Nottinghamshire County Council

minutes

# HEALTH SCRUTINY COMMITTEE

**Tuesday 4 January 2022 at 10.30am**

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## COUNCILLORS

Sue Saddington (Chairman)
Matt Barney (Vice-Chairman)

| | |
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| Mike Adams | David Martin **Apologies** |
| Callum Bailey | John 'Maggie' McGrath |
| Steve Carr **Absence** | Michelle Welsh |
| Robert Corden **Apologies** | John Wilmott |
| Eddie Cubley | |

## SUBSTITUTE MEMBERS

None.

## Councillors in attendance

None

## Officers

| | |
|---|---|
| Martin Gately | Nottinghamshire County Council |
| Noel McMenamin | Nottinghamshire County Council |

## Also in attendance

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| Danielle Burnett | - | Nottinghamshire and Nottingham CCG |
| Dr Jeremy Griffiths | - | General Practitioner/Health and Wellbeing Board |

## 1. MINUTES OF LAST MEETING HELD ON 23 NOVEMBER 2021

The minutes of the last meeting held on 23 November 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

## 2. APOLOGIES FOR ABSENCE

Robert Corden – Medical/Illness
David Martin – Medical/Illness

## 3. DECLARATIONS OF INTERESTS

Councillor McGrath declared a personal interest in published agenda item 4 'Nottingham University Hospitals Maternity Oversight' as a family member worked for the NUH Trust, which didn't preclude him from speaking or voting.

Councillor Saddington declared a personal interest in published agenda item 4 'Nottingham University Hospitals Maternity Oversight' as a family member worked for the NUH Trust, which didn't preclude her from speaking or voting.

## 4. NOTTINGHAM UNIVERSITY HOSPITAL (NUH) MATERNITY OVERSIGHT

Danielle Burnett, Deputy Chief Nurse at Nottinghamshire and Nottingham CCG provided an introduction to the report, highlighting the following points:

- Statutory arrangements were transitioning, with the Integrated Care Board taking on the duties of the CCG in respect of local quality oversight and improvement;

- A Quality and Oversight framework, detailed in the report, had been agreed, with an NUH Quality and Oversight Group, supported by 3 sub-groups, meeting monthly. A specific Maternity Assurance Sub-Group was charged with monitoring the Maternity Improvement Plan, quality indicators and dashboard as well as internal assurance around maternity improvement;

- Significant progress had been made around the presentation of improvement data, with clearly presented actions, impact, risks and future plans.

- Increased frequency and profile of meetings helped maintained impetus for improvement. While the pace of improvement remained an issue, vaccinations and related pressures had taken precedence in recent weeks;

- The national Ockenden Review of maternity services had resulted in a series of recommendations being implemented regionally and beyond, and acted as further drivers for accelerated improvement at local level.

The following points were raised during discussion:

- While the pandemic had impacted on the pace of improvement, significant progress in delivering improved safety, culture change and proactive leadership had nonetheless been made;

- Ms Burnett expressed the view that the dashboard was providing real-time statistically robust data to inform quality assurance and oversight, and the approach adopted had been commended nationally. Staff were responding positively to address issues highlighted by the dashboard data;

- NUH was working very closely with families and currently very few negative comments were being received. In response to a Member's question, Ms Burnett stated that she had a relative expecting a child, and in view of the step

change in patient care and safety already undertaken would feel confident in her receiving quality maternity care at NUH;

- Revised arrangements were leading to much closer collaborative and transparent working among and between all agencies to deliver better outcomes for residents. Staff also felt much more comfortable and emboldened to raise issues of concern, knowing that they would be listened to and their concerns addressed;

- Ms Burnett expressed the view that initial projections of moving ratings from 'inadequate' to 'outstanding' in 12 months were unrealistic;

- It was acknowledged that ensuring data quality was an ongoing significant challenge. The move from published data – with different timelines – to more real-time data was a significant step forward, while the emerging Equity Strategy would ensure that socio-economic, demographic, ethnicity and related characteristics would be captured in due course;

- Dashboard data would be important for the Committee to have access to in order to see how outcomes changed, but the dashboard was still a work in progress. The information was made available through the Quality Assurance Sub-Group, reporting to the NUH Quality and Oversight Group;

- Ms Burnett acknowledged that the online System Transformational Plan for Maternity Services was out of date and undertook to report back for partners to update;

- Ms Burnett advised that all inputs to the Independent Inquiry that were referred to PALS were being reported through the CCG route by the Programme Team;

- It was confirmed that community midwives and hospital staff now operated the same Medway IT system. It was also confirmed that Maternity Services capacity was prioritised and ringfenced in the event of Covid staff absences;

- The Committee requested a list of major, medium and minor historic incidents as a baseline to track future improvements. This was to include incidents that had originally been not categorised as major but had subsequently been upgraded. This information needed providing by the Trust rather than the CCG, as did details of compensation cases, which had previously been requested.

The Committee thanked Ms Burnett for her attendance

**RESOLVED 2022/01**

That the Committee:

1) had considered and commented upon the assurance briefing provided;

2) had determined requirements for information for further consideration.

## 5. ACCESS TO PRIMARY CARE

Dr Jeremy Griffiths, General Practitioner and Deputy Chair of the Nottinghamshire Health and Wellbeing Board, introduced the item, providing detailed verbal updates on a range of primary care access issues.

Dr Griffiths made the following points:

- Covid-19 was the greatest health disaster of this generation, and had come at a time when primary care was already under pressure in respect of an ageing and declining cohort of GPs dealing with a population living longer but with increasingly complex needs;

- The primary care operating model changed almost overnight, with a greatly increased use of technology helping deal with demand remotely. In addition to facilitating remote appointments, enhanced technology helped speed up consideration of treatment for ongoing or managed conditions;

- Patient profiles had also changed as the pandemic progressed, with increasing numbers of patients of all ages reporting mental health issues;

- It was clear that Covid-19 could be controlled but would not be eradicated, so populations had to learn to live with the virus and adapt accordingly. Both face-to-face and online appointments would be delivered going forward, but face-to-face engagement was particularly important for new patients, building trust, knowledge and consistency of service;

- While all NHS primary care staff had been working under extreme pressure for many months, there was a sense of optimism that the worst of the pandemic had now passed.

The Committee raised the following points during discussion:

- In response to comments about poor patient experience arising from the attitude and behaviours of GP receptionists, Dr Griffiths expressed the view that getting the interface between the user and the system correct was vital. He was of the view that Reception teams had a very difficult job to do, and often bore the brunt of patient frustrations with the wider system.

- Strong, consistent lines of questioning to help get to the heart of patients' issues quickly was a fundamental aspect of Reception teams' role. As experienced health professionals they were familiar with many health conditions and could prioritise calls, but that did not mean they were providing clinical advice;

- It was confirmed that Prostate-Specific Antigen (PSA) testing could be requested by men over the age of 50 years, but the test wasn't highly reliable. Screening programmes had been suspended at the height of the pandemic,

primarily because of supply-chain issues for basic equipment like blood bottles, but were being delivered again;

- Dr Griffiths agreed with the view that one of the greatest ongoing challenges was addressing health inequalities, and GP practices needed to be sensitive to the needs of different patient cohorts. He cautioned that it was important to focus on the needs of individuals irrespective of age, and that older residents often were able to manage navigating technology as well as younger patients;

- In response to a Member's question about the sustainability of GP workloads, Dr Griffiths drew a distinction between GP surgery contact with patients and working in an on-call environment which, he asserted, was more demanding. He expressed the view that GPs managed risk all the time and did not always get things right. However, they had adapted very well to new ways of working and would continue to do so. Support mechanisms were also available to GPS to help cope with workloads.

The Chairman thanked Dr Griffiths for his attendance at the meeting.

**RESOLVED 2022/02**

That the Committee:

1) had considered and commented upon the verbal briefing provided;

2) determined that no further information be identified and presented to the Committee for its consideration on this occasion.

## 6. WORK PROGRAMME

The Committee work programme was approved, subject to required information being available for scheduled meetings.

The meeting closed at 1.05pm.

**CHAIRMAN**