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Nottingham City Council
Health and Adult Social Care Scrutiny Committee

Date: Thursday, 13 October 2022

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	**Apologies for absence**	
2	**Declarations of interest**	
3	**Minutes** To confirm the minutes of the meeting held on 15 September 2022	3 - 10
4	**Adult Eating Disorder Service**	11 - 34
5	**Adult Social Care Outcomes Framework**	35 - 54
6	**Integrated Care Strategy**	To follow
7	**Proposed changes to acute stroke services**	55 - 74
8	**Proposed changes to neonatal services**	75 - 104
9	**Work Programme**	105 - 112

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 and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 15 September 2022 from 10.03 am - 12.07 pm

Membership

Present	**Absent**
Councillor Georgia Power (Chair)	Councillor Dave Trimble
Councillor Cate Woodward	
Councillor Michael Edwards	
Councillor Maria Joannou (Vice Chair)	
Councillor Kirsty Jones	
Councillor Anne Peach	
Councillor Sam Webster	
Councillor Eunice Campbell-Clark	

Colleagues, partners and others in attendance:

Sarah Collis - Healthwatch Nottingham and Nottinghamshire
Nigel Sturrock - Medical Director NHS England Midlands Region
Rosa Waddingham Nottingham and Nottinghamshire Integrated Care Board
Anthony May - Chief Executive) Nottingham University Hospitals
Michelle Rhodes - Chief Nurse)
Alison Smith - Consultant Clinical Psychologist) Nottinghamshire
Kazia Foster - Deputy Director of Local Mental Health Services) Healthcare
Louise Randle - Head of Transformation Mental Health Services) Trust
Jane Garrard - Senior Governance Officer
Cath Ziane-Pryor - Governance Officer

A minute's silence was held in commemoration of Queen Elizabeth II.

24 Apologies for absence

Councillor Dave Trimble – leave.

25 Declarations of Interests

None.

26 Minutes

The minutes of the meeting held on 14 July 2022 were confirmed as an accurate record and signed by the Chair. It was noted that Councillor Campbell-Clark had only been appointed the day before the meeting and hence had another commitment and was unable to attend.

27 Nottingham University Hospitals NHS Trust Maternity Services Assurance and Oversight

The Chair outlined that the focus of the meeting was on system oversight and assurance of Nottingham University Hospitals NHS Trust (NUH) maternity services to seek assurance that there are adequate oversight and assurance processes in place and that they are working effectively. Nigel Sturrock, Medical Director NHS England Midlands Region, and Rosa Waddingham, Nottingham and Nottinghamshire Integrated Care Board, attended the meeting to discuss the oversight and assurance arrangements in place locally and regionally. They highlighted the following points:

a) In autumn 2020 enhanced oversight and surveillance arrangements were put in place. The Trust is currently on Oversight Level 4, which is the most intense oversight category.

b) To seek assurance on quality and safety, the ICB works with partners such as the Care Quality Commission and NHS England to track progress and hold the Trust to account.

c) An Improvement and Assurance Oversight Group that involves all key stakeholders meets every month and considers evidence of the work that has been done and triangulates that with other information sources to get a full picture. Meetings are chaired by either the ICB Chief Nurse or NHSE Regional Medical Director and the aim is to understand improvement at the Trust in reality. Regular insight visits are used to provide a check and balance against information provided by the Trust.

d) There is a large support programme provided to the Trust that covers a wide range of issues such as leadership, governance and culture.

e) An Improvement Director has been appointed by the national team to work with the Trust and is based in the Trust full-time. They offer critical friend feedback and challenge.

f) The Trust has been ‘buddied’ with Birmingham Women and Children’s Hospital to provide opportunity for clinical staff to see the delivery of maternity services outside NUH, learn about alternative environments and approaches and feed back to NUH if there are elements that could be used to improve services at NUH.

g) There has been evidence of significant change and improvement in some areas, such as in maternity triage which has significantly improved and in the training of staff on foetal monitoring, in which the Trust regularly reports compliance. The way that the Trust investigates and learns from incidents has changed and the Trust now needs to embed the way in which it assures its self on this. However, the Trust has not improved at the pace and scale required and after almost 2 years there will be a full stocktake of the Maternity Improvement Plan.

h) The experience of working with the new leadership at the Trust has been positive and now that key appointments of Trust Board Chair and Chief Executive have been made

a stable, effective Board needs to be put in place. This is essential to driving improvement.

i) The system welcomes, and is committed to working with the review being led by Donna Ockenden to ensure families have a voice and that there is further learning to support improvement.

Anthony May, the Chief Executive NUH, and Michelle Rhodes, Chief Nurse NUH, attended the meeting to provide an update on the Trust's ongoing work to improve maternity services and to give the Trust's perspective on system oversight. Anthony May reiterated his unreserved apology to families affected by the failures of the Trust's maternity services and assured the Committee that he is fully supportive of the drive to address the issues identified and acknowledged the impact on families and public confidence. They highlighted the following information:

j) There has been a step change in the way that the Maternity Improvement Programme is organised and, as Chief Executive, Anthony May will be taking personal oversight of the Programme.

k) A lot of learning has taken place from Shrewsbury and Telford Hospital Trust including the way that action is evidenced and success measured. A new software system has been purchased and this will make it easier to see whether improvement actions are on track or not. The system requires robust evidence to be provided before an action can be categorised as 'embedded'. Currently 64% of indicators are categorised as being 'achieved' but 26% require further evidence before they can be considered as 'embedded'.

l) Another area of learning from Shrewsbury and Telford Hospital Trust has been in relation to the involvement of staff. The Trust has been criticised for having a 'top down' approach and arrangements are now being put in place to give staff a sense of ownership over the Division with more opportunities to suggest and discuss improvements. Meetings are chaired by a midwife or obstetrician and decisions are made in the forum before being subject to a confirm and challenge process.

m) The Trust's Maternity Oversight Committee is witnessing a lot more energy, dynamism and pace in delivering the improvement programme.

n) Capacity is being put in place to manage improve systems and processes alongside managing delivery of frontline services.

o) The Maternity Improvement Programme currently has 75 actions categorised as 'Red' and the most significant of these is the number of midwives and obstetricians. The Trust has a significant number of vacancies in these roles, particularly midwives. This reflects a national shortage. Lots of work is taking place to address recruitment and retention issues, including offering pay enhancements to new starters and offering flexible working. This has been quite successful but it is recognised that there is more that the Trust can do, for example lots of staff are choosing to work as 'bank staff' because of the high degree of flexibility but this can mean it is difficult to ensure staff coverage during unpopular times.

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

p) Committee members welcomed the improvements made in involving and listening to frontline staff, which had previously been an area of concern for the Committee. Rosa Waddingham commented that she considers there to be a shift in culture with increasing engagement of families and staff and a focus on Board to Ward. She cited a recent insight visit at which staff were readily able to share the lived reality of work taking place.

q) Anthony May acknowledged that there has been a lack of visible leadership but that this was improving. He has been carrying out announced and unannounced visits to services across the Trust to gather honest feedback and help him understand the pressures and tensions facing staff.

r) The Improvement Assurance and Oversight Group has looked at the Trust's work on culture and has had input from Health Education England on its perspective.

s) Staff stress is an issue. The Trust has learnt from past experiences and, for example, has put counsellors in place to support staff in relation to inquests

t) NUH's Chief Nurse acknowledged that the Trust hadn't always got listening to women and families right. She had recently met with the new Chair of the Maternity Voices Partnership to discuss improving engagement. The Trust is also recruiting a Matron for Engagement and Inclusion.

u) A committee member commented on the need for robust project management of the Trust's Maternity Improvement Programme so that the Trust can evidence when it is achieving key milestones. Rosa Waddingham commented that the Trust does have a clear project plan in place but acknowledged that it has had issues with articulating it. NUH confirmed that there is a project plan in place setting out 272 actions, action owners and dates for completion. A project management office has been established to manage the programme.

v) The key areas of focus for the next three months are training, staffing, culture and leadership. There are clear criteria for what the Trust needs to do in order to move from Oversight Level 4 to Level 3.

w) In response to a question about how the system identifies and acts upon early warning signs, Rosa Waddingham explained that data is inputted into a Maternity and Neonatal system which is part of the ICB's quality arrangements. There are triggers within the system for example full assurance work is taking place on neonatal deaths in recent years.

Resolved to:

(1) welcome the change in Nottingham University Hospital NHS Trust's approach to listening to its staff;

(2) visit Nottingham University Hospital NHS Trust to view how the Maternity Improvement Programme is project managed; and

(3) gather evidence from trade unions representing staff working for Nottingham University Hospitals NHS Trust to understand their perspective on improvement at the Trust.

28 Step 4 Psychological Therapy Services

Further to the Committee considering issues around access to psychological therapy services in September 2021, Alison Smith, Consultant Clinical Psychologist, Kazia Foster, Deputy Director of Local Mental Health Services, and Louise Randle, Head of Transformation Mental Health Services, all from Nottinghamshire Healthcare NHS Foundation Trust attended the meeting to update the Committee on progress in reducing waiting times for assessment and treatment for Step 4 psychological therapy services.

The following points were highlighted and responses provided to the Committee's questions:

a) Between July 2021 to July 2022 there was a reduction in waiting times, and in June and July 2022 there were no people waiting over 26 weeks.

b) Since September 2021, the number of clients waiting for assessments has fluctuated from 36 in September to a low of 19 in March 2022 and 43 in July 2022.

c) The average wait for treatment has reduced from 35 weeks in September 2021 to 10 weeks as of 29 July 2022.

d) Representatives of the Trust outlined that following recommendations from the Committee in September 2021, all patients waiting over 26 weeks were reviewed - small number were able to be appropriately discharged from the waiting list and all those who had elected to delay therapy have now commenced therapy; and communication with Local Mental Health Teams has taken place to clarify referral processes including highlighting the need for patients being referred to be 'therapy ready'. The Trust feels that communication with Local Mental Health Teams has significantly improved.

e) As part of the transformation of services, in the County multi-disciplinary conversations take place before referral to ensure that it is appropriate and this includes a telephone triage appointment with the patient to ensure there is a rounded picture of their situation. The initial priority is stabilisation and then identifying the most appropriate pathway to meet patient need. If they are therapy ready, some clients are escalated to longer term therapy, such as Step 4, some are directed to an appropriate alternative treatment pathway, whilst others are able to be appropriately discharged. The intention is to use a trusted assessor model within Local Mental Health Teams.

f) In the County, Local Mental Health Teams have access to a stabilisation service for those who have been in crisis. In response to a question from a Committee member about access to stabilisation services not under a Local Mental Health Team, it was explained that access via primary care will be rolled out.

g) An Associate Psychologist has developed a programme of 8 sessions to get people ready to access psychological therapy as compensation for the lack of a stabilisation service in the City.

h) Representatives of Nottinghamshire Healthcare Trust clarified that there isn't a limit on the number of referrals accepted but, based on analysis of anticipated demand, triage capacity is currently resourced to manage approximately 20 referrals a month.

i) New roles within the team have been created including Associates in Psychology and seven additional Mental Health and Well-Being Practitioners who will start in November. These posts only cover mid-Nottinghamshire and Bassetlaw areas currently but the same approach will be rolled out in the City from next year. One of the challenges in achieving this is recruitment, which is a national issue.

j) The transformation of severe mental health services, including Step 4 Psychological Therapies, is taking place over a three year period and will be rolled out in the City next year (year 3). Representatives of Nottinghamshire Healthcare Trust acknowledged that there are gaps in pathways for City residents now. It is intended that services that are being piloted elsewhere in the County will fill those gaps, and benefits are being seen from those services, but transformation won't be fully rolled out in the City under year 3 of the programme. Transformation is being successfully embedded within the county.

k) City residents are also able to access a range of treatment and therapy pathways including services offered by Mind which works closely with the Trust and offers three options of treatment, including one-to-one, peer group or a hybrid model, usually over a period of 6 to 8 weeks to support a variety of conditions including stress and relationship issues. The Mind service can be accessed through Local Mental Health Teams. Mind provision has been running for two years and has been evaluated as 'good'. A personality disorder project is running within city and geographical rollout is ongoing.

l) Recruitment is the biggest challenge to successful roll out of the transformation programme.

m) The city and county populations are very different, as are the populations in the north and south of the county, and these populations will have different needs to take into account when commissioning and providing services. For example, it is anticipated that city services will need to link more strongly with partner organisations supporting rough sleepers and substance misuse. Therefore, resourcing will differ with the variance of need, added to which historically commissioning arrangements have differed.

While recognising the benefits of transformation of services in the County, Committee members expressed disappointment that these services are not available for City residents to access and that gaps in service continue to exist for City residents. The Committee asked Nottinghamshire Healthcare Trust to report on progress in implementing transformation in the City in 12 months time so that the Committee can assess what has changed in the City and what impact that has had. The Committee encouraged future

service changes to be made on an Integrated Care System basis in order to achieve access to services for all.

Resolved to:

1) review implementation of transformation to severe mental health services, including Step 4 Psychological Therapies, in the City in 12 months time; and

2) recommend that, where possible, future changes to services should be made on an Integrated Care System basis rather than for specific geographical areas to order to provide equity in access.

29 Work Programme

Jane Garrard, Senior Governance Officer, presented the Committee's current work programme for the 2022/23 municipal year.

The Committee noted the work programme.

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Health and Adult Social Care Scrutiny Committee
13 October 2022

Adult Eating Disorder Service

Report of the Head of Legal and Governance

1 Purpose

1.1 To review progress in improving access to and reducing waiting times for the adult eating disorder service provided by Nottinghamshire Healthcare NHS Foundation Trust.

2 Action required

2.1 The Committee is asked whether:

a) it wishes to make any comments or recommendations; and

b) whether any further scrutiny is required, and if so the focus and timescales.

3 Background information

3.1 In October 2022, representatives of Nottinghamshire Healthcare NHS Foundation Trust attended a meeting of the Committee to discuss access and waiting times for the adult eating disorder service, given increases in both referrals and waiting times. The Trust advised the Committee that a new service model was being developed and it was anticipated that this would be in place within the year and that work was also taking place to increase capacity that should improve accessibility. The Committee welcomed the intention to develop the service and decided to review progress in improving access and reducing waiting times in autumn 2022.

3.2 Representatives of the Trust will be attending the meeting to update the Committee on referrals into the service, waiting times for assessment and treatment development of a new service model and current waiting times for assessment and treatment. A copy of the presentation that they will be giving is attached.

4 List of attached information

4.1 Adult Eating Disorders Service and Transformation Update presentation from Nottinghamshire Healthcare NHS Foundation Trust

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 Report to, and minutes of meeting of the Health and Adult Social Care Scrutiny Committee meeting held on 14 October 2021

7 Wards affected

7.1 All

8 Contact information

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

Adult Eating Disorders Service and Transformation update
13th October 2022

Nottinghamshire Healthcare NHS Foundation Trust

Alison Wyld – Executive Director of Finance

Alison Newsham-Kent – Eating Disorders Service Manager

Kazia Foster – Deputy Director Local Mental Health Services

Louise Randle –Head of Transformation Mental Health Services

Alex Julian – Senior Mental Health Commissioning Manager

Making a Difference

Trust Honesty Respect Compassion Teamwork

Eating Disorder Team

We are a mental health team made up of nursing, psychological and psychiatric health professionals.

We operate an outpatient service at the Mandala Centre on Gregory Boulevard, Nottingham.

We offer services to anyone aged 18 years or over who is experiencing difficulties with eating. Our patients are referred by GPs or other psychiatric services.

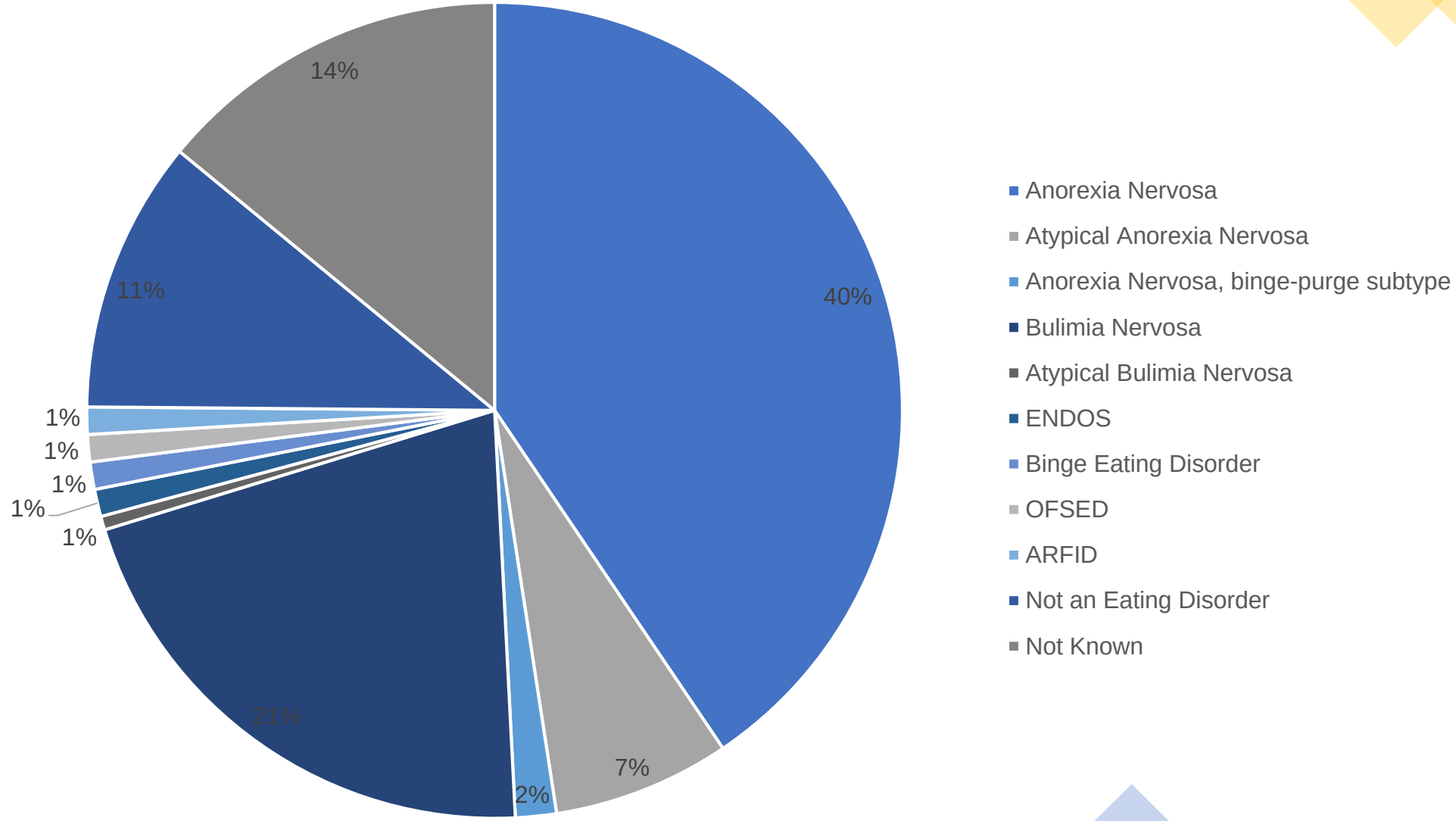
After we receive a referral, different professionals in our team will discuss how best to support the patient.

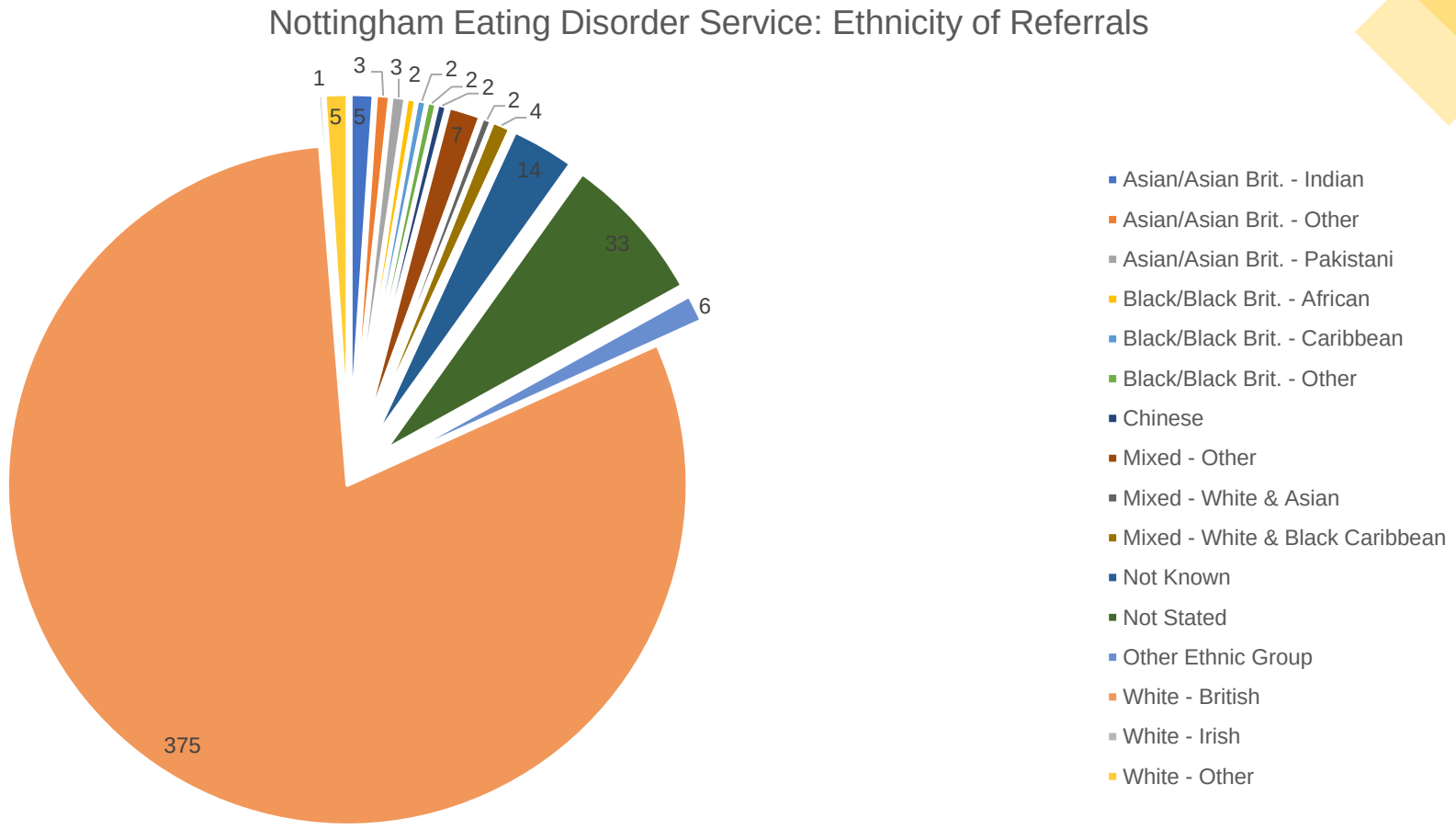
If the team feel that the service can support a patient they will be offered an assessment with one of our qualified health professionals. This will help us to find out about their current difficulties.

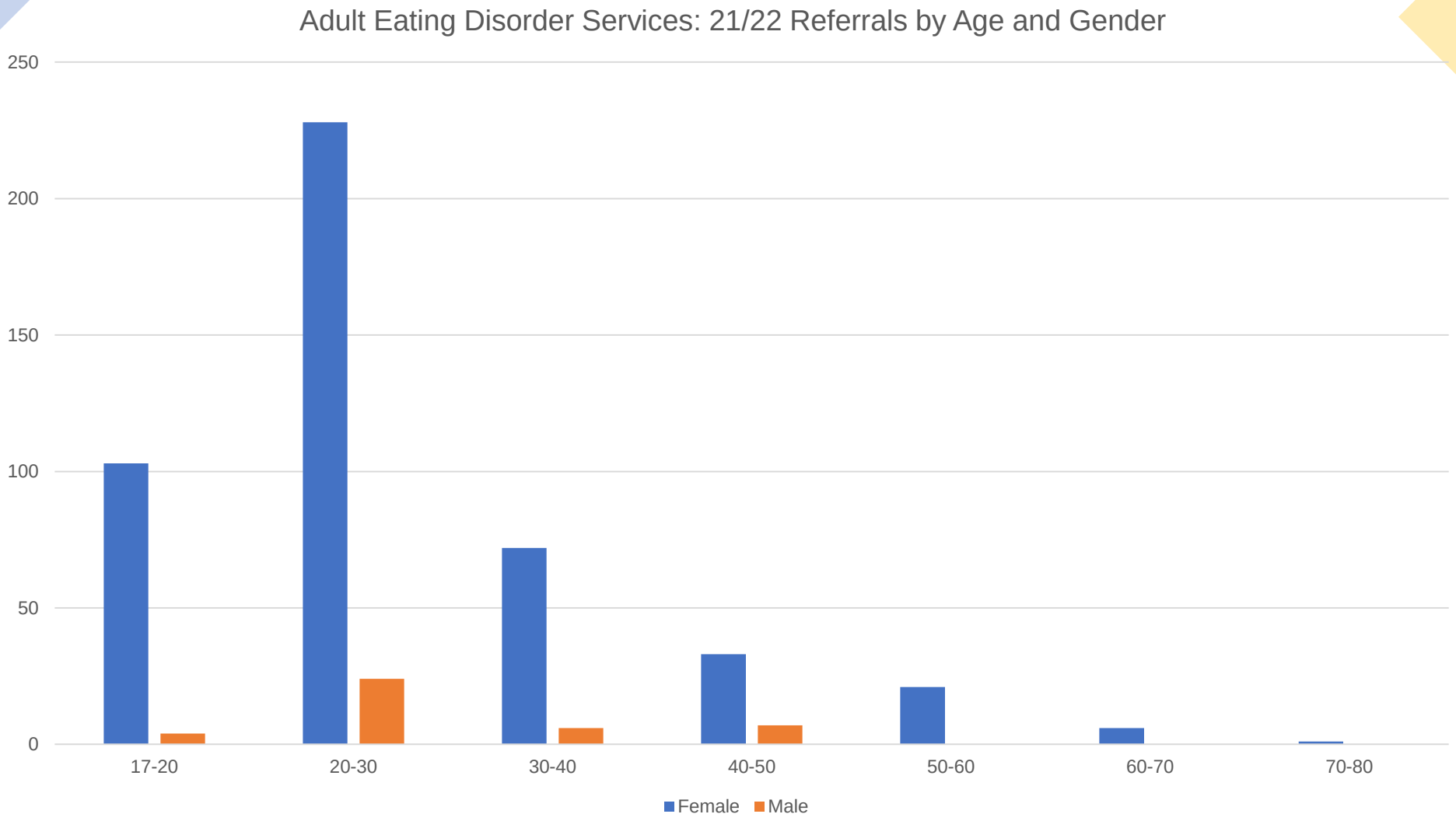
If we feel that the patients needs can best supported by our service, we have a selection of clinician interventions available. These usually start with a psycho-education group to begin the treatment journey.

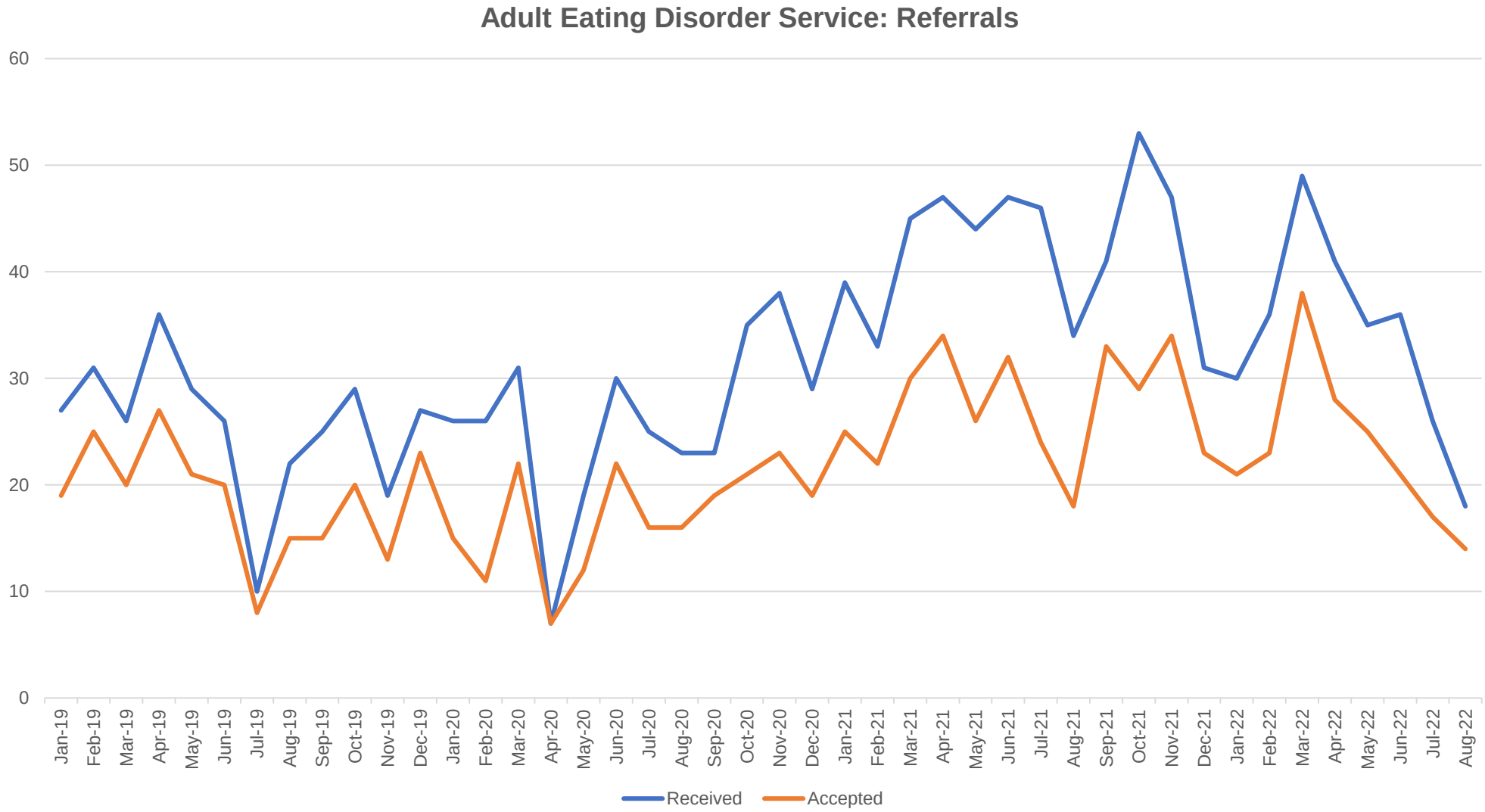
A patients specific needs and treatment will be discussed with them following their assessment

Diagnoses at Assessment

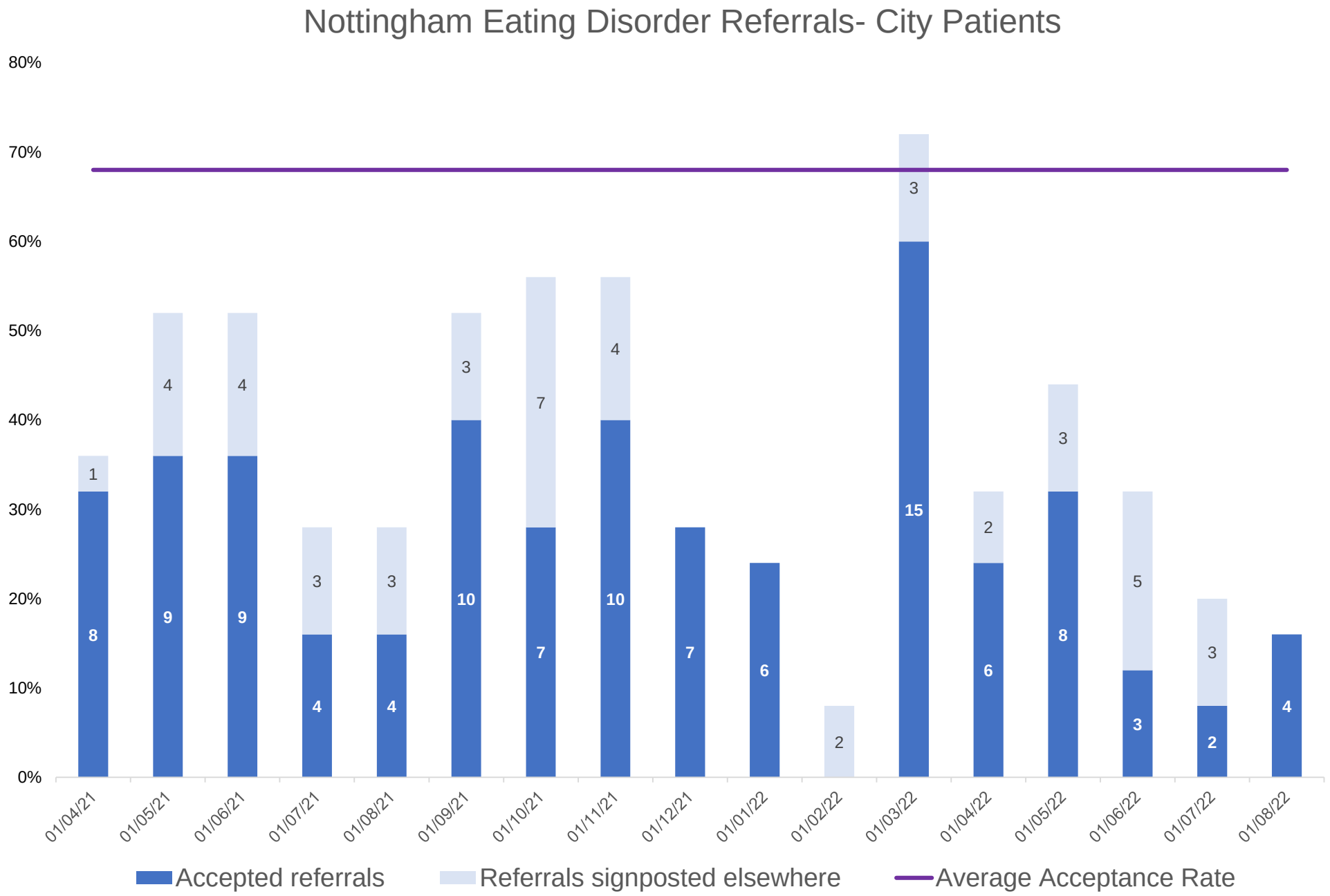


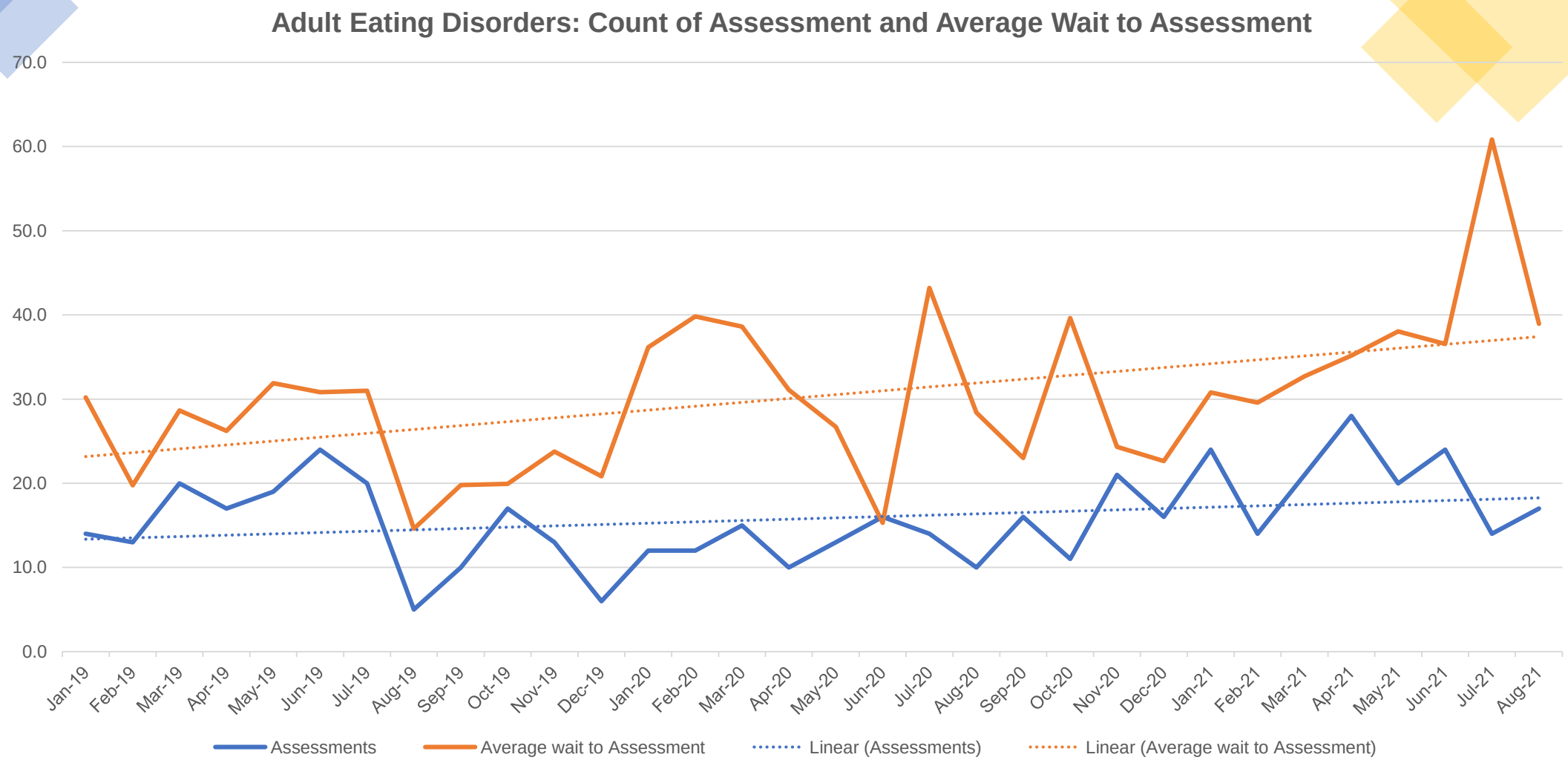

Nottingham Eating Disorder Service: Ethnicity of Referrals
1
5
3
5
3
2
2
2
2
2
7
2
4
14
33
6
375
Asian/Asian Brit. - Indian
Asian/Asian Brit. - Other
Asian/Asian Brit. - Pakistani
Black/Black Brit. - African
Black/Black Brit. - Caribbean
Black/Black Brit. - Other
Chinese
Mixed - Other
Mixed - White & Asian
Mixed - White & Black Caribbean
Not Known
Not Stated
Other Ethnic Group
White - British
White - Irish
White - Other

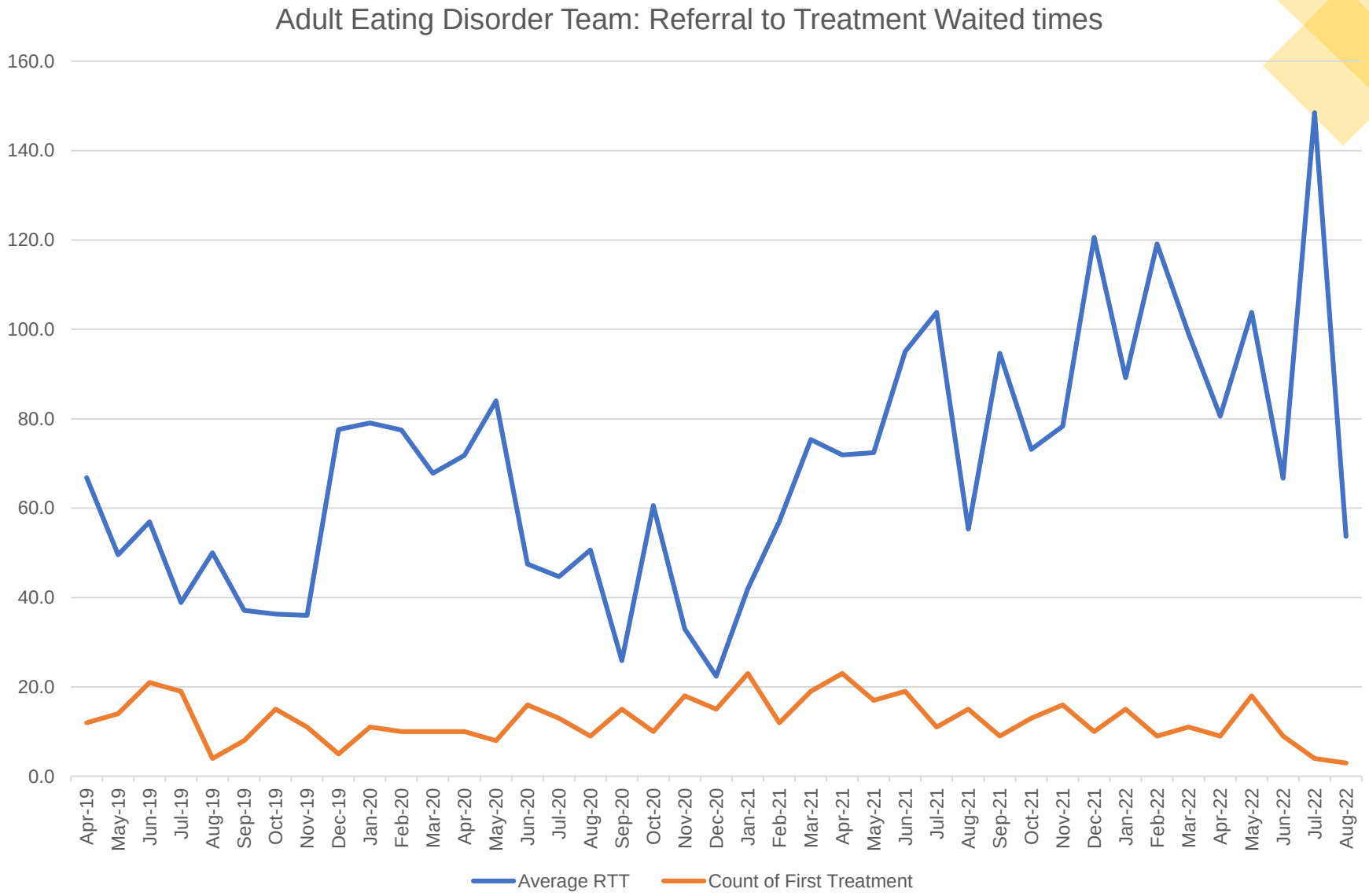

Adult Eating Disorder Services: 21/22 Referrals by Age and Gender
250
200
150
100
50
0
17-20
20-30
30-40
40-50
50-60
60-70
70-80
Female
Male



Drop in July/Aug is expected and overall increase in referrals over the last year is in line with national trends and projected increase in demand promoting spending review investment detailed in later slides


Nottingham Eating Disorder Referrals- City Patients
80%
70%
60%
50%
40%
30%
20%
10%
0%
01/04/21
01/05/21
01/06/21
01/07/21
01/08/21
01/09/21
01/10/21
01/11/21
01/12/21
01/01/22
01/02/22
01/03/22
01/04/22
01/05/22
01/06/22
01/07/22
01/08/22
Accepted referrals
Referrals signposted elsewhere
Average Acceptance Rate


Adult Eating Disorders: Count of Assessment and Average Wait to Assessment
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Assessments
Average wait to Assessment
Linear (Assessments)
Linear (Average wait to Assessment)


Adult Eating Disorder Team: Referral to Treatment Waited times
160.0
140.0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
Apr-19
May-19
Jun-19
Jul-19
Aug-19
Sep-19
Oct-19
Nov-19
Dec-19
Jan-20
Feb-20
Mar-20
Apr-20
May-20
Jun-20
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Nov-20
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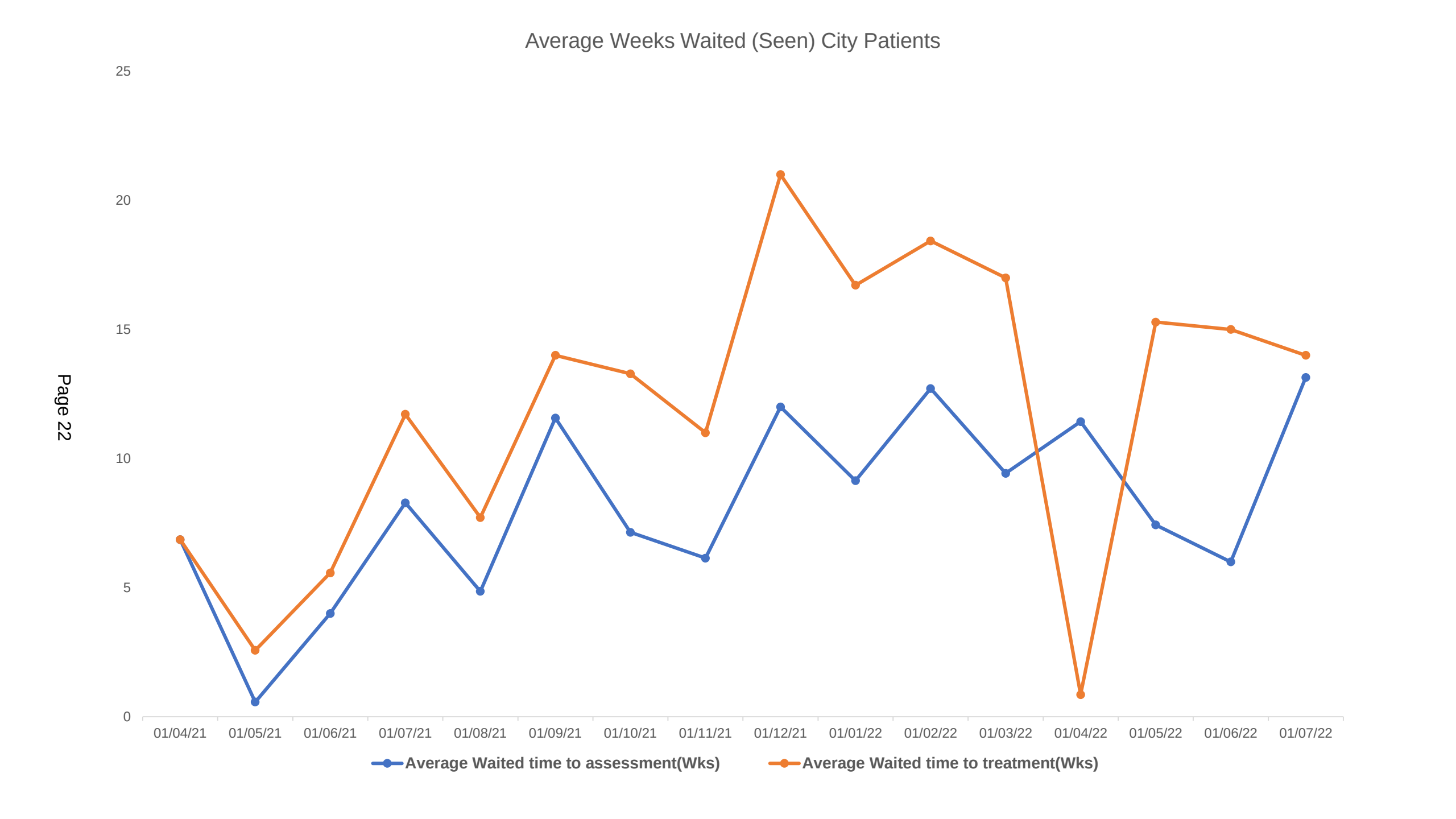
Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22
Apr-22
May-22
Jun-22
Jul-22
Aug-22
Average RTT
Count of First Treatment


Average Weeks Waited (Seen) City Patients
25
20
15
10
5
0
01/04/21
01/05/21
01/06/21
01/07/21
01/08/21
01/09/21
01/10/21
01/11/21
01/12/21
01/01/22
01/02/22
01/03/22
01/04/22
01/05/22
01/06/22
01/07/22
Average Waited time to assessment(Wks)
Average Waited time to treatment(Wks)

AED Investment

Over the past 5 years the team have accepted an average number of referrals of 235 per year however more recently that has shown an increase in line with national trends and there is an expectation that this increase will grow.

A review of current and expected demand identified workforce capacity gaps, and a new staffing model was proposed and supported. This growth is from 10wte to 21.2wte with some roles recruited in January 2022 and further roles currently being recruited to

Roles in the team include:

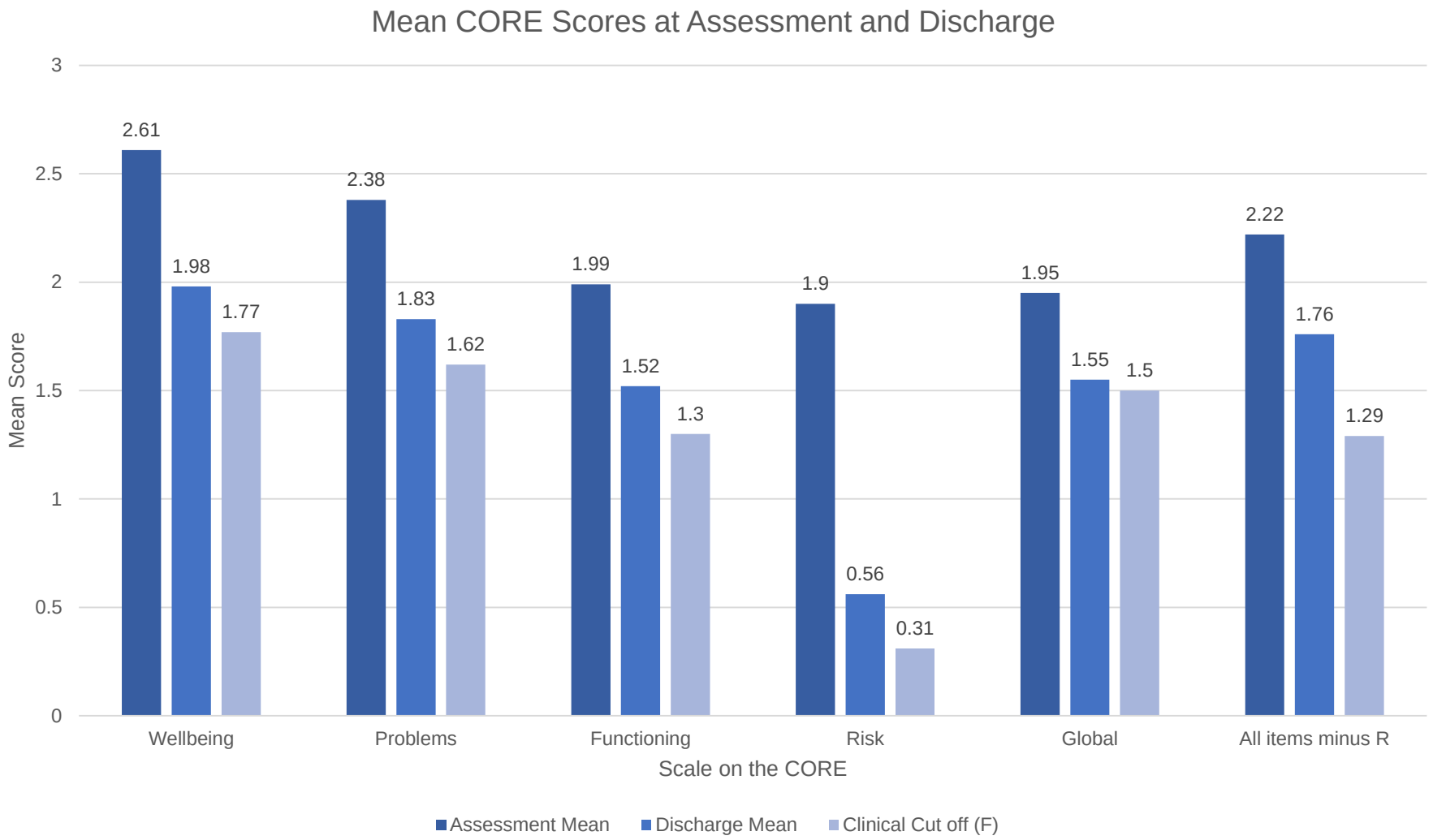
Clinical Leads, Psychology, Family Therapist, Admin, Peer Support, Clinical Practitioners, Dietician, Consultant Psychiatrist, Support Workers, Transition Practitioner, FREED Champion

Impact of Investment

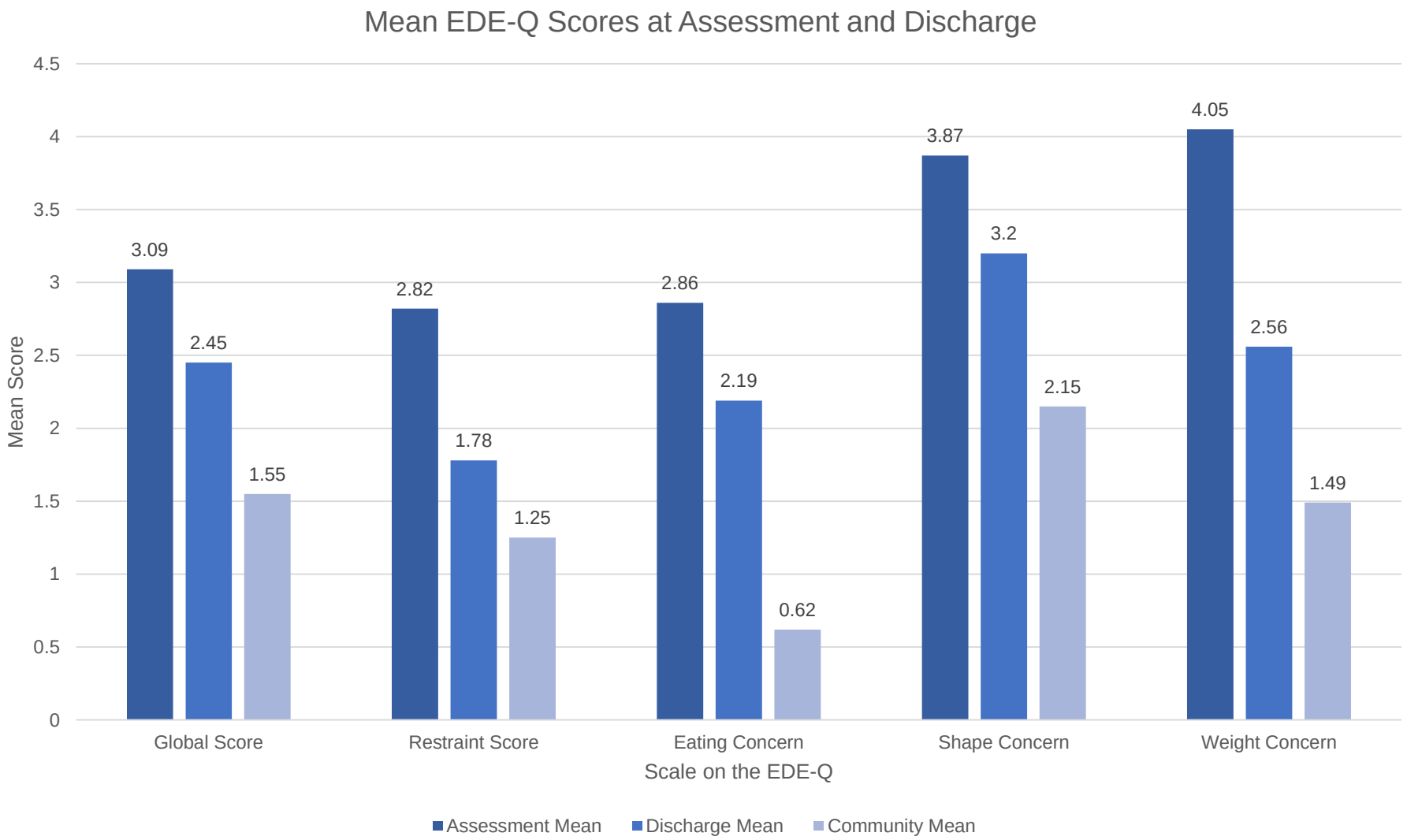
- Improved waiting times from 12 months to 5 months – target 8 weeks.
- Frequent review calls for those waiting – Provide self-help materials whilst waiting.
- Offer daily rota of 'available clinician' to respond to calls and offer urgent assessments.
- Increase in therapeutic offer, Occupational Therapy, art therapy and sensory assessments.
- Increased MDT reflective practice.
- Improved access to psychiatry
- Lunch club group
- Community Support Clinicians offer outreach support – meal prep, social eating, shopping skills
- Building team skills, confidence, and Eating Disorder competence – Attendance at National Team Training and internal Continual Professional Development
- Offer Brief Family Therapy
- Plans to improve carer offer – Family Therapy, Carer Peer Support.

Recruitment to a further 4.6wte currently on-going which will enhance this offer further and increase responsiveness

OUTCOMES



From 01/04/2021 to the 31/03/2022



From 01/04/2021 to the 31/03/2022

First Episode Rapid Early Intervention - FREED

FREED is an evidence-based specialist care package which was launched in NEDS for those aged 18 – 25 from January 2021.

To qualify for FREED treatment, a service user must have an eating disorder that has had a duration of three years or less. The FREED model has the following aims:

- Make phone contact with service users within 48 hours of receiving a referral
- Have an assessment within the first two weeks of referral
- Treatment to start within four weeks.

Impact of FREED

- Everyone contacted within 48 working hours of referral. - This allows us to engage with people early, reassure them and book them in for an assessment or signpost them appropriately.
- People have felt validated by getting an assessment in short space of time. Where appropriate we have given some self-help materials which people have used and made changes with by time they come to assessment.
- Currently we are seeing people for assessment within 2-4 weeks.
- Good use of the MDT with dedicated time from Care Support Worker, Psychologist, Dietician and Specialist Practitioners, this means people are offered a wide range of support around, transitions, family, nutrition, social media and evidence based 1:1 treatments.
- We have reports of positive changes from those offered assessment and receiving self-help materials. Some people have needed a more standard 10-40 sessions of treatment and others for longer.

FREED Patient Feedback

"You are so warm and always seem to know the right thing to say, which made it possible for me to give recovery a good shot"

"I can't believe how quickly someone has called… I was not even sure if something was wrong"

"Thank you for caring about me and my health when I couldn't do it for myself… you are amazing at what you do"

SMI Transformation Programme

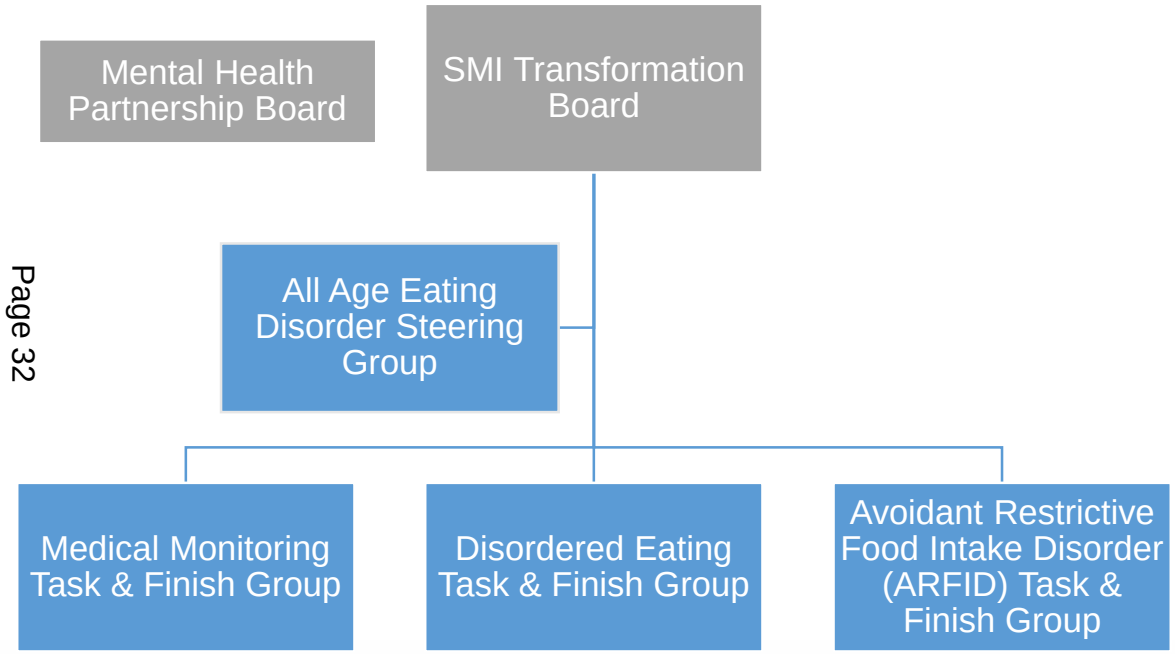
The Long Term Plan and Adult Eating Disorders

Continue transformation of community services to ensure that in 2022/23, Nottingham&Nottinghamshire ICS has at least 14,337 adults and older adults with Serious Mental Illness (SMI) accessing new and integrated models of primary and community mental health, increasing to 15,054 adults and older adults per year by 2023/24 (including adult eating disorder, personality disorders and rehab pathways).

Adult Eating Disorder Key deliverables:

- Expansion of clinical and non-clinical capacity
- Investment from baseline and transformation funding
- Dedicated pathways for adults with eating disorders across primary care, secondary care, local authorities and the Community & Voluntary Sector
- Increase in number of patients and reduction in waiting times
- Removal of barriers to access (e.g. weight or Body Mass Index (BMI))
- Accept self-referrals
- Increase delivery of psychological therapy pathways in community services, including dedicated Adult Eating Disorder pathways
- Early Intervention models (e.g.First Episode Rapid Early Intervention for Eating Disorders (FREED))
- Contribute to the development of the eating disorder provider collaborative

Governance



Low Intensity/High Volume

Priorities for 2022/23

- **Implement a Medical Monitoring Pathway**
- Continue to enhance Adult Eating Disorder capacity & capability
- Recruitment of 2 x Clinical Lead Roles to work across the Eating Disorder Service and Local Mental Health Teams
- Improve service user engagement within pathway developments
- Scope and implement provision for Avoidant Restrictive Food Intake Disorder (ARFID) and Disordered Eating
- Continue to monitor and evaluate the early intervention model, FREED
- Provide training and raise awareness of eating disorders across the Health & Social Care system.

Comments and Questions?

Making a Difference

Trust Honesty Respect Compassion Teamwork

Health and Adult Social Care Scrutiny Committee
13 October 2022

Adult Social Care Outcomes Framework

Report of the Head of Legal and Governance

1 Purpose

1.1 To consider using the Adult Social Care Outcomes Framework to scrutinise care services and as a tool to inform its future work programme.

2 Action required

2.1 The Committee is asked to consider if, and how it wants to use the Adult Social Care Outcomes Framework to scrutinise care services and as a tool to inform its work programming.

3 Background information

3.1 The adult social care outcomes framework is a set of key measures of how well care and support services achieve outcomes, and is used nationally and locally to set priorities for care and support, measure progress and strength transparency and accountability. The data is collected for all local authorities providing adult social services in England and published annually, and therefore can be used as a benchmarking tool.

3.2 The Committee may wish to use this information to support its role in holding to account for performance and as a tool to inform its future work programme by helping to identify areas of risk to focus on.

4 List of attached information

4.1 Briefing and presentation from the Director of Adult Health and Social Care on the Adult Social Care Outcomes Framework

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 Measures from the Adult Social Care Outcomes Framework 2020/21 published by NHS Digital

7 Wards affected

7.1 All

8 Contact information

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

Health & Adult Social Care Scrutiny Committee
13th October 2022

ASCOF annual report preparation

Report of the Director for Adults Health & Social Care

1. Purpose

To brief Health & Adult Social Care Scrutiny Committee on the proposed content of the ASCOF annual report and to seek a steer on presentation and focus.

2. Recommendations

It is recommended that Health & Adult Social Care Scrutiny Committee receive a one-page summary of all measures annually; and a focus on those key measures that relate to change outcomes expected as part of the ASC Transformation programme.

3. For Information:

Background

- The Adult Social Care Outcomes Framework (ASCOF) is a set of key measures collected for all Local Authorities' Adult Social Care departments in England, annually for most measures.
- Although there is some level of variability in the data collection, on the whole the framework serves as a sector benchmarking data set to compare performance against key outcome measures over time, and between LA's nationally, in core cities, and regionally.
- Prior to the covid pandemic plans were progressing to review the ASCOF framework at a national level, as this framework has been in place since before the Care Act; and over time practice across LA's has shifted, meaning for some measures it is known that data collection methods and practice will differ. This review work was not completed and currently the timescale for changes to the framework are not known.
- It is highly likely however that when CQC inspection is introduced (as per the Health and Care bill that received royal assent April this year) CQC inspectors will review an LA's performance against a range of measures, and will utilise all publicly available reports (including ASCOF) in their inspections.

4. Governance Interdependencies

Portfolio holdings to be briefed and this paper to be taken to CLT for a discussion on content of the report then the actual report annually.

5. Proposal or Issue

- To date, ASCOF performance has not been reported regularly outside of ALT in Nottingham.
- It is proposed that this forms an annual report to support the assurance process at a senior level in the organisation. The focus could be on how this regular

conversation can feed into strategic plans; seek a steer for prioritisation of action in some areas; seek support for improvements; and inform of areas of risk in the context of poor performance that could result in poor outcomes for citizens and will be picked up at CQC inspection.

- ASC have worked with A&I over the last few months to develop the presentation and content of the proposed report to seek maximum potential for added value in the discussions at ALT, PLT and CLT.
- This paper is a pre-annual report agenda item in order to develop the content for the annual report itself.
- The proposed content and options for presentation are outlined in appendix 1.

6. Financial Implications

None from this report in itself. Any financial implications of subsequent policy or strategic decisions would need to be scoped.

7. Legal Comments (if applicable)

NA

8. Procurement Comments (if applicable)

NA

9. Risk Management Considerations

Poor outcomes in the ASCOF set could indicate risks to individuals; financial risk; and reputational risk to the organisation, as well as the new risk of secretary of state intervention should CQC inspection identify areas of significant concern.

10. HR and EDI Considerations

This report requests a steer from the decision maker on presentation and focus for the ASCOF annual report. There are no direct HR or EDI implications as part of this report, however there could be indirect implications if the benchmarking data highlights areas where we could improve outcomes for our people. This may result in some intervention impacting elements of HR and EDI such as culture and behavioural shift/change, learning and development interventions, and changes to the operating model in Adult Health & Social Care, including possible tweaks to the way the division is structured.

The ASCOF annual report should feed into the way we develop and change our performance culture in Adult Health and Social Care as part of getting a firm grip on performance measures and how we compare with other LAs. This approach is supported by HR.

Management are advised to work with HR following the outcomes of the ASCOF annual report to assess what impacts there are / could be on the workforce and where improvements may need to be made.

Rachael Morris
HR Business Lead (People) – 16/8/22

11. Carbon Reduction and Sustainability Considerations

N/A

12. Input from Other Internal Departments

Highlight here what input if any has been sought and obtained from other relevant council teams such as Property, facilities management, IT etc

Report prepared by A&I (Emma Stowe) and Sara Storey Dir. Adult Health and Social Care.

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ASCOF Benchmarking

Options for reporting – 16th August 2022

Author: Emma Stow, Sara Storey, Pete Coates and Danielle Williams

Nottingham City Council

Overview

ASCOF is the Adult Social Care Outcomes Framework. Performance for all LAs is published annually and is derived from a number of sources *(mostly our annual SALT statutory Return, the annual statutory ASC Citizen Survey and biannual statutory ASC Carers Survey)*

The recent Peer Review identified that ASC needed a greater overview of Nottingham's ASCOF outcomes and comparisons with other LAs (comparator groups)

There is a dashboard on Sharepoint which contains all measures and comparisons with each of our comparator groups which you can drill through. However, there isn't any commentary in that report. Also, this is only available to ASC.

There is a requirement to build a report to take to PLT and CLT for the annual report.

The next few slides show a list of all the ASCOF measures, more detailed charts and graphs for a measure, overview charts and graphs for the same measure and Nottingham City's performance for 21/22 on the measures compared with our performance in 20/21

The Adult Social Care Statutory Returns

SALT – Short and Long Term Return. This is based on activity and sequels data which is captured by staff in the Adult Social Care database (LiquidLogic). There is data on contacts, reablement, reviews and sequels to all of these. There is also data about numbers of citizens in short and long term services and also carers.

ASC Service User Survey - This a nationally designed statutory survey that all Local Authorities is required to administer every year. A formula is used to identify a representative sample of service users across all citizen groups and services. (The survey was not run last year due to Covid).

ASC Carers Survey - This a nationally designed statutory survey that all Local Authorities is required to administer every other year. We send the survey to all Carers where the citizen they support received a service or assessment/review in year. It is also sent to the carers supported by the Carer's Trust contract which we fund.

Current ASCOF Measures

Ranks and Outcomes 2020/21

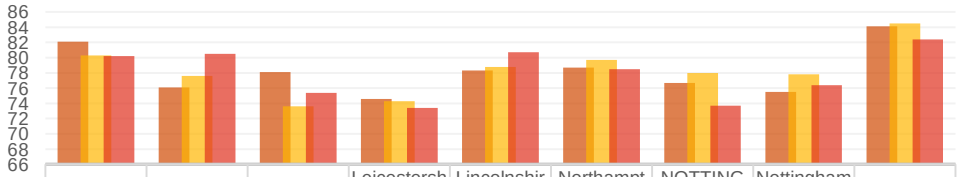
Measure	Source	Description	Rank*	Outcome	Average
1A	Users Survey	Social care-related quality of life	116 of 148	18.7	19.1
1B	Users Survey	Proportion of people who use services who have control over their daily life	121 of 148	73.7	77.3
1C(1A)	SALT	The proportion of people who use services who receive self-directed support	102 of 150	100	
1C(1B)	SALT	The proportion of carers who receive self-directed support	53 of 147	100	
1C(2A)	SALT	The proportion of people who use services who receive direct payments	115 of 150	32.9	
1C(2B)	SALT	The proportion of carers who receive direct payments	74 of 147	100	
1D	Carers Survey	Carer-reported quality of life	79 of 151	7.3	
1E	SALT	Proportion of adults with learning disabilities in paid employment	138 of 150	1.2	
1F	Mental Health	Proportion of adults in contact with secondary mental health services in paid employment	111 of 148	5	
1G	SALT	Proportion of adults with learning disabilities who live in their own home or with their family	125 of 151	74.1	78.3
1H	Mental Health	Proportion of adults in contact with secondary mental health services who live independently, with or without support	119 of 151	44	58
1I(1)	Users Survey	Proportion of people who use services who reported that they had as much social contact as they would like.	123 of 147	41.5	
1I(2)	Carers Survey	The proportion of carers who reported that they had as much social contact as they would like	59 of 151	32.5	
1J	Users Survey	Adjusted Social care-related quality of life – impact of Adult Social Care services	115 of151	0.383	
2A(1)	SALT	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	141 of 151	28	13.3
2A(2)	SALT	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	143 of 151	984	498.2
2B(1)	SALT	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	102 of 150	85	
2B(2)	SALT	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	72 of 150	3.2	
2C(1)	NHS DToC	Delayed transfers of care from hospital, per 100,000	106 of 151	11.5	
2C(2)	NHS DToC	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	41 of 151	1.3	
2C(3)	NHS DToC	Delayed transfers of care from hospital that are jointly attributable to NHS and Social Care, per 100,000 population	98 of 151	0.7	
2D	SALT	The outcome of short-term services: sequel to service	142 of 151	45.3	74.9
3A	Users Survey	Overall satisfaction of people who use services with their care and support	92 of 148	62.9	64.2
3B	Carers Survey	Overall satisfaction of carers with social services	44 of 151	41.5	
3C	Carers Survey	Proportion of carers who report that they have been included or consulted in discussion about the person they care for	57 of 151	71.4	
3D(1)	Users Survey	The proportion of people who use services who find it easy to find information about support	50 of 147	70.7	
3D(2)	Carers Survey	The proportion of carers who find it easy to find information about support	118 of 151	56.8	
4A	Users Survey	Proportion of people who use services who feel safe	126 of 148	65	70.2
4B	Users Survey	Proportion of people who use services who say that those services have made them feel safe and secure	36 of 148	90.3	86.8

*The lowest rank is the most desirable position.

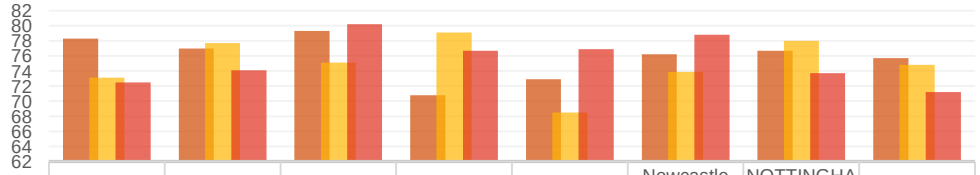
Data taken from surveys: ASCS and SACE	Data taken from SALT	Data taken from sources with no input from A&I

DETAILED OPTION - Measure 1B – The proportion of people who have control over their daily life. *(Taken from the annual statutory ASC Survey)*

Year	National Rank	IMD Rank	Outcome	National Average	IMD Average
2019-20	121	16	73.7	77.3	76.1
2018-19	79	9	78	77.6	76.4
2017-18	94	9	76.7	77.7	76.5



	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	NOTTINGHAM	Nottinghamshire	Rutland
17-18	82.1	76.1	78.1	74.6	78.3	78.7	76.7	75.5	84.1
18-19	80.3	77.6	73.6	74.3	78.8	79.7	78	77.8	84.5
19-20	80.2	80.5	75.4	73.4	80.7	78.5	73.7	76.4	82.4



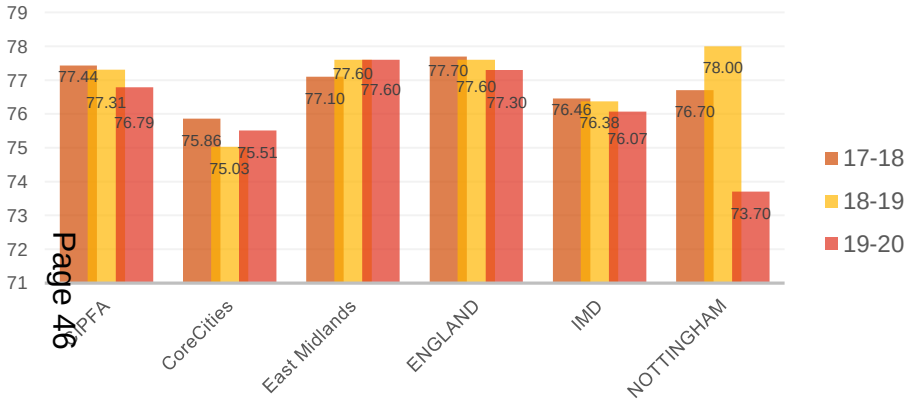
	Birmingham	Bristol	Leeds	Liverpool	Manchester	Newcastle upon Tyne	NOTTINGHAM	Sheffield
17-18	78.3	77	79.3	70.8	72.9	76.2	76.7	75.7
18-19	73.1	77.7	75.1	79.1	68.5	73.9	78	74.8
19-20	72.5	74.1	80.2	76.7	76.9	78.8	73.7	71.2

CASSR	17-18 CIPFA Rank	17-18 Outcome	18-19 CIPFA Rank	18-19 Outcome	19-20 CIPFA Rank	19-20 Outcome
Bristol	9	77	9	77.7	13	74.1
Coventry	16	70.4	5	78.5	12	75
Derby	2	82.1	3	80.3	3	80.2
Gateshead	5	80.1	10	75.9	6	77.4
Kingston upon Hull	6	78.7	7	78.2	2	80.6
Leicester	7	78.1	15	73.6	11	75.4
Liverpool	15	70.8	4	79.1	9	76.7
Manchester	14	72.9	16	68.5	8	76.9
Middlesbrough	4	81.1	1	85.7	1	82.2
Newcastle upon Tyne	11	76.2	14	73.9	5	78.8
NOTTINGHAM	**10**	**76.7**	**8**	**78**	**15**	**73.7**
Peterborough	3	81.8	2	82.7	4	79.4
Salford	8	77.8	10	75.9	10	75.9
Sheffield	12	75.7	13	74.8	16	71.2
Southampton	1	84.6	6	78.4	7	77.3
Wolverhampton	13	75	12	75.7	14	73.8
CIPFA Average	**77.4**		**77.3**		**76.8**	

Commentary

- This measure is taken from the annual Adult Social Care Survey (ASCS), specifically from question 3a which asks “How much control do you have over your daily life?” The figure is calculated as a percentage of people to respond either “I have as much control over my daily life and I want” or “I have adequate control over my daily life.”
- ***THERE WAS NO SURVEY IN 2020/21 DUE TO COVID***
- 2019/20 saw the lowest proportion of people to state that they had control, or adequate control, over their daily lives for Nottingham. This was a reduction of 4.3 percentage points on the year before (2018/19) and 4 percentage points in the longer term (over 2017/18).
- Nottingham City saw the 2nd lowest proportion when compared regionally (ranking in 7th position), with an outcome of 0.3 above the local authority with the lowest proportion (Leicestershire).
- The majority of local authorities in the region saw a reduction in this measure in 2019/20 compared to the previous year; however, that seen in Nottingham City was the largest.
- The insignificant differences in national average suggest that most local authorities will have seen only very slight changes in this outcome over the three years. This is reinforced by the fact that a reduction of just 4.3 percentage points in Nottingham City has caused the local authority to drop 42 ranked positions nationally and 7 ranked position amongst the 20 most deprived local authorities.

OVERVIEW OPTION - Measure 1B – The proportion of people who have control over their daily life. *(Taken from the annual statutory ASC Survey)*



Comparator Group	Nottingham City Rank			2019/20 Change
	2017/18	2018/19	2019/20	
CIPFA	10 of 16	8 of 16	15 of 16	↑
Core Cities	4 of 8	2 of 8	6 of 8	↑
East Midlands Region	6 of 9	5 of 9	8 of 9	↑
IMD 20 Most Deprived	12 of 20	9 of 20	16 of 20	↑
Nationally	94 of 148	75 of 148	121 of 148	↑

Commentary

- This measure is taken from the annual Adult Social Care Survey (ASCS), specifically from question 3a which asks “How much control do you have over your daily life?” The figure is calculated as a percentage of people to respond either “I have as much control over my daily life and I want” or “I have adequate control over my daily life.”
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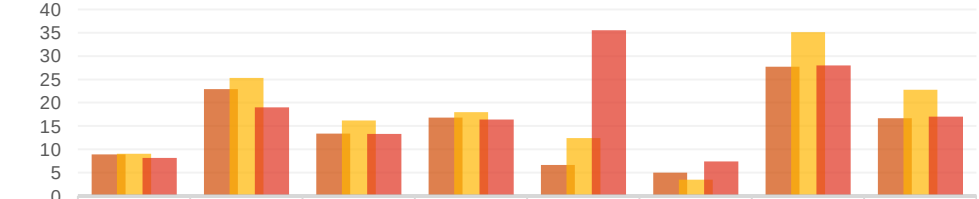
- The insignificant differences in national average suggest that most local authorities will have seen only very slight changes in this outcome over the three years. This is reinforced by the fact that a reduction of just 4.3 percentage points in Nottingham City has caused the local authority to drop 42 ranked positions nationally and 7 ranked position amongst the 20 most deprived local authorities.

Actions/Plans

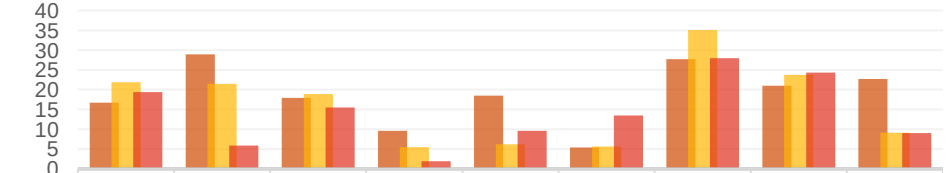
Promoting choice and control is an ethos at the heart of the adults transformation programme.
Supporting people to live more independently is an approach that leads to more positive outcomes for individuals but also usually leads to lower cost services.
Co-production and engagement is being built into all of our plans for change.

DETAILED OPTION - Measure 2A(1) - Long-term support needs of younger adults (18-64) met by admission to residential and nursing homes per 100,000 population. *(Taken from the SALT Return)*

Year	National Rank	IMD Rank	Outcome	National Average	IMD Average
2020-21	141	17	28	13.9	12.1
2019-20	146	20	35.1	14.6	15.6
2018-19	144	20	27.7	13.3	15.8



	Birmingham	Bristol	Leeds	Liverpool	Manchester	Newcastle upon Tyne	NOTTINGHAM	Sheffield
18-19	8.9	22.9	13.4	16.8	6.7	5	27.7	16.7
19-20	9.1	25.3	16.2	18	12.4	3.5	35.1	22.8
20-21	8.2	19	13.3	16.4	35.5	7.4	28	17



	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	NOTTINGHAM	Nottinghamshire	Rutland
18-19	16.7	28.9	17.9	9.6	18.5	5.4	27.7	21	22.7
19-20	21.9	21.5	18.9	5.5	6.2	5.6	35.1	23.8	9.1
20-21	19.4	5.9	15.5	1.9	9.6	13.5	28	24.3	9

CASSR	18-19 CIPFA Rank	18-19 Outcome	19-20 CIPFA Rank	19-20 Outcome	20-21 CIPFA Rank	20-21 Outcome
Bristol	13	22.9	12 ▼	25.3	10 ▲	19
Coventry	11	18.9	14 ▼	32.7	13 ▲	25.8
Derby	7	16.7	10 ▼	21.9	11 ▲	19.4
Gateshead	6	13.7	6 ▲	13	5 ▲	12.2
Kingston upon Hull	14	23.1	13 ▼	32.5	12 ▲	21.6
Leicester	10	17.9	9 ▼	18.9	6 ▲	15.5
Liverpool	9	16.8	8 ▼	18	7 ▲	16.4
Manchester	2	6.7	5 ▼	12.4	15 ▼	35.5
Middlesbrough	16	43.4	16 ▼	64.6	16 ▲	41.2
Newcastle upon Tyne	1	5	1 ▲	3.5	2 ▼	7.4
NOTTINGHAM	**15**	**27.7**	**15**	**35.1**	**14**	**28**
Peterborough	3	8.3	2 ▼	9.1	1 ▲	5.9
Salford	5	10.5	7 ▼	13.4	9 ▼	18.5
Sheffield	7	16.7	11 ▼	22.8	8 ▲	17
Southampton	12	22	4 ▲	11.9	4 ▼	12
Wolverhampton	4	8.9	3 ▼	10.2	3 ▲	9.5
CIPFA Average	**17.5**		**21.6**		**19.1**	

Commentary

- In 2020/21, Nottingham City saw 28 residential and nursing care admissions per 100,000 of the population for citizens aged 18 to 64, which was above the national average.
- This was a 25.4% reduction on the previous year (-7.1 admissions per 100,000 over 2019/20), but a negligible increase compared to 2018/19 (1.1% increase, 0.3 additional admissions per 100,000).
- In 2020/21 residential and nursing care admissions returned to a lower level following a peak in 2019/20.
- Nottingham City's national ranking in this measure has fallen by 5 places compared to the peak in 2019/20, and by 3 places over the last 3 years.
- The admission rate for Nottingham City is still relatively close to that of the highest ranked local authority.
- Nottingham saw the second highest ranking in comparison to the other Core Cities, due to a dramatic increase recorded by Manchester in 2020/21 compared to 2019/20, and the third highest ranking compared to the CIPFA grouping.
- Positively, there is a small gap in admission rate between Nottingham City and Coventry (ranked one above).
- There is a larger gap in admission rates compared to the local authorities in the bottom two ranked positions of the CIPFA comparison (Manchester and Middlesbrough).

OVERVIEW OPTION - Measure 2A(1) - Long-term support needs of younger adults (18-64) met by admission to residential and nursing homes per 100,000 population. *(Taken from the SALT Return)*

Comparator Group	Nottingham City Rank			2020/21 Change
	2018/19	2019/20	2020/21	
CIPFA	15 of 16	15 of 16	14 of 16	↓
Core Cities	8 of 8	8 of 8	7 of 8	↓
East Midlands Region	8 of 9	9 of 9	9 of 9	⇔
IMD 20 Most Deprived	20 of 20	20 of 20	17 of 20	↓
Nationally	144 of 151	146 of 151	141 of 151	↓

Commentary

- In 2020/21, Nottingham City saw 28 residential and nursing care admissions per 100,000 of the population for citizens aged 18 to 64, which was above the national average.
- This was a 25.4% reduction on the previous year (-7.1 admissions per 100,000 over 2019/20), but a negligible increase compared to 2018/19 (1.1% increase, 0.3 additional admissions per 100,000).
- In 2020/21 residential and nursing care admissions returned to a lower level following a peak in 2019/20.
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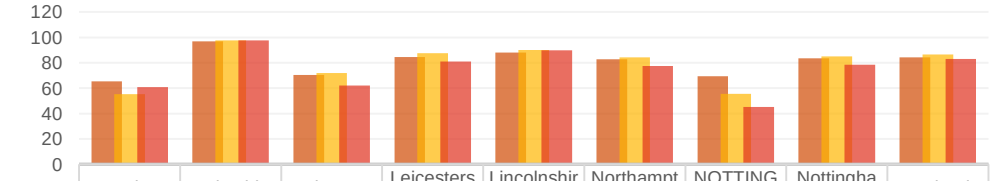
- Positively, there is a small gap in admission rate between Nottingham City and Coventry (ranked one above).
- There is a larger gap in admission rates compared to the local authorities in the bottom two ranked positions of the CIPFA comparison (Manchester and Middlesbrough).

Actions/Plans

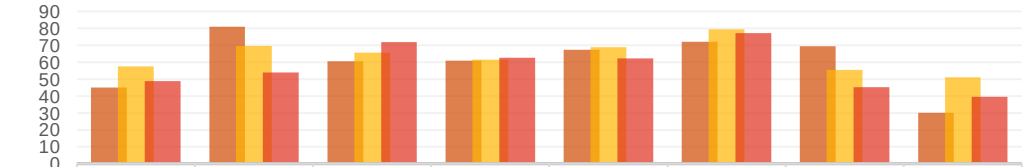
The project to support more people in supported living is progressing well and in 2022 has already over-achieved against targets. Much more work is required but the project is well into delivery.

DETAILED OPTION - The outcome of short-term services *(Taken from the SALT Return)*

Year	National Rank	IMD Rank	Outcome	National Average	IMD Average
2020-21	142	16	45.3	74.9	62.3
2019-20	138	16	55.5	79.5	65.7
2018-19	111	10	69.4	79.6	66.9



	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	NOTTINGHAM	Nottinghamshire	Rutland
18-19	65.4	96.9	70.5	84.5	88.1	82.7	69.4	83.4	84.2
19-20	55.3	97.7	72	87.5	90	84.3	55.5	85.1	86.5
20-21	60.9	97.5	62	81.1	89.7	77.4	45.3	78.4	83.1



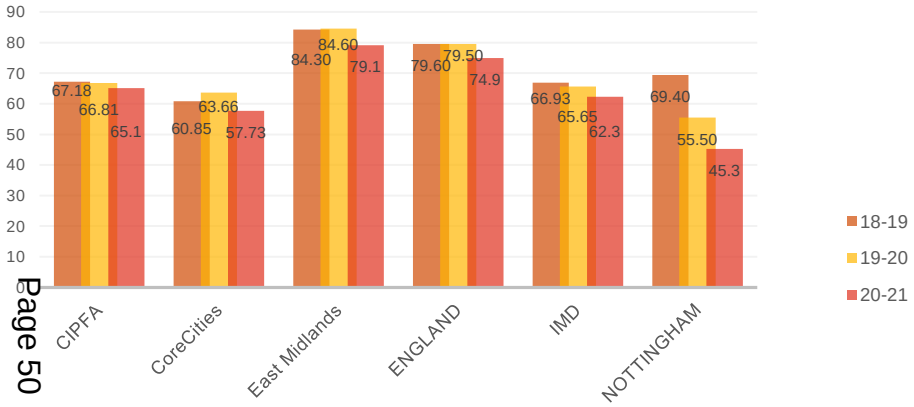
	Birmingham	Bristol	Leeds	Liverpool	Manchester	Newcastle upon Tyne	NOTTINGHAM	Sheffield
18-19	45.1	81	60.6	61	67.4	72.1	69.4	30.2
19-20	57.5	69.7	65.7	61.5	68.8	79.5	55.5	51.1
20-21	48.9	53.9	71.9	62.6	62.3	77.3	45.3	39.6

CASSR	18-19 CIPFA Rank	18-19 Outcome	19-20 CIPFA Rank	19-20 Outcome	20-21 CIPFA Rank	20-21 Outcome
Bristol	2	81	8	69.7	13	53.9
Coventry	6	72.3	10	66.8	12	60.4
Derby	12	65.4	14	55.3	11	60.9
Gateshead	4	73.8	4	77.2	5	76.5
Kingston upon Hull	14	60.9	7	71	3	78.2
Leicester	8	70.5	6	72	10	62
Liverpool	13	61	12	61.5	8	62.6
Manchester	11	67.4	9	68.8	9	62.3
Middlesbrough	1	87.5	3	78.4	1	95.2
Newcastle upon Tyne	7	72.1	1	79.5	4	77.3
NOTTINGHAM	**9**	**69.4**	**13**	**55.5**	**14**	**45.3**
Peterborough	5	72.6	5	73.1	6	75.4
Salford	15	42.8	16	47.8	16	38.2
Sheffield	16	30.2	15	51.1	15	39.6
Southampton	3	79	2	79.4	2	83.3
Wolverhampton	10	69	11	61.8	7	70.5
CIPFA Average	**67.2**		**66.8**		**65.1**	

Commentary

- Measure 2D is a percentage of new clients who following a period of Reablement did not require long-term services, but instead were directed to Occupational Therapy, short-term services, signposted services or had no identified need. It is taken from the annual SALT Return
- It is important to remember with this measure that the threshold for accepting citizens into Reablement Services are different in LAs. Nottingham City has one of the lowest thresholds which would lead to a much lower percentage of citizens leaving who do not require a long term service.
- In 2020/21, 45.3% of citizens completing Reablement in Nottingham City required no subsequent long-term care.
- This was a reduction of 10.2 percentage points compared to 2019/20 and 24.1 percentage points compared to 2018/19.
- All three year periods fell below the national average, with the latest two years also falling below the average for the 20 most deprived local authorities.
- The consistent decline in proportion resulted in Nottingham City ranking in 142nd national position, which equates to the 10th lowest proportion nationally. This was a decline of 31 positions in the longer term (2020/21 compared to 2018/19).

OVERVIEW OPTION - Measure 2D - The outcome of short-term services *(Taken from the SALT Return)*



Comparator Group	Nottingham City Rank			2020/21 Change
	2018/19	2019/20	2020/21	
CIPFA	9 of 16	13 of 16	14 of 16	↑
Core Cities	3 of 8	7 of 8	7 of 8	⇔
East Midlands Region	8 of 9	8 of 9	9 of 9	↑
IMD 20 Most Deprived	10 of 20	16 of 20	16 of 20	⇔
Nationally	111 of 151	138 of 151	142 of 151	↑

Commentary

- Measure 2D is a percentage of new clients who following a period of Reablement did not require long-term services, but instead were directed to Occupational Therapy, short-term services, signposted services or had no identified need. It is taken from the annual SALT Return
- It is important to remember with this measure that the threshold for accepting citizens into Reablement Services are different in LAs. Nottingham City has one of the lowest thresholds which would lead to a much lower percentage of citizens leaving who do not require a long term service.
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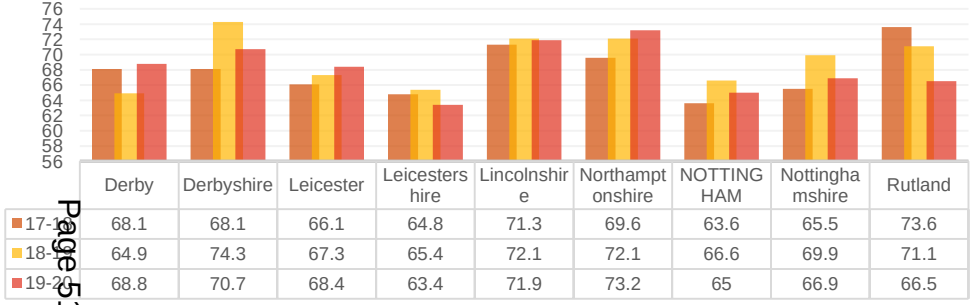
- The consistent decline in proportion resulted in Nottingham City ranking in 142nd national position, which equates to the 10th lowest proportion nationally. This was a decline of 31 positions in the longer term (2020/21 compared to 2018/19).

Actions/Plans

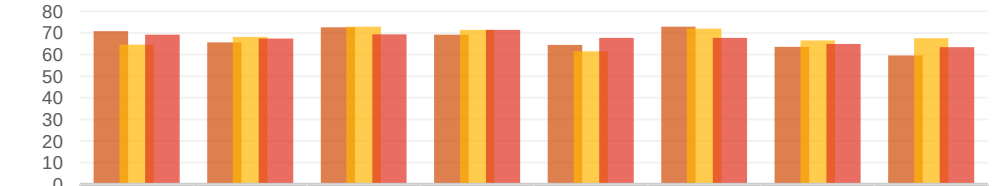
The service has experienced long delays for people moving onto long term support when needed. This has resulted in less capacity to support new people to be reabled. This is due to the lack of capacity in the independent sector homecare workforce.
The service has also increasingly operated as a 'provider of last resort' picking up cases when independent providers have not been able to meet need, or when capacity issues mean provider have to hand back packages.

DETAILED OPTION - Measure 4A - The proportion of people who use services who feel safe. *(Taken from the annual statutory ASC Survey)*

Year	National Rank	IMD Rank	Outcome	National Average	IMD Average
2019-20	126	16	65	70.2	69.6
2018-19	117	15	66.6	70	69.3
2017-18	140	20	63.6	69.9	69.9



	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	NOTTINGHAM	Nottinghamshire	Rutland
17-18	68.1	68.1	66.1	64.8	71.3	69.6	63.6	65.5	73.6
18-19	64.9	74.3	67.3	65.4	72.1	72.1	66.6	69.9	71.1
19-20	68.8	70.7	68.4	63.4	71.9	73.2	65	66.9	66.5



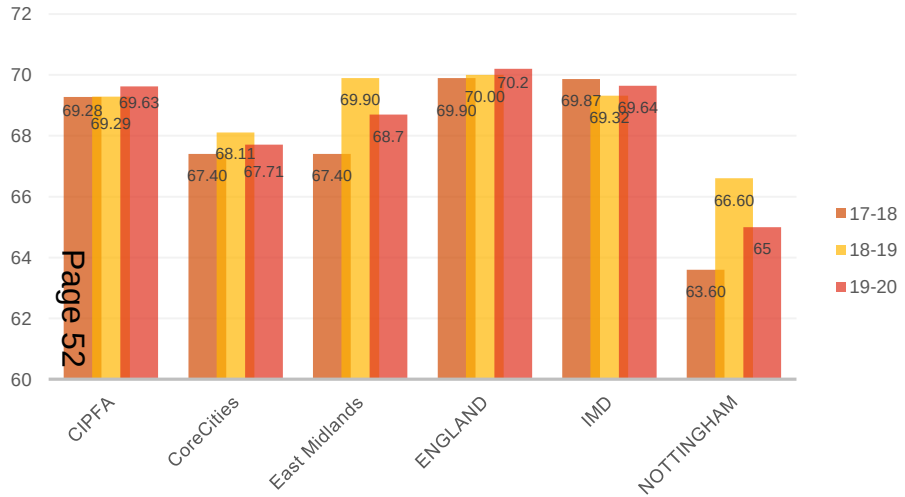
	Birmingham	Bristol	Leeds	Liverpool	Manchester	Newcastle upon Tyne	NOTTINGHAM	Sheffield
17-18	70.9	65.7	72.7	69.3	64.5	72.9	63.6	59.6
18-19	64.6	68.2	73	71.4	61.5	72	66.6	67.6
19-20	69.3	67.4	69.4	71.5	67.8	67.8	65	63.5

CASSR	17-18 CIPFA Rank	17-18 Outcome	18-19 CIPFA Rank	18-19 Outcome	19-20 CIPFA Rank	19-20 Outcome
Bristol	13	65.7	10	68.2	12	67.4
Coventry	5	71.7	8	69.7	2	76.7
Derby	10	68.1	14	64.9	8	68.8
Gateshead	1	79.2	1	76.8	1	77.7
Kingston upon Hull	7	70.4	6	70.2	6	71.7
Leicester	12	66.1	12	67.3	9	68.4
Liverpool	8	69.3	5	71.4	7	71.5
Manchester	14	64.5	16	61.5	10	67.8
Middlesbrough	3	74.4	2	75.9	4	73
Newcastle upon Tyne	4	72.9	4	72	10	67.8
NOTTINGHAM	**15**	**63.6**	**13**	**66.6**	**14**	**65**
Peterborough	9	68.4	7	70	5	72.9
Salford	10	68.1	15	63.9	16	59.6
Sheffield	16	59.6	11	67.6	15	63.5
Southampton	6	71.4	9	68.3	13	67
Wolverhampton	2	75	3	74.3	3	75.2
CIPFA Average	**69.3**		**69.3**		**69.6**	

Commentary

- Measure 4A is taken from the annual Adult Social Care Survey (ASCS), specifically from question 7a which asks “Which of the following statements best describes how safe you feel?” The figure is calculated as the percentage of people responding that “I feel as safe as I want.”
- ***THERE WAS NO SURVEY IN 2020/21 DUE TO COVID***
- Regionally, Nottingham City saw the second lowest proportion of survey respondents to feel as ‘safe as they want’, this was one place above Leicestershire.
- Nottingham City saw the second lowest proportion, and 7th ranked position, in comparison to the Core Cities in 2019/20, falling one place behind Sheffield, with a negligible difference of 1.5 percentage points.

OVERVIEW OPTION - Measure 4A - The proportion of people who use services who feel safe. *(Taken from the annual statutory ASC Survey)*



Comparator Group	Nottingham City Rank			2019/20 Change
	2017/18	2018/19	2019/20	
CIPFA	15 of 16	13 of 16	14 of 16	↑
Core Cities	7 of 8	6 of 8	7 of 8	↑
East Midlands Region	9 of 9	7 of 9	8 of 9	↑
IMD 20 Most Deprived	20 of 20	15 of 20	16 of 20	↑
Nationally	140 of 148	117 of 148	126 of 148	↑

Commentary

- Measure 4A is taken from the annual Adult Social Care Survey (ASCS), specifically from question 7a which asks “Which of the following statements best describes how safe you feel?” The figure is calculated as the percentage of people responding that “I feel as safe as I want.”
- ***THERE WAS NO SURVEY IN 2020/21 DUE TO COVID***
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- Nottingham City saw the second lowest proportion, and 7th ranked position, in comparison to the Core Cities in 2019/20, falling one place behind Sheffield, with a negligible difference of 1.5 percentage points.

Actions/Plans

ASCOF Measures –2021/22* Outcomes over 2020/21

* 2021/22 outcomes have been calculated directly from the source and cannot be ranked against other Local Authorities until publication in October 2022.

Measure	Source	Description	2020/21 Outcome	2021-22 Outcome	Change	DOT
1A	Users Survey	Social care-related quality of life	18.7	18.6	-0.1	↓
1B	Users Survey	Proportion of people who use services who have control over their daily life	73.7	76.6	+2.9	↑
1C(1A)	SALT	The proportion of people who use services who receive self-directed support	100	100	0	↔
1C(1B)	SALT	The proportion of carers who receive self-directed support	100	100	0	↔
1C(2A)	SALT	The proportion of people who use services who receive direct payments	32.9	31.5	-1.4	↓
1C(2B)	SALT	The proportion of carers who receive direct payments	100	100	0	↔
1D	Carers Survey	Carer-reported quality of life	7.3	6.9	-0.4	↓
1E	SALT	Proportion of adults with learning disabilities in paid employment	1.2	1.2	0	↔
1F	Mental Health	Proportion of adults in contact with secondary mental health services in paid employment	5			
1G	SALT	Proportion of adults with learning disabilities who live in their own home or with their family	74.1	73.7	-0.4	↓
1H	Mental Health	Proportion of adults in contact with secondary mental health services who live independently, with or without support	44			
1I(1)	Users Survey	Proportion of people who use services who reported that they had as much social contact as they would like.	41.5	41	-0.5	↓
1I(2)	Carers Survey	The proportion of carers who reported that they had as much social contact as they would like	32.5	29.3	-3.2	↓
1J	Users Survey	Adjusted Social care-related quality of life – impact of Adult Social Care services	0.383	0.392	+0.01	↑
2A(1)	SALT	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	28	33.2	+5.2	↑
2A(2)	SALT	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	984	1027.5	+43.5	↑
2B(1)	SALT	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	85	68.3	-16.7	↓
2C(1)	NHS DToC	Delayed transfers of care from hospital, per 100,000	11.5			
2C(2)	NHS DToC	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	1.3			
2C(3)	NHS DToC	Delayed transfers of care from hospital that are jointly attributable to NHS and Social Care, per 100,000 population	0.7			
2D	SALT	The outcome of short-term services: sequel to service	45.3	50.7	+5.4	↑
3A	Users Survey	Overall satisfaction of people who use services with their care and support	62.9	66	+3.1	↑
3B	Carers Survey	Overall satisfaction of carers with social services	41.5	38	-3.5	↓
3C	Carers Survey	Proportion of carers who report that they have been included or consulted in discussion about the person they care for	71.4	58.8	-12.6	↓
3D(1)	Users Survey	The proportion of people who use services who find it easy to find information about support	70.7	67	-3.7	↓
3D(2)	Carers Survey	The proportion of carers who find it easy to find information about support	56.8	53.1	-3.7	↓
4A	Users Survey	Proportion of people who use services who feel safe	65	65.5	+0.5	↑
4B	Users Survey	Proportion of people who use services who say that those services have made them feel safe and secure	90.3	90	-0.3	↓

Questions

Presentationally, what options would committee prefer to see?

Do we want to take a detailed report on ASCOF measures to scrutiny committee annually; do we take only key measures, or an overview report? **Recommendation** is for a full one page summary plus a focus on those measures that are key to the Transformation programme.

Any other views, options, questions, suggestions?

Health and Adult Social Care Scrutiny Committee
14 April 2022

Proposed changes to acute stroke services

Report of the Head of Legal and Governance

1 Purpose

1.1 To consider a proposal to make changes that were made temporarily to the configuration of acute stroke services provided by Nottingham University Hospitals NHS Trust permanent.

2 Action required

2.1 The Committee is asked to consider the proposal to make changes that were made temporarily to acute stroke services provided by Nottingham University Hospitals NHS Trust permanent (which is a substantial variation of service); and

a) decide
   i. whether, as a statutory body, the Committee has been properly consulted within the consultation process;
   ii. whether, in developing the proposals for change, 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

and

b) agree any comments and/or recommendations that it wishes to make regarding the proposals.

3 Background information

3.1 Nottingham and Nottinghamshire Integrated Care Board (in its previous iteration as Nottingham and Nottinghamshire Clinical Commissioning Group) has previously spoken to the Committee about changes that were made temporarily to the configuration of acute stroke services provided by Nottingham University Hospitals as part of the response to the Covid pandemic. The Committee was informed of this in July 2020, and the matter was discussed at the Committee's meeting in September 2020. 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 as proposals were likely to constitute a substantial variation of service.

3.2 In September 2021 the CCG presented a paper to the Committee setting out details of the permanent changes proposed, and its intention to carry out engagement with service users, clinicians and associated health and care services on the proposals. While the Committee did not have any concerns about the proposals at that time, as the changes would be a substantial variation of service, it requested that the CCG present the outcomes of engagement activity, and any changes made in response to those outcomes, to the Committee to enable it to consider the extent to which proposals reflect the public interest and whether the final proposals are in the interest of local health services.

3.3 The ICB has submitted a written paper to the Committee outlining details of the changes, assessed impact of the changes, engagement that was carried out in relation the proposals and the outcomes of that engagement. It concludes that the relocation of services has maximised the opportunity to provide timely assessment and treatment to patients, patient experience has been positive and there is support from patients and public to co-locate emergency care services on one site. This paper is attached. In agreement with the Chair, this is a written paper only for the Committee's consideration and no one from the ICB will be attending. Outcomes of this meeting, including any questions or issues arising from the report, will be directed to the ICB following the meeting for response.

4 List of attached information

4.1 Update on temporary move of NUH Acute Stroke Service from the City Hospital Campus to the QMC Campus during Covid-19 pandemic from Nottingham and Nottinghamshire Integrated Care Board (September 2022)

4.2 Reconfiguration of NUH Stroke Services: Citizen Intelligence and Insight Report from Nottingham and Nottinghamshire Integrated Care Board (September 2022)

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 the Health and Adult Social Care Scrutiny Committee on 17 September 2020 and minutes of that meeting

6.2 ‘Reconfiguration of acute stroke services’ report to the Health and Adult Social Care Scrutiny Committee on 16 September 2021 and minutes of that meeting

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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NHS
Nottingham and Nottinghamshire
Integrated Care Board

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

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

September 2022

1 Purpose of the report

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

2 Background

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

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

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

3 Clinical Effectiveness and Quality Impact

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

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

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

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

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

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

4 Impact on clinical services

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

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

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

5 Impact on community providers

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

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

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

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

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

6 Patient and public engagement

6.1 Tomorrows NUH

Phase 1 pre-consultation engagement

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

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

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

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

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

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

Healthwatch gained the views of 150 people.

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

Phase 2 pre-consultation engagement

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

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

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

"Smoother patient pathways into A&E."

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

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

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

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

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

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

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

6.2 Patient case studies

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

6.3 Patient and carer feedback

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

86 patients and carers responded.

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

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

7 Conclusions and recommendations

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

It is recommended that the Nottingham Health and Adult Social Care Scrutiny Committee:

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

- Endorse that this move is made permanent.

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

1 Executive summary

1.1 Background

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

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

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

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

1.2 Methods

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

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

1.3 Key findings

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

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

2 Background

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

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

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

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

3 Methods

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

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

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

4 Findings

4.1 Clinical effectiveness and quality impact

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

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

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

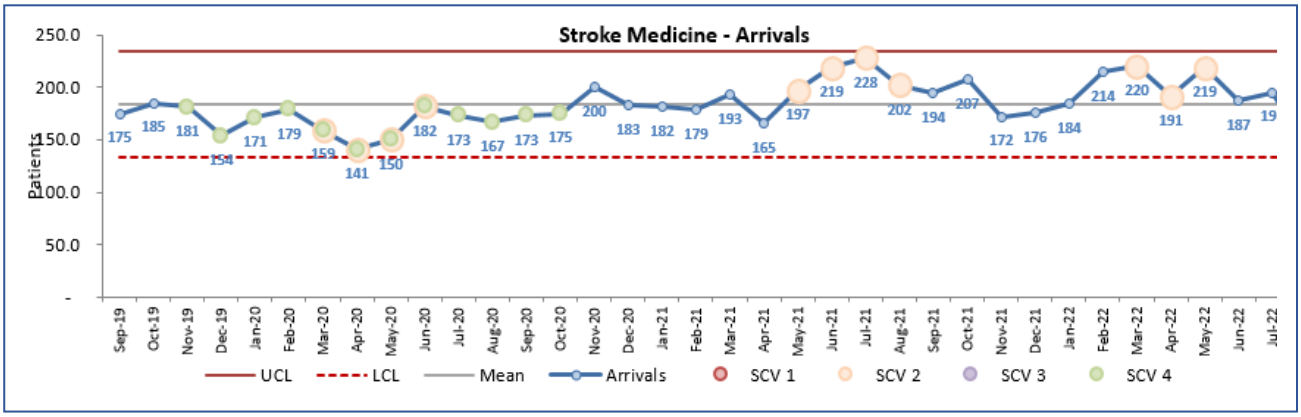


Figure 1 Stroke medicine arrivals at QMC (Sept 2019 - July 2022)

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

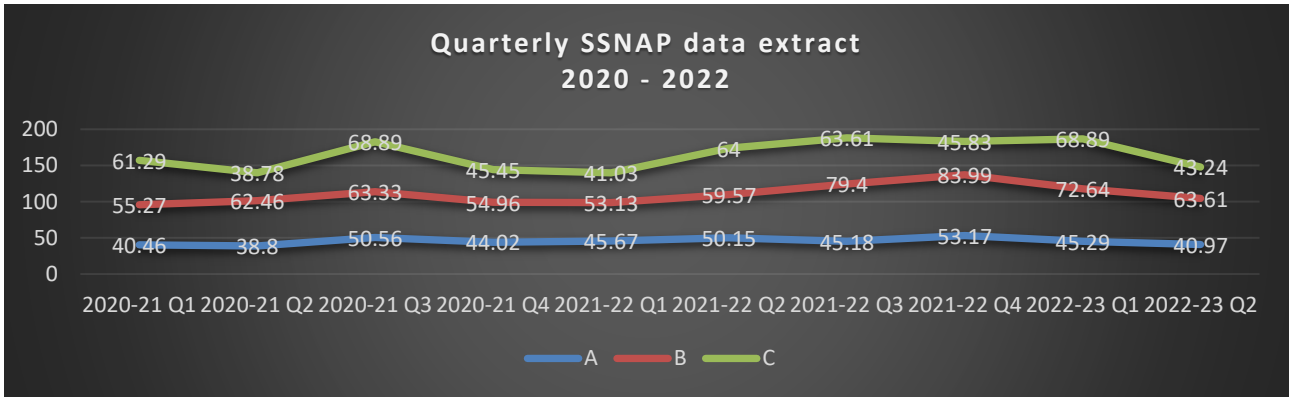
(1) The data collection system at NUH has historically been non-electronic. The national data set that has to be submitted contains answers to over 400 questions, making it ill-suited to a manual process. During 2021, a quality improvement programme which aims at replacing manual processes with electronic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

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

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

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

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



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

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

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

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

4.2 Impact on clinical services

4.2.1 Impact on other NUH services

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

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

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

4.2.2 Activity impact on Sherwood Forest Hospitals Trust (SFHT)

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

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

4.2.3 Impact on community providers

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

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

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

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

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

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

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

4.3 Impact on travel time

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

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

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

4.4 Patient and public engagement

4.4.1 Tomorrows NUH

Phase 1 pre-consultation engagement

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

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

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

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

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

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

They gained the views of 150 people.

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

Phase 2 pre-consultation engagement

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

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

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

"Smoother patient pathways into A&E."

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

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

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

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

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

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

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

4.4.2 Patient case studies

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

Case Study: Mr K

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

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

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

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

Case study: Mr B

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

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

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

Case study: Mrs J

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

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

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

4.4.3 Patient and carer feedback

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

86 patients and carers responded of which:

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

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

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

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Health and Adult Social Care Scrutiny Committee
13 October 2022

Proposed changes to Neonatal Services

Report of the Head of Legal and Governance

1 Purpose

1.1 To consider proposed changes to neonatal services provided by Nottingham University Hospitals NHS Trust.

2 Action required

2.1 The Committee is asked to decide whether it wishes to make any comments and/or recommendations regarding the proposed changes to neonatal services in the City.

3 Background information

3.1 Nottingham and Nottinghamshire Integrated Care Board (in its previous iteration as Nottingham and Nottinghamshire Clinical Commissioning Group) spoke to the Committee on 11 November 2021 about proposals for changes to neonatal services provided by Nottingham University Hospitals NHS Trust, which the CCG considered would have significant benefits for affected families. The CCG considered that the development represented an adjustment to a clinical pathway rather than a major redesign of services and therefore it did not constitute a substantial variation or development of service. Based on the information available to it, the Committee did not disagree with this and did not raise any concerns about the changes at that time, but requested that findings from the targeted engagement be reported back.

3.2 The ICB has submitted a written paper to the Committee outlining the targeted engagement that has taken place in relation to maternity and neonatal redesign and also advising the Committee of changes to the programme's approach and scope since it was considered by the Committee in November 2021. In agreement with the Chair, this is a written paper only for the Committee's consideration and no one from the ICB will be attending. Outcomes of this meeting, including any questions or issues arising from the report, will be directed to the ICB following the meeting for response.

4 List of attached information

4.1 Update from Nottingham and Nottinghamshire Integrated Care Board on expansion of neonatal capacity at Nottingham University Hospitals NHS Trust

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 Report to, and minutes of the meeting of the Health and Adult Social Care Scrutiny Committee held on 11 November 2021

7 Wards affected

7.1 All

8 Contact information

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

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

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

September 2022

1 Purpose of the report

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

2 Background

An initial briefing was provided to the Committee in November 2021 on the planned expansion of neonatal capacity at Nottingham University Hospitals (NUH) through the MNR programme (see appendix 1). The MNR proposes an expansion of the Neonatal capacity at the Queen's Medical Campus (QMC), taking the number of cots from 17 to 38 as set out below. The number of intensive care and high dependency cots at the City Hospital would be reduced, and it would be redesignated as a Local Neonatal Unit (LNU). This would reduce transfers between sites for specialised imaging, surgical care or other sub-specialty input.

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

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

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

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

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

The clinical case shows beyond doubt that prolonging the current situation until such time as the larger scheme is delivered, is not a realistic option, given the potential poorer outcomes for babies in the network resulting from insufficient Neonatal capacity in Nottingham, combined with the issues related to the resulting patient experience for families.
The programme represents a major quality improvement for a small number of pre-term babies and their families. The benefits to these families are significant, but numerically this development represents an adjustment to clinical pathways rather than major service redesign. The Committee was asked at the time of the initial briefing in November 2021 to approve a targeted engagement approach, rather than public consultation needing to be undertaken. The Committee supported the targeted engagement approach, and requested that the findings from that engagement be reported back.

3 Programme Update

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

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

Significant work has been carried out at NUH to develop an alternative and clinically safe plan to temporarily move the Neonatal service to a different location at the QMC while the expansion work is carried out.

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

4 Programme change of scope

The original MNR plans also included redevelopment of the two obstetric theatres (which are adjacent to the Neonatal unit at QMC), since only one of which is currently full size. This improvement work would take both theatres out of use for a period of nine months, requiring alternative theatre space to be made available.

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

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

5 Summary of targeted engagement

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

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

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

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

A significant number of comments received during the engagement concerned staffing numbers, and the need to ensure the extended facility could be appropriately staffed with the right levels of experience and expertise in both maternity and neonatal services. As noted above, a detailed workforce plan is being put together as part of the MNR. It sets out a phased approach to recruitment and training to ensure all staff are familiar with the new operational environment and the changes to clinical pathways.

As outlined in section 3 above, more in-depth planning for the programme showed that the original phased approach to construction would not be possible, and a complete move of the Neonatal service at QMC would be required on a temporary basis while the work was carried out. The relocation of the service will impact other areas, particularly Paediatric Surgery, as the service will need to be moved into the Paediatric Surgical Unit. Some of the feedback from staff during the engagement requested that an alternative home be found for the service during this period.

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

The full engagement report is attached in appendix 2

6 Recommendations

That the Health and Adult Social Care Scrutiny Committee:

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

Appendix 1 – Previous Paper (November 2021)

Nottingham City Council Scrutiny Committee

1. Overview and Summary of Proposal

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

Current Neonatal Configuration in Nottingham

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

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

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

Total Additional Neonatal Cots required

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

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

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

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

2. National Context

National Neonatal Critical Care Transformation Review

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

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

Mortality

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

Neonatal Care Capacity

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

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

Neonatal Unit Designation:

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

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

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

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

There are four key drivers for change for this proposal:

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

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

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

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

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

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

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

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

Patient/Family Experience

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

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

4. Conclusions

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

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

The proposed targeted engagement approach comprises three main strands:

1. Review of existing patient experience data. Working with NUH and the CCG Quality team,

available patient experience data covering the period of April 2019 to date will be collated and analysed, with a focus on understanding both positive and negative experiences of individuals who have accessed Neonatal services at both QMC and City. Existing research/engagement publications in this area will also be scoped and reviewed to provide a broad evidence base for change.

2. Engagement with patients. This will be focused on previous/current service use, the proposed change and asking for feedback. Methods will include an online survey and/or paper survey, which will include questions about previous/current use of the service, what went well, and what could be improved. There will also be the opportunity to take part in focus groups and workshops to allow patients to provide detailed information about their experiences. Working in partnership with NUH, the Nottingham and Nottinghamshire Maternity Voices Partnership, the CCG's Patient and Public Engagement Committee, Healthwatch Nottingham and Nottinghamshire and other relevant community groups (including organisations such as Zephyr's) will ensure that the voices of those who may be disproportionately impacted are heard, and that the engagement exercise reaches the right people.
3. Ongoing patient and public assurance. The survey, its responses and a "You Said, We Did" summary will be published on the CCG website and disseminated through partners engagement channels.

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

To this end, the CCG wishes to consult with the Health Scrutiny Committee on this proposal, and in parallel, approval is requested from the Health Scrutiny Committee to proceed with a targeted engagement approach (rather than public consultation), the findings of which will be reported back as required. The consideration of the decision to proceed with this work is imminent and therefore a formal response to this request is required before 25 November 2021.

Lucy Dadge
Chief Commissioning Officer
NHS Nottingham and Nottinghamshire CCG

Appendix 2

Maternity and Neonatal Redesign Engagement Report July 2022

NHS Nottingham and Nottinghamshire Integrated Care Board

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7 Executive Summary

Background

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

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

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

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

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

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

Methods

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

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

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

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

Findings

What did members of the public say?

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

What did members of staff say?

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

Conclusion and recommendations

Conclusions:

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

Recommendations:

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

Background

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

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

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

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

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

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

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

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

8 Aim and Objectives

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

This can be broken down into the following objectives:

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

9 Engagement Methods

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

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

Engagement was undertaken as follows:

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

10 Findings

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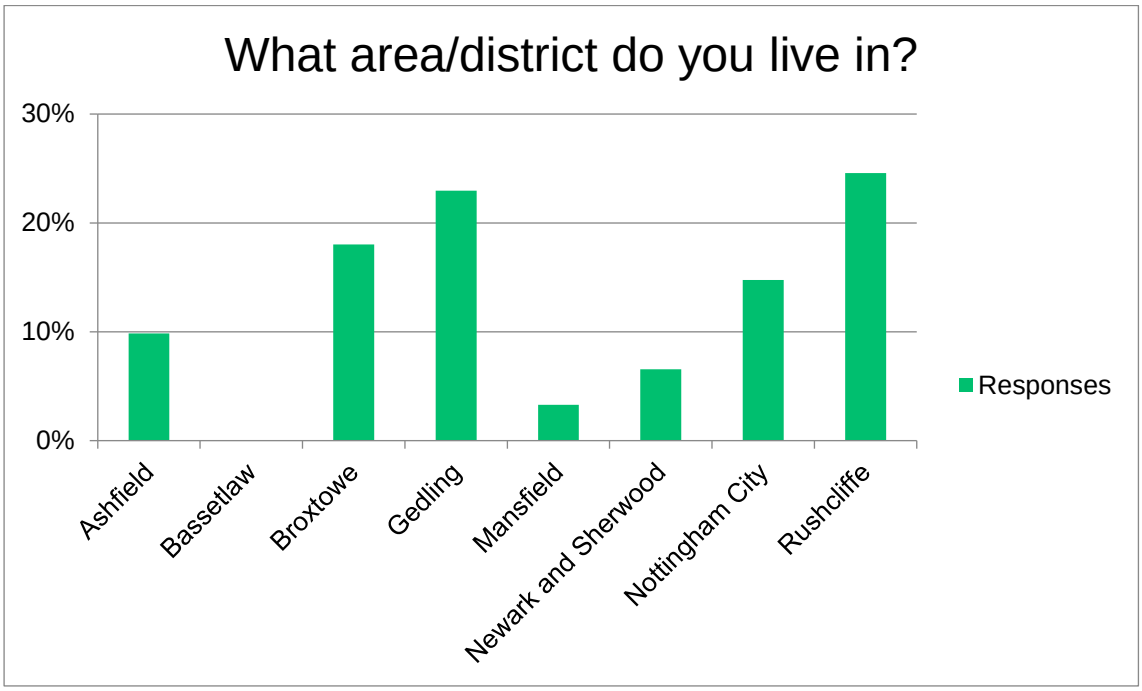
A total of 138 respondents completed the public survey, with the majority of these being of White ethnicity 68 people (92%). Members of the public who completed the survey were supportive of the planned redesign of the neonatal facilities, with 65 people (80%) supporting the proposals, and only 1 person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

11.1 Survey Demographics

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

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



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

Responses from members of the public

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

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

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

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

Benefits

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

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

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

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

Concerns and Improvements

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

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

Responses from members of staff

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12 Feedback from Community and Representative Groups

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

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

Acknowledgements

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

13 Appendices – Survey Questions

14 Staff Survey

What is this survey all about?

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

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

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

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

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

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

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

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

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

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

1. Are you completing this survey as:

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

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

3. Where are you usually based?

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

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

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

Please add any additional comments

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

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

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

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

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

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

Equality and Diversity Questions

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

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

11. What is your gender?

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

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

- Yes
- No
- Prefer not to say

13. Which age band do you fall into?

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

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

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

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

No known impairment

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

Blind or have a visual impairment if uncorrected by glasses

Deaf or have a hearing impairment

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

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

- Yes
- No
- Prefer not to say

17. What district do you live in?

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

18. Are you currently pregnant or receiving maternity Care?

- Yes
- No

Patient/Public/Family Survey

What is this survey all about?

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

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

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

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

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

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

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

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

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

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

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

- Yes
- No
- Prefer not to say

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

- Very Positive

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

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

- Yes
- No
- Prefer not to say

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

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

Please add any comments in the box below

6. During your care, were you or your baby transferred from Nottingham to an alternative hospital?

- Yes
- No
- If yes, please expand on your answer (eg were you transferred because of the lack of cots available)

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

- Strongly support
- Slightly support
- Neither support or not Slightly
- oppose

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

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

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

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

Equality and Diversity Questions

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

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- Other ethnic background
- White
- White – Irish
- Prefer not to say
-

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

No known impairment

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

A mental health difficulty such as depression schizophrenia or anxiety disorder

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

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

Blind or have a visual impairment if uncorrected by glasses

Deaf or have a hearing impairment

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Health and Adult Social Care Scrutiny Committee
13 October 2022

Work Programme

Report of the Head of Legal and Governance

1. Purpose

1.1 To consider the Committee's work programme for 2022/23 based on areas of work identified by the Committee at previous committee 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 municipal year 2022/23 and make amendments to this programme as appropriate.

3. Background information

3.1 The purpose of the Health and Adult Social 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, and expect a response within 28 days (they are not required to accept or implement recommendations);

[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.

- 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 2022/23 is attached at Appendix 1.

4. List of attached information

4.1 Health and Adult Social Care Scrutiny Committee Work Programme 2022/23

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

8.1 Jane Garrard, Senior Governance Officer
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

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Health and Adult Social Care Scrutiny Committee 2022/23 Work Programme

Date	Items
12 May 2022	• **Nottingham University Hospitals NHS Trust Maternity Services** To review progress in improvements to maternity services. • **'Tomorrow's NUH'** To consider the findings of pre-consultation engagement. • **Work Programme 2022/23**
23 June 2022	• **Adult Social Care Transformation Programme** To consider an overview of the programme and review progress of the first six projects • **Services for individuals with co-existing mental health conditions and addictions** Progress since most recent Prevention of Future Death Notices to seek assurance that what is needed is in place • **Quality Account comments** To note the comments submitted to Quality Accounts 2021/22 • **Work Programme 2022/23**
14 July 2022	• **Integrated Care System Equalities Approach** To review Equalities Approach of the ICS • **Neurology Services** To consider access to neurology services provided by Nottingham University Hospitals Trust • **Changes to Colorectal and Hepatobiliary Services** To review proposals to transfer colorectal and hepatobiliary service to City Campus • **Work Programme 2022/23**

Date	Items
15 September 2022	• **Step 4 Psychological Therapies** To review progress in reducing waiting times for assessment and treatment for Step 4 Psychological Therapies • **Maternity Services** To look at how the local system and region is doing to address the issues with maternity services provided by Nottingham University Hospitals. • **Work Programme 2022/23**
13 October 2022	• **Adult Eating Disorder Service** To hear about how the Service has developed to improve accessibility and reduce waiting times for treatment • **Integrated Care Strategy and Integrated Care Board Forward Plan** To consider engagement and consultation on development of the Integrated Care Strategy and Integrated Care Board's Forward Plan. • **Adult Social Care Winter Planning** To consider planning and mitigation of risks associated with delivery of adult social care services, particularly homecare, during winter 2022/23. • **Changes to Neonatal Services** To consider proposals for changes to neonatal services • **Reconfiguration of Acute Stroke Services** To consider to make reconfiguration of acute stroke services permanent • **Work Programme 2022/23**
17 November 2022	• **Access to NHS and Community Dental Services** • **GP Strategy** • **Work Programme 2022/23**

Date	Items
15 December 2022	• **Nottingham University Hospitals NHS Trust – Well Led** To review progress in addressing issues raised in the CQC inspection of Well Led. • **Nottingham City Safeguarding Adults Board Annual Report 2021/22** (tbc – dependent on when report is published) • **Medium Term Financial Plan** • **Tomorrow's NUH** (tbc – depending on progress) To receive an update on the latest position with the development of the proposals Written paper only • **Work Programme 2022/23**
12 January 2023	• **Platform One** To review impact of change, including impact on Emergency Department attendance • **Work Programme 2022/23**
16 February 2023	• **Work Programme 2022/23**
16 March 2023	• **Work Programme 2021/22**

To be scheduled:

- Tomorrow's NUH – Proposals for Family Care and Outpatients findings of public consultation and final proposals.
- Improving immunisation rates. Potential areas of focus: lessons learnt from Covid vaccination programme: accessibility of consent for school-age vaccination: effectiveness of new City and County Health Protection Board in providing assurance rates
- Support for people with co-existing substance misuse and mental health issues
- Adult Social Care Workforce and Organisational Development Strategy
- ICS Equalities Plan
- Trans healthcare/ Gender Identity Clinics

2023/24

- Implementation of Mental Health Transformation in the City (year 3 of programmes)