

## An update from Nottingham University Hospitals NHS Trust

November 2021

In my first update to you as Acting Chief Executive, I wanted to share the four priorities I have set for the Trust over the next few months.

The NHS faces a period of unprecedented pressure with the ongoing pandemic, high levels of emergency patients and the growing number of patients who are waiting for diagnostic or elective treatments. We are no exception to this, hence the need to make sure we have clarity on where our focus should lie. The areas we will be concentrating our efforts on:

1. **Delivering a safe, caring and productive winter** - We have seen unprecedented levels of emergency patients for this time of the year [emergency attendances: 126,965 April - October 2021/22 compared to 94,596 April - October 2020/21 / emergency admissions: 34,499 April – October 2021/22 compared to 29,249 April – October 2020/21], and with the ongoing pandemic and the winter months ahead, we will need to be creative in how we manage our capacity and workforce to deliver the very best we can for our patients. I am conscious that high volumes of emergency patients can not only stretch our teams ability to deliver care to the standard that we all want, but also compromise the capacity we have available for patients awaiting diagnosis and care on our urgent and elective pathways. I am also well aware of the impact it is having on staff, physically and emotionally.

We are having constructive discussions with our partners within the NHS, in social care and other sectors to determine how we can combine our efforts to deliver the most we can for our patients over winter.

2. **Workforce** - In our conversations with clinical and supporting teams, the issue of greatest concern being raised is about having sufficient workforce numbers available to allow us to do our jobs to the best of our ability. I want to have a real focus on recruitment, retention and absence so that we can maximise the workforce available to us over the next few months as we know the pressures on our services are going to be high.
3. **Responding to our regulators concerns** - We have to respond to concerns raised by regulators, particularly the CQC reports on maternity and leadership. We wish to see all of our services and our leadership attracting the highest levels of ratings from our regulators, and to achieve this we must correct the shortfalls they have pointed out in their most recent reports.
4. **National capital investments** - We are in the fortunate position to have three capital projects that are progressing through the regional or national planning and approval processes (maternity and neonatal expansion, the national rehabilitation centre, and Tomorrow's NUH). All of these projects will improve the services that we can offer to patients, and provide a much improved working environment for our staff; I am keen that we do not delay their progress.

### **Delivering a safe, caring and productive winter**

Throughout the summer our hospital services have been operating under the kind of sustained pressure that we would normally only see in the most difficult winter periods. We face a combination of managing Covid patients, an increase the numbers of people accessing emergency care, and managing the backlogs of planned patients created during the pandemic. This means that we have to make very difficult clinical decisions on a daily basis to prioritise patients into limited capacity.

For the Committee's information, at the end of the report is a table that shows patient activity in 2021/22 compared to 2020/21. The current numbers of Covid positive inpatients (as at Monday 1 November 2021 we had 96 Covid positive patients, 15 of those on Critical Care).

We continue to work together with our system partners in health and social care to speed up the discharge of medically safe patients (patients who require support to leave hospital, such as a social care package or a community bed). On an average day we have between three and five wards full of patients who no longer need hospital care and are waiting a discharge; this means these beds are then not available for emergency, cancer or elective patients. Whilst our target is to have no more than 37 inpatients waiting for discharge; we currently have 222 patients awaiting discharge (data correct on 3 November).

The system discharge cell has, and continues to agree schemes to reduce the volume of medically safe patients' delayed in hospital waiting for discharge. These schemes include: additional community beds; support from the British Red Cross; Sciensus support for patients requiring healthcare at home; and increased fast track capacity via Tuvida. We are working with our partners to ensure that patients leave the hospital as soon as they are declared medically fit to do so in order that our hospital capacity is available to treat as many patients as we can.

Recent work with system partners, following a summit to focus on our approach to winter, agreed four work streams. They are:

- Front door working group, looking to provide services to patients in their normal setting to avoid emergency admissions to hospital
- Discharge working group, to support the discharge of patients as soon as they are ready to leave the hospitals
- Risks and Triggers working group, to determine the trigger points when escalation actions should be activated, and
- Workforce working group, looking at opportunities across providers to improve the workforce situation.

### **Workforce**

The challenges the NHS has faced over the past two years have led to some staff describing that they are feeling exhausted and some even considering leaving the NHS altogether. This is a national issue, not just one in Nottingham.

We intend to focus on work to retain those staff we have and improve the environment and organisation they work in, including their well-being, whilst also working on promoting Nottingham as place people want to choose to start or continue their careers. Some of that work we will do with partners across the health and system.

Work on this programme is just starting, but we will be happy to share more with the Committee as this work progresses.

### **Responding to our regulators concerns**

As the Committee is aware, we have in the past year had two CQC reports that point to services that need improving. Our current ratings for the organisation stand at:

In October 2020 the CQC downgraded our maternity service and since then we have been working with our partners and regulators to make improvements. We meet with them monthly to update on progress against a set of key measures and metrics.

In September 2021 the CQC published their report following their Well-led inspection which took place during July 2021. Our ratings are now:

After the well-led inspection we were issued with a Section 29a warning notice under the Health and Social Care Act 2008 that requires us to make significant improvement in the following areas:

- Improving the connection between the board and the wider organisation;
- Ensuring that there is collective leadership at board level;
- Ensuring that measurable action is taken to address bullying and that all staff, including those with particular protected characteristics under the Equality Act, are treated equitably;
- Ensuring that there are effective structures, processes and systems of accountability in place to support the delivery of our organisational strategy;
- Ensuring that all levels of governance and management function effectively and interact with each other appropriately;
- Ensuring that when things go wrong we investigate and learn lessons (safety and safeguarding incidents and events);
- Ensuring that there are robust arrangements for identifying, recording and managing risks, issues and mitigating actions;

- Ensuring that there are comprehensive assurance systems, and performance issues are escalated appropriately through clear structures and processes.

The CQC return on 28 January 2022 to ensure that we have made progress on the areas outlined above to give them enough confidence to remove the warning notice.

Below is an update on progress for the areas of well-led and maternity:

**Well-led:** Since the publication of the report the Trust executive team have been doing a number of things. We have been meeting with staff to talk through the detail of the report. This has been either through large staff sessions or members of the Executive Team attending team meetings. We have apologised for the effect this may have had on you and our organisation, and for any impact on our patients and community, including loss of confidence in our services. By far the strongest reactions have been around cultures of bullying, racism and issues with inclusion. We have heard staff concerns and are absolutely determined to tackle these head on. We want to be really clear: bullying, racism and barriers to inclusion will not be tolerated in any form. We want every member of staff to feel safe, secure and happy coming into work - without fear of facing bullying or discrimination - so that we can all work to our greatest potential. Our pledge to our staff is that we will not stop until we put this right.

Working with senior leaders across the trust, we have begun to create a plan for how we want our organisation to be led and how we want to develop leaders, and as part of that we will be engaging staff in co-creating solutions to the challenges we are facing.

The Board and Executive Team continue to be visible, visiting areas across our sites and attending meetings we have been invited to, along with meeting with individual staff who want to raise their concerns directly to us. Our plan to address the CQC requirements will be presented to our November Trust Board meeting and progress against key milestones reported to future Board meetings.

We aim to develop an open, inclusive and compassionate leadership to create the positive culture our organisation deserves. We are happy to share regular updates with the Committee over the coming months, along with any detailed information the Committee needs for assurance.

**Maternity:** We continue with our maternity improvement programme monitoring improvements in service delivery via a Maternity Dashboard and set of Bellwether indicators that we continue to develop. These are available to the Committee.

We continue to encourage the voices of women and families for learning and improvements in our service and at the September Trust Board a couple shared their poor experience and the service were able to talk about improvements they were making. We have recently received and welcomed a report from the Maternity Voices Partnership about the experiences of women who used maternity services in Nottingham and Nottinghamshire during the COVID-19 pandemic and how the COVID-19 pandemic and associated restrictions in maternity care impacted on pregnancy, birth and the postnatal period. A number of actions to improve the experience of women, birthing people and their families have been planned as a result.

As a service we continue to have ongoing challenges with staffing shortages and this was recognised by the Clinical Commissioning Group in their Insights visit carried out the week commencing 27<sup>th</sup> October. Our campaign to recruit newly qualified and more experienced midwives continues with 32 midwives joining in September and October and a further 12 arriving before the end of the year.

To support recruitment and retention we have projects in place, including 'Golden Hello's', local inductions and flexible working approaches. We are also taking advantage of a collaborative regional bid to recruit international midwives, with 15 midwives allocated to our maternity service. We have also recruited to key leadership roles within midwifery which will bring much needed stability and resilience once these individuals take up their posts

We continue to support the wellbeing needs of staff with counselling and access to the Nottinghamshire Staff Support Hub, which we widely and regularly promote, along with the Trust's extensive wellbeing offer. During 'International Week of Happiness at Work' in September we ran a 'Kindness Matters' campaign, a key part of our culture change plans.

The CQC report highlighted a number of concerns about digital systems and capability. Over the last few months there has been a number digital improvements which include:

- Maternity Advice Line went public. **Benefit to women:** one single point of contact staffed 24/7 instead of multiple numbers, expert advice always available, call queue so you don't get a busy tone, escalation in place if required (e.g. induction to Labour Suite or ABC)
- Updates and upgrades to our Maternity information system. **Benefit to women:** more consistent care, better record keeping and lower risk of things being missed due to mandatory fields and other quality improvements becoming required.
- Virtual Desktop Interface rolled out in the community. **Benefit to women:** faster connection speeds for midwives making it easier for midwives to document in patient notes giving more quality face to face time with women in their appointments
- More eObs devices in the Trust. **Benefit to women:** Midwives can complete electronic observations faster which increases quality of care, and observations are more available to midwives which means they can better monitor women and respond more quickly to concerns
- NUH Mailboxes have been rolled out in the Community. **Benefit to women:** referrals made from City or Queens are now guaranteed to be picked up on time, where they had been missed before
- **Coming Soon:** New Part 1s which will provide better information to women, MEDWAY PAS in the Community which will improve midwives' ability to provide care and increase appointment efficiency.

Progress on our maternity improvement programme is reported to each Trust Board meeting and is reported monthly to a quality assurance meeting chaired by ICS with regulator and patient representation.

**Independent maternity review:** The Clinical Commissioning Group and NHS England/ Improvement have commissioned an independently-led review. It started on 1 November and will last for a period of 12 months. This review is completely independent of Nottingham University Hospitals, but we will fully support the review and will provide access to records and staff to aid its findings and conclusion.

### **National capital investments**

**Tomorrow's NUH:** We continue to work with the New Hospital Programme on our plans to redevelop our two main hospital sites, QMC and City hospital between 2025 and 2030.

We have further developed the clinical model which will inform our plans, incorporating feedback from the East Midlands Clinical Senate review, as well as from engagement with our teams and stakeholders. The timeline for the submission of the Pre-Consultation Business Case (PCBC) is expected to be confirmed by the CCG Governing Body in November. Public consultation is scheduled for 2022, and will be informed by further pre-engagement with the public and stakeholders. The CCG will bring the proposals for the consultation to the scrutiny committees in due course.

In addition an Outline Business Case for the construction of a multi-storey car park on the QMC site has also now been completed and is going through the appropriate internal approval processes. This is a key enabling scheme needed to release space for the creation of 'development zones' for construction on the site in the future.

**Maternity and neonatal expansion programme:** The Outline Business Case to secure £29.6m capital funding to invest in neonatal and maternity services at the QMC and to cover the costs of necessary enabling works is currently pending approval from regional NHS England and Improvement, as well as support from the local Integrated Care System and advice from the scrutiny committees in relation to how we consult with the public on the proposed change..

This is for redevelopment and significant expansion of the current neonatal space at QMC, resulting in an additional 21 neonatal cots and eight more maternity beds. It would also allow for refurbishment and redevelopment of the two obstetrics theatres to expand the available theatre space. Under these proposals, the neonatal cot number would increase from 17 to 38 (as set out in the separate paper from the Clinical Commissioning Group) thereby addressing current capacity issues and ensuring compliance with the National Neonatal Critical Care Transformation Review (published December 2019).

Assuming all approvals are secured and subject to engagement with relevant citizens and stakeholders, enabling works are proposed to begin in mid-2022, and the intention is for the expansion to be completed by the end of 2023. The expansion programme is in line with the emerging proposals contained in the Tomorrow's NUH programme, of bringing together all women's and children's services together onto one site aligned with emergency care. The urgency of current lack of cot capacity means that we cannot wait for the 2030 timescale of the Tomorrow's NUH programme to undertake this work.

**National Rehabilitation Centre:** Following detailed design, clinical and commercial reviews by NHS England and Improvement and the New Hospital Programme between January - October 2021, the Outline Business Case for the National Rehabilitation Centre is now ready for review by the Joint Investment Committee and then HM Treasury later this year.

The national funding allocation for the programme is £81m, and the residual capital gap of £9m has now been underwritten by the local Integrated Care System, although philanthropic efforts to provide additional capital continue. The National Rehabilitation Centre is therefore now a fully funded scheme.

Work continues on the clinical model and workforce preparation with the first four adverts going live this month for Advanced Care Practitioners to work at the National Rehabilitation Centre. These roles take three years to train and will start in January.

The most significant risk for the programme is now the timeline, as the period for the development of the final business case has now been condensed to six months. However, the necessary clinical and academic work needed to provide content for the final business case is already underway.

Given the significance of the clinical and academic partnership to the National Rehabilitation Centre programme, it is particularly important that the timeline of opening to patients in October 2024 is adhered to so that there is alignment with the universities' academic year.

The New Hospital Programme has formally confirmed P22 as the procurement route for the programme, and the New Hospital Programme will provide overarching governance. The New Hospital Programme will start the tender process for a contractor as soon as approval has been received from Joint Investment Committee. Modern methods of construction have been factored into the build, and this should help to shorten the construction period to 18 months.

## **Conclusion**

We, along with NHS Trust's across the country, face a particularly busy period over the next six months to continue to deliver high quality services to our patient at a time of unprecedented demand. We will do this alongside supporting our staff, making progress on regulatory improvement plans and national investment priorities.

**Rupert Egginton**, Acting Chief Executive, Nottingham University Hospitals NHS Trust  
November 2021

### Hospital Activity 2020/21 compared to 2021/22

	New OP Appts		Follow Up OP Appts		Elective Admissions		Daycases		Admissions from ED		Emergency Operations		Planned Operations		ED Attendances	
	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22
April	10,549	24,620	43,559	63,599	617	1,371	3,907	8,188	3,086	4,858	7,873	12,625	444	1,062	9,183	16,172
May	12,012	24,573	40,579	64,403	687	1,589	4,280	8,707	3,805	5,160	9,283	13,272	517	1,297	12,321	18,308
June	15,966	27,199	52,707	71,888	864	1,813	5,765	9,356	4,155	5,109	10,866	13,120	760	1,374	13,217	18,715
July	17,740	24,623	58,326	68,961	1,109	1,685	6,879	9,231	4,543	5,136	11,817	13,815	883	1,256	15,093	18,533
August	18,379	22,157	52,029	60,680	1,201	1,285	6,993	8,421	4,540	4,741	12,101	12,707	928	1,097	15,231	17,637
September	22,922	25,404	64,264	69,032	1,668	1,478	8,512	8,969	4,634	4,701	12,740	12,450	1,246	1,154	15,160	18,538
October	22,528	22,252	62,591	57,878	1,262	1,322	8,472	8,272	4,486	4,794	12,998	12,598	949	837	14,391	19,062
November	23,368		64,489		1,027		7,818		4,323		12,455		722		13,440	
December	22,207		61,173		1,070		7,877		4,466		12,624		736		13,103	
January	23,423		60,377		959		7,387		4,261		12,494		718		12,021	
February	22,548		59,754		953		7,178		3,959		11,317		713		11,885	
March	27,111		72,558		1,263		8,958		4,744		12,927		947		15,672	

Please note that not all outpatient appointments will be outcomed and recent months' data may be incomplete