

COUNCILLORS

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

Mike Adams **A**
Callum Bailey **A**
Robert Corden
Eddie Cubley
Penny Gowland

David Martin
John 'Maggie' McGrath
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

Bethan Eddy
Johnno Lee.

Councillors in attendance

Glynn Gilfoyle

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Chris Ashwell	-	Nottinghamshire Healthcare Trust
Kazia Foster	-	Nottinghamshire Healthcare Trust
Idris Griffiths	-	Bassetlaw CCG
Michelle Rhodes	-	Nottingham University Hospitals Trust
Rosa Waddingham	-	NHS Nottingham & Nottinghamshire CCG

1. MINUTES OF LAST MEETING HELD ON 7 SEPTEMBER 2021

The minutes of the last meeting held on 7 September 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Mike Adams – Other County Council business

Callum Bailey – Other reasons

Ajanta Biswas – Healthwatch Nottingham and Nottinghamshire

3. DECLARATIONS OF INTERESTS

Councillor Barney declared a personal interest in published agenda item 4 -‘Mental Health Crisis Services’ as a family member worked closely with mental health services as a clinical psychotherapist, which didn’t preclude him from speaking or voting.

Councillor Barney also declared personal interests in published agenda items 6 and 7 – ‘Nottingham University Hospital Maternity Improvement Plan’ and ‘Clinical Commissioning Group Maternity Improvement’ - as a family member received ongoing health care and support through NUH services, which didn’t preclude him from speaking or voting.

Councillor McGrath declared personal interests in published agenda items 6 and 7 – ‘Nottingham University Hospital Maternity Improvement Plan’ and ‘Clinical Commissioning Group Maternity Improvement’ - as a family member worked for the NUH Trust, which didn’t preclude him from speaking or voting.

Councillor Gowland declared personal interests in published agenda items 6 and 7 – ‘Nottingham University Hospital Maternity Improvement Plan’ and ‘Clinical Commissioning Group Maternity Improvement’ – as she worked closely with the Obstetrics Department at NUH, which didn’t preclude her from speaking or voting.

Councillor Lee declared personal interests in published agenda items 6 and 7 – ‘Nottingham University Hospital Maternity Improvement Plan’ and ‘Clinical Commissioning Group Maternity Improvement’ – as he was in receipt of ongoing health care and support from NUH, which didn’t preclude him from speaking or voting.

Councillor Eddy declared a personal interest in published agenda item 4 -‘Mental Health Crisis Services’ as she was a Director of the mental health awareness charity Head High, which didn’t preclude her from speaking or voting.

Councillor Eddy also declared personal interests in published agenda items 6 and 7 – ‘Nottingham University Hospital Maternity Improvement Plan’ and ‘Clinical Commissioning Group Maternity Improvement’ - as a family member worked as a community staff nurse, which didn’t preclude her from speaking or voting.

Councillor Saddington declared personal interests in published agenda items 6 and 7 – ‘Nottingham University Hospital Maternity Improvement Plan’ and ‘Clinical Commissioning Group Maternity Improvement’ - as a family member worked for the NUH Trust, which didn’t preclude her from speaking or voting.

At this point, it was agreed to amend the agenda order, taking items 6 and 7 in succession.

6. NOTTINGHAM UNIVERSITY HOSPITALS MATERNITY IMPROVEMENT PLAN

Michelle Rhodes, Nottingham University Hospitals Trust Chief Nurse, introduced the item, giving apologies for absence from Dr Keith Girling, Medical Director (unwell) and Sharon Wallis, Director of Midwifery (attending an inquest).

Ms Rhodes drew the Committee's attention to the 14 core 'bellweather' indicators of performance, detailed in the report and contained in the NUH Maternity Improvement Plan, which had been drawn up in response to the Care Quality Commission's 'inadequate' rating of the Trust's Maternity Services.

Ms Rhodes highlighted recent improvements and innovations as follows:

- The NUH continued to work closely with the CCG and Healthwatch to inform improvements, and had recently launched a 24/7 Maternity Advice Line, which was staffed by midwives and had been well-received by service users;
- A Family and Friends Test initiative had received positive feedback, and QR Codes had been made available for ease of use to boost response rates;
- Video training material was now in place which used the testimony of a mother who had lost an infant to reinforce key health, messages for midwives and wider staff on patient safety and duty of candour;
- Parents who had poor levels of maternity service had attended the most recent meeting of the NUH Trust Broad, providing powerful witness statements directly to the Trust's decision makers;
- Women's stories were now an integral part of staff training.

Ms Rhodes indicated that staffing recruitment and retention remained the most pressing challenge to the service. While 38 additional midwives had been appointed, difficulties remained with ongoing vacancies arising from experienced Level 6 midwives leaving the service. The Trust was working to rebuild staff morale and address wellbeing concerns

The Committee Vice-Chairman, Councillor Matt Barney, opened the discussion, making a number of points:

- It was unacceptable that the Committee had still not seen the Maternity Improvement Plan or the Provider Maternity Dashboard, and it was clear from the CCG's assessment that there was no clear triangulation between these and the challenges faced by the service;
- The lack of a common digital platform, necessitating repeated entry of the same data was concerning, as was what appeared to be an ongoing culture of bullying and intimidation that he was not convinced had been resolved. He undertook to speak to Ms Rhodes on the bullying and intimidation element outside the meeting

- He expressed the view that staff retention was a more pressing issue than of recruitment, given that the service was hemorrhaging experienced staff;
- He thanked the staff he met during a recent visit to NUH for their candour and honesty in describing their experience within the service. He welcomed their ongoing commitment to improving the service, and the pledge of the new Director of Midwifery, Sharon Wallis, both to work actively with the Committee and to see through plans for improvement;
- During his visit, it was explained that the triage escalation system in place, where cases were rated green, yellow and purple in order of severity, had had an additional 'purple plus' rating added, better to reflect the acute nature of the cases involved;
- He acknowledged that there were grounds for optimism with the recent appointments to the positions of Chief Nurse and Director of Midwifery, but he expressed the view that the rest of the current leadership did not have the ability or credibility to turn performance around.

Ms Rhodes gave responses as follows:

- The Action Plan had been rewritten and would be shared imminently;
- The 'Dashboard' was not formally named within the presentation but was captured within the core 'bellweather' indicators. Work was being carried out on compiling national comparators, but this was a complex process as not all trusts held information on all indicators;
- A common digital platform was being developed, and work on the roll-out of new data entry equipment was back on track;
- Issues with the triage system were acknowledged, but it was pointed out that the Trust was far from unique in having to ask other organisations within the region to help with service provision;
- It was fully accepted that staff retention was central to efforts to improve the service, and the new Director of Midwifery was personally committed to addressing the issue.

The Committee Chairman, Councillor Sue Saddington, made the following points:

- Information previously provided to the Committee on serious incidents was at odds with information subsequently reported, and both local and national press coverage quoted a significant number of infant deaths and infants born with life-changing conditions which had not been reported directly to the Committee;
- The Trust's Senior leadership, excepting the recently appointed Chief Nurse and Director of Midwifery, was responsible, in her view, for allowing the service

to deteriorate and then had not taken decisive action to address the shortcomings identified by the Care Quality Commission;

- She therefore intended to write to the Secretary of State for Health and Social Care on behalf of the Committee to highlight the Committee's grave concerns on the issue, and to request that the relevant members of the Trust's Senior Leadership step aside and be replaced.

During wider discussion, a number of issues was raised and points made:

- The point was made that the CCG had previously conducted a review of maternity services in 2018 but that the outcomes and actions were not publicly available. Similarly, the Trust's Board papers on the Improvement Plan were not publicly available on its website;
- An explanation was requested about the threshold criteria for referral of serious incidents, as it was alleged that a number of still births were not considered to have met those criteria. This left mothers feeling responsible for the loss of their babies, in the absence of the NUH recognising these cases as serious incidents;
- It was reported that provision for fathers to remain with mothers following a still birth was wholly inadequate;
- A councillor spoke of their personal experience in respect of a difficult family birth several years previously where, in their experience, the Trust had been focussed on avoiding or minimising litigation rather than on providing appropriate care to their family;
- Several members requested definitive information on numbers of infant deaths and infants born with life-changing conditions. Definitive information on the value of historic insurance claims related to NUH maternity services was also requested;
- There was general consensus in respect of the proposed action by Chairman. In response to requests to instigate a public inquiry into maternity services, the Chairman advised that she would take further advice from officers on the formal process, but that she was supportive in principle of taking further action.

The Chairman thanked Ms Rhodes for her attendance at the meeting.

7. CLINICAL COMMISSIONING GROUP MATERNITY IMPROVEMENT

Rosa Waddingham, the Chief Nurse at Nottingham and Nottinghamshire CCG, introduced the report, which provided an overview of the current maternity improvement oversight arrangements as well as highlighting progress specifically in relation to NUH maternity service provision. being taken to improve maternity provision.

The report detailed the roles, functions and collaborative work undertaken through the Local Maternity and Neonatal System, the actions identified following the Ockenden Review, and specifically a range of maternity quality and safety assurance actions identified to address significant concerns about NUH maternity services.

Ms Waddingham highlighted a lack of pace and ambition in addressing issues identified in the CQC report into NUH maternity services, and confirmed that an Independent Review of NUH Maternity Services had been commissioned to drive rapid improvements where change was most needed. The review was to start by end October 2021, was expected to last a year, and would involve families closely from the outset. An experienced Programme Director, Catherine Purt, had already been appointed, and Terms of Reference would be shared with the Committee as soon as they were available.

The following points were made during discussion:

- The report was welcomed and had helped inform detailed consideration of the previous agenda item;
- Concern was expressed that a previous CCG review had not been published and that it would be preferable to have a 'third party' independent review conducted to ensure full transparency. An assurance was requested that the Health Scrutiny Committee would be kept informed regularly on the review's progress;
- In response, Ms Waddingham advised that it was not in her gift to provide the assurance requested, as the review was wholly independent of the CCG. However, the Health Scrutiny Committee was a key stakeholder, and arrangements would be put in place to ensure that the Programme Director met the Chairman and Vice-Chairman at an early stage.

The Chairman thanked Ms Waddingham for her attendance at the meeting.

At this point, the meeting reverted to the original published running order, and considered agenda item 4.

4. MENTAL HEALTH CRISIS SERVICES

Nottinghamshire Healthcare Trust representatives Chris Ashwell, Deputy Director of Mental Health, and Kazia Foster, Service Improvement and Development Manager, introduced the report and presentation, which provided an initial briefing on local mental health provision, including key performance measures, the impact of the Covid pandemic and an update on local Mental Health transformation plans.

Specific points raised included:

- There had been an increase in referrals to the Children and Young People Eating Disorder, Step 4 Psychology and Adult Crisis services during the pandemic, with extra funding required. Over the same period, local Mental Health teams had seen a more steady referral rate;

- Staffing challenges had been significant during the pandemic, with absence levels averaging at 8%. Recruitment nationally was an issue, with a shortage of suitably trained health professionals, particularly around the treatment of eating disorders;
- The roll-out of self-referral had seen an increase in demand, and while no further action by mental health services was required in a majority of cases, services were instrumental in signposting to other sources of support;
- An enhanced 24/7 crisis service was now in place, with 30 additional posts in place. Street triage services had also been enhanced, with multi-agency teams working with regular service users.

The following points were raised during discussion:

- It was confirmed that the Trust had signed up to the Veteran's Charter, and had received no additional funding from the Ministry of Defence for work specifically with veterans;
- It was acknowledged that there was a reticence to diagnose children and young people at too early a stage in assessment, but it was important to get accurate diagnoses in order both to provide the correct treatment and to avoid labelling children and young people inappropriately;
- Lots of work was ongoing in schools to help identify and address future need. Mr Ashwell undertook to take forward a specific case referred to during discussion in respect of signposting for Obsessive Compulsive Disorder;
- Analysis of demand was being carried out by Primary Care Network and the information was available on the Nottinghamshire Healthcare Trust website;
- It was confirmed that self-referral had been place for over 12 months, and that more detailed information on crisis sanctuaries could be made available to share.

In summing up, the Committee Chairman advised that this marked the start point of a more detailed scrutiny process for mental health services, and that further work was needed to plot the specific services for children and young people, as well as older age groups and specific cohorts. She also thanked Mr Ashwell and Ms Foster for their attendance at the meeting.

5. BASSETLAW MENTAL HEALTH ENGAGEMENT AND PROPOSALS – FAMILY TRAVEL PLAN

Further to its detailed consideration at the Committee's September 2021 meeting, Idris Griffiths, Chief Officer of Bassetlaw CCG introduced the item, which provided information on a draft family travel plan scheme in respect of the relocation of services from Bassetlaw Hospital to the new Sherwood Oaks facility in Mansfield.

Mr Griffiths advised that the proposals had been drawn up following consultation with the public, service users and carers and wider family members. The proposed scheme was simple, flexible and grounded in equity and fairness, and took into account both financial and non-financial considerations. While focussing on patients and relatives, consultation had also taken place with existing staff, and it was confirmed that the proposals were entirely separate to transport arrangements when being admitted to the service.

A number of points were made during discussion:

- Several Committee members expressed disappointment that a 'cost-claim' approach had been adopted, and considered that the proposed scheme was complex and could potentially disadvantage service users;
- Members were instead supportive of a fixed link bus service, similar to that already available for the paediatrician service in North Nottinghamshire;
- In response, Mr Griffith expressed the view that a fixed service would be inappropriate for service users' needs, and would not represent a good use of public funding in view of the low numbers involved. However, there was a community transport presence in Bassetlaw and that could be an option worth further consideration;
- it was considered appropriate that funding of the travel scheme should last for the length of investment, and not be time-limited to 2 years. It was explained that the proposal was to review arrangements after 2 years, but not necessarily to bring them to an end.

On the wider issue of the proposed change being in the interest of the local health service, the following was:

RESOLVED 2021/03

That:

- 1) the Committee's comments on the proposed Family Travel Plan scheme be agreed and reported to the Bassetlaw CCG's Governing Body meeting on 19 October 2021;
- 2) the Committee's final determination was that the proposed change was not in the interests of the local health service; and
- 3) a further update be brought to Committee once the inpatient care provision had been transferred, it being noted that the Bassetlaw CCG might not be in existence after March 2022.

8. WORK PROGRAMME

The Committee work programme was approved as published but it was noted that it was a live document and would be revisited before the next meeting.

The meeting closed at 2:17pm.

CHAIRMAN