



Report to West Yorkshire Joint Health Scrutiny Committee

Meeting Date	Tuesday 30 November
Subject	Nightingale Hospital, Harrogate
Report of	Mike Lodge, Senior Scrutiny Officer, Calderdale Council

Why is it coming here?

Some Members of the Committee met with Steve Russell, Chief Executive of Harrogate District Hospitals NHS Trust and colleagues to discuss the establishment of the Nightingale Hospital in Harrogate and how it was planned to operate.

What are the key points?

The Members had a very helpful discussion with Steve Russell and his colleagues, who answered many of the queries that Members had. The notes of that meeting are attached as Appendix 1.

Members of the working group have the following high-level conclusions that they wish to feed into the national review of the response to the pandemic that the Government will arrange in 2022.

- It is a tribute to the work of the NHS, local authorities, the community and voluntary sector and many others that we did not need to use the Nightingale Hospital
- Although we learnt that staffing the Nightingale hospital would have only required 0.6% of the NHS hospital workforce across Yorkshire and the Humber, this only worked when nearly all elective hospital work had been suspended. This still feels like it would be very “tight” and would have put significant pressure on certain key professions that would need to provide a safe level of cover in all hospitals and the Nightingale Hospital.
- We consider that the need for Nightingale Hospitals suggests that we do not have sufficient critical care capacity in our hospitals. We are also aware that many doctors, nurses and other clinicians have gained considerable experience from being called upon to work in ICUs during the pandemic. Is there any way that this experience could be maintained, and possibly developed, in the longer term, to provide a capacity resource in case of future emergencies? We recommend that there should be a national review of intensive care capacity.
- We learnt that there is inadequate oxygen capacity in many of our hospitals. We recommend that there is an urgent review of oxygen capacity in West Yorkshire hospitals and that the outcome of such a review is reported to a future meeting of this Joint Committee.

Possible courses of action

The West Yorkshire Joint Health Scrutiny Committee is recommended:

- To adopt this report of the working group
- To forward this report to the Secretary of State for Health and Social Care and to the Chief Executive of NHS England.
- To ask NHS England to undertake a national review of intensive care capacity in the country's hospitals
- To ask the West Yorkshire and Harrogate Health and Care Partnership to undertake an urgent review of oxygen capacity in West Yorkshire's acute hospitals.
- To thank the Chief Executive of Harrogate District hospitals NHS Trust and his colleagues for their excellent presentation, and responses to all the questions of Members of this Joint Committee

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Should this report be exempt?

No

Report to West Yorkshire Joint Health Scrutiny Committee

Review of the Establishment of the Nightingale Hospital, Harrogate

1 Introduction

The West Yorkshire Joint Health Scrutiny Committee (JHOSC) has been interested in examining the way that the Nightingale Hospital was established at the Harrogate Convention Centre, the reasons for establishing Nightingale Hospitals and the ways in which they were intended to operate for some time.

The JHOSC established a working group of Councillor Clark (North Yorkshire), Councillor Greenwood (Bradford), Cllr Hutchinson (Calderdale) Cllr Rhodes (Wakefield) and Cllr Smaje (Kirklees) to examine this issue.

On 15 September 2021 the working group met Steve Russell, Chief Executive of Harrogate District Hospitals NHS Trust and his colleagues James Goodyear, Matthew Graham and Jonathon Gamble.

Steve Russell and colleagues prepared a comprehensive presentation that addressed many of the members' questions. They also provided verbal responses to questions asked at the meeting. The working group members would like to thank Steve Russell and his colleagues for the work they put into preparing for this meeting and their patience and courtesy in responding to all the points that Members raised.

The notes of the meeting between the working group and NHS colleagues are attached as Appendix 1 to this report.

2 Other Issues

The working group wishes to draw attention to the following key issues arising from their discussions with NHS colleagues.

2.1 The reason for establishing Nightingale Hospitals and what they were intended to achieve

Working Group members were interested in the reasons why it had been decided to establish Nightingale Hospitals in England and what they had been intended to achieve. Steve Russell told us that as this was a national government decision, he was unable to respond on this matter, which we completely understand.

The context for this decision by government was the need for a rapid response to covid-19 in very short timescales and with limited knowledge about the disease itself.

Members questioned whether the approach to establish hospitals to treat people with the disease, rather than adopting the approach in China, which was more to establish large scale isolation units, was the right one.

We agreed that it would not be possible to reach a conclusion on this matter in this brief review. However, the country needs to learn from this experience to plan for future pandemics and we urge the Government to include examination of the way in which the Nightingale Hospitals were established and their intended purpose in the review of the response to the pandemic that will take place in 2022.

2.2 Staffing the Nightingale Hospital

A recurring question for members of the working group and the public more generally was how the Nightingale Hospitals were to be staffed. It seems counter-intuitive to transfer staff from existing, well run critical care services in our existing acute hospitals to staff the Nightingale Hospitals and leave the acute hospitals short of expert clinical professionals.

Steve Russell explained to us that the first stage had been to ask all the acute hospitals in Yorkshire and the Humber to increase their Intensive Care Unit capacity as that would be the first place to deal with increased demand arising from the pandemic.

He told us that because staff would be drawn from throughout Yorkshire and the Humber, it would require the transfer of 0.6% of the hospital workforce of Yorkshire and the Humber to the Nightingale Hospital in order to staff the Nightingale Hospital. This was only possible because the NHS were standing down elective activity and non-urgent surgery. This was still extremely “tight” and would certainly not be possible now, when elective activity and other surgery has resumed.

The predicted numbers of covid patients for Yorkshire and the Humber far outweighed the number of hospital beds that could be provided for all levels of care, which was why it was important to have the further capacity that the Nightingale Hospitals gave us.

Learning that a relatively small percentage of staff needed to be transferred to the Nightingale Hospital gives us a better understanding of how the Nightingale Hospitals might have operated had they been required. And we appreciate that, had the Nightingale Hospital been required, it would have been a national emergency that would have required staff to work longer hours and in different ways than “normal” circumstances demand. We still query whether there are sufficient staff in the system *in very specialist roles* to continue running both the acute hospitals throughout the region and an additional Nightingale Hospital.

2.3 The number of critical care beds in our hospitals

The requirement to increase ICU capacity across Yorkshire and the Humber and to establish the Nightingale Hospital with a maximum of 500 beds has led us to question whether there is sufficient ICU capacity in the NHS nationally, so that we are better prepared for future emergencies.

We note that the number of ICU beds in our hospitals relative to population is smaller than that in a number of other European countries. There are 3,800 peace-time ICU beds in the whole of the NHS in England and yet there were plans for 4,000 single-organ support ICU beds in the Excel Centre in London alone.

2.4 The capacity for getting oxygen to patients in our acute hospitals

We were told that, early in the pandemic, it was recognised that most Covid patients required non-invasive ventilation (without a tube down the windpipe) and that this requires a greater flow of oxygen than for intubated patients. We learnt that the Nightingale Hospital at Harrogate was designed with an infrastructure that could deliver the volumes of oxygen required to ventilate the numbers of patients that could have occupied the hospital and required ventilation. We also heard that the infrastructure of most if not all of the acute hospitals in Yorkshire and the Humber is not designed to supply this flow of oxygen.

We consider that this should be rectified in all of West Yorkshire's acute hospitals and that the reconfiguration plans for some of our hospitals present a particular opportunity to address this.

We ask the West Yorkshire and Harrogate Health and Care Partnership to draw up plans to ensure sufficient capacity for the supply of oxygen in all of West Yorkshire's acute hospitals and to report progress on this to a future meeting of the Joint Committee.

2.5 Resourcing the Nightingale Hospital

We learnt that the cost of establishing, equipping, operating, and decommissioning the Nightingale Hospital in Harrogate was a total cost of £31.6m and that no "normal" NHS funding was used for this, but that this was additional funding from the Government.

Members suggested that there was a public perception that – as there has been barely any use of the Nightingale Hospitals throughout the country – the establishment of the hospitals has been a major waste of money.

NHS colleagues expressed an alternative view that had the Nightingale Hospitals not been planned and we had subsequently proved to have needed them, the consequences would have been unthinkable.

We have not reached any conclusions on this, nor do we think that we need to. We recognise that large, expensive and far-reaching decisions have to be taken in times of emergency.

Again, we urge the Government to include examination of this in the national enquiry into the response to the pandemic.

3 Conclusions

Following our discussions with Steve Russell and his colleagues we have a far better understanding of the way in which the Nightingale Hospital was established and why and how decisions along the way were taken. We have nothing but admiration for the way in which they, NHS colleagues throughout Yorkshire and the Humber and partner organisations responded.

We are relieved that the pandemic has been contained to the extent that the Nightingale Hospital in Harrogate has not been required.

Our review has highlighted some key issues that we ask the NHS locally and nationally to consider, as well as national and local government. Learning from our review and the national review will make us better prepared for future health emergencies.

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November 2021