attending some community group meetings. We would welcome the opportunity to gather feedback from individuals through telephone interviews. If you would like to arrange a conversation, or request attendance at a group session, please contact the Engagement Team by emailing nnccg.engagement@nhs.net or by calling Katie Swinburn on 07385 360071.

This survey is also available in alternative formats and languages upon request, so please do contact Katie Swinburn on 07385 360071.

1. How are you responding to this survey? (Please tick all that apply)

- As a member of the public
- As a current or recent user of maternity and/or neonatal (newborn baby) services
- As a representative of a community organisation (please state below)
- Prefer not to say
- Other (please specify)

2. Have you or a member of your immediate family used Nottingham University Hospitals' maternity services in the last three years?

- Yes
- No
- Prefer not to say

3. How would you rate your experience of Nottingham University Hospitals' maternity services?

- Very Positive

- Positive
- Neutral
- Negative
- Very negative
- Other (please specify)

4. Have you or a member of your immediate family used Nottingham University Hospitals' neonatal services in the last three years?
- Yes
- No
- Prefer not to say

5. How would you rate your experience of Nottingham University Hospitals' neonatal services?

- Very positive
- Positive
- Neutral
- Very negative
- Negative
- Other (please specify)

Please add any comments in the box below

6. During your care, were you or your baby transferred from Nottingham to an alternative hospital?
- Yes
- No
- If yes, please expand on your answer (eg were you transferred because of the lack of cots available)

7. To what extent do you support the planned redesign of the Neonatal facilities at the Queen's Medical Centre?
- Strongly support
- Slightly support
- Neither support or not Slightly
- oppose

If you would like to add any comments please do so below.

8. What benefits or improvements do you think the proposed redesign would bring?

9. If you have any concerns about the proposed redesign, what are they?

10. Are there any other comments you would like to make around the proposed redesign to the Neonatal and maternity services at Nottingham University Hospitals?

**Equality and Diversity Questions**

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Responding to these questions is entirely voluntary and any information provided will remain anonymous.

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- Women
- Non binary
- Prefer not to say
- Other

12. Is your gender the same as your sex registered at birth?

- Yes
- No
- Prefer not to say

13. Which age band do you fall into?

18-24
25-34
35-44
45-54
55-64
65+

14. Which race/ethnicity best describes you? (Please only choose one)

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- Asian / Asian British - Bangladeshi
- Asian / Asian British - Pakistani
- Black/Black British – African
- Black/Black British - Caribbean
- Chinese
- Gypsy or Traveller
- Mixed – White and Asian
- Mixed – White and Black African
- Mixed – White and Black Caribbean
- Other Asian Background
- Other Black background
- Other ethnic background
- White
- White – Irish
- Prefer not to say
-

15. Do you have an impairment, health condition or learning difference that has a substantial or long-term impact on your ability to carry out day to day activities?

No known impairment

Blind or have a visual impairment if uncorrected by glasses

A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilspey

Deaf or have a hearing impairment

A mental health difficulty such as depression schizophrenia or anxiety disorder

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches

A social communication impairment such as a speech and language impairment or Asperger's syndrome other autistic spectrum disorder

A specific learning difficulty such as dyslexia, dyspraia or AD(H)D

An impairment health condition or learning different that is not listed above

16. Are you a carer providing unpaid support to a family member partner or friend who needs help because of their illness, frailty, disability and mental health problem or an addition

- Yes
- No
- Prefer not to say

17. What district do you live in?

- Ashfield
- Bassetlaw
- Broxtowe
- Gedling

- Mansfield
- Newark and Sherwood
- Nottingham City
- Rushcliffe
- Other please specify

18. Are you currently pregnant or receiving maternity Care?
- Yes
- No

Nottinghamshire County Council

**Report to Health Scrutiny Committee**

**15 November 2022**

**Agenda Item: 7**

# 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 |
|---|---|---|---|---|
| **14 June 2022** | | | | |
| 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 | |
| **26 July 2022** | | | | |
| 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 | |
| **20 September 2022** | | | | |
| East Midlands Ambulance Service Performance | The latest information on key performance indicators from EMAS. | Scrutiny | Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire) | |

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| 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 | |
| **15 November 2022** | | | | |
| 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 | |
| **10 January 2023** | | | | |
| Access to GP Services | Refresh of information considered to date, and update on post-pandemic access | Scrutiny | TBC | |
| Health Visiting | Briefing on current service and return to face-to-face provision and home visits | Scrutiny | TBC | |
| Dentistry Services | Briefing on service provision and barriers to access, including registration of infants and young children | Scrutiny | TBC | |
| **21 February 2023** | | | | |

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| Colorectal and Hepatobiliary Services to City Hospital - Update | Update on relocation of elective services from QMC | Briefing (from July 2022 meeting) | Lucy Dadge and Dr Banerjea | |
| Diabetes Services Update | Further information on diabetes services | Scrutiny | Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB) | |
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| **28 March 2023** | | | | |
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| **9 May 2023** | | | | |
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| **20 June 2023** | | | | |
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| **25 July 2023** | | | | |
| 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) | |
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| **To be scheduled and potential alternative actions** | | | | |
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| 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 | |

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| 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 | | | |
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| **Also:** | | | | |
| Visit to Bassetlaw Hospital late 2022 | | | | |
| Visit to QMC Emergency Department | | | | |