Public Document Pack

Nottingham City Council
Health Scrutiny Committee

Date: Thursday, 16 September 2021

Time: 10.00 am (pre-meeting for all Committee members at 9:30am)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Director for Legal and Governance

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 876 4315

1	**Committee membership change** To note that Councillor Phil Jackson has been removed as a member of the Health Scrutiny Committee	
2	**Apologies for absence**	
3	**Declarations of Interests**	
4	**Minutes** To confirm the minutes of the meeting held on 15 July 2021	3 - 10
5	**Assessment, referrals and waiting lists for psychological support**	11 - 12
6	**Reconfiguration of acute stroke services**	13 - 22
7	**Local Covid 19 Vaccination Programme**	23 - 30
8	**Work Programme**	31 - 40

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting.

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Nottingham City Council

Health Scrutiny Committee

Minutes of the meeting held in the Dining Room - The Council House, Old Market Square, Nottingham, NG1 2DT on 15 July 2021 from 10.00 am - 12.21 pm

Membership	**Absent**
Present	Councillor Kirsty Jones
Councillor Georgia Power (Chair)	Councillor Phil Jackson
Councillor Cate Woodward (Vice Chair)	
Councillor Michael Edwards	
Councillor Samuel Gardiner	
Councillor Maria Joannou	
Councillor Angela Kandola	
Councillor Anne Peach	

Colleagues, partners and others in attendance:

Michelle Rhodes,	Chief Nurse, Nottingham University Hospital (NUH)
Sharon Wallis,	Director Midwifery, Nottingham University Hospital (NUH)
Lucy Dadge,	Chief Commissioning Officer, Nottingham and Nottinghamshire CCG
Lewis Etoria	Head of Insights and Engagement, Nottingham and Nottinghamshire CCG
Ajanta Biswas	Nottingham and Nottinghamshire Healthwatch
Jane Garrard	Senior Governance Officer (NCC)
Emma Powley	Interim Governance Officer (NCC)

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17 Apologies for absence

Councillor Kirsty Jones (unwell)
Councillor Phil Jackson (personal)

18 Declarations of interest

None

19 Minutes

The Committee agreed the minutes of the meeting held on 17 June 2021 as an accurate record and they were signed by the Chair.

20 Nottingham University Hospitals NHS Trust Maternity Services

Michelle Rhodes, Chief Nurse, and Sharon Wallis, Director of Midwifery, NUH, attended the meeting to present and update on the progress made by Nottingham University Hospitals NHS Trust in introducing improvements following the Care

Quality Commission's rating of maternity services as 'Inadequate'. The following information was highlighted:

a) Following the publication of the Care Quality Commission (CQC) report in December 2020 which re-rated Nottingham University Hospitals NHS Trust (NUH) maternity services from 'Requires Improvement' to 'Inadequate' along with a warning notice, representatives of NUH attended the 14 January 2021 meeting of the Health Scrutiny Committee.

b) Since then, there had been a fundamental commitment to improving the maternity service and to offer women an improved experience and to learn from previous mistakes.

c) The improvements will not be immediate and will require additional staff training, which is already being implemented. This includes improving staff training on the use of the cardiotocography (CTG) machines which had been identified as an area of concern as they had not been used correctly. This has had catastrophic consequences for birthing women and children within the care of NUH.

d) There have been some difficulties in delivering training due to the pandemic as there had been limited staff and face to face training had been restricted due to the need for socially distancing. A 'fresh-eyes' approach had been implemented as part of the review into antenatal and postnatal care.

e) Staff, specifically community midwifes, had reported issues with the technical systems being used and their accessibility, reporting that the digitalisation had impeded their efficiency. This was being looked into to speed up the system and to make it more accessible.

f) A Patient Liaison Service has been established and allows women affected by past experiences of poor care to access the service to voice their concerns and to identify shortcomings in the care they received. Women are being encouraged to come forward and speak up about their experiences and there has been a recent shift in care to empower women in birth/labour. Women who have suffered from trauma as a result of the service had been written to and face to face meetings had been offered to them.

g) There have been mistakes made in maternal care at a nationally and this was attributed in part, to Covid. However, NUH maternity services has also suffered from staff shortages and difficulties in recruiting midwifes. It was suggested that there was a reluctance for newly trained midwives to join a service that had been rated as 'inadequate' following the publication of the CQC report.

Ajanta Biswas, Healthwatch Nottingham and Nottinghamshire, spoke to the Committee about the work that Healthwatch had been undertaking, including with bereaved parents, to gather insight into past and current provision of maternity services by NUH.

The Chair noted that a written statement from the Chair of the Nottingham and Nottinghamshire Maternity Voices Partnership was included in the papers; and, prior to this meeting, the Committee had met informally with a parent whose child had died whilst in the care of NUH's maternity services to hear their perspective.

In response to questions from the Committee and in the subsequent discussion the following points were made:

h) The number of midwifes leaving the NUH Trust far outweighs the number of students qualifying. This is challenge for the Trust and different incentives are being explored. In addition, neighbouring hospitals with over-recruitment are being contacted with the rotation of students between hospitals being considered.

i) A buddy-up programme has been implemented with University of Coventry and Warwickshire Trust and there has been an increase in the number of 'Speak up Guardians' encouraging more engagement and communication on (potential) issues and concerns.

j) A complaints process is in place but the Trust recognise that improvements are needed. Maternity related complaints are collected and processes are in place to help expedite responses to complaints. There have always been processes in place to enable patients to raise concerns and complaints but the Service is now much more proactive in ensuring patients and families know about ways to raise concerns. A thematic review of complaints is currently being carried out.

k) A maternity care dashboard has been produced to map where improvements are necessary from a clinical perspective and identify areas for improvements. This will be reviewed over a 3 month period in order for the data to identify trends, and this will then feed into an action plan for improvement.

l) In order to retain staff and improve overall morale the following steps are being taken:

    i) Weekly meetings by the Chief Nurse and Director of Midwifery with staff and ward matrons

    ii) Recruitment of 6 consultants; 3 permanent and 3 locums

    iii) Incentive schemes to be offered to attract more staff – yet to be signed off but continued progress being made

    iv) Offering flexible hours and encouraging retired midwifes to re-join.

m) Choices of birthing options will continue including home births, although unfortunately this has to be suspended if there is insufficient staffing levels and that is determined by clinical rationale.

n) The Trust does not consider that the issues identified in relation to maternity services are systemic across the organisation. However, there are

opportunities for the organisation to learn from the improvement activity taking place in relation to maternity services, for example the rapid review process for assessing risk, identifying harm and taking immediate action and learning.

o) The Trust recognises that improvements to translation services are needed to ensure all women can communicate adequately. Studies are being undertaken to address the potential for antenatal and postnatal care to be transferred to community hubs which could improve communication with BAME women.

p) The CCG commissioned Healthwatch to support the Maternity Voices Partnership (MVP) work. Their focus for the current 6 months was on improving maternity services for ethnic minority service users by setting up a new review group that will include both maternity professionals and service users from an ethnic minority background.

q) Since March 2021, there has been an increased frequency of meetings between NUH maternity services and MVP service user representatives (MVP chair and MVP project officer at Healthwatch) and currently there are bi-weekly catch-up meetings. NUH engagement and communication staff are participating in and supporting these meetings.

r) Three NUH maternity staff members with an ethnic minority background have stepped forward to participate in the upcoming Healthwatch/MVP working groups and are committed to improving maternity services for ethnic minority service users.

s) A Committee member highlighted the benefits of co-designing services and involving women in decisions about the service and their own care. It was suggested that there has been a medicalisation of child birth, with women's control being removed at a time when they were at their most vulnerable which needed to be addressed and reformed.

t) At its meeting on 14 January 2021, the Trust had indicated to the Committee that it expected the improvement work to take a number of months to fully address and embed the issues identified by the CQC, with an ambition to see the Maternity Service move from an 'inadequate' to 'good' CQC rating within 12 months. However, having not been working for the Trust at that time, the Chief Nurse and Director of Midwifery both now consider this to be unrealistic and set out that, given the nature and scale of improvements required, it will be 2-3 years before the service will achieve sufficient sustained improvement in all areas.

u) The Improvement Plan initially developed in response to the CQC report has been reviewed to ensure all actions are meaningful. It has a dashboard of key performance indicators and measurable outcomes. Once the Improvement Plan has been through the NUH governance processes it can be shared with the Committee. The Committee highlighted the importance of openness and transparency in discussions at Board level and raised concern that some previous Board papers are not publicly available.

v) The Maternity Oversight Committee, chaired by a Non-Executive Director, meets monthly to oversee the action plan and hold the Service to account for delivery of the action plan. The Committee also reviews Serious Incidents and immediate learning arising from them. There are also weekly maternity improvement meetings to identify any barriers to improvement and to help implement improvement actions.

w) The Trust currently has fortnightly meetings with NHSE and there is a monthly quality assurance meeting involving a range of stakeholders including the Clinical Commissioning Group, NHSE/I, NHSE Education and Healthwatch.

x) Whilst clarifying there will always be instances of Serious Incidents (Sis) in maternity services, the representatives of NUH concurred with the Committee's view that the Trust needs to ensure that there is always an open and transparent reporting process and when such incidents are reported, it is paramount that learning takes place as a result and that learning results in real sustainable change. Thematic reviews of SIs do take place and have identified commons issues such as staffing and training. The Health and Safety Investigation Bureau also produce reviews of lessons learnt from SIs nationally.

y) The representatives of the Trust acknowledged that the Service hadn't always got it right in the past in relation the identification and investigation of Serious Incidents in maternity services. Processes are being put in place to ensure that all Serious Incidents are appropriately identified. Staff should not be deterred from reporting a potential SI and if, upon investigation, it is subsequently found not be a Serious Incident the categorisation will be changed, but staff are told that it is preferable to report it initially so that be investigated appropriately. Decisions in relation to Serious Incidents are not decided by an individual and are made collectively by the Service itself.

The Trust offered the opportunity for the Committee to visit sites where maternity services are delivered, once the situation in relation to Covid permits.

The Chair of the Committee thanked the NUH representatives for their attendance.

The Committee noted the progress that has been made and plans to continue the improvement journey and also noted the external context such as the national shortage of midwives and the impact of Covid on driving improvement, such as the challenges in delivering training. It was acknowledged that it will take time for sustainable change to be made, but the Committee noted that the issues and concerns about care have already been known for some years. The Committee remained concerned about a number of areas including how women are listened to and involved in decisions about their care and when things go wrong; the Service's processes for hearing about when things don't go well, such as complaints from patients, and confidence by staff to speak up about concerns, and the extent to which learning takes place as a result; care for women from ethnic minority groups, particularly those who require translation services, as an inability to communicate with the professionals providing care can affect a woman's engagement in decisions about her care and her ability to raise issues or concerns.

The Chair also stated that the Committee would not accept the term 'historical' by the Trust in relation to the concerns about maternity services as, for example, there continue to be a significant number of Serious Incidents reported. Incidents have been severe and prolonged, and the term 'historical' diminishes this and distances the Trust from the reported issues and trauma that women have experienced that resulted in infant deaths, brain damage and the delivery of stillborn babies.

Resolved to

(1) request that Nottingham University Hospitals NHS Trust review its publication of Trust Board papers on its website to ensure that all appropriate Board papers are open and easily available to view to provide transparency in the work and decision making of the Board;

(2) request that Nottingham University Hospitals NHS Trust provide the Committee with a copy of its agreed Improvement Plan for Maternity Services;

(3) welcome the prospect of an independent review of maternity services provided by Nottingham University Hospitals NHS Trust, to be commissioned the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and NHS England/Improvement (NHSE/I);

(4) to speak to the CCG in relation to the scoping of the review of maternity services to seek assurance regarding the Terms of Reference and process for, and publication of the review. Based on the outcomes of these discussions, the Committee will decide how it wishes to proceed in terms of further scrutiny on this issue.

21 Tomorrow's NUH

Lucy Dadge, Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and Lewis Etoria, Head of Insights and Engagement, Nottingham and Nottinghamshire CCG and Integrated Care System addressed the Committee with details of engagement that has taken place so far in relation to the Tomorrow's NUH Programme and plans for further stakeholder, patient and public consultation and engagement. They highlighted the following key information:

a) In their previous updates to the Committee, work that had been done to date had been described and was summarised in the report, which included an update on the work that had been done since January 2021.

b) Nottingham and Nottinghamshire Clinical Commissioning Group has a statutory duty to involve the public in proposals for changes to services. They also have a statutory duty to consult the Local Authority on any proposals for substantial variation to services and it is anticipated that the proposals coming forward as part of the Tomorrow's NUH programme will involve substantial changes to a range of services.

c) The CCG will develop a Pre Consultation Business Case that describes the proposed service changes in detail and the business case will be approved by its Governing Body and NHS England/Improvement (NHSE/I).

d) It will be supported by a Consultation Document, which will set out the proposals to the public and seek their feedback. It is anticipated that the consultation will be launched in 2022.

e) The Consultation Document will be specifically designed to target populations most likely to be impacted by changes. Mixed methodology had been used to compile the document and it will also proactively be made available in different languages, specific to Nottingham, rather than waiting for requests for copies in a specific language. There will also be promotion of the document on various social platforms and the media.

f) A core reference document was the pre consultation business case; there was a statutory requirement for this to be shared with the CCG and the Local Health Scrutiny Committee.

g) It is anticipated that the decision making business model will be in place by 2022.

h) Staff are also being consulted as it is considered essential to engage with them in order to build a sustainable workforce delivering the care to its patients. It was paramount that there was engagement with front line staff and their views listened to in order for the service to be a success.

i) Whilst there was an under-representation of young people responding to engagement so far, it is important that they were engaged with as students will be the future professional health care workers, in addition to being current and future service users.
Overall the Committee welcomed the CCG's commitment to engagement and consultation on proposals. The Committee suggested that there would be benefit in the CCG utilising existing community groups and networks to engage with different population groups as part of the consultation. The CCG agreed to provide a list of stakeholders already identified and confirmed that it would welcome additional suggestions from members of the Committee.

The Chair thanked both representatives for attending the meeting and delivering their updated information, and the Committee agreed to schedule further consideration of the Programme as it develops

22 Work Programme

The Committee noted its current work programme and plans for the work programme 2021/22.

The Chair reminded the Committee that there would be not be a meeting in August 2021, but the work outlined on the plan for the 16 September 2021 was as follows;

a) **Assessment, Referrals and Waiting Lists for Psychological Support**::
To consider the Nottinghamshire Healthcare NHS Foundation Trust's plans for managing access to psychological support, particularly in relation to step 4 psychotherapy and psychological therapies.

b) **Reconfiguration of Acute Stroke Services**:
To consider proposals for making changes to the configuration of acute stroke services permanent. Changes were made on a temporary basis to support the response to the Covid pandemic. If it is proposed to make the changes permanent, then this is likely to be a substantial variation to services and the Committee will need to carry out its statutory role as a consultee

c) **Covid 19 Local Vaccination Programme:**
To assess progress with local delivery of the vaccination against national targets (at 23/03/21 the whole population should have had at least one dose by the end of July 2021)

Health Scrutiny Committee
16 September 2021

Assessment, referrals and waiting lists for psychological support

Report of the Head of Legal and Governance

1 Purpose

1.1 To consider Nottinghamshire Healthcare NHS Foundation Trust's plans for managing access to psychological support, particularly in relation to step 4 psychotherapy and psychological therapies.

2 Action required

2.1 The Committee is asked to identify if any further scrutiny is required and, if so, the focus and timescales.

3 Background information

3.1 In May, the Committee spoke to John Brewin, Chief Executive, and Julie Attfield, Director of Mental Health and Learning Disabilities, Nottinghamshire Healthcare NHS Foundation Trust about the review of the Trust's strategy, which was taking place at that time. During that session, the Committee heard that step 4 psychotherapy and psychological therapies had been particularly disrupted by the Covid-19 pandemic, as some therapies could not be delivered virtually, and this had resulted in patients commonly waiting in excess of six months for treatment. The Committee expressed concern about this length of waiting time. The Committee was informed that anyone waiting over six months for step 4 psychotherapy or psychological therapies would have a further review which would looking at other options while they are waiting, for example online Cognitive Behavioural Therapy (CBT) and Improving Access to Psychological Therapies (IAPT) may be able to give some support while a patient is waiting. The Committee sought reassurance that support offered during a waiting period would not delay the referral for specialist psychological support nor result in and individual being removed from the waiting list because they are receiving some form of treatment before having opportunity to access specialist support.

3.2 The Trust informed the Committee that it was investing in capacity and other forms of support, for example social prescribing, to provide psychotherapy and was confident that the waiting list for step 4 psychotherapy and psychological therapies would be significantly reduced by end of the 2021/22 financial year.

3.3 The Committee requested that the Trust attend this meeting specifically to discuss the Trust's plans for managing access to psychological

support, particularly in relation to step 4 psychotherapy and psychological therapies. The Director of Mental Health and Learning Disabilities will be attending the meeting to give a presentation on the Trust's work in this area and answer any questions from the Committee. The Committee will want to use this information to consider whether it is satisfied with the action taking place to reduce waiting times and improve access or if further scrutiny is required, and if so the focus for that scrutiny.

4 List of attached information

4.1 None

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 Minutes of the meeting of the Health Scrutiny Committee meeting held on 13 May 2020

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
Jane.garrard@nottinghamcity.gov.uk
0115 8764315

Health Scrutiny Committee
16 September 2021

Reconfiguration of Acute Stroke Services

Report of the Head of Legal and Governance

1 Purpose

1.1 To consider proposals for making changes to the configuration of acute stroke services provided by Nottingham University Hospitals NHS Trust (NUH) permanent.

2 Action required

2.1 The Committee is asked to:

a) consider whether the proposal for permanent changes to acute stroke services constitute a substantial variation or development of service; and, if so

b) consider:
   i. whether, as a statutory body, the Committee has been properly consulted within the consultation process;
   ii. whether, in developing the proposals for service changes, Nottingham and Nottinghamshire Clinical Commissioning Group has taken into account the public interest through appropriate patient and public involvement and consultation; and
   iii. whether the proposal for permanent change is in the interests of local health services.

3 Background information

3.1 In July 2020 the Committee was informed that temporary changes to acute stroke services had been made as part of the response to the Covid pandemic. This was discussed with the Committee at its meeting on 17 September. There had been an urgent need to ensure that patients with Covid-19 could be treated separately from patients without Covid-19 and this was achieved by creating additional admission assessment capacity on the City Hospital campus. The most suitable area for this had been the Stroke Unit, which had been located on the respiratory corridor. Hyper acute stroke services were brought together on the Queens Medical Centre site, with the Hyper Acute Stroke Unit and Acute Stroke Ward moved from the City Hospital campus. The Committee heard that stroke rehabilitation services remained on the City Hospital campus. The Committee was told that this reconfiguration was already being considered prior to the Covid pandemic based on analysis that it would be clinically beneficial for the treatment of stroke, it aligns to regional and national plans for stroke services and supports the longer

term strategic direction for NUH as articulated through the Tomorrow's NUH programme. The move was accelerated on a temporary basis to support the response to the pandemic.

3.2 The Committee was informed that, at that point, analysis showed that the changes had been positive but that work was taking place to review the changes and whether it would be beneficial for them to be made permanent. Based on the information available to it, the Committee did not raise any concerns about the changes at that time but requested that, if commissioners decided to propose that changes are made permanent, the proposals along with plans for consultation and engagement are presented to the Committee for consideration as it is likely that the proposals would constitute a substantial development or variation of service.

3.3 The attached paper sets out details of the permanent changes proposed and the Divisional Director for Medicine, Nottingham University Hospitals NHS Trust will be attending the meeting to discuss the proposals, alongside representation from Nottingham and Nottinghamshire Clinical Commissioning Group (CCG).

3.4 If the proposals are considered to be a substantial variation or development of services, the Committee has a responsibility to consider:

- whether, as a statutory body, it has been properly consulted within the process;
- whether, in developing the proposals for service changes, the commissioners have taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of local health services.

3.5 The paper sets out the intention to now carry out engagement with service users, clinicians and associated health and care services on the proposals. The Committee may wish to discuss and comment on the plans for this engagement. Then, as suggested by the CCG, it is proposed that the findings of engagement and, where appropriate, how proposals have developed to take the public interest into account are presented to the April 2022 meeting so that the Committee can fulfil its statutory role (as outlined in paragraph 3.4).

4 List of attached information

4.1 Paper from Nottingham and Nottinghamshire Clinical Commissioning Group 'Changes to acute stroke services in Nottingham and Nottinghamshire'

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 ‘Changes to NHS services in response to Covid 19’ report to and minutes of meeting of the Health Scrutiny Committee on 17 September 2020

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
Jane.garrard@nottinghamcity.gov.uk
0115 8764315

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Changes to acute stroke services in Nottingham and Nottinghamshire

Briefing for Health Overview and Scrutiny Committee

16th September 2021

Dear Colleagues

Over the course of the Covid-19 pandemic, the Committee has been briefed on changes to services that have been made to ensure that our 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 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 Nottingham University Hospitals (NUH) to treat patients with Covid-19 separately to those who are not infected by creating additional capacity on the City Campus site.

The attached paper (Appendix 1) describes the reconfiguration that has taken place which supported the restoration of NHS services while also being clinically beneficial for the treatment of stroke.

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 are now being reviewed.

This development is subject to the usual procedures for service reconfigurations, including our requirement as the Commissioner to consult the Local Authority.

The next stage in this proposal is to undertake engagement with service users, clinicians and associated health and care services impacted by the reconfiguration. It is proposed to undertake this engagement over the next 6 months, recognising the current operational challenges for the system, and provide an update to the Committee in April 2022.

For more information on the changes described in this briefing, please contact:

Lucy Dadge, Chief Commissioning Officer
lucy.dadge@nhs.net

2nd September 2021

Evaluation of temporary move of NUH Acute Stroke Service from the City Hospital Campus to the QMC Campus during COVID pandemic

Briefing for Health Overview and Scrutiny Committee

1.0 Background

Over 1.2 million people across the UK have had a stroke with many experiencing disabilities or other serious complications as a result. Stroke is the fourth single leading cause of death in the UK and the single largest cause of complex disability.

The Nottingham University Hospitals (NUH) stroke service is the second largest stroke service in the East Midlands region, seeing on average 1200 patients per year ranging from 95 to 128 patients per month.

In response to the covid-19 pandemic the Acute Stroke Services were temporarily moved to the QMC campus on the 14 July 2020, where they currently remain. The relocation enabled NUH to comply with the national directives related to nosocomial (hospital acquired) covid-19 infections: implementation of temporary new patient pathways with dedicated covid and non-covid areas - green (covid negative), yellow (suspected covid) and blue (covid positive) areas on the City Hospital campus.

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 for 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 short timeframe within which the move had to be made, as well as the ongoing need to flex and respond to the covid-19 pandemic has resulted in some aspects of the stroke patient pathway development work which would normally be completed prior to relocation having to take place following the move. This work is on-going and consequently not all of the benefits associated with the co-location of Acute Stroke services have been fully realised at this time.

This paper provides a review of the impact of the change to Acute Stroke services at NUH.

2.0 NUH Stroke Services

Acute Stroke Services range from emergency assessment and treatments in the first few hours after stroke, through to rehabilitation. Current provision is:

i. C4 - Hyper Acute Stroke Unit where all patients with a suspected new stroke are admitted for emergency assessment and treatment (QMC campus).
ii. The Transient Ischemic Attack (TIA) Assessment Unit is a seven day services assessing possible new TIAs and minor strokes (QMC campus).
iii. C5 - Acute Stroke Unit for patients who require continued acute care and medical and therapy assessment (QMC campus).
iv. Daybrook Ward - Stroke Rehabilitation ward for patients who require a longer period of rehabilitation (City campus).

3.0 The importance of rapid diagnosis and treatment and geographical alignment

Rapid diagnosis and treatment is essential to ensure the best possible patient outcomes. The relocation of Acute Stroke Services to the QMC site ensures that key assessments, investigations and interventions take place in a timely manner.

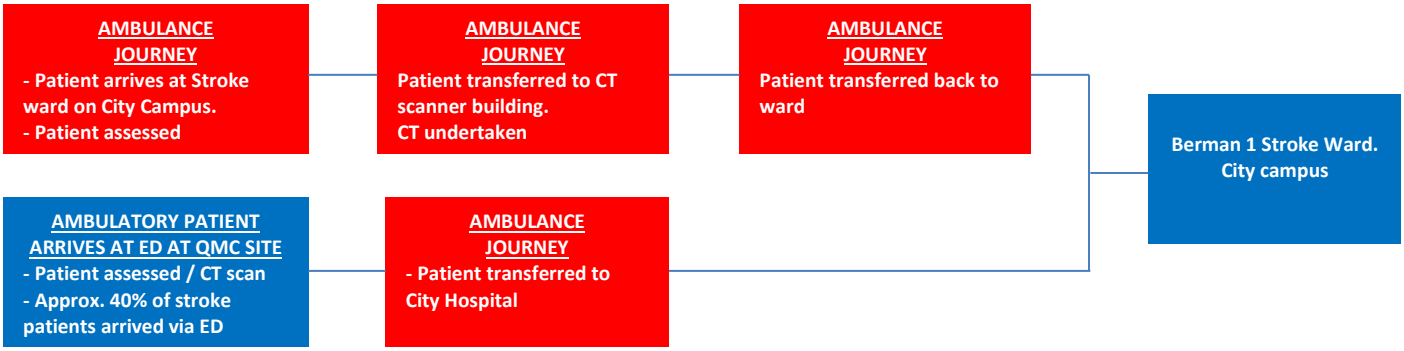
There are three main geographical alignments that are achieved through the relocation to the QMC site that are critical to patient outcomes:

1. Acute Stroke Services are now geographically aligned with the CT scanner

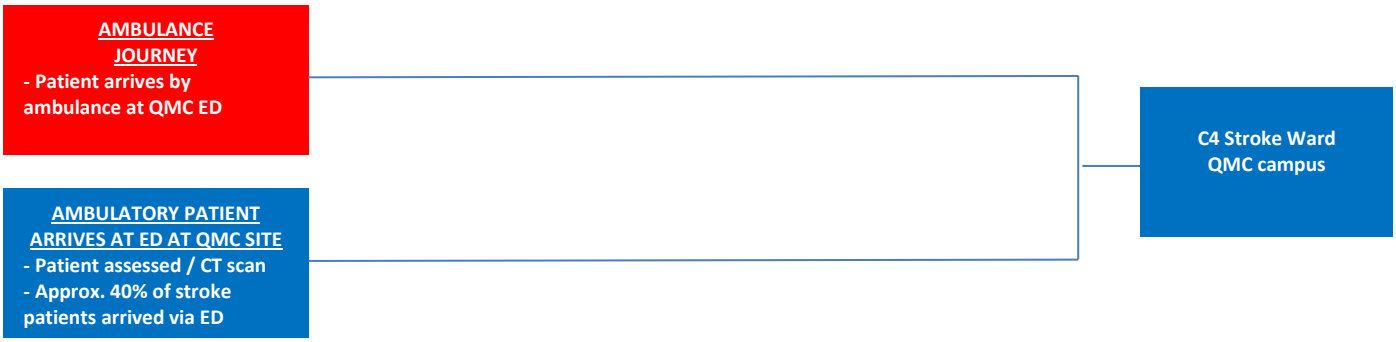
Undertaking a CT scan for stroke patients as soon as possible after arrival at hospital is vital as it provides valuable clinical information that informs the patient pathway.

When on the City campus, Acute Stroke Services and CT scanning were in two different buildings resulting in additional ambulance journeys. These journeys added a delay into the patient pathway, and resulted in a poor patient experience. The following diagrams illustrate the potential number of ambulance transfers an individual patient might have to experience during this time-critical period:

Pre 14 July – Acute Stroke Services based on City Campus



Post 14 July – Acute Stroke Services based at QMC campus



2. Acute Stroke Services are now geographically aligned with Medical Thrombectomy Services

The Medical Thrombectomy (MT) Service at QMC delivers services for the entire East Midlands area. Prior to the move to the QMC campus, the trust was one of only two Neurosciences Centres in the country that did not have a co-located hyper-acute stroke unit and Medical Thrombectomy Service

Medical Thrombectomy is a procedure to remove a clot from a patient's artery. It aims to restore normal blood flow to the brain. A CT scan is required before the Mechanical Thrombectomy. It is therefore critical that a CT scan takes place in a timely manner to allow for a Mechanical Thrombectomy.

When stroke services were based on the City Hospital campus, there was a potential delay in getting patients requiring a MT to the QMC campus due to the need for an emergency ambulance service. The relocation of stroke services has completely eliminated the need for this.

3. Acute Stroke Services are now geographically aligned with other critical specialities such as ED, Neurology and Neuro-surgery

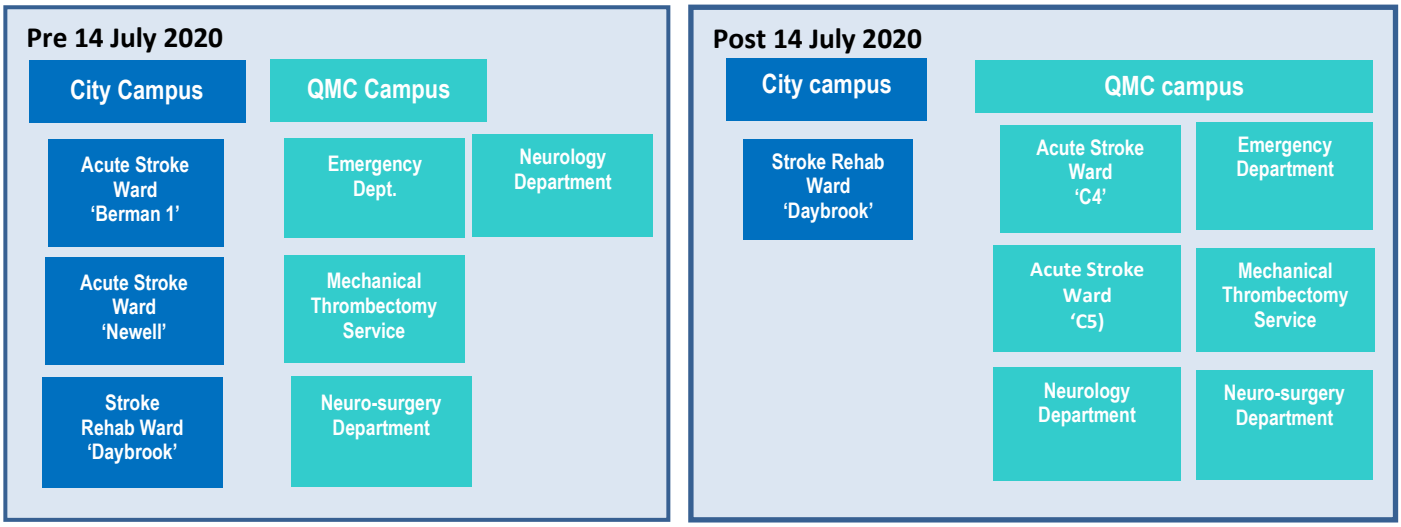
The proximity to other medical speciality services is key, particularly the Emergency Department, Neurology and Neuro-surgery departments. For example, 'stroke mimic' is a term used to distinguish patients presenting acutely with stroke like symptoms but turn out to have an alternative diagnosis, for example, a brain tumour. As Acute Stroke Services are now co-located on QMC sites alongside the Neurology and Neuro-surgery departments, this enables 'stroke mimic' patients to be identified and put on the correct (non-stroke) patient pathway earlier.

4.0 Current status of Acute Stroke Services

The pathway for patients presenting in ED with stroke has now been reviewed to identify further improvements.

The following diagram illustrates the key services and their location pre and post the July 2020 move of Acute Stroke Services.

Diagram Two



5.0 Outcomes for stroke patients

The Sentinel Stroke National Audit Programme (SSNAP) is the national healthcare quality improvement programme that measures the quality and organisation of stroke care in the NHS, measuring both the care provided to stroke patients, and the structure of stroke services against evidence based standards.

SSNAP data is collated quarterly and ratings range from A to E (with A being the highest score). NUH stroke services are currently scoring an overall score of 'B' (Jan-Mar 2021). If the Acute Stroke services remain on the QMC site the trust anticipate achieving an 'A' rating in the first 3-6 months of 2022 in light of the new patient pathways and improved data collection.

The SSNAP metrics reflect the clinical importance of ensuring timely assessments and interventions during the first 72 hours of a stroke to ensure the best possible patient outcomes. The critical time factor is the primary rationale for co-locating all Acute Stroke and supporting services on the QMC site.

6.0 Quality Improvement benefits

The latest SSNAP data shows that there have been improvements in some key individual SSNAP metrics since the temporary service change including:

- Increase in the percentage of patients scanned within 1 hour clock start
- Increase in the percentage of patients directly admitted to a stroke unit with 4 hours of clock start
- Increase in the percentage of patients who were thrombolysed within 1 hour of clock start
- Reduction in hospital length of stay

7.0 Summary

Both the National 2019 GIRFT assessment and the Stroke ICS Clinical and Community Services Strategy review recommended the relocation of acute stroke services to the QMC campus.

The requirement to rapidly relocate of stroke services in 2020 was in response to the covid-19 pandemic and resulted in some of the necessary development work having to be completed after the relocation of services, particularly around data collection processes.

The move means that Acute Stroke Services are now co-located with specialisms that are critical to the provision of an effective patient pathway. With the reduction of covid-19 admissions the Medicine Division is now in a position to undertake the remaining developmental work and it is anticipated that we will see a positive upward trajectory for the stroke SSNAP metrics alongside improved patient outcomes.

Mark Simmonds, Divisional Director for Medicine, Nottingham University Hospitals

Jo Darrow, General Manager, Integrated Care Directorate, Nottingham University Hospitals

Health Scrutiny Committee
16 September 2021

Local Covid-19 Vaccination Programme

Report of the Head of Legal and Governance

1 Purpose

1.1 To assess progress with local delivery of the Covid-19 vaccination.

2 Action required

2.1 The Committee is asked to identify if any further scrutiny is required and, if so, the focus and timescales.

3 Background information

3.1 The Committee received a report on progress in delivery of the Covid 19 vaccination programme in March. The Committee requested a further update in relation to uptake of the vaccine, once individuals had had the opportunity to receive a second dose.

3.2 The Committee requested a written paper from Nottingham and Nottinghamshire Integrated Care System updating on the latest position in relation to uptake of the vaccine in the City; and the current and future focus of the vaccination programme, with a particular emphasis on work to improve uptake in under-represented groups.

3.3 The Committee will want to use this information to consider whether it is satisfied with delivery of the programme and take up of the vaccine or if further scrutiny is required, and if so the focus for that scrutiny.

4 List of attached information

4.1 Paper from Nottingham and Nottinghamshire Integrated Care System 'Progress of the Covid Vaccination Programme in the City of Nottingham'

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 'Covid 19 Vaccinations' report to and minutes of the meeting of the Health Scrutiny Committee held on 11 March 2021

7 Wards affected

7.1 All

8 Contact information

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Nottingham and Nottinghamshire Covid Vaccine Programme 2020-2021

Paper Title	Progress of the Covid Vaccination Programme in the City of Nottingham
Group Name	Nottingham City Council Health Scrutiny Committee
Date	16th September 2021
Author	Nicole Chavaudra, Nottingham and Nottinghamshire Covid-19 Vaccination Programme

1. Purpose of the paper

This paper provides an overview of the progress of the Covid-19 Vaccination Programme in the city of Nottingham and an update on phase three of the programme commencing 20th September 2021.

2. Information and context

2.1 Management of the Covid-19 Vaccination Programme

The Covid-19 Vaccination Programme is managed by NHS England and implemented within NHS 'systems'. Locally this is the Nottingham and Nottinghamshire Integrated Care System. In Nottinghamshire, the programme is overseen by the Vaccination Oversight Board which includes membership from the NHS and both top tier local authorities.

2.2 Progress so far

Across the Nottingham and Nottinghamshire population (at 5th September 2021) 719,000 first dose vaccinations have been administered to our GP-registered population. This includes:

- c.368,000 over 50s (93%)
- c.108,000 40-49 year olds (80%)
- c.107,000 30-39 year olds (67%)
- c.125,000 18-29 year olds (65%)
- c. 10,000 16-17 year olds (45%)
- c.82,000 health and social care workers
- c.60,500 clinically extremely vulnerable individuals (92%) including c.33,000 clinically extremely vulnerable individuals under the age of 70 (88%) and c. 27,500 clinically extremely vulnerable individuals aged 70 and over (96%)

Approximately 98% of the population that receive their first vaccination take up the option of the second vaccination so the ethnicity, deprivation and uptake levels are very similar for the

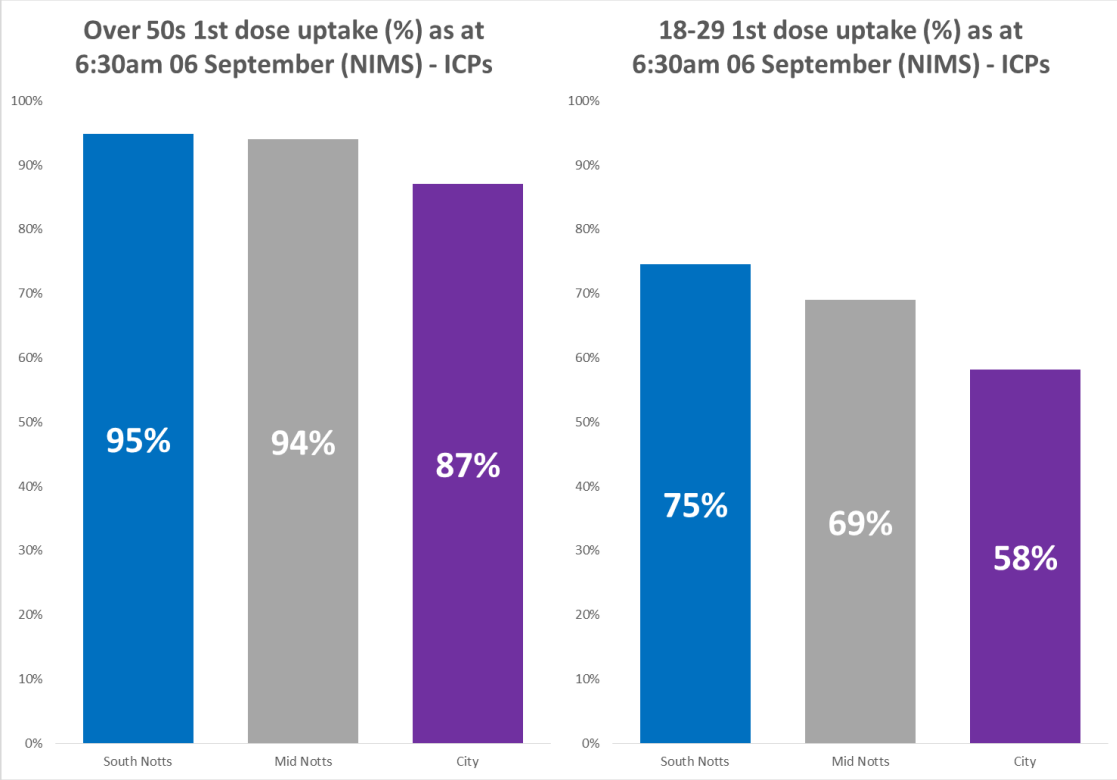
second dose.

3. Analysis

i. Inequalities summary

Uptake of the vaccine in all communities and groups generally descends with descending age, and deprivation is the greatest single indicator of low vaccination uptake rates. As such, the socio-economic profile of the city compared to other footprints in the county underpins the lower take up rates in the city compared to the county, with take up lowest in the areas covered by Radford and Mary Potter, BACHS and City East Primary Care Networks.

Figure 1: Inequalities in take up by age and place comparison – increasing inequalities by descending age



ii. Local action on inequalities

Given the inequalities in vaccination uptake, action targeted at communities in need across the whole of the programme has been heavily weighted in favour of action and intervention in the City of Nottingham. This includes:

- Pop up clinics, supported by targeted communications and engagement through radio and online Q and As, door knocking working with the city council and community groups, stakeholder briefings and direct promotions, have taken place at community settings including the ACNA centre, Karimia Mosque and Fiveways Mosque.
- Deployment of the vaccination bus, with over 50% of the total ‘stops’ across the ICS footprint in the city, with locations guided by city-based teams using their local knowledge. The bus has been deployed in communities with low uptake such as

Hyson Green and the Meadows as well as settings supporting people experiencing homelessness, community centres and the maternity unit of the hospital.

- Door knocking and targeted communications prior to vaccination 'events' such as the big weekends at Forest Rec site. Due to these actions initial gaps in take up rates by geographical footprints closed over time, then re-opened in the later stages of phase 2 as only the most resistant to vaccination remained unvaccinated.
- The covid vaccination programme also provided a specialist car scheme to support those with barriers to accessing vaccination sites. Take up of this offer was highest in the city where car ownership is lowest, as well as providing an option for those for whom geographical or financial barriers would have prevented vaccination.

Figure 2: A representative workforce delivered pop up clinics at the ACNA Centre

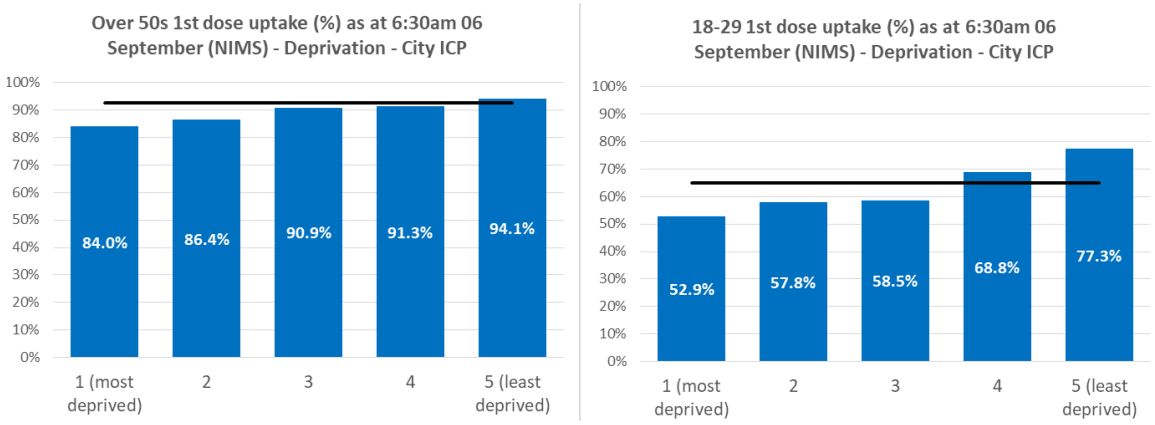
Figure 3: The vaccination bus attracts queues in Bilborough

Figure 4: The vaccination 'big weekend' at Forest Rec

iii. Inequalities by deprivation and ethnicity

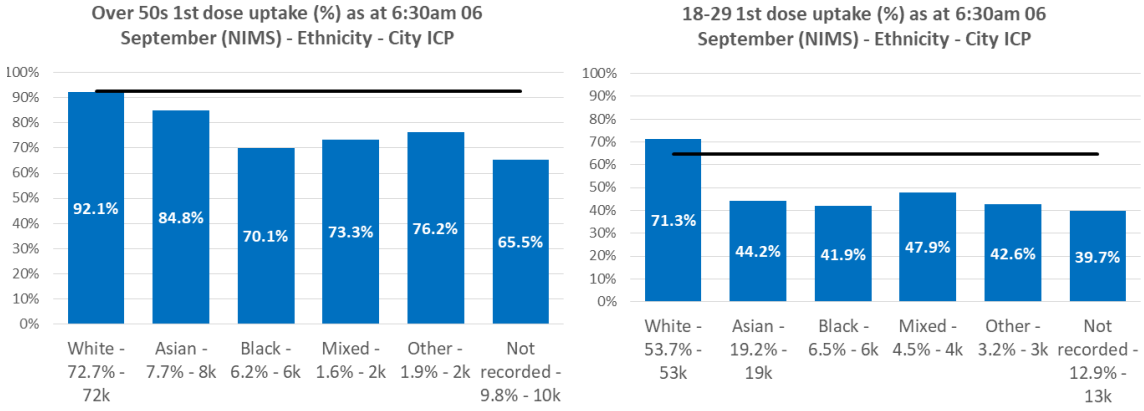
Gaps in take up of vaccination between the most and least deprived quintiles increase with descending age (see figure 5).

Figure 5: Gaps in vaccination take up by the most and least deprived



Although the greatest numbers of the city population yet to be vaccinated are in the White population, as a percentage take up in this group is higher than all other groupings by race or ethnicity in all age groups, again, with gaps widening with descending age. Gaps between White and the other groupings by race or ethnicity have closed over time as a result of interventions targeted and engaging citizens and community leaders described above. However, there remains a gap which requires ongoing action to support take up as the programme enters its next phase. Furthermore, the population groupings for the vaccination programme are broad and do not fully represent the diversity of populations and identities which comprise each grouping.

Figure 6: Vaccination take up by race/ ethnicity

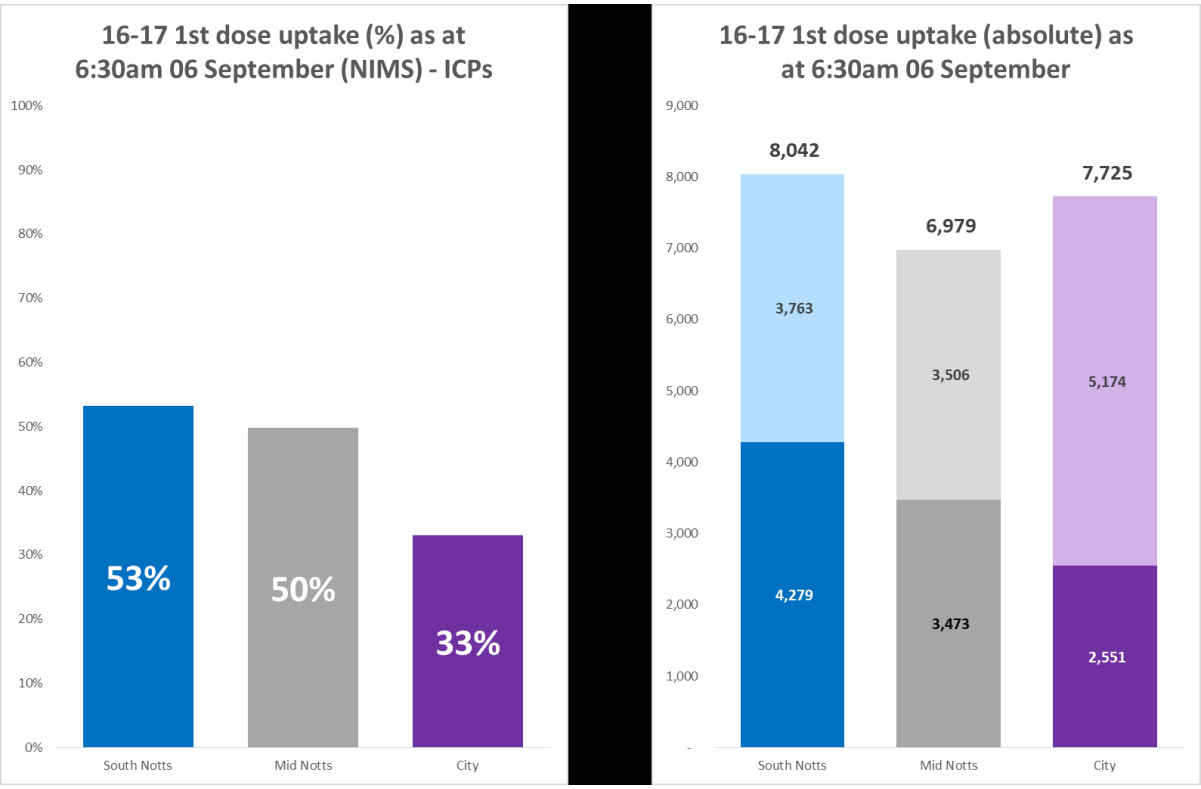


iv. Vaccination in younger age groups

Vaccination take up rates are lower in the youngest age groups despite targeted campaigns, direct communications and changes to clinic delivery to meet the accessibility needs of younger people. Consistent with the pattern in all age groups and in line with overall socio-economic context, take up in 16 and 17 year olds is lower in the city than other places in the ICS area. There are four locations across the whole of Nottingham and Nottinghamshire

which can vaccinate under 18s (due to the need for individual prescribing per patient and specialist training) and two of these sites are in the city – Forest Rec and QMC.

Figure 7: vaccination uptake in 16/17 year olds



The vaccination bus can now vaccinate under 18s and will be attending locations in the city, including post 16 education settings to further target younger people.

For 18-29s the vaccination programme has taken a proactive approach to vaccinating students, which is a transient population making planning and monitoring more challenging. Shuttle buses to sites have been offered and the programme team is now working closely with the universities to provide provision through local practice settings, provide transport to sites and to actively promote the vaccination offer.

All 12-15 clinically extremely vulnerable young people were offered a vaccination as required and these were delivered on hospital sites. At point of writing, it is not confirmed whether 12-15s in the general population will be vaccinated. Preparations are ongoing to deliver on this via the school-age vaccination service if the decision nationally is to proceed.

V. the next stage of the vaccination programme – phase three

Guidance which will set out the approach to the booster programme had not been received at time of writing. However it is expected that the phase three programme will commence 20th September subject to further national decision, and will have a different offer to the earlier phases of the programme, with the vaccination booster expected to be offered to those in cohorts 1-9 (over 50s, health and care workers, those in care homes and the clinically vulnerable). Given the younger population of the city, the provision will be adjusted to meet the local needs. Where possible covid boosters will be aligned to flu administration, the details of which will follow in the anticipated guidance.

As well as an ‘evergreen’ offer of first vaccinations to the unvaccinated, boosters will be available through a number of settings:

- Primary care network designated sites – the only city PCN which has not opted to deliver covid boosters in Radford Mary Potter and this population will be covered by the Forest Rec vaccination centre
- Vaccination centre at Forest Rec – this site is being prepared as a sitable venue for the winter booster and evergreen offer of first doses
- Community pharmacies – there will be more than double the number of community pharmacies available than in earlier phases making this a more accessible offer
- Roving service in care homes and for housebound patients
- Vaccination bus for low take up areas and target communities
- Hospital sites.

The programme will be overseen by a core team with regular data packs produced, ongoing engagement at local areas and a focus on inequalities with the lead for this being hosted by the City Council public health team.

4. Recommendations

The Committee are asked to:

i. Note the performance to date in delivering the vaccination programme to Nottingham residents
ii. Note the plans for phase three of the vaccination programme.

Health Scrutiny Committee
16 September 2021

Work Programme

Report of the Head of Legal and Governance

1. Purpose

1.1 To consider the Committee's work programme for 2021/22 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

1.1 The Committee is asked to note the work that is currently planned for the remainder of the municipal year 2021/22 and make amendments to this programme as appropriate.

3. Background information

3.1 The purpose of the Health Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:

- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
- taking a strategic overview of the integration of health, including public health, and social care;
- proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
- being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.

3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require information from certain health bodies[1] about the planning, provision and operation of health services in the area;
- to require attendance at meetings from members and employees working in certain health bodies[1];
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area,

[1] This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

and expect a response within 28 days (they are not required to accept or implement recommendations);

- to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

3.4 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.5 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

3.6 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.7 The current work programme for the municipal year 2021/22 is attached at Appendix 1.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee Work Programme 2021/22

5. Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6. Published documents referred to in compiling this report

6.1 None

7. Wards affected

7.1 All

8. Contact information

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Health Scrutiny Committee 2021/22 Work Programme

Date	Items
13 May 2021	• **Terms of Reference** To note the terms of reference for the Committee • **Platform One** To assess progress towards the transition date of 1 July 2021, particularly in relation to vulnerable patients to be dispersed to local practices (to include reference to how the EQIA is evolving, being monitored and responded to) • **Nottinghamshire Healthcare NHS Foundation Trust Strategy** To consider the Trust's strategy in order to identify a focus for any further scrutiny of mental health issues in 2021/22 • **Work Programme 2021/22**
17 June 2021	• **Integration and Innovation White Paper** To consider the implications of proposed reforms to health and care and the potential local impact • **Integrated Care System: Community Care Transformation** To consider and comment on this ICS priority which will involve a review of all community services • **Quality Accounts 2020/21** To note the scrutiny comments on each Quality Account (if any submitted) • **Work Programme 2021/22**
15 July 2021	• **Nottingham University Hospitals NHS Trust Maternity Services** To review progress by the Trust in improving maternity services over the last six months

Date	Items
	• **Tomorrow's NUH**[1] To consider progress to date and plans for consultation and engagement. • **Work Programme 2021/22**
16 September 2021	• **Assessment, Referrals and Waiting Lists for Psychological Support** To consider the Nottinghamshire Healthcare NHS Foundation Trust's plans for managing access to psychological support, particularly in relation to step 4 psychotherapy and psychological therapies. • **Reconfiguration of Acute Stroke Services** To consider proposals for making changes to the configuration of acute stroke services permanent. Changes were made on a temporary basis to support the response to the Covid pandemic. If it is proposed to make the changes permanent, then this is likely to be a substantial variation to services and the Committee will need to carry out its statutory role as a consultee • **Covid 19 Local Vaccination Programme** To assess progress with local delivery of the vaccination against national targets (at 23/03/21 the whole population should have had at least one dose by the end of July 2021) • **Work Programme 2021/22**
14 October 2021	• **Impact of Covid-19 on elective care and health outcomes** To scrutinise the impact of delays on elective care due to Covid 19, plans to mitigate this impact and the progress with meeting need following delays • **Work Programme 2021/22**
11 November 2021	• **Platform One** To assess the initial impact of the transition to the new city centre practice and to local practices, with particular reference to the experiences of vulnerable patients.

[1] Informal meeting held to do some deep dive consideration of the Tomorrow's NUH programme 30 June 2021 (Phil Britt, Nina Ennis, Lucy Dadge) focused on maternity and cancer services. A further deep dive meeting to be held later in the year to focus on outpatients' care and splitting elective/ emergency services.

Date	Items
	• **GP Services** To review GP provision and access across the City • **Work Programme 2021/22**
16 December 2021	• **Work Programme 2021/22**
13 January 2022	• **Health Inequalities** To consider how health inequality is measured, how factors which impact on health are established (including barriers to access) and where hot spots identified (geographical and community) and to scrutinise how partners work together to tackle particular aspects of health inequality[2] • **Work Programme 2021/22**
17 February 2022	• **Work Programme 2021/22**
17 March 2022	• **Work Programme 2021/22**
15 April 2022	• **Work Programme 2021/22**

Items to be scheduled

[2] Following this to identify an area where scrutiny can add value by more detailed consideration at a future meeting(s), for example: BAME health experiences and access to services/ Poverty and the impact on health and access to services/ Support for those new to the city from other countries to access available NHS services/ Access to PEP medication to prevent HIV (pilot)/ Waiting lists in the context of health inequalities (see notes below funder impact of Covid on elective services from meeting with CCG 03/04/2021)

It was agreed at the 13 May HSC meeting that some members would visit the new SMD LES once it is safe to do so, ie post pandemic (liaise with Joe Lunn, CCG)

Item	Focus
1. Discharge and after care (including impact on Social Care)	To consider the effectiveness, including the impact on adult social care, of current plans and practice for the discharge of patients from hospital care -
2. NHS and National Rehabilitation Centre (NRC)	Update on the Decision Making Business Case and implementation plans
3. White Paper	To contribute to discussions about new arrangements, especially in relation to governance, representation on committees and engagement and consultation with the public about local changes
4. Community Care Transformation	CCG to keep HSC informed of progress at Chair/ Vice Chair and CCG monthly meetings.
5. Nottingham University Hospitals NHS Trust Maternity Services	To review action being taken by NUH to improve maternity services following CQC rating of 'Inadequate' in December 2020 Discussed at Committee meetings in January and July 2021. Committee supportive of principle of an independent review to be commissioned by the CCG and NHSE/I and agreed to engage with the CCG on the terms of reference for the review. Written stakeholder briefing from CCG circulated to Committee members in September 2021.
6. Eating Disorder Services	To assess the impact of expansion to workforce capacity to services, consider the continuing use of BMI as a threshold for access to services and to consider the impact of out of area adult inpatient placements.
7. Child and Adolescent Mental Health Services (CAMHS)	(a) To consider the services provided by CAMHS in the light of the need for support as the city recovers from the pandemic; and (b) To consider systems and processes in place to ensure effective transition from CAMHS to Adult Mental Health Services (Recommendation from the Children and Young People Scrutiny Committee)

Reserve Items

Item	Focus
8. Alcohol dependency/ Alcohol related issues	Potential role of HSC in relation to impact on health when premises are licensed for sale of alcohol
9. Carer Support Services	To review support for carers during the Covid-19 pandemic
10. Gender reassignment services	Need for scrutiny and focus to be identified
11. Impact of Covid-19 on disabled people	Need for scrutiny and focus to be identified
12. Review and consolidation of day services for people with learning disabilities	Consultation still ongoing – outcomes due to be reported to parents and carers early May.
13. 111 First	Changes to the service as a result of Covid

Healthwatch Priorities for 2021/22 – for information

- **Long Term Conditions, primarily diabetes: management, education and support for patients**
- **Primary Care Strategy and Integrated Care Partnership strategy.**

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