

LDS/24/18
Health & Adult Care Scrutiny Committee
24 June 2024

NHS Nightingale Hospital Exeter Visit Health & Adult Care Scrutiny Committee

Report of the Director of Legal and Democratic Services

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

Recommendation

that the Committee be asked to share the learning from the visit to the NHS Nightingale Hospital Exeter and inform the future Scrutiny work programme.

Background

It was agreed that Members would undertake a series of visits to health and care settings across the County as they had prior to the Covid-19 pandemic. The visits aimed to improve Members understanding of the way the model of care in Devon is working operationally and the key issues affecting services from a frontline perspective. On 14 March 2024 Cllr Martin Wrigley, Vice Chair, Health & Adult Care Scrutiny Committee undertook a visit of the NHS Nightingale Hospital Exeter along with Dan Looker, Scrutiny Officer.

The Nightingale Principles:

- 1. We work together with healthcare providers across the South West to deliver excellent care, always putting our patients first and providing a service that is fair, personalised and equitable.*
- 2. We continue to develop top performing centres which encourage continuous improvement, innovation and safety to enhance patient and staff experience*
- 3. Our centre of excellence allows clinicians from across the South West to work together to deliver the best possible health outcomes to local people.*
- 4. We look after our staff, facilitating development, and supporting their health and wellbeing at all times.*
- 5. The Nightingale strives to deliver greater cost savings whilst continually striving to reduce its impact in the environment.*

The NHS Nightingale Hospital Exeter was initially part of the national response to Covid-19; Exeter was the only Nightingale Hospital to admit acutely unwell Covid patients after the initial Covid waves of April 2020, caring for nearly 250 patients between November 2020–February 2021 from 8 acute Trusts across the South West Prior to this the NHS Nightingale Hospital Exeter was testing the boundaries of how elective diagnostic recovery could be supported at an off-site centre away from urgent care pressures. The Hospital provided 1300 non-obstetric ultrasounds scans, 800 echoes, 1200 CT scan as well as 500 Covid vaccine trials and was used as a training facility for hundreds of overseas nurses; proving the concept of a community diagnostic centre whilst remaining in stand-by for its intended Covid use. Clinical governance is provided under the specialty governance at host organisation, to allow for appropriate clinical input. Site governance is provided by a Nightingale site governance forum.

Finance

Funding came from the National Accelerator Recovery Programme and the Community Diagnostic Hub Pilot. This was supplemented to establish a capital budget of £14.44m, with a final outturn of £16.946m,

resulting £2.5m variance to budget. This variance against the budget has been subject to a *Nightingale Hospital Exeter Accelerator Programme – Financial Lessons Learnt Review*.

Running costs (estates and facilities, digital, management, pharmacy); £4.9m. Financial performance to date for 2023/2024; budget is £4m favourable largely due to vacancies, setting budget against income on tariff and block basis both also favourable positions.

South West Ambulatory Orthopaedic Centre (SWAOC)

Annual Budget: £8.4m

Capacity: 40-60 patients per week, 2023/2024 plan was 1,989 procedures.

Challenges

- Utilisation – last 6 months; average 81% of sessions utilised, in list utilisation 92%, this has improved due to expanding beyond hip and knee sub specialities to include; soft tissue knee, hip arthroscopy, spinal and foot and ankle. Despite this, aim is for 95% session utilisation and 100% in list utilisation.
- Workforce – registered theatres workforce. Kit rationalisation and hospital sterilisation and decontamination unit processes.

Successes

- Subspecialty expansions; foot and ankle, hip arthroscopy, soft tissue knee, spinal.
- Relocation of hip and spinal injections to fluoroscopy suite supported by SWAOC.
- Hosted over 250 attendees at open day events and presented at national and international conferences.
- >2500 patients treated.
- Pre-op service established and working very effectively.

Centre of Excellence for Eyes

Annual Budget: £2.8m

Capacity: Diagnostics - maximum 80 patients per day. Daycase - 16 eyes per day. 2023/2024 plan was 27,000 diagnostics, 2,856 cataracts.

Challenges

- Utilisation – last 6 months; average 69% of session utilised, in list utilisation 71%.
- Workforce – turnover of technician posts, registered posts in theatre, consultant vacancies.
- Competition with private sector – for patients and consultant workforce.

Successes

- Efficiency of diagnostic lanes and reduction in backlogs with >1700 cataracts completed.
- Image sharing with Torbay for diagnostic lanes.
- See and treat model.

Devon Diagnostic Centre

Annual Budget: £8.6m

Capacity: 250 CT, 215 MRI, 275 USS, 300 xray – over 1000 patients per week.

Challenges

- Workforce – consultant radiographers, radiologists, ultrasound.
- Fluctuations in demand – reduction in xray referrals, using staffing and capacity flexibly.

Successes

- Image sharing – utilising existing system.
- Model to provide contrast cover with support from SWAOC.

Buttercup

Timescales; due to complete by May 2024.

Main focus is on diagnostic pathways of, cardiology, respiratory, dermatology and sarcoma.

Site Visit

The following staff led the visit of the NHS Nightingale Hospital Exeter

- Steven Clark, Partnerships and Involvement Manager, NHS Devon
- Dr Nigel Acheson, Chief Medical Officer, NHS Devon
- Dr Elizabeth Wilkinson, Consultant Ophthalmologist and Clinical Lead, NHS Devon
- Chris Crow, Divisional Director, NHS Devon
- Nic Mathieu, Lead Nurse for Nightingale, NHS Devon
- Polly Budden, Divisional Business Manager, NHS Devon

During the tour of the Hospital the following was referenced:

- NHS Nightingale Hospital Exeter is the only one of 7 Nightingales nationally to still be open. Other Nightingales were set up in buildings with other purposes, such as exhibition centres. NHS Nightingale Hospital Exeter was set up in an empty warehouse which was then purchased and recommissioned to accelerate the Devon recovery program.
- NHS Nightingale Hospital Exeter is hosted by the Royal Devon University Healthcare NHS Foundation Trust (RDUH) but patients attend from across the County.
- NHS Nightingale Hospital Exeter's comparatively small size is advantageous in terms of innovation and transformation. They can test new models of care leading the way in transformative work both in Devon and nationally. Orthopaedics and ophthalmology have been well supported to do some quite radical work, with the necessary governance arrangements and safeguards in place. The learning from the NHS Nightingale Hospital Exeter has been used by other trusts and applied in other settings.
- One of the key differences of the NHS Nightingale Hospital is that it does not provide urgent care - dealing with entirely elective procedures - therefore they do not have the competing demands of an acute hospital or the same issues around patient flow to manage.
- NHS Nightingale Hospital Exeter does not undertake operations where post-operative high dependency care is required. The quick throughput and off-site nature of services does not suit all patients, so the Hospital does have selection criteria to ensure appropriate care can be provided, for instance patients with significant mobility challenges requiring hoists.
- NHS Nightingale Hospital Exeter admits the type of patients who would typically be stood down from their elective surgeries if it was taking place at an acute hospital.
- Try to standardise the pathway to effectively do less but achieve more. The net result of which has been to shrink waiting lists. While parts of the process have been stripped out, the patient is always put at the centre of that process.
- The need for access and outcomes to medical care to be as equal as possible in Devon.
- Recruitment and retention of staff is an issue across the system, and the NHS Nightingale Hospital Exeter is no exception in terms of the challenges of having to juggle staff.
- Staff have a broader role in patient's pathway than they do at the acute hospitals and this broadening of roles helps in terms of staff retention. The intention is not just to innovate patient pathways at the NHS Nightingale Hospital Exeter but also staffing models.
- NHS Nightingale Hospital Exeter is limited by the scale of the site, as there are just two theatres, but it is this more limited scale that helps to support innovation. It is about change and constant improvement.
- Cllr Wrigley noted during the tour the quiet and calm of the Hospital. Staff advised that they keep patients moving through the wards and removed wait times.
- The frustration that each local NHS area is using a different IT system. The NHS app does not interface with Epic, this is a national issue for which Devon healthcare trusts have adopted various workarounds.
- There were significant wait lists in terms of ophthalmology after Covid-19, therefore NHS Nightingale Hospital Exeter adopted the high volume, low complexity model to address cataracts. Pre-op is on the same day as surgery. The target is for 85% of cataracts in Devon to be done in an NHS setting, of which the Nightingale is one. Currently c. 48% of cataract procedures are undertaken in an NHS setting in Devon with the remaining procedures being commissioned from the independent sector.
- The NHS changed the way it functions to reduce the waiting lists. It has not been achieved through the independent sector. This model has been used in other settings in Devon on other elective activity. The

importance of work at NHS Nightingale Hospital Exeter cannot be overstated and the ripple effect it has had reducing waitlists.

- It is about enabling people to think differently; supporting that and encouraging it. Using evidence-based learning from other sites and countries, assimilating evidence from elsewhere.
- The Glaucoma pilot is a prime example of doing things differently and consequently wait times have gone down from 55 to 8 weeks.
- It is estimated that NHS Nightingale Hospital Exeter has saved NHS Devon £3 million a year from not having to use the independent sector.
- The aim is to continue to release capacity for more complex patients elsewhere in the system by bringing people through the Hospital.

Conclusion

The Committee thanked officers for organising this visit to NHS Nightingale Hospital Exeter. Members also wished to express enormous thanks to staff from the Hospital for their work coming through what has been an extraordinarily challenging time and in particular their efforts to reduce waiting lists for patients.

The Committee should continue to consider further visits in line with the work programme to broaden members understanding on complex topics.

Options / Alternatives

The report is the summary of a Scrutiny Members visit to a health setting. Scrutiny does not make decisions and this report does not propose any alternatives.

Consultations / Representations / Technical Data

As above, there are no specific considerations in regard to consultations, representations and technical data in this report.

Strategic Plan

The alignment of all Scrutiny activity with the Strategic Plan is detailed on the Scrutiny work programme. The issues raised in the report and the benefit of developing member knowledge and the 'critical friend' challenge of Scrutiny contribute to the Council achieving its strategic plan. Improving Member knowledge on key issues contributes to the Council's commitment to being a trust, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

Financial Considerations

There are no specific financial considerations in this report.

Legal Considerations

There are no specific legal considerations in this report.

Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

There are no specific environmental impact considerations in this report.

Equality Considerations

There are no specific equality considerations in this report.

Risk Management Considerations

The activity of Scrutiny Members visits contributes to the mitigations for:

Ineffective Member Scrutiny defined as: 'Due to ineffective scrutiny, the level and quality of service management may drop, leading to financial mismanagement or harm to staff and/or citizens and reputational damage e.g. Grenfell.

Member Effectiveness defined as: 'Inadequate member effectiveness due to a lack of training, support and knowledge leads to a lack of challenge to corporate officers and/or poor decision making, resulting in a negative effect on the County's citizens (poor value for money, poor service delivery, harm, etc).

Electoral Divisions: All

Local Government Act 1972: List of background papers - Nil