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NORTH LINCOLNSHIRE COUNCIL

HEALTH SCRUTINY PANEL

28 February 2022

Chairman: Councillor Tim Mitchell

Venue: Conference Room,
Church Square House

Time: 2.00 pm

E-Mail Address:
Dean.gillon@northlincs.gov.uk

AGENDA

1. Substitutions
2. Declarations of disclosable pecuniary interests and personal or personal and prejudicial interests and declarations of whipping arrangements (if any).
3. To take the minutes of the meeting of the panel held on 26 November 2021 as a correct record and authorise the chairman to sign. (Pages 1 - 2)
4. Public speaking request (if any).
5. Nosocomial Covid-19 Infection (Pages 3 - 12)
6. Breast Oncology & Non-Surgical Oncology Services Update (Pages 13 - 18)
7. Work Programme 2021/22
8. Added item (if any).
9. Any other items which the Chairman decides are urgent by reason of special circumstances which must be specified.

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Public Document Pack Agenda Item 3

NORTH LINCOLNSHIRE COUNCIL

HEALTH SCRUTINY PANEL

26 November 2021

PRESENT: - T Mitchell (Chairman)

T Mitchell (Chairman), M Ali and M Armiger

The meeting was held at the Conference Room, Church Square House.

586 **SUBSTITUTIONS**

Cllr Ali substituted for Cllr O'Sullivan

587 **DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS AND PERSONAL OR PERSONAL AND PREJUDICIAL INTERESTS AND DECLARATIONS OF WHIPPING ARRANGEMENTS (IF ANY).**

There were no declarations of disclosable pecuniary interests and personal or personal and prejudicial interests declared.

No whip was declared.

588 **TO TAKE THE MINUTES OF THE MEETING OF THE PANEL HELD ON 5 OCTOBER 2021 AS A CORRECT RECORD AND AUTHORISE THE CHAIRMAN TO SIGN.**

Resolved - That consideration of the minutes of the meeting of this panel held on 5 October 2021, having been printed and circulated amongst the members, be deferred for consideration to the next meeting of the panel.

589 **PUBLIC SPEAKING REQUEST (IF ANY).**

There were no requests received.

590 **HUMBER ACUTE SERVICES REVIEW - UPDATE**

The Chairman welcomed Dr Ivan McConnell, Director of Strategic Development / Director Humber Acute Services, Linsay Cunningham, Head of Communications and Engagement, and Steven Courtney, Partnership and Stakeholder Engagement Manager, to the meeting. Alex Seale, CCG Chief Operating Officer was also in attendance. The Chairman explained that the witnesses had been invited to update the panel on the Humber Acute Service Review, and in particular, progress on the Programme 2 priorities.

Dr McConnell and Linsay gave a presentation and Programme Update, covering opportunities to reshape local services, planned and delivered engagement with patients, the public, and staff, the current position regarding

HEALTH SCRUTINY PANEL
26 November 2021

healthcare across the Humber patch, and the planned next steps.

Members asked a range of questions, focussing primarily on current standards and performance, and how the Acute Service Review could improve outcomes for local people. The need for substantial investment in local infrastructure was highlighted. Members discussed waiting times for A&E and elective work, and how shift patterns could impact on this, as well as on safe clinical cover. Dr McConnell provided full responses to these queries.

The panel also asked questions about the ongoing work to keep people out of hospital, either through supporting them in their own homes and communities, or by moving services such as diagnostics into community facilities. Opportunities to work with the local authority and other partners were explored.

The Chairman thanked the witnesses, adding that discussions would continue and that the panel would continue to have oversight of the review and on local performance.

Resolved – (a) That Dr McConnell, Alex Seale, Linsay Cunningham, and Steven Courtney be thanked for their attendance and for the informative presentation and discussion, and (b) that further meetings be arranged in due course in order to maintain oversight of the Humber Acute Services Review.

591 **ADDED ITEM (IF ANY).**

There was no added item due for consideration at the meeting.

592 **ANY OTHER ITEMS WHICH THE CHAIRMAN DECIDES ARE URGENT BY REASON OF SPECIAL CIRCUMSTANCES WHICH MUST BE SPECIFIED.**

There was no urgent or additional business due for consideration.

Nosocomial COVID-19 infection

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January 2022

Agenda Item 5

National guidance

- A healthcare associated infection of COVID-19 is probable or definite if the patient tests positive on day 8 or above after admission

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The Trust has applied Duty of Candour to those patients suffering 'Moderate harm' or above:

- Patients who died
- Patients who were admitted to Intensive Care
- Patients who now attend a Long Covid clinic

Figures for NLaG day 8+.

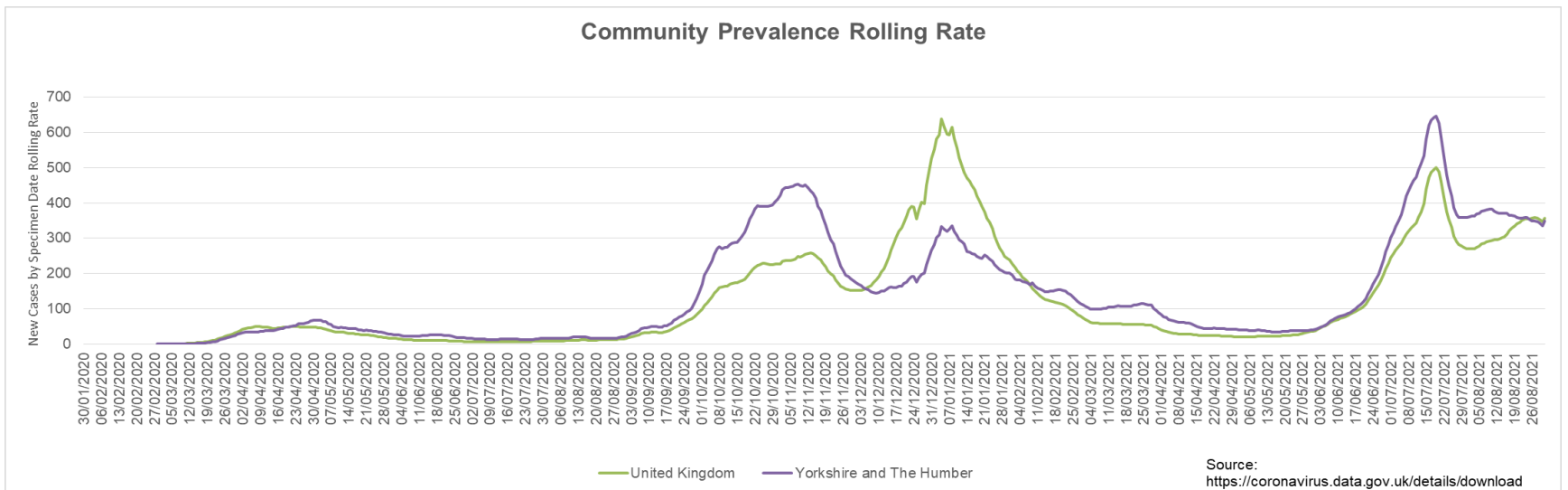
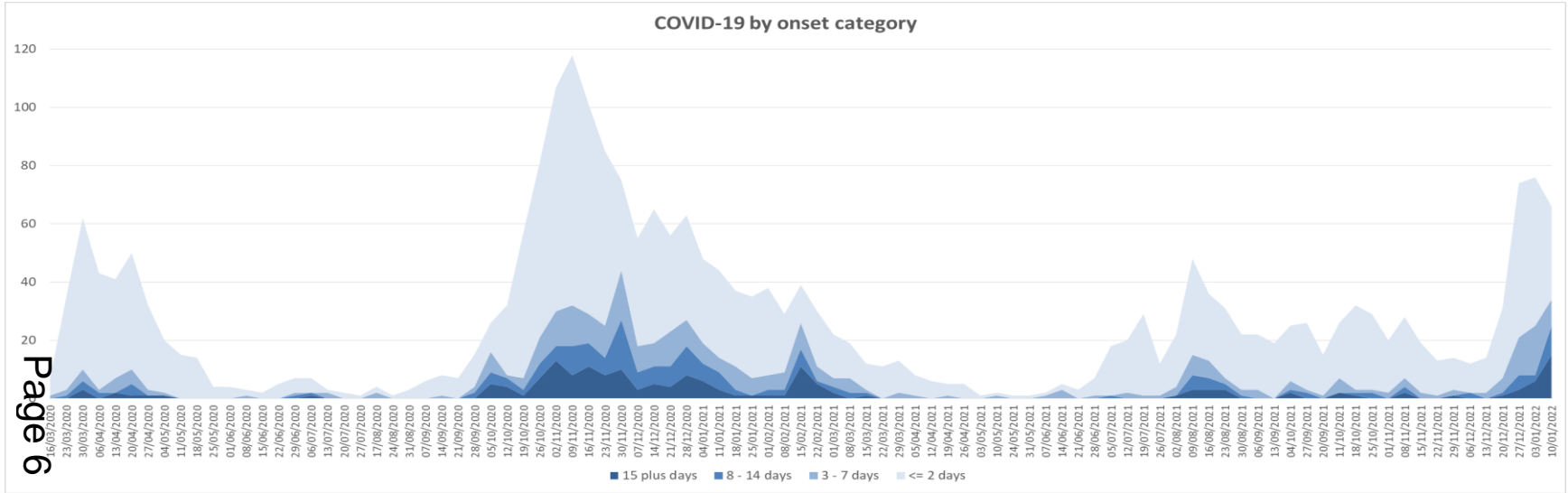
Year	Scunthorpe General Hospital	Diana Princess of Wales Hospital	Goole and District Hospital	Total
2020	120	82	15	217
2021	42	71	2	115
2022	12	14	8	34
Total	174	167	25	366

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Of these:

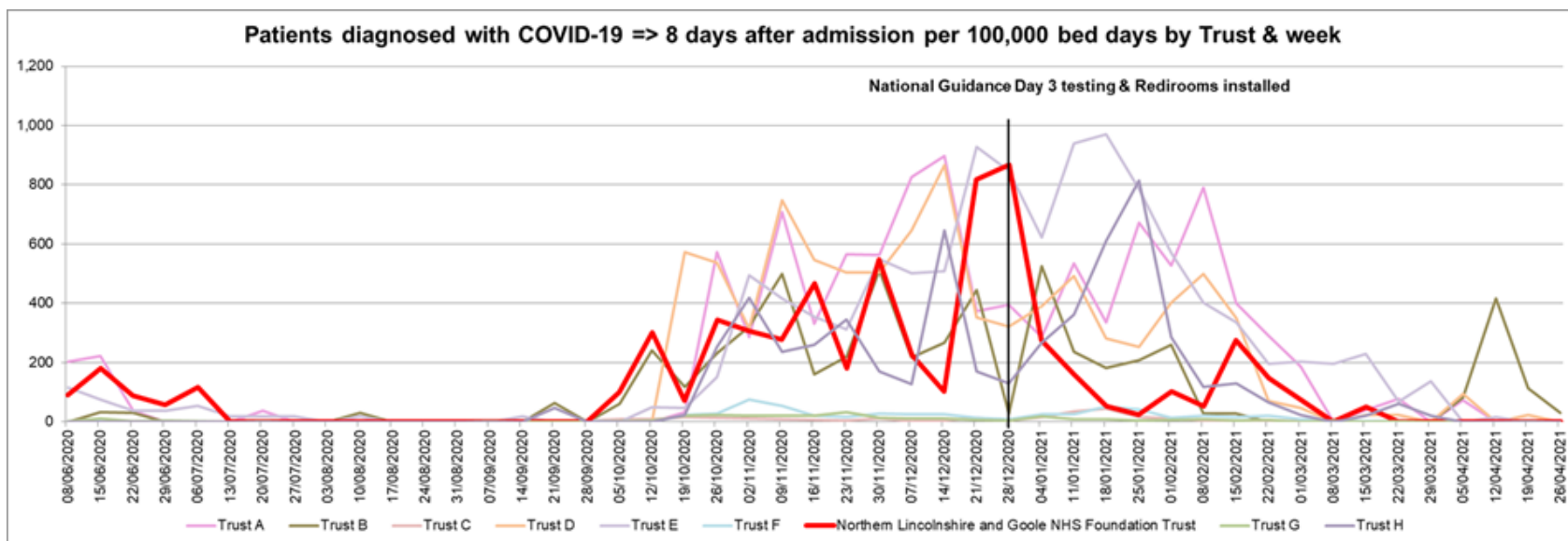
- 104 patients subsequently died in hospital
- 6 patients were admitted to ITU
- We are currently undertaking further work to cross reference how many now attend Long Covid clinics

COVID-19 cases detected



Comparison with other trusts

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- In March 2021 The Guardian reported from an FOI to all trusts (although not all responded) that more than 40,000 patients in England caught Covid during a stay in hospital between 1 August 2020 and 21 March 2021
- SAGE estimates 25% of COVID infections were probably nosocomial
- Data from another FOI request by The Daily Telegraph (which, again, not all trusts answered) was reported in November. It showed more than 11,500 patient deaths were likely due to hospital acquired COVID-19 between 1 March 2020 and mid-June 2021
- The Trust was shortlisted for a Health Service Journal award category re managing COVID-19

Issues the Trust faced

- Initially no onsite rapid COVID testing facility
- Turnaround time of testing – for patients and staff - in the early weeks of the pandemic and machine failures.
- An aged estate with few isolation facilities
- Poor infrastructure such as ventilation, communal space, oxygen limitations
- Mode of transmission – debate.
- Staff sickness – reflection of community prevalence and tiredness of staff.

Trust response to minimise infection

- 30 Redirooms, pop up isolation PODS
- Cubiscreens, plastic curtains providing a visible barrier between patients
- HEPA air scrubbers, to filter the air
- COVID risk assessments for each room and vulnerability ones for staff
- Early use of FFP3 / reusable respirators
- Implement national guidance on social distancing, visiting and wearing on masks/face coverings
- Outbreak meetings.
- Daily strategic oversight meeting initially.

Learning during the pandemic

- Outbreaks subject to a Situation, Background, Assessment and Recommendation (SBAR) review
- The main reason for possible spread noted was patients detected COVID positive later in their admission journey e.g. day 3 + which would invariably increase the risk of cross infection to other patients if not isolated

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Also undertook a mini review of some patient deaths which found:

- Possible staff to patient transmission (Before lateral flow testing became available for asymptomatic staff)
- Admission swab was negative which may have exposed other patients in bay / ward, especially pertinent when no day 3 swab was recommended.
- Aerosol generating procedure – helping to disseminate the virus in presumed negative patient in a bay.
- Delay in detecting positive cases due to swab turnaround time or failure to swab on time - increasing exposure to susceptible patients.
- Poor estate (new builds incorporate ventilation).

Questions and discussion

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Breast oncology and non-surgical oncology services update

January 2022

Purpose

The purpose of this document is to provide an update about pressures on breast oncology and non-surgical oncology services across Humber, Coast and Vale; and the steps being taken across the region to address the long-standing and more recent challenges to maintain these services as effectively as possible.

Key messages

- Historically, oncologist shortages and rising breast cancer referrals has led to the introduction of temporary breast oncology service changes across the Humber, Coast and Vale region to ensure that services can be maintained as effectively as possible.
- While the challenges are most significant in breast oncology, other non-surgical oncology services in our region are also under significant pressure.
- These changes have been made to address the growing issues affecting the services. The long-standing issues around workforce challenges and recruitment difficulties have intensified of late, which has highlighted the need to work collaboratively to develop future-proof, longer-term solutions.
- Cancer Alliance, trust representatives, regional and national cancer programme officials have met to draw up an action plan and discuss potential solutions to tackle the immediate issues affecting breast oncology services and non-surgical oncology services, as well as address the long-standing issues affecting these services. There is widespread agreement that a regional approach alone will not suffice, and that this needs to be addressed nationally.
- This action plan includes: collaborating with regional and national colleagues to create a sustainable service, streamlining resource in the multi-disciplinary teams to free up capacity and adopting an international approach to recruitment. Appropriate patient/public engagement (or consultation if needed) will need to be factored into these plans.

Background

There is a shortage of oncologists in the UK, a long-standing trend which is mirrored internationally too.

In early 2020 oncology was highlighted in the [Humber Acute Services Programme's Interim Clinical Plan](#) as one of 10 services where action needs to be taken in order to keep providing them safely and effectively. Problems are most challenging in breast oncology, but other non-surgical oncology services are also fragile.



The impact of staff shortages has placed significant and ongoing pressure on oncology services in the Humber region, particularly breast oncology. In addition, patients are living longer with their cancer, receiving more lines of treatment and are often on treatment for prolonged periods of time rather than having what used to be seen as traditional chemotherapy for a defined short period.

Furthermore, the number of patients being seen with suspected breast cancer has significantly increased year-on-year (see appendix). In 2020, the number of breast cancer patients seen across Humber, Coast and Vale was 13,229 whereas the figure was 15,586 between January and November 2021 alone.

These issues have led to some changes to where some patients access some aspects of oncology services in recent years.

Given the levels of referral and the reduction in available resources, in March 2019 the decision was taken to make short to medium-term changes to breast oncology outpatient services for patients who usually attended Scarborough Hospital. The decision that was taken was to centralise the breast oncology outpatient service to York Hospital, with a single point of access for all referrals coming in. Patients who wished to stay under the care of the same consultant were given the option to transfer their care to Hull (the trust from which oncologists serving the Scarborough service were provided from).

In January 2020, the decision was made to make changes to the location of oncology outpatient appointments at Scarborough, Bridlington and Scunthorpe hospitals, and inpatient oncology at Scunthorpe. Under the changes, all first outpatient appointments for new patients were to be provided at Castle Hill Hospital, Cottingham, or Diana Princess of Wales Hospital in Grimsby by the relevant oncology team specific to the type of cancer. For most patients, the provision of chemotherapy was not affected by this change and continued to be provided locally.

In July 2021 the decision was taken to change the configuration of breast oncology services in the Humber region so that all newly diagnosed breast oncology patients would have their first appointment with a specialist at Castle Hill Hospital; impacting patients served by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) who would previously have been seen at Diana Princess of Wales Hospital in Grimsby or Scunthorpe General Hospital. However, chemotherapy treatments continued to be provided at Grimsby and Scunthorpe.

These changes were required in order to continue to deliver a safe and quality service to patients, and ensure all breast oncology patients across the Humber will receive the same level of service and timely clinical input to progress their care and treatment.

In recent years several oncologists have left their roles at HUTH and the recruitment of replacement oncologists to substantive roles has been unsuccessful. At the start of 2021 HUTH's breast oncology service was supported by two locum oncologists, but both moved on to new roles during the summer.

Therefore, to support this service and ensure equality of access regardless of postcode across the Humber area, since August 2021 a single patient treatment list for HUTH and NLaG has been in place. The list is prioritised according to clinical priority on a regular basis.

Current position

On 30th December 2021 representatives from HUTH and the Humber, Coast and Vale Cancer Alliance met following the trust's escalation about its breast oncology service. Regional and national cancer programme colleagues were also part of these discussions.

The main purpose of the meeting was to identify what further actions could be taken by partners within the Humber, Coast and Vale Cancer Alliance and by the Alliance itself; what support might be available from outside of the region, particularly from the surrounding tertiary centres (Sheffield and Leeds) and cancer alliances; and what help regional and national colleagues could offer.

The following actions from the 30th December 2021 meeting were agreed:

- Meet with tertiary centres (Sheffield and Leeds) and neighbouring cancer alliances to explore options for securing a sustainable service across Humber, Coast and Vale with their support.
- Supporting international recruitment.
- Explore the benefits of adopting [ProKnow](#), already in use at HUTH. ProKnow is a software package made available from NHSE for Trusts to upload radiotherapy data for the purposes of oncologist peer review and for radiotherapy plan quality assessment. It is the intention of NHSE that all Trusts will upload data from the end of the month.
- Streamline trust oncology multi-disciplinary (MDT) teams – e.g. one specialist per MDT, potentially reducing academic/research work to order to release research oncologists for clinical work.

Recent developments

Since the 30th December 2021 meeting the following actions have taken place:

Working with colleagues from beyond the Humber, Coast and Vale system boundary

Cancer Alliance colleagues met with representatives from tertiary centre colleagues from Sheffield and Leeds on 13th January 2022.

Colleagues from across the region confirmed that capacity challenges are also prevalent in their regions. Providers and alliances are all working to make the best use of existing capacity, develop the workforce and recruit.

There was discussion about the possible need for conversations around regional centralisation of non-surgical oncology services. There was agreement that a longer-term, regional-wide piece of work is needed to take a comprehensive review of the configuration and organisation of clinical oncology services.

NB: Patient/public engagement (or consultation if needed) will be required to inform the long-term review and solution and to understand the impact the temporary changes have had on patients.

Waiting list initiatives

Waiting list initiative breast oncology clinics have begun operating at HUTH to address backlogs. These are supported by HUTH consultants and a medical oncologist from York and Scarborough Teaching Hospitals NHS Foundation Trust.

Unfortunately Leeds and Sheffield are unable to offer any oncologists to assist the HUTH clinics as they too are under pressure with their own service delivery issues, illustrating that oncologist shortages and oncology service pressures are not challenges unique to the Humber, Coast and Vale region.

Recruitment approach

Efforts are ongoing to appoint oncologists on a substantive basis to solve the long-standing recruitment issue, recruit locums to address the immediate staffing capacity issue and look to overseas recruitment and employ recently retired oncologists in a consultant/locum capacity to further bolster oncologist numbers.

There are a significant number of academic clinical and medical oncologists across Humber, Coast and Vale. Discussions have taken place about whether it's viable to reduce academic/research work to free up capacity to help fill the clinical capacity issues.

Utilising existing resource from within the system

HUTH'S radiotherapy department is working with the clinical teams to look at ways that they might be able to assist further in streamlining the pathway and taking on some roles that are currently undertaken by other clinicians.

For example, substituting the work of a consultant in urology medical oncology work with breast medical oncology work. However, it is noted that might increase pressure in urology and lead to more NLaG urology patients needing to attend at HUTH.

The proportion of breast oncology patients being seen within target is currently at around 85% for patients across the Humber, Coast and Vale Cancer Alliance area.

Appendix

Humber, Coast and Vale breast cancer referrals – 2021 versus 2020

Humber, Coast and Vale										
Suspected Cancer	Exhibited (non-cancer) breast symptoms - cancer not initially suspected			Suspected breast cancer			Total			
	Year	Within Standard (ZWW)	NoSeen	Performance %	Within Standard (ZWW)	NoSeen	Performance %	Within Standard (ZWW)	NoSeen	Performance %
2021	2301	4385	52.5%	8419	11201	75.2%	10720	15586	68.8%	
November	172	472	36.4%	526	1133	46.4%	698	1605	43.5%	
October	226	388	58.2%	761	1066	71.4%	987	1454	67.9%	
September	230	329	69.9%	970	1023	94.8%	1200	1352	88.8%	
August	175	331	52.9%	761	891	85.4%	936	1222	76.6%	
July	166	373	44.5%	744	901	82.8%	910	1274	71.4%	
June	204	460	44.3%	806	1102	73.1%	1010	1562	64.7%	
May	175	302	57.9%	678	1027	66.0%	853	1329	64.2%	
April	261	368	70.9%	743	1066	69.7%	1004	1434	70.0%	
March	261	417	62.6%	954	1189	80.2%	1215	1606	75.7%	
February	243	469	51.8%	765	868	88.1%	1008	1337	75.4%	
January	188	476	39.5%	711	935	76.0%	899	1411	63.7%	
Total	2301	4385	52.5%	8419	11201	75.2%	10720	15586	68.8%	

Humber, Coast and Vale										
Suspected Cancer	Exhibited (non-cancer) breast symptoms - cancer not initially suspected			Suspected breast cancer			Total			
	Year	Within Standard (ZWW)	NoSeen	Performance %	Within Standard (ZWW)	NoSeen	Performance %	Within Standard (ZWW)	NoSeen	Performance %
2020	2573	3432	75.0%	8291	9797	84.6%	10864	13229	82.1%	
December	202	393	51.4%	743	1038	71.6%	945	1431	66.0%	
November	278	353	78.8%	755	1112	67.9%	1033	1465	70.5%	
October	167	319	52.4%	741	977	75.8%	908	1296	70.1%	
September	141	229	61.6%	604	934	64.7%	745	1163	64.1%	
August	127	201	63.2%	676	791	85.3%	803	992	80.9%	
July	217	274	79.2%	782	856	91.4%	999	1130	88.4%	
June	184	260	70.8%	721	736	98.0%	905	996	90.9%	
May	75	97	77.3%	559	564	99.1%	634	661	95.9%	
April	64	72	88.9%	457	467	97.9%	521	539	96.7%	
March	344	368	93.5%	749	757	98.9%	1093	1125	97.2%	
February	385	408	94.4%	734	742	98.9%	1119	1150	97.3%	
January	389	458	84.9%	770	823	93.6%	1159	1281	90.5%	
Total	2573	3432	75.0%	8291	9797	84.6%	10864	13229	82.1%	

Further reading

Humber Acute Services Clinical Interim Plan: https://humbercoastandvale.org.uk/wp-content/uploads/2020/09/Interim-Clinical-Plan_summary_final-version.pdf

Humber Acute Services Programme November 2021 update to Humber Overview and Scrutiny Committees: <https://humbercoastandvale.org.uk/wp-content/uploads/2021/12/HAS-Programme-Update-November-2021-Final.pdf>

Humber Acute Services Programme September 2021 update to Humber Overview and Scrutiny Committees: <https://humbercoastandvale.org.uk/wp-content/uploads/2021/10/HOSC-P1-update-Sept-2021.pdf>

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