REPORT TO THE TRUST BOARD (PRIVATE)

North West Anglia NHS Foundation Trust

Report Title:	Doddington Hospital – Services	
Prepared By:	Kerry Carroll, Deputy Chief Operating Officer	
Approved By:	Sonya Gardiner, Chief Operating Officer	
Presented By:	Sonya Gardiner, Chief Operating Officer	
Date of Meeting:	21st April 2026	
Previous Consideration:	**Committee:**	**Outcome:**
Previous Engagement and Consultation:	**Stakeholders:**	**Outcome:**
Financial Impact	*None at this point*	
Legal implications/regulatory requirements	*None at this point*	

Executive Summary

This paper provides a high-level overview of the services provided at Doddington Hospital, current challenges and issues and focus on next steps.

The Paper/Report is Presented for: *(Tick all that apply)*

☐ **Approval** ☐ **Assurance** ☐ **Discussion** ☑ **Information**

Approval	Receive and discuss the paper/report and approve its recommendations or decide on a particular course of action
Assurance	Take assurance that effective systems of control are in place
Discussion	Receive and discuss in depth, noting implications for the Trust; no approval requested
Information	Note the report without discussion

Trust Strategic Goals This Report Supports *(Tick all that apply)*

Safe, effective, high-quality care and experience for everyone	☐
People are skilled, supported, and empowered	☐
Equity, sustainability, and good health	☐

Risk(s) Identified (Link to Board Assurance Framework)	
Risk ID	**Risk Description**

Equality and Diversity Implications *(Tick all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
☐	☐	☐	☐	☐	☐	☐	☐	☐
(Provide an outline of any equality impact considerations, including whether there is evidence that the proposed action will promote/have a negative impact on equality of opportunity and the outcomes of equality impact assessment)								

This report may be subject to disclosure under the Freedom of Information Act 2000, subject to the specified exemptions.

1. EXECUTIVE SUMMARY

1.1 This paper provides a high-level overview of the services provided at Doddington Hospital and current challenges and issues.

1.2 As reflected in the clinical strategy we are committed to supporting the health of local people in Doddington and the Fenland area. As part of the transformation of the health and care system, we are working closely with commissioners and other local partners to determine a sustainable and effective model of care for Doddington Hospital and the wider area, one that is able to respond effectively to local needs and makes best use of our collective resources.

1.3 We recognise that at present Doddington Hospital remains an under-utilised, with opportunities for better utilisation acknowledging constraints.

2. BACKGROUND

2.1 Pre Covid, Doddington hospital provided services listed outlined in the appendices. These were significantly impacted during Covid where services were reduced. This has since been a challenge to reinstate the same level of previous services due to multiple reasons outlined in section 4 (mainly consultant led).

2.2 Understandably this has sparked concerns from the local constituency through MP requests and from the staff working at Doddington Hospital.

2.3 A task and finish group was instigated in January 2025 involving Divisional leads and Doddington service leads to review current service provision with the aim to enhance more service provision. This included reviewing the interdependencies which in some areas highlighted further risks such as ventilation and air exchange compliancy. The outputs did see an increase in some service provision but not to the levels of pre-covid (details in appendices).

2.4 Despite the recognition and commitment to enhance and increase service provision, concerns are still being raised to the under-utilisation of the Doddington site and impacts this is having on the staff.

3. SERVICE PROVISION TIMELINE

3.1 Pre-covid a range of services were provided by NWAFT at Doddington including consultant led and nurse led provision and diagnostics.

3.2 As of March 2026, the number of services provided remains less than pre-covid with some consultant led services seeing a change to physiology / technician led independently run with no nursing support requirements. There are 5 further services in the pipeline aiming to reinstate this year.

3.3 Appendix A shows the total list of services including those that remain, those that have ceased, recent introductions and pending further services aiming to commence in the future.

3.4 Appendix B provides an overview of the activity levels by year from 2019 to 2025 (calendar year) and the variance year on year. Over the years there has been changes to consultant led clinic provision and volumes predominantly due to the challenges outlined in section 4.

3.5 Appendix C shows the services provided by other providers for information.

4. ISSUES/CHALLENGES

4.1 The impact on Doddington staff remains across clinical and non-clinical roles with reduced service throughput and concerns on morale including reduction in consultant led clinics requiring nursing support and issues with lack of communication and engagement to share learning, raise and resolve issues and agree and implement changes where required.

4.2 Workforce challenges to increase services to levels of pre-covid due to multiple factors;

- Clinical job plan constraints
- Workforce CIP and reductions in PA's
- Off-site inability to proactively cover wards/theatres/on-call where and if required
- Impacts on productivity and efficiencies (inc. time and travel cost, one-stop diagnostics)

4.3 Infrastructure challenges with compliance with ventilation and air exchange. When introducing new services HBN guidance and rules need to be applied to ensure safety of services. During the task and finish group this highlighted challenges with areas not able to progress due to the current infrastructure of not meeting HBN requirements without significant investment.

5. NEXT STEPS

5.1 Communication and engagement/involvement with Doddington staff needs to be enhanced through supportive group structures to instigate regular joint team meetings and forums across the hospital sites either within teams, divisionally or corporately for closer collaboration and understanding of the service provisions and challenges.

5.2 Clear senior presence and visibility rota at Divisional level to increase consistent regular leadership presence in Doddington.

5.3 To continue to aim to increase service provision where practicable and sustainable acknowledging the workforce and interdependency challenges.

APPENDIX A – NWAFT services overview at Doddington (April 2026)

CLINIC	NWAFT - overview of services
24 hours Heart Monitoring	NWAFT continue to deliver this service
Anaesthetics (pre-operative assessment)	The service is now delivered virtually reducing the need for patients to attend the hospital (used to be a pre-op clinic but now delivered by electronic virtual pre-op).
Breast Pain/Surgery	NWAFT - Clinic Stopped May 2025: The Breast service delivered a short term Cancer Alliance funded pain clinic delivered using a locum however CA funding ceased and the service were unable to maintain other locations within existing staff resources.
Cardiology	NWAFT - Consultant led clinic Stopped June 2024 - due to workforce pressures and current fragility of the service
Colorectal/Gen Surg (stoma Care)	NWAFT continue to deliver this service
Community Midwives	NWAFT continue to deliver this service
Dermatology	NWAFT - Clinic Stopped July 2025 due to consultant retirement. Notice served on community dermatology service.
Diabetic Medicine	NWAFT continue to deliver this service
Ear Nose and Throat / Ear Suction	NWAFT - Clinic Stopped June 2025 due to fragility of audiology and unable to provide clinics without audiology resource. Recruitment remains at 50
Echocardiogram	NWAFT continue to deliver this service
Endocrinology	NWAFT continue to deliver this service
Gastroenterology	NWAFT - Clinic Stopped 2020/2021; under discussion to reinstate
Geriatric Medicine (Parkinson's)	NWAFT continue to deliver this service
Gynaecology	NWAFT - Clinic Stopped early 2025; under discussion to reinstate
Low Visual Aid	NWAFT continue to deliver this service
Lymphoedema Clinic	NWAFT continue to deliver this service
Neurology	Provided clinic March 26 - under discussion to establish further service provision
Ophthalmology	NWAFT Deliver this service -basic Glaucoma only, not Consultant led service, although under discussion
Orthotics	NWAFT continue to deliver this service
Orthopaedics	surgery at HH. It was deemed, in terms of continuity that the service provided remained at HH post COVID as the patient will attend, pre-op, joint school and surgery .
Pacemaker Check Clinic	NWAFT - Clinic Stopped 2022/2023 - workforce fragility currently unable to reinstate until service is stable (links to Cardiology)
Paediatrics	Clinic commenced January 2026
Palliative Care	NWAFT continue to deliver this service
Parkinson's	NWAFT continue to deliver this service
Respiratory Function Test	NWAFT continue to deliver this service
Respiratory Medicine	NWAFT continue to deliver this service
Rheumatology	Under discussion for future opportunity
Urogynaecology	NWAFT continue to deliver this service
Urology	Under discussion to commence April 2026
X-Ray	NWAFT continue to deliver this service

APPENDIX B – Activity volumes 2019-2025

Specialities	Years								
	2019	2020	2021	2022	2023	2024	2025	2026	Grand Total
ANAESTHETICS					67	149			216
BREAST SURGERY				208	206	122	77		613
CARDIOLOGY	205	288	332	223	411	1011	945	290	3705
DERMATOLOGY	390	497	190	446	598	652	871		3644
DIABETIC MEDICINE	9	92	88	122	85	94	84	16	590
ENDOCRINOLOGY	12	87	77	64	91	90	75	23	519
ENT	355	402	15	598	587	256	222		2435
GASTROENTEROLOGY	78	149	66						293
GENERAL MEDICINE	68								68
GENERAL SURGERY	117	100							217
GERIATRIC MEDICINE							25	20	45
GYNAECOLOGY	171	230	271	255	260	272	200	48	1707
MEDICAL ONCOLOGY	36	97	54	112	162	171	141	39	812
NEUROLOGY								21	21
OPHTHALMOLOGY	209	156	9	25	828	1200	767	219	3413
ORTHOTICS	189	215	338	347	357	368	423	67	2304
PAEDIATRICS								22	22
RESPIRATORY MEDICINE	141	219	117	136	170	242	442	109	1576
RESPIRATORY PHYSIOLOGY		47	29	205	493	406	40		1220
TRAUMA & ORTHOPAEDICS	167	146							313
UROLOGY	177	176				135			488
Grand Total	2324	2901	1586	2741	4315	5168	4312	874	24221
2019 is only from August due to change over to Careflow,									
Estimated full year (2019)	3680								
Variance from previous year		-779	-1315	1155	1574	853	-856		

APPENDIX C – services provided at Doddington by other providers

LIST OF SERVICES AT DODDINGTON HOSPITAL	
CLINIC	OTHER PROVIDERS
Alzheimer's	CPFT Service
Assistive Technology Services	CPFT
Cancer Outreach Clinic	PCCN
Children's Dietetic Service	CCS
Community and Rehab Service	CPFT
Diabetic Dietician	CPFT
Diabetic Medicine	CPFT
Diabetic Specialist Nurse	CPFT
District Nursing	CPFT
Endocrinology and Metabolic Medicine	CPFT
Epilepsy	CPFT
Falls and Fragility	Clinic run by Health You (CPFT)
Falls and Rehab Services (inc elderly care)	CPFT
Healthy Child Programme	CCS
Healthy You - Health Advice	CCC
Mental Health - CAMHS	CPFT
Mental Health - OPMH	CPFT
Minor Injuries Unit	CPFT
Nutrition and dietetics	CPFT
Physiotherapy	CCS
Podiatry Clinic	CPFT
Smoking Cessation	Combined CPFT and Others
Tissue Viability	CPFT
Urgent Care Centre	CPFT

KEY	
CCC	Cambridgeshire County Council
CCS	Cambridgeshire Community Services
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust
PCCN	Peterborough City Care