

COUNCILLORS

Sue Saddington (Chairman)
Nigel Turner (Vice-Chairman)

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

SUBSTITUTE MEMBERS

Councillor Bethan Eddy for Councillor Robert Corden
Councillor Francis Purdue-Horan for Councillor John Wilmott.

Councillors in attendance

Councillor Glynn Gilfoyle

Officers

Martin Gately	Nottinghamshire County Council
James McDonnell	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Alex Ball	-	Nottinghamshire and Nottingham CCG
Lucy Dadge	-	Nottinghamshire and Nottingham CCG
Rupert Egginton	-	Nottingham University Hospitals Trust
Dr Keith Girling	-	Nottingham University Hospitals Trust
Idris Griffiths	-	Bassetlaw CCG
Dr James Hopkinson	-	Nottinghamshire and Nottingham CCG
Tiffany Jones	-	Nottingham University Hospitals Trust
Dr Tim Noble	-	Bassetlaw Hospital
David Purdue	-	Bassetlaw Hospital
Sharon Wallis	-	Nottingham University Hospitals Trust

1. MINUTES OF LAST MEETING HELD ON 22 FEBRUARY 2022

The minutes of the last meeting held on 22 February 2022, having been circulated to all Members, were taken as read and were signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Robert Corden – Other County Council Business

David Martin – Other County Council Business

John Wilmott – Other County Council Business

Sarah Collis – Nottingham and Nottinghamshire Healthwatch

3. DECLARATIONS OF INTERESTS

Councillor Welsh declared a personal interest in agenda item 4 ‘Nottingham University Maternity Improvement Plan’ as consideration of her case formed part of the Thematic Review of Maternity Services at NUH, which did not preclude her from speaking or voting.

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

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

Councillor Bailey declared a personal interest in agenda item 5 ‘Improving Children’s and Emergency Services at Bassetlaw Hospital’ as his employer was a statutory consultee in respect of proposed changes to services at Bassetlaw Hospital, which didn’t preclude him from speaking or voting.

4. NOTTINGHAM UNIVERSITY HOSPITAL MATERNITY IMPROVEMENT PLAN

NUH representatives Rupert Egginton, Acting Chief Executive, Dr Keith Girling, Medical Director, Tiffany Jones, Director of Communications and Sharon Wallis, Director of Midwifery introduced the item, providing a progress update on delivery against the NUH maternity improvement plan.

NUH representatives made a number of points:

- The Care Quality Commission (CQC) had conducted an unannounced re-inspection of maternity services at NUH in early March 2022, and its results were expected to be published by the end of May 2022. Initial positive feedback had been received in respect of significant improvements to foetal monitoring, as well as meeting mothers’ individual care needs and having policies and guidance up to date. However, concerns about triage arrangements and the observation of mothers on ward had also been raised;

- Digital connectivity with community provision continued to be rolled out, with seamless end-to-end connectivity to be delivered by November 2022;
- Staffing remained the most pressing challenge for the Trust, reflecting the pressures nationally within maternity services. A programme of international recruitment was being drawn up, while midwifery students received an automatic offer of midwifery posts at the conclusion of their studies. It was confirmed that the main reason for staff leaving the Trust was retirement;
- In respect of safety, the roll-out of training in the use of cardiotocography (CTG) equipment had progressed well. Pathways for women were now safer, with women better prepared for delivery which, in turn, would reduce complications post partum;
- The Trust had not yet seen a reduction in numbers of Harm incidents, which was attributable in part to higher levels of reporting. However, the number of serious incidents reported had decreased. The Trust's focus remained on reducing numbers of still births, neonatal complications and readmission rates;
- A Maternity Advice Line had been launched, and positive feedback had been received from both staff and service users.

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

- It was confirmed that the Trust did not hold claim data previously requested in respect of value of payouts, numbers involved and numbers of cases pending. The information had been requested from NHS Resolution. The point was made that claim data was based on a range of factors, often historic, and did not always provide real time indicators for how to deliver service improvements;
- Reports that those attending triage were not being regularly reviewed every 15 minutes were a serious concern, as were those of midwives acting outside their levels of competency;
- Concern was expressed that meaningful improvement could not be achieved without staffing shortages being resolved. While assurance was given that the Maternity Advice Line was staffed by qualified midwives, it was queried whether 2 midwives was sufficient to provide an effective service;
- The view was expressed that NUH was not a listening organisation, and that the concerns of staff and patients had not been properly listened to nor acted upon;
- Several members criticised how the information in the update report was presented, in that within the detail provided there were significant variations between national and Trust performance in a number of key categories which had not been highlighted within the report overview narrative;

- Members were especially critical of the increase in still births without clear reasons identified, all at a time of heightened scrutiny for maternity services, and the view was expressed that it would require a public inquiry to make meaningful change happen.

NUH representatives made several comments in response:

- There was an acknowledgement that NUH had much further to go in respect of improvement and that there was frustration within the organisation about the pace of change. However, representatives stood by the assertion that changes undertaken so far was creating a safer pathway for mothers;
- Representatives welcomed the opportunity to meet the Committee Chairman and Vice-Chairman to discuss maternity services issues further. It was agreed that meetings and visits would be appropriate once the outcome of the CQC re-inspection was known.

The Chairman thanked Mr Egginton, Dr Girling, Ms Jones and Ms Wallis for their attendance at the meeting.

5. IMPROVING CHILDREN'S AND EMERGENCY SERVICES AT BASSETLAW HOSPITAL

Idris Griffiths, Chief Executive of Bassetlaw CCG, and Bassetlaw Hospital representatives Dr Tim Noble, Medical Director and David Purdue, Chief Nurse, introduced the report and provided a brief presentation on the outcome of the recent consultation on the proposed development of service at Bassetlaw Hospital, and outlining next steps in respect of service delivery.

Bassetlaw representatives made the following points:

- The allocation of £17.6 million to support the creation of an 'Emergency Village' at Bassetlaw Hospital had provided an opportunity to develop services meeting the longer term needs of the community. Public consultation had now taken place on the basis of 3 options, detailed in the published report;
- The CCG's preferred Option 3, which provided a dedicated Children's Assessment Unit next to the Emergency Department with the availability of overnight stays for children not requiring specialist care, was the preferred option for almost 85% of respondents;
- The consultation findings would inform the Board's decision on the future of Urgent and Emergency provision at Bassetlaw Hospital at its meeting in April 2022

The Committee raised the following points during discussion:

- Members welcomed the both the investment and outcome of the consultation, as well as the commitment to move forward quickly to implement the requirements of Option 3;
- In view of the continued increase in children's Emergency Department admissions, there remained a case for supporting education for residents for avoiding common hazards and accidents, such as scalding;
- Concerns remained about ensuring that staffing levels were maintained as recruitment to the Hospital had been an issue in the past. In response, the view was expressed that co-location with the Emergency Department meant that workforce planning was more effective – an international recruitment was also under way;
- It was agreed that there would be an on-site visit at some point in the future, later in 2022.

The Chairman thanked Mr Griffiths, Dr Noble and Mr Purdue for their attendance at the meeting.

6. TOMORROW'S NUH

Nottinghamshire and Nottingham CCG representatives Lucy Dadge, Chief Commissioning Officer, Alex Ball, Director of Communications and Dr James Hopkinson, Joint Chair and Clinical Lead introduced the report, making the following points:

- Proposals were currently at the pre-consultation engagement stage, with the original proposals further developed since their initial publication in December 2020;
- The QMC would be the main admitting site for Accident and Emergency and Major Trauma patients as well as the primary base for inpatient beds for patients with cancer. Family Care services would be located on one site in a Women's and Children's Hospital;
- The City Hospital would become an elective surgical care hub to prevent disruption arising from emergency care pressures. Cancer patients would receive diagnosis, surgery and outpatient treatments on the site;
- Formal consultation was scheduled for October – December 2022, with final decisions expected in the Spring of 2023.

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

- It was acknowledged that the proposed changes would have an impact – negative and positive – on travel arrangements for those accessing services at each site. The view was expressed that better public transport links to and between the sites would be required, while car parking provision would need revisiting;

- A member highlighted the need to consult extensively with women in respect of the proposals for a Women's and Children's Hospital, and for early communication with women's groups to outline proposals, gain feedback and allay concerns;
- As well as changes to the built environment and location of services, the Tomorrow's NUH programme provided an opportunity to do things differently, such as providing test results digitally. This would in turn reduce the need for patients to visit NUH sites in person;
- It was confirmed that there were no plans to change ownership or provision of cystic fibrosis services at the City Hospital.

The Committee thanked Mr Ball, Ms Dadge and Dr Hopkinson for their attendance.

7. WORK PROGRAMME

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

The meeting closed at 2.05pm.

CHAIRMAN