Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Tuesday 15 November at 10.30am

COUNCILLORS

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

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

SUBSTITUTE MEMBERS

Councillor Mike Pringle for Councillor Michelle Welsh

Officers

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

Also in attendance

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

1 MINUTES OF THE LAST MEETING HELD ON 20 SEPTEMBER 2022

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

2 APOLOGIES FOR ABSENCE

Councillor Michelle Welsh (other reasons)

3 DECLARATIONS OF INTEREST

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

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

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

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

5 UPDATE ON NOTTINGHAM UNIVERSITY HOSPITALS ACUTE STROKE SERVICE

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

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

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

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

- The Hyperacute and Acute Stroke Service was now geographically aligned with a CT scanner.

- The Hyperacute and Acute Stroke Service was now geographically aligned with the Mechanical Thrombectomy Service.

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

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

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

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

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

- That the changes to acute stroke services at NUH were positive and had resulted in improved outcomes for patients.

- How the services provided at NUH for stroke patients were of a very high quality and should be praised.

- Members sought assurances that patients self-presenting at Emergency Departments were able to access care as swiftly as patients who had arrived at hospital by ambulance.

- Members asked whether the processes regarding access to services and treatment were the same at Sherwood Forest Hospitals (SFH).

- Members asked what impact the relocation of services had on staff recruitment and retention.

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

- That the NUH and SFH Trusts worked together closely to ensure that care and care pathways were consistent across both trusts. Members were assured that patients at NUH and SFH received the same high levels of care.

- That there were concerns regarding prompt access to care for patients who presented themselves at the Emergency Department, but that this impact was mitigated by having acute stroke services and emergency care located on the same campus at QMC. Members were assured that this was an issue that was carefully monitored.

- That in common with the provision of all health and care services, recruitment and retention of staff was an area of concern. It was noted however that the relocation of services had helped with the recruitment of consultants and was also providing some improvements with regard the recruitment of nurses.

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

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

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

RESOLVED 2022/07:

1) That it be noted that:

   a) the relocation of acute stroke services had maximised the opportunity to provide timely assessment and treatment to patients.

   b) the patient experience of acute stroke services continued to be positive.

   c) there was broad support from patients and the public to co-late emergency services on one site.

2) That the proposal to make the re-location of the Acute Stroke Services at Nottingham University Hospitals be made permanent be endorsed.

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

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

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

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

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

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

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

- How during 2022 the Nottingham and Nottinghamshire health and care system had declared two critical incidents due to the extent of pressures driven by acuity of admissions, impact of COVID infection rates, staffing levels and ambulance turnover pressures in Emergency Departments

- How pressures on health and care systems were likely to increase over the winter period due to people being more likely to require admission to hospital or suffer winter illnesses.

- That the winter plan would enable health and care systems to respond effectively when people needed to access urgent and emergency care. There was also an increase in activity that was focussed increasingly to prevent ill health and to anticipate care needs, shifting the focus to prevention as well as response.

- How projections from previous winter demand increases, influenza and likely covid infection rates had been used to put in place plans to manage increased demand for services. This had resulted in creating additional capacity into many services, including hospital and community-based beds, increased care in home settings and expanding services that could safely care for people outside of hospital.

- The Autumn vaccination programme for influenza and COVID-19 had been delivered in order to prevent as many infections as possible.

- The importance of maintaining effective "system flow" through health and care systems throughout winter as delays and backlogs in accessing care that occurred in one care setting could have a detrimental impact for patients and staff.

- The ongoing challenges to recruit to all vacant posts across many health and care roles and the likely challenges with winter illness and infection in staff.

- The ICB was establishing a 24/7 System Control Centre that would

    - Maintain real time visibility of operational pressures and risks across providers and system partners.
    - Take action across the system on key issues impacting patient flow, ambulance handover delays and other clinical and operational challenges.
    - Work with all partners on dynamic responses to emerging challenges and mutual aid.

- How the ICB would be working to build community resilience in areas including:

    - Working alongside community, faith and voluntary groups to identify vulnerable groups and provide support/signposting to appropriate advice.
    - Asking communities and volunteers to support older family and friends with their care needs particularly at the point of discharge from hospital.
    - Sharing information regarding health prevention activities, such as vaccine uptake and access to healthcare.
    - Supporting access to food banks, travel schemes and heating support through partnerships with voluntary and community services.
    - Maximising uptake of support schemes/benefits/financial advice across the area.

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

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

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

- That the 24/7 System Control Centre was a welcome innovation in managing patient flows through the health and care system. Members asked whether information gathered by the control centre could be shared with the public in order to assist them in accessing services in the most appropriate way.

- Members asked how the 24/7 System Control Centre would be staffed and sought assurances that the centre wouldn't take resources from elsewhere in the health service.

- Members asked if Covid-19 and flu infection numbers or staff shortages and ambulance waiting had the greater impact on patient flow through health services. Members also asked how these factors were monitored in order to support the effective delivery of services.

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

- How the ICB enabled a whole system approach to healthcare planning and how this would support the work to reduce the waiting lists for elective procedures.

- That significant progress was being made in dealing with the waiting lists for elective procedures, with NUH and SFH NHS Trusts working closely together in order to maximise capacity.

- That levels of flu and Covid-19 were not at a level where they were putting a strain on ICU's or impacting on the delivery of elective procedures.

- That the 111-telephone service was able to provide information on levels of demand across health services and that consideration would be given to further ways of sharing this information with the public.

- How a wide range of interdependent factors were taken into account when modelling and managing patient flow and that as such there was no single factor that was more critical than others in managing effective patient flow.

- That the operation of the 24/7 System Control Centre would provide significant benefits for patients both during the winter period and into the future as it became an integral part of the ICB and as such required to be staffed appropriately.

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

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

- How capacity at hospitals was managed in order enable the safe and efficient provision of care.

- What had been the main factors that had caused the low staff numbers that had had in turn been a factor in the declaring of a Critical Incident in September.

- Did the possible industrial action that was being planned in the health service create the risk of another Critical Incident having to be declared?

- How the winter period would be a very challenging period for health services.

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

- That it was always the objective to maintain good levels of spare capacity of hospitals in order to support the delivery of acute care services. It was noted that the discharge process was a vital part in achieving this objective, with the focus always being on the numbers of patients being discharged being the same as, or ideally more than the number of patients being admitted. The less full hospitals were meant less pressure across health and care services.

- There had been a combination of factors related to the low staff numbers that had been a factor in the Critical Incident being declared in September including general staff sickness and the start of the season for respiratory viruses.

- Members were assured that during any periods of industrial action that emergency care would continue to be provided and that essential care would be maintained. It was also noted that there were robust plans in place to ensure the delivery of essential services and maintain patient safety during any periods of industrial action.

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

- That the expansion of “virtual wards was to be welcomed.

- The concern around delays in discharging patients from hospital due to the required social care not always being in place in a timely manner and asked the Chairman if a report on this issue could be brought to the Health Scrutiny Committee.

- That the support 24/7 System Control Centre was a welcome innovation. Sarah Collis asked how its performance would be monitored and how this information would be provided to the Health Scrutiny Committee.

- What plans there were for targeted communications to groups of residents who attended emergency departments when it would have been more appropriate for them to access an alternative care pathway for their health and care needs.

- How the ICB was engaging with the voluntary sector to build community resilience.

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

- That the Chair of the ICB was engaging with the voluntary sector regarding winter planning.

- That the ICB understood the challenges of engaging effectively with all residents due to their different communication needs and that their communications strategy and approach reflected this.

- The 24/7 System Control Centre was in its early stages of operation but that its operation would be consistently monitored and reviewed. This performance information could then be submitted to the Health Scrutiny Committee for consideration.

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

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

RESOLVED 2022/08:

1) That the report be noted.

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

6 UPDATE ON EXPANSION OF NEONATAL CAPACITY AT NOTTINGHAM UNIVERSITY HOSPITALS

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

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

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

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

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

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

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

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

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

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

RESOLVED 2022/09:

1) That the report be noted.

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

7 WORK PROGRAMME

The Committee considered its Work Programme for 2022/23.

RESOLVED 2022/10

That the Work Programme for 2022/23 be noted

The meeting closed at 12:45pm.

CHAIRMAN