NHS
Nottingham and Nottinghamshire
Clinical Commissioning Group

Nottinghamshire Health Infrastructure Plan & Tomorrow's NUH

November 2020

Tomorrow's NUH overview

- September 2019 the Department of Health & Social Care announced a long-term, rolling programme of investment in health infrastructure, which included money to build new hospitals, and help eradicate critical safety issues in NHS estate.
- The **Health Infrastructure Plan (HIP)** is a new hospital building programme to ensure the NHS' hospital estate can provide world-class healthcare services.
- Committed to fund and build 40 new hospitals over the next ten years.
    - Six major projects immediately (HIP1 wave 1)
    - **21 schemes in the second wave** (HIP wave 2); NUH is one of the HIP 2 schemes.

Over the coming months, working with our staff, partners, stakeholders and patients we will design a plan that will:

1. enable us to provide the **right care in the right location**, transform our services and meet the commitments made in our Strategy and Clinical Service Strategy, the NHS Long Term Plan and the vision for the Nottingham and Nottinghamshire Integrated Care System;
2. address **legacy issues** that remain from merging two separate organisations to form NUH, which impacts the ability to deliver modern care because of services split across sites or duplicated, spreading staff and equipment too thinly. It will also support clinical best practice and fulfil the role as a regional centre; and
3. fix the parts of the **ageing estate** that have received little or no investment and do not meet the requirements of services to deliver modern healthcare to the catchment population.

Our Case for Change

The Nottingham and Nottinghamshire population is living longer with an increasing proportion of people living with multi-morbidities. There are significant variations in deprivation levels and health inequalities across the ICS.

- The pressures on our current services are unsustainable and **require a significant transformation** shifting to a more proactive model of care that focuses on the prevention of lifestyle related diseases.
- Clinical sustainability also requires us to review both **how and where we services are delivered**. Access to the latest diagnostics and offer the potential to improve quality of care but this may require more specialised services to be delivered from larger, centralised centres. At the same time, there is a focus on shifting care closer to home, minimising disruption to patient's lives and improving patient experience.

The system has a challenging financial position, with an operational plan in year deficit. Key pressures are growth in activity/demand (health and social care), provider pay costs and non-delivery of saving & efficiency programmes.

There are three areas that are driving this financial gap:

- Underlying recurrent deficit across all organisations , this is due to cost base pressures and under delivery of pathway changes (non-elective and planned care)
- Under delivery of required productivity and efficiency requirements
- Continuing activity and demand pressures

- Over the next five years we must address our underlying deficit, deliver productivity & efficiency requirements and transform the way we deliver care to meet growing demand

Developing the Clinical And Community Services Strategy for the system

The NHS Long Term Plan is clear that to meet the challenges that face the NHS it will increasingly need to be:

- More joined up and coordinated in its care
- More proactive in the services it provides
- More differentiated in its support offer to its individuals.

Explicit within this is the recognition that some of the service changes necessary may not be in the interests of individual organisations but are required to maximise what can be achieved for the individual patient and the whole system.

The **ICS Clinical and Community Services Strategy** provides a long term (five year plus) sustainable overarching vision for our health and care delivery system and provides a strategic direction and framework for which future service development and reconfiguration will be considered against.

Key ambitions of the CCSS are:

- **Embedding prevention and support for self care** throughout all health and care work with patients and citizens in the ICS
- A **greater proportion of planned care to take place in a community setting**, including:
  - 1st and FU outpatient appointments
  - Perioperative care
  - 'Near patient diagnostics'
  - Diagnosing, treating and post-discharge cancer
- Services will increasingly be delivered through **'community hubs'** enabling patients to access specialist, multi-disciplinary care closer to home
- **Designated planned care facilities** to support consistent delivery of planned care irrelevant of emergency pressures

Delivering these ambitions requires a change in NUH's estate and infrastructure portfolio and a review of:

- Further integrated working with system partners to deliver care closer to home – minimising disruption to patients lives
- Considering options for emergency care services to be consolidated on one site
- Considering opportunities to relocate women's and children's services to be consolidated on one site
- A separate planned care facility to protect elective capacity from emergency pressures

We will develop a clinical environment and infrastructure that supports delivery of the best care for patients and a positive working environment for staff

- The NUH hospital infrastructure needs improvement and investment to **meet the needs of patients, staff, and to be able to meet future demands for services** including changes in technology.
- We have aging estate which lacks flexible spaces that can accommodate **different and evolving models of care** and continued growth in demand – this was demonstrated during COVID-19 with a lack of flexible accommodation to respond to the additional infection prevention and control measures required.
- Recommendations of reviews around key transformation priorities support the requirement for a review of the environment and the ability to appropriately co-locate services. e.g. supporting the development of a larger neonatal intensive care unit and sustainable workforce in line with national recommendations within the Neonatal Critical Care Review, ensuring that babies are cared for in the right place at the right time
- **Facilities should be redesigned with patient need in mind** with due consideration to the specific requirements of patient and inclusion groups, for example:
    - all clinic rooms able to fit a wheelchair
    - all areas should be step free and disability friendly (and where appropriate dementia friendly)
    - outpatient areas with toilets and refreshments nearby which are clearly signposted and easily accessible
    - clinical areas that ensure the privacy and dignity of patients and is achieved
- Clinical space should create a **positive working environment for staff** to support them to deliver high quality care and creates a working environment that attracts and retains staff.
- The environment should support the delivery of care within a **clean and safe environment** supporting the implementation of robust cleaning and IPC precautions.

Our Case for Change is that NUH's infrastructure is not configured in a way that enables us to deliver the ICS CCSS and sustainable services. The investment will be guided by clear objectives.

QUALITY
To improve the clinical outcomes of patients receiving care

ANCHOR INSTITUTION
To make wider strategic contributions to the local economy

EXPERIENCE
To improve patient and staff satisfaction

WORKFORCE & SUSTAINABILITY
To address local workforce planning drivers and future-proof a workforce

CLINICAL SAFETY
To meet relevant safety standards to ensure safe and effective care by improving adjacencies

FIT FOR PURPOSE ESTATE
Improve patient experience and outcomes by reducing backlog maintenance and mitigate critical infrastructure risk

INTEGRATION & ALIGNMENT
To provide healthcare facilities to support the integration of care and delivery of the NUH clinical service strategy, Nottinghamshire ICS strategy and national strategies

HEALTH INEQUALITIES
To address health inequalities for those with poor socio-economic status, protected characteristics and vulnerable groups in society

EFFICIENCIES
To enhance patient flow and support the efficient operation of the healthcare system

DIGITAL
To utilise the opportunities offered by digital to enhance the accessibility, timeliness and quality of care

RESEARCH & INNOVATION
To rapidly scale new diagnostics, technology-enabled service delivery and world-leading research

CAPACITY
To provide sufficient system-wide capacity to meet expected demand for acute and specialist services, with further flexibility and expansion potential to future-proof

The Outline Clinical Model is based on six clear clinical design principles

	Principle	Rationale
01	**All care pathways should focus on integrated working with system partners to deliver appropriate out of hospital care including self-care and prevention.**	• Fully integrated working with system partners will enable NUH to redesign patient pathways improving the flexibility and accessibility of holistic services provided. • Supports realisation of the **NHS Long Term Plan**, the **RCP recommendations** and the **ICS Clinical and Community Services Strategy (CCSS)** all of which call for streamlined pathways, closer working with system partners to move care closer to home and a focus on improving the accessibility of services.
02	**All Emergency Secondary Care services should be consolidated on one site where necessary dependencies are available 24/7**	• Consolidation of emergency care services including all medical specialties that have an emergency demand, will improve the quality of service provided to patients. • Supports realisation of the **ICS CCSS** that separating emergency care services from planned care services where possible.
03	**All Women's and Children's acute services should be consolidated and co-located with adult emergency care.**	• Consolidation of all services will provide equitable access to interdependent services that are required to fully support patients and deliver high quality evidence-based care. • Supports realisation of the **ICS CCSS** that recommends the consolidation of gynae, obstetric and neonatal inpatient services on to a single site.
04	**Elective Care inpatient facilities and day case surgery should be delivered separate from Emergency Care in order to protect Elective capacity, maintaining access to critical care.**	• Separation of elective and emergency services will enable NUH to protect elective capacity especially during periods of high pressure on emergency services (e.g. winter). This will help to improve quality and efficiency of elective care incl. reducing hospital cancellations alongside providing sufficient emergency and elective capacity and improving patient flow. • Supports realisation of the **NHS Long Term Plan**, the **RCS recommendations** and the **ICS CCSS** all of which recommend separating elective and emergency services.
05	**Cancer Care acute services should have access to critical care and all associated medical specialties, elective and ambulatory cancer care will follow principles 03 and 04 above.**	• To deliver local, regional and national specialist cancer services, NUH Cancer Care requires access to critical care to support complex cancer surgery, and access to all associated medical specialties e.g. cardiology, respiratory, renal, gastroenterology and infectious diseases. • Supports realisation of the **NHS Long Term Plan** and **NHSE/I Rapid Diagnostics Vision**, that set the ambition for an increase in early diagnosis, the and the **ICS CCSS** that integrated working with system partners to improve quality and accessibility of care and support for cancer patients.
06	**Ambulatory Care pathways (outpatients and day cases) should be redesigned to minimise disruption to patient's lives, providing care in accessible locations whilst maximising the potential of new and emerging technologies.**	• Fully integrated working with system partners, will enable NUH to redesign patient pathways improving the flexibility and accessibility of holistic services provided. • Supports realisation of the **NHS Long Term Plan**, the **RCP recommendations** and the **ICS CCSS** all of which call for streamlined pathways, closer working with system partners to move care closer to home and a focus on improving the accessibility of services.