Worcestershire Acute Hospitals NHS Trust

APP Ref: APP/Q1825/W/24/3350905 (the "Appeal")

Local Planning Authority Ref: 21/01830/FUL (the "Proposed Development")

Redditch Borough Council

Barratt David Wilson Homes (Mercia)

Appellant

and

Redditch Borough Council

Respondent

and

Worcestershire Acute Hospitals NHS Trust

Interested Party

WITNESS STATEMENT OF DR LISA PEATY

I, Dr Lisa Peaty (MA (Oxon), DPhil), Deputy Director of Strategy and Planning at Worcestershire Acute Hospitals NHS Trust (the "Trust") of Charles Hastings Way, Worcester, WR5 1JR WILL STATE as follows:

1. I have been working within the public sector for over 32 years, which includes almost nine years within the NHS. Almost six of these years have been in my current role at the Trust. My past and current roles focus on operational planning, strategic planning and business development. I am the Trust's expert on strategy, transformation, and

healthcare planning. I have responsibility leading the Trust's annual operational planning exercise, including developing our activity, workforce, demand and capacity, performance and financial plans. The development of the Trust's strategy for clinical services is an integral part of my role.

2. The content of this statement is within my own knowledge and belief unless expressly stated to the contrary, in which case, I believe it to be true to the best of my information, knowledge and belief.

3. This statement should also be read in conjunction with the updated statement of case/evidence (dated 24/10/2024) which demonstrates localised and direct detrimental harm on the Trust's capacity arising from this Proposed Development subject to this Appeal and its impact calculation which demonstrates the amount the Trust will need to adequately mitigate the impact of the Proposed Development on the Trust (the "Contribution").

4. For clarification, it is noted that the projected 301 diagnostics arising from this Proposed Development referred to in the updated planning statement is 301 diagnostics per year[1].

5. This statement also provides carefully considered options for how the detrimental impact on the Trust's capacity to deliver health service infrastructure can be mitigated to make sure that the Trust is able to continue to deliver at least the current level of services during the lifetime of the Proposed Development by increasing its infrastructure capacity. As the Trust's expert on strategy, transformation and healthcare planning, I have carefully considered how the harmful impact from the Proposed Development on the Trust's service infrastructure can be mitigated and the options below are the most effective ways to increase the infrastructure capacity.

6. As stated, the Trust's current capacity is already maximised and will not be able to absorb the increased demand for health care created by the residents of the

[1] Updated planning statement 24.10.2024 Appendix 1 paragraph 1

Proposed Development. Therefore, without the contribution, the Proposed Development is contrary to Redditch Borough Council's (the Council) own Development Plan Polices and it would not be in accordance with the current Government planning polices stated in the updated Section 8 of the published December 2024 NPPF.

Options

Option 1: Clinical Decisions Unit at the Alexandra Hospital, Redditch

7. The A&E at the Alexandra Hospital in Redditch currently operates at or above full capacity and is already facing significant capacity constraints. The Proposed Development will add further to these constraints. This results in patients being cared for in corridors, contributing to: inefficient ways of working; ambulance offload delays; an overly full walk-in patient waiting room; significant waiting times and delays in patient care. This results in harm and less than optimum patient outcomes. Patient assessment space also overflows into the areas where minor injuries and GP patients are treated. This means that there is overcrowding and a lack of space in which to see patients which have a negative impact on productivity and efficiency. There is no further capacity in A&E to accommodate an increase in demand created by the residents of the Proposed Development. The population of the Proposed Development new to Worcestershire would generate 62 additional A&E attendances and 21 additional emergency admissions through A&E per year. The existing infrastructure is insufficient to handle this increase and would put additional strain on resources.

8. A Clinical Decisions Unit ("CDU") with 8 cubicles would increase the emergency care infrastructure capacity at the Alexandra Hospital to treat at least an additional 24 patients/day. A patient will have their initial assessment undertaken in A&E but will receive any further investigations or treatments in the CDU. It would treat patients which A&E has not got the capacity to accommodate due to increased demand and will complete their emergency care within 4 hours of arrival (treatment and discharge within 4 hours of arrival is a national requirement). The CDU will provide additional capacity, and in turn, release capacity and improve efficiency within A&E, enabling it

to fulfil its primary role of treating the most urgent and sickest patients. The cost of the CDU is £3.5m (221m^2, of which 141m^2 would be new build and 80m^2 would be refurbishment of existing space). The Contribution requested will contribute towards this cost which includes build, equipment and other associated costs.

9. The CDU will increase capacity to manage the increased demand for A&E more effectively, ensuring that patient care and outcomes are not compromised by increased demand. It will be through:

- **Increased space to treat patients**: the increased capacity will enable an additional 24 patients per day to be treated, ensuring that more patients receive timely care. This is crucial for responding to increased demand, maintaining smooth patient flow, improved waiting times and reducing patient crowding.
- **Better Space Utilisation:** the CDU will enhance staff efficiency and patient management, ensuring that available space in both A&E and the CDU is used optimally to support improved patient flow and capacity.
- **Enhanced throughput** enabled by more effective ways of working which will improve staff efficiency, patient management and flow in both CDU and A&E. This contributes directly to improved patient throughput in A&E.
- **Improved time** it takes to see patients, enabling patients to be treated and discharged within 4 hours of arrival. The average time currently exceeds 6 hours. The CDU will improve A&E 4-hour performance from the current 55% towards the national target of 76%. The CDU will enable treatment of more patients within the same timeframe, further improving overall flow by addressing inefficiencies in patient flow, space utilisation, and operational processes.
- **Improved turnaround time** for walk-in patients and reduced congestion in Minors and GP Care streams.
- **Improved ambulance handover times**, increasing the number of patients handed over within 15 minutes, improving their flow into A&E so that they can begin and complete their emergency treatment earlier.

Option 2: Stroke unit, Worcestershire Royal Hospital, Worcester

10. Stroke is a condition which requires an emergency admission to hospital. Stroke services are specialised services which are centralised at Worcestershire Royal Hospital in Worcester where they are provided to the entire population of Worcestershire irrespective of place of residence. Consequently, there are no stroke services at the Alexandra Hospital and Redditch residents receive stroke care in Worcester, including admission through A&E followed by care on a 20-bedded stroke unit. Patients with a stroke require specialist care focused initially on preserving life, limiting brain damage and preventing complications before rehabilitation can begin. Acute hospitals receiving people with stroke must have arrangements to admit them directly to a hyperacute stroke unit on site as soon as possible and their treatment should continue on a specialist acute stroke unit throughout their hospital stay. There are national requirements on how stroke care should be provided to prevent patient harm (e.g. floor space for each bed, ratio of staff per bed, and timescales for imaging, transfer to the stroke unit, receipt of treatment).

11. Statistical modelling undertaken by a specialist and impartial third-party company on behalf of Worcestershire Acute Hospitals NHS Trust indicates that the current stroke unit in Worcester has insufficient capacity to cater for current and future demand. This insufficient bed capacity is currently evidenced on a daily basis by i) 3 stroke patients being cared for in 'boarding spaces' where additional beds are located in corridors or non-clinical spaces; ii) up to 8 stroke patients 'outlying' on other wards (e.g. a surgical ward) where they are not being cared for by specialist stroke staff; iii) 3-5 stroke patients who, following life-saving treatment, are ready to transfer to the stroke unit but are 'stranded' on trolleys in A&E due to lack of bed capacity in the stroke unit. This also creates overcrowding and inefficiencies in care provision, meaning that the care and outcomes for these patients are not optimised causing harm. It provides a poor patient experience and means that the Trust is unable to comply with national stroke standards. It is also stopping other patients with different conditions from accessing the care they need.

12. Whilst plans are in place to absorb the current demand by undertaking a series of ward moves within the existing capacity of the hospital, there is finite space in the hospital and no further capacity to accommodate a future increase in demand

created by the residents new to Worcestershire at Hithers Green. The total number of strokes in Worcestershire is projected to increase from 1,636 a year in 2020 to 1,890 in 2030 because of changing age demographics and lifestyle factors, with an increase in hospital admissions by 18% from 1,030 in 2018 to 1,190 in 2030. 2.2% of people registered with a Worcestershire GP have a stroke diagnosis which suggests that 5 people new to the development will have a stroke diagnosis. The Trust's stroke capacity is maximised and will not be able to absorb the increased demand for health care created by the residents of the Proposed Development and undermines the sustainability of the existing service. The existing infrastructure is insufficient to handle this increase and would put additional strain on already stretched resources and jeopardise patient outcomes by causing harm to stroke patients from the development and within the wider population.

13. The Trust is appraising the options for expanding its stroke unit through either new build or building reconfiguration at the Worcester site. Costs for a new build are around £39m. Given the additional capacity which would need to be created to accommodate the needs of the population new to Worcestershire associated with the Proposed Development, S106 Contribution would make a contribution to right-sizing and future proofing the capacity of the stroke unit, including building/refurbishment works, bed numbers, equipment (e.g. patient monitoring, hoists, physiotherapy equipment) which in turn will ensure patient flow and provision of efficient care and prevention of harm.

Option 3: CT/MRI scanners for Alexandra Hospital, Redditch

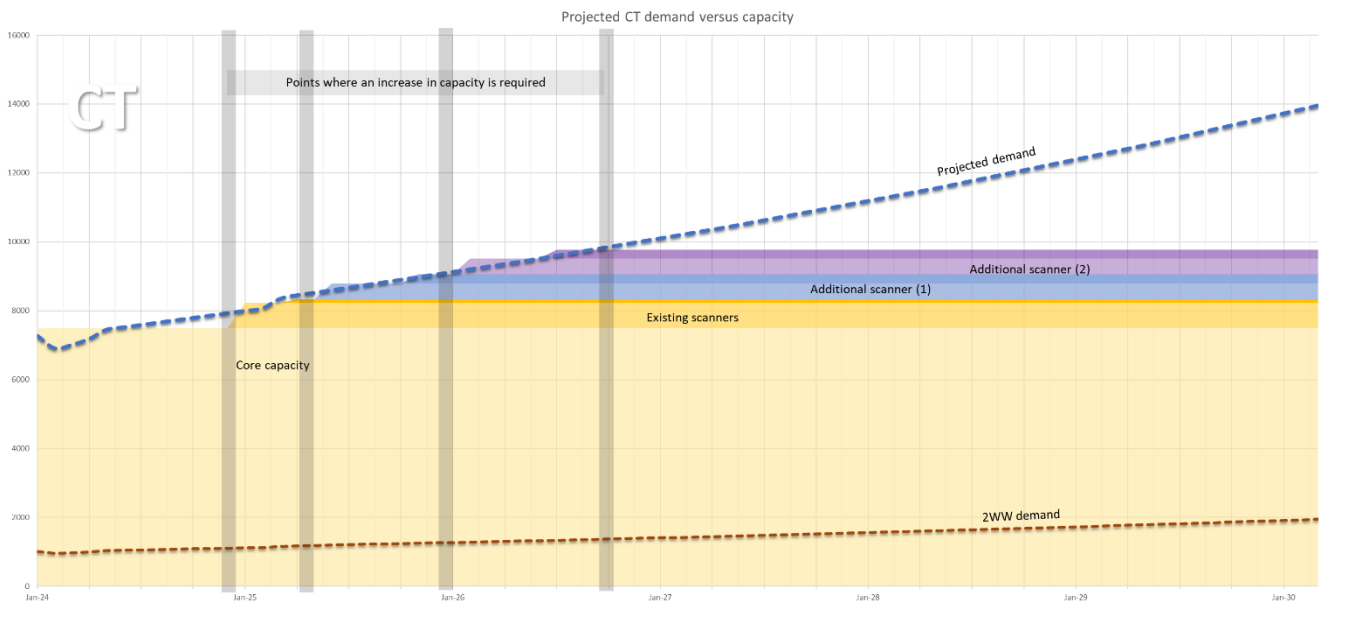
14. CT is an imaging technique that uses X-rays and a computer to create detailed internal images of the body. It can be performed on organs, blood vessels and bones in any part of the body and is used in emergency settings to support diagnosis including internal bleeding, blood clots, aortic aneurism, fractures, heart disease, bowel issues, fractures and stroke. MRI is an imaging technique that uses strong magnetic fields and radio waves to produce images. It can be used to examine and support diagnosis of almost any part of the body including the brain and spinal cord, bones and joints, breasts, heart and internal organs (e.g. liver, womb or prostate

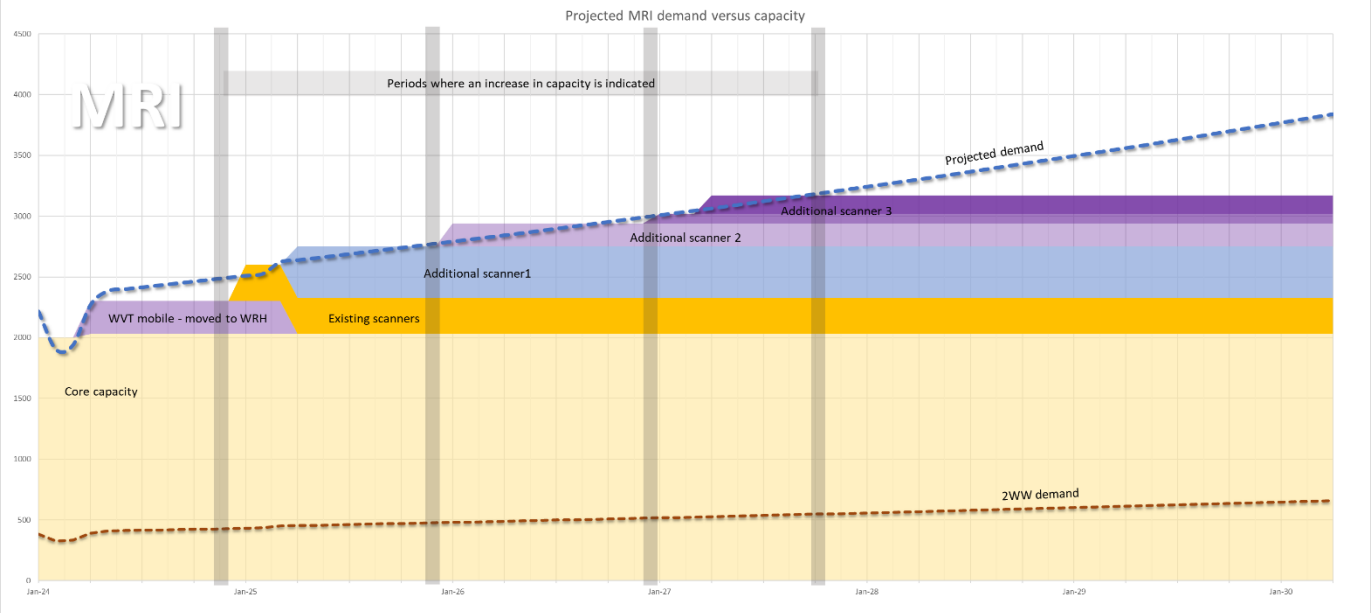
gland). It provides more detailed images and is more effective at showing abnormal tissue. Patients who are seen in A&E or who have an emergency admission at the Alexandra Hospital may have a CT or MRI scan and it is important that we retain capacity to scan patients who are admitted via A&E without delay to be able to deliver life-saving care and prevent harm.

15. One CT scanner at the Alexandra Hospital is dedicated to A&E and other urgent work and scans from 8am to 11pm seven days a week with an on-call service overnight. There is a second CT scanner at the Alexandra Hospital which is dedicated to specialist planned inpatient and outpatient scanning, particularly Cardiology. The CT scanners at the Alexandra Hospital delivered 25,573 CT scans in 2023/24, 12,020 of which were scans for emergency patients. Both CT scanners operate at maximum capacity, we have already improved the efficiency with which our scanners are operating (e.g. by maximising flow through the scanning suite, improving patient turnaround time) and our utilisation rate benchmarks well with other hospitals.

16. There is one MRI scanner at the Alexandra Hospital which provides scans for both A&E and routine outpatient/inpatient work. It operates from 8am to 11pm seven days a week with an on-call service overnight. There is one MRI scanner at Worcestershire Royal Hospital dedicated to trauma, specialist inpatient and outpatient scanning. The MRI scanner at the Alexandra Hospital delivered 8984 MRI scans in 2023/24, 75% (6,700) of which were for emergency patients. These patients cannot be transferred to Worcester for their scans due to the urgent nature of their presentation and the Worcester scanner also being at full capacity. We have already improved the efficiency with which our MRI scanners are operating (e.g. by maximising flow through the scanning suite, improving patient turnaround time) and our utilisation rate benchmarks well with other hospitals.

17. Demand for CT and MRI is forecast to increase (see graphs below) due to a range of factors including a rise in demand for emergency care, demographic changes (e.g. aging population), prevalence of disease and mandated changes in clinical practice.





18. The increase in demand means that an additional CT scanner and an additional MRI scanner will be required at the Alexandra Hospital to ensure that capacity keeps pace. Of the 74 diagnostic examinations generated by the population new to Worcestershire from the Proposed Development, 14 will require a CT or MRI scan yearly. It is important that we retain capacity to scan patients without delay to be

able to deliver life-saving care and prevent harm. This would mean that the Trust would reach the point where additional CT and MRI capacity is needed sooner.

19. However, the estate at the Alexandra Hospital is fully utilised, so it is not possible to add additional scanners within the existing estate without significant reconfiguration. Consequently, additional CT and MRI scanning capacity can only be provided through the hire of a mobile CT scanner and a mobile MRI scanner, each of which would be located on its own specialist 'pad'. Hire costs are £900k/year for the CT scanner and £900k/year for the MRI scanner plus £100k to provide a power source to the MRI pad. This will mitigate the impact and ensure that CT and MRI capacity matches demand and that patients of the development and the current local population in Redditch can continue to access emergency CT and MRI scans in a timely way to prevent harm.

Conclusion

20. The Trust is responsible for the acute health care of the local populaiton.

21. The Proposed Development will create individually and cumulatively an increase in the demand on the health infrastructure during the lifespan of the Proposed Development. The anticipated patient yield is cautiously measured and takes into consideration the existing population in the Trust catchment area. The new population coming into the area from outside Worcestershire will have healthcare needs which may, in some cases, be potentially more complex and in need of more care than projected and costed. This Proposed Development will, therefore, have a direct detrimental effect on the Trust's health service infrastucture. The mitigation of such harm has been carefully considered and is fairly and reasonably related to the imapct created. The Contribution received will be pooled as this Propsed Development on its own cannot fully cover the costs of the infrastructure necessary to mitigate the impact.

22. If the said imapct is mitigated as requested, the Proposed Development will assist with ensuring faster delivery of health service infrastucture in accordance with paragraph 101 of the 2024 NPPF.

23. I consider that, without the mitigation, the Trust is unable to meet the health needs of the population and the Proposed Development will compromise the ability of the Trust to meet the health needs of both future occupants of this Proposed Development and the future population of the local community for the reasons set out in the updated evidence and in this statement.

Statement of Truth

I believe that the facts stated in this Statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

SIGNED Dr Lisa Peaty

DATED 6th OF January 2025