

COUNCILLORS

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

Mike Adams
Callum Bailey
Robert Corden
Eddie Cubley
Penny Gowland

David Martin
John 'Maggie' McGrath
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

None.

Councillors in attendance

Keith Girling

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Ajanta Biswas	-	Healthwatch Nottingham & Nottinghamshire
Hazel Buchanan	-	NHS Nottingham & Nottinghamshire CCG
Carol Drummond	-	Nottingham University Hospitals Trust
Dr Keith Girling	-	Nottingham University Hospitals Trust
Michelle Rhodes	-	Nottingham University Hospitals Trust
Laura Stokes	-	NHS Nottingham & Nottinghamshire CCG

1. CHAIRMAN AND VICE-CHAIRMAN

The appointment at Full Council on 27 May 2021 of Councillor Sue Saddington as Chairman and Councillor Matt Barney as Vice-Chairman of the Committee was noted.

2. MEMBERSHIP AND TERMS OF REFERENCE

The Committee's membership and terms of reference as detailed in the report, subject to the inclusion of Councillor Wilmott on the Committee membership, were noted.

3. MINUTES OF LAST MEETING HELD ON 20 APRIL 2021

The minutes of the last meeting held on 20 April 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

4. APOLOGIES FOR ABSENCE

None.

5. DECLARATIONS OF INTERESTS

Councillor Welsh declared a personal interest in Item 6 'Nottingham University Hospital Maternity Services Improvement Plan' as a recent service user of NUH maternity services, having given birth in 2020, which did not preclude her from speaking or voting.

Councillor Wilmott declared a personal interest in items 6 'Nottingham University Hospital Maternity Services Improvement Plan' and 7 'Diabetes Services' as a Board member at Wyburn Medical Practice, which did not preclude him from speaking or voting.

Councillor Saddington declared a personal interest in Item 7 'Diabetes Services' as a family member worked within the service, which did not preclude her from speaking or voting.

Councillor Barney declared a personal interest in Item 7 'Diabetes Services' as a family member received regular treatment through the service, which did not preclude him from speaking or voting.

Councillor Gowland declared a personal interest in items 6 'Nottingham University Hospital Maternity Services Improvement Plan' and 7 'Diabetes Services' as a medical research professional whose work involved dealings with NUH, which did not preclude her from speaking or voting.

Councillor McGrath declared a personal interest in items 6 'Nottingham University Hospital Maternity Services Improvement Plan' and 7 'Diabetes Services' as a family member worked at the Queen's Medical Centre, which did not preclude him from speaking or voting.

6. NOTTINGHAM UNIVERSITY HOSPITAL MATERNITY SERVICES IMPROVEMENT PLAN

Further to Nottingham University Hospitals Trust representatives' attendance at Committee in March 2021, Dr Keith Girling, Medical Director, Michelle Rhodes, Chief Nurse and Carol Drummond, Interim Director of Midwifery, introduced a report, providing a further update to the Committee on the Trust's improvement plan for maternity services in the wake of the Care Quality Commission (CQC) 'Inadequate' rating in December 2020.

Dr Girling, Ms Rhodes and Ms Drummond provided the following information:

- 39 Midwifery appointments had been made, making significant inroads into the gap of 61 positions identified. Including additional offers of positions, a gap of 16 midwifery positions would remain following the current phase of recruitment. Ms Drummond's permanent appointment as Director of Midwifery would be confirmed very shortly, and a Deputy Director of Midwifery, with a focus on governance and safety, was being appointed;
- A gap of 6 Consultant posts had been previously identified, and 3 of those positions had now been filled. Appointments to the remaining 3 posts were expected later in the year;
- Daily multidisciplinary safety meetings were taking place, and the Trust's senior management was confident that staff were using these effectively to raise concerns;
- The CQC had highlighted concerns about the consistent interpretation by staff of foetal heart rate monitoring. To date, the Trust had fallen just short of its interim target of conducting training and competency assessments for 90% of relevant staff;
- A procurement order had been placed for 51 cardio tachograph (CGT) machines as part of a rolling replacement programme. 25 CGT machines were ready to be deployed at the City Hospital site, once mandatory training by staff had been completed;
- Concerns had previously been expressed about the lack of compatibility between electronic patient record systems. The Medway system was now available to community practitioners, who had been issued with new handheld devices to access patient records in community settings;
- The CQC had expressed concern about the failure to learn the lessons from past serious incidents. Thrice-weekly meetings had been established to address incidents and follow-up actions, with a Rapid Review and Action Follow-up protocol in place;
- The Trust held fortnightly meetings with the Maternity Voices Partnership (MVP) and had collaborated with the Partnership on a range of issues, including updating the Visitors Code and capturing service user feedback;
- In view of the significant progress made to date, the CQC had removed its 'Section 29' written warning Notice, but it was acknowledged that there was a great deal more to do to address outstanding actions.

During a wide-ranging discussion, a number of issues were raised and points made:

- It was explained that the Trust had not been operating with 51 fewer CGT machines than required – rather, the rolling programme of CGT machine

replacement had been accelerated to provide the most up-to-date equipment to staff;

- Staff retention remained a significant challenge but was not one unique to NUH. Innovative approaches to recruitment and retention, such as the introduction of a retire-and-return policy, were being adopted. It was acknowledged that the Trust would always carry a small level of vacancies;
- It was explained that the Ockenden review of maternity services had led to the introduction of a number of requirements, including twice-daily ward round 7 days per week. Under current staffing levels, the Trust could provide this on weekdays only;
- The Trust had taken the view that there was a need for good, settled, long-term appointments to address the consultant shortfall, and that an incremental approach was filling consultant vacancies was the correct approach;
- a Committee member provided a detailed testimony of her experience as a first-time mother at the QMC in 2020. She highlighted a catalogue of shortcomings, including confused messaging, faulty and unavailable CTG equipment and lack of appropriate basic care for her and her baby following an emergency caesarean section, which had put both her and her baby in danger;
- the Committee member also advised that she had set up a 170-strong support group for lockdown mums, many of whom had reported similar experiences;
- In response, NUH representatives apologised unreservedly to the Committee member for her experience as a patient of the Trust, and undertook to meet the member individually to talk to her in detail about the care she had received. NUH representatives also gave an undertaking to engage comprehensively with the lockdown mums' support group;
- It was explained that the implications of the EU Settlement Scheme had been less keenly felt within Maternity Services than it had elsewhere within the Trust.

The Committee Chairman expressed the view that the information provided by NUH to the Committee on this occasion was insufficiently detailed. She requested that a more detailed update report be submitted to the October 2021 meeting of the Committee, to include the following:

- Staffing levels in respect of midwives and consultants, to include a breakdown of levels of training and experience within the midwifery cohort;
- Update on the roll-out of CTG machines within the Service, and delivery of training on their use;
- An assessment of aftercare issues for mothers and babies post-discharge;
- An explanation of what constituted an 'incident';

- Feedback on engagement with the lockdown mums' support group.

The Chairman also requested that Committee members be given the opportunity to visit the QMC, and six Committee members indicated that they wished to participate.

NUH representatives welcomed the proposed visit, and requested that visits be conducted in 2 groups of three.

The Chairman thanked Dr Girling, Ms Rhodes and Ms Drummond for their attendance.

7. DIABETES SERVICES

Hazel Buchanan, Associate Director of Strategic Programmes and Laura Stokes, Senior Commissioning Manager for Diabetes at Nottinghamshire and Nottingham Clinical Commissioning Group (CCG) introduced the item, providing an overview of the delivery of diabetes care during the Covid-19 pandemic, and highlighting the Integrated Care System (ICS) diabetes transformation priorities going forward.

Ms Buchanan and Ms Stokes made the following points:

- There were approximately 55,000 Nottinghamshire residents diagnosed with Type 2 diabetes in addition to 5,000 residents living with Type 1 (hereditary) diabetes. Type 2 diabetes was more prevalent in men than in women, with many pre-diabetes and Type 2 diabetes cases remaining undiagnosed, and the condition was more prevalent in mid-Nottinghamshire than elsewhere in the county;
- There were a number of 'comorbid' conditions associated with diabetes, including cardiovascular and circulatory problems, kidney failure and eye problems, and in severe cases these could lead to amputations, renal failure and blindness;
- During the pandemic, changes were made to the delivery of the NHS Diabetes Prevent Programme, with fully digital delivery, 'remote' group sessions or a pause in delivery until face to face services became available again being offered. General Practice focus was now focussed on prioritising patients who were due an annual review, as routine annual reviews had been suspended during the pandemic;
- The NHS Diabetes Helpline had operated throughout the pandemic, and Diabetes UK had also been very active in supporting residents with the condition;
- The ICS Diabetes Steering Group had identified the following priorities: 'prevention and self-care', Diabetes in Hospital', Multi-disciplinary Foot Care Teams' and 'Improving achievement against recommended diabetes treatment targets in Primary care', as detailed in the briefing paper;

- A targeted low-calorie diet programme with 500 places was expected to be implemented by January 2022, while a new service provider – Living Well, Taking Control – had been commissioned.

A number of issues were raised and points made during discussion:

- In response to comments about the level of detail provided in the briefing paper, CCG representatives advised that the briefing reflected the requested focus on delivery of services during the pandemic and on service transformation post-pandemic;
- Ms Buchanan and Ms Stokes undertook to liaise with the Health Scrutiny Lead, Martin Gately, to provide more detailed information on access to Living Well – Taking Control, recruitment, eligibility criteria and implementation timescales for delivery of the low-calorie diabetes programme, diabetes-related amputation rates in Nottinghamshire, wider health check details for both men and women, self-referral pathways and patient self-care education;
- Several Committee members advised that they had not previously heard of Living Well – Taking Control, and welcomed the opportunity to receive and disseminate information on it at local level;
- It was confirmed that addressing diabetes among younger people would be a future area of focus;
- While there was as yet no direct evidence of a deterioration in levels of personal care for those with diabetes during the pandemic, decreases in physical activity and weight gain among the general population indicated that there could well be knock-on effects for the scale and severity of diabetes in the future;
- It was explained that access in Nottinghamshire to the flash libre glucose monitoring system in place for those with Type 1 diabetes compared favourably with national access rates.

The Chairman thanked Ms Buchanan and Ms Stokes for their attendance and requested an update report to come to the Committee's December 2021 meeting.

8. WORK PROGRAMME

During discussion, it was agreed to consider items as scheduled for the July 2021 meeting, considering Bassetlaw Mental Health proposals and Engagement, Tomorrow's NUH and East Midlands Ambulance Service Performance Indicators.

From September 2021 onwards, the Chairman requested a focus on 'Access to Primary Care' and 'Mental Health Crisis Services', in the context of pandemic recovery.

The Chairman also reiterated the need for more detail to be included in future reports to Committee. Subject to these amendments, the Committee work programme was approved.

The meeting closed at 1:45pm.

CHAIRMAN