A history of

QMC

July 2017

A COMMEMORATIVE PUBLICATION
TO MARK THE 40TH ANNIVERSARY
OF QUEEN’S MEDICAL CENTRE

Written by Paul R. Swift
Contents

Foreword ................................................................. 03
Introduction ............................................................ 04
Chapter 1 In the beginning ........................................ 07
Chapter 2 Building work begins ............................... 18
Chapter 3 The early years ........................................... 25
Chapter 4 The Accident & Emergency department ........ 36
Chapter 5 Phase Two: opening of the East & South Blocks..... 45
Chapter 6 The Kegworth Air Disaster .......................... 51
Chapter 7 QMC – 40 years on .................................... 57
Over the past 40 years, Queen’s Medical Centre (QMC) has significantly improved healthcare for the people of Nottingham and beyond. It has saved and changed thousands of lives for the better. It has been at the forefront of medical breakthroughs and innovations. It is nationally and internationally recognised for patient care and research. Almost everyone in Nottingham, directly, or indirectly, has been touched by QMC. The partnership in medical research between the University of Nottingham and our hospitals has impacted on healthcare globally. Nottingham is now the most research active city outside of London, Oxford and Cambridge.

I have had the pleasure of serving QMC, Nottingham City Hospital and Ropewalk House for 11 years. It has been the best and final job of my career ahead of my retirement; and this is down to the people who make up ‘teamNUH’ whom it is the privilege to work with.

There are too many highlights for me to mention from the last decade; though a few would be QMC taking on the important responsibility as the region’s major trauma centre in 2012; only 5 years later to be the busiest major trauma centre outside of London with the strongest clinical outcomes in the country. Our reputation as a leader for medical research continues to go from strength to strength, as does NUH’s relationship with the University of Nottingham, not least through the establishment of the Biomedical Research Centre in the city earlier this year. Our hospitals have a strong track record for patient safety, improving quality and having strong clinical outcomes. We are a leader in openness and transparency. The future is bright for QMC and NUH, not with-standing our challenges in the challenging financial climate in which we are now operating.

Very many thanks to Paul, our archivist, for all he does to support our hospitals and for writing the history of QMC, which I know will be of interest to many patients, staff and members of our local community.

Dr Peter Homa, CBE
NUH Chief Executive (2006-2017)
Researching and writing a book about the 40 years of Nottingham’s Queen’s Medical Centre (QMC), has been a project that has taken up a large portion of my spare time. Having said that, it has been one which I have found most captivating, especially when researching its formative years, from its conception in 1964 right through to the first brick being laid in 1971.

As you will read, with the heated arguments between those who wished to see QMC built in another location and those who wished to see it built where it is today, there must have been some very anxious moments for its developers. Those anxious moments also carried themselves into the late 1970s when the time came to start the phased transfer of services to QMC from Nottingham’s former hospitals. Indeed, from the time of transfer of those services right up to when the time came to begin commissioning Phase Two of the project, the opening of the East and South Blocks, one cannot help but have sympathy for those who were its overseers, especially when central government purse strings were tightened, and it came down to prioritising which healthcare services should get the lion’s share of the available monetary resources.

The financial woes that dogged QMC, and which slowed down the commissioning and phased opening of the East and South Blocks, began after 1979 when the government at the time began making changes into government policy to modernise the UK’s National Health Service.
the building infrastructure of the NHS, of which QMC was the largest.

If complaints over its size were not enough to cope with, some complaints never seem to resolve themselves. Beginning almost from the time when QMC first opened and the first car was driven onto the site, the problem of finding somewhere to park a car was born.

The problem of parking a car is still ongoing. However, in more recent times, positive attempts have been made to remedy the problem with the introduction of a park and ride service, and a shuttle bus service from Nottingham’s other main hospital, City Hospital. This was further remedied in August 2015 with the opening of Nottingham Express Transit’s (NET) Lines 2 and 3 and QMC’s very own tram stop.

Treated as a separate chapter, in chapter four I have discussed QMC’s accident and emergency department. Rather than discuss the current affairs that surround the department, I have talk around the subject by discussing why A&E departments are so busy and why public demands have put an enormous strain on the service.

As you will read, apart from discussing what makes A&E departments busy, I have also discussed, how QMC’s Emergency Department (ED), through the demands placed on the department, has, over the years, been redeveloped and is now part of the East Midlands Major Trauma Centre.

The one subject I did discuss, and is still to this day discussed, is that since the department’s transfer from the former Nottingham General Hospital in 1979, it was intended that the accident and emergency department at QMC would be complementary to a second one based at City Hospital!

In the same chapter I discuss briefly the effect the transfer of the accident and emergency department from the General Hospital had on Nottingham’s public. Seen at the time as controversial, because based where it was, right in the heart of Nottingham, the accident and emergency department was easy to access, therefore, to transfer it to Derby Road, Lenton/Wollaton, on the western fringes of the City would take away the convenience and easy access that was so much part of the General Hospital.

Indeed, throughout the whole book, to emphasise a point, I frequently mention the former Nottingham General Hospital. This is because, before the advent of QMC, the General Hospital was Nottingham’s principle trauma/acute hospital. Also, the General Hospital, because of its history and its proximity to the centre of Nottingham was held in high esteem, which goes on to explain why Nottingham folk in 1982–83, during the hospital’s bi-centenary celebrations, when rumours started to spread about its imminent closure, fought to keep the General open.

Another subject I discussed as a single issue, was that of the Kegworth air disaster, which occurred on the evening of Sunday 8th January, 1989. The response to the emergency, is the one incident which went on to exemplify QMC, as a hospital that was more than capable of coping with a disaster of this magnitude. Apart from winning praise from those who were the air crash victims, QMC also won praise from HRH Prince Charles, who apart from visiting victims of the disaster was himself a patient at QMC.

Since that time there have been numerous visits of Royalty to QMC. The second visit came on Wednesday 9th September, 1992 when, accompanied with Her Royal Highness Princess Diana who opened the hospital’s Day Case Unit and Theatre Service Centre, Prince Charles visited ward B3 to meet a group of Macmillan nurses. This ultimately led in February 1999 to a third visit, this time to officially open QMC’s Multi-Faith Centre, and again on Tuesday 27 July 2004 when he officially opened QMC’s new Accident and Emergency Department, during which time he said: “I am very glad indeed to have the opportunity to return to QMC, which is engraved on my arm!”

In the concluding chapter, chapter seven, I begin by discussing QMC as we know it today. In doing this I begin by turning the clock back to 2005–06 when discussions were being held between hospital management about the merger of City Hospital and QMC. On 1 April 2006 this amalgamation became Nottingham University Hospitals NHS Trust (NUH).

Apart from discussing the merger I broaden it slightly by discussing the similarities between City Hospital and QMC by saying, although 74 years separates the opening of the two hospitals, both hospitals, in their construction were purpose built buildings, and both hospitals, because of their size, as a consequence, suffered similar derogatory comments.

The derogatory comments about QMC as you will read, appear throughout the book at regular intervals, and have already appeared in this introduction. However, as the City Hospital began life as a Poor Law Workhouse and Infirmary, and because of where it was located and its design, it was referred to by members of the public as a ‘Palace for Paupers’ which at the time was seen as a derogatory comment.

Adding the sub-title a ‘Mini-Medical Town’ when discussing QMC as it is today, I feel is appropriate, especially when viewing the activity from one of its two coffee outlets adjacent to the main entrance on B Floor.

As I recorded, what I observed: “Although it is a Sunday morning, there is still a vibrancy about the place.” To which I conclude: “But for members of staff in uniform, and patients wearing dressing gowns, you could be forgiven for asking yourself if this was a hospital or something resembling a motorway service station.” To contrast the sedate vibrancy that is the B Floor main entrance, I then go on to observe the activity that is QMC’s ED. Because of the constant around-the-clock activity would be to alter the sub-title from ‘Mini-Medical Town’ to: “the Tale of Two Hospitals!”

Under the sub-heading of ‘sum of parts’ I go on to discuss the staff who are its employees. To do this I begin by saying, in a health care environment, the sum of parts is best understood by saying: “a hospital is run by more than just nurses and
doctors.” This I conclude by saying, in a hospital like QMC there are many different specialties, which are allied to medicine and whose varying disciplines all require the back up of teams of administrative staff who in turn rely on a whole army of service staff, which includes cooks, cleaners, porters, and maintenance staff.

In a hospital as big as QMC, it is impossible to include every department. Therefore, as I mentioned in the chapter, should you wish to find out how many departments there are, I invite you to look on the NUH website. Indeed, it is in this chapter I make a number of references to the NUH website, especially when referring to the Nottingham Children’s Hospital, and the champion of good causes, the Nottingham Hospitals Charity. As regards to the work carried out by the Nottingham Hospitals Charity, I make reference to public philanthropy, which has been part of Nottingham’s history. Indeed, the former hospitals of the Nottingham General, Women’s and Children’s were all, before the days of the NHS, voluntary hospitals. In other words, they all relied on charity for their upkeep.

Apart from the extensive work of Nottingham Hospitals Charity, and the work they do coordinating the charitable work that is carried out by individuals and corporate organisations, I discuss how 149 departments are supported by an army of volunteers.

In summing up what QMC is today, I refer to those who came up with the idea of it. “They could see that the old and much loved hospital buildings of the past had run their course and it was time for them to be replaced with something more fitting for the late 20th century and beyond. Therefore, QMC, had to happen. Along with the University of Nottingham’s Medical School, it has made Nottingham a world leader in medical research. Without it, Nottingham as a university city would not have the prominence it has today.” I then go on to say: “Now in its 40th year all I can say is, here’s to the next ten years when QMC will be celebrating its half century.

I conclude by saying: “Ten years can go pretty fast, and a lot can still happen. However, may QMC continue on its successful journey; may it continue to prosper, and may it still be at the forefront of discovery for miracle cures for the many ailments we suffer from today that tomorrow will become a thing of the past.

Paul R. Swift
Honorary Archivist
Nottingham University Hospitals NHS Trust
9 April 2017
Having the honour to be the first medical school to be established outside the capital in the 20th century and fighting off bids from rival cities, the university hospital was conceived in July 1964, when a decision was announced in Parliament by Mr Antony Barber the Minister for Health, that Nottingham, the city chosen, was to have a new university hospital and medical school together with a 1,200 bed teaching hospital.

Quite how many chose to enter the race is unclear but it gradually emerged that the two front runners were likely to be Nottingham and Southampton. Locally it was believed that one of the deciding factors had been that Nottingham City Council had agreed to donate £100,000 to the new medical faculty.

As it was estimated a site of 43 acres would be required and, the site favoured by the planners was that which surrounded Abbey Street, the canal line, the River Leen, Hillside, the rear of the properties fronting Derby Road and Clifton Boulevard.

The initial problem the planners had to face before building work could commence, was the thorny issue surrounding the legalities of compulsory purchasing of Old Lenton: the QMC site.
land and buildings, together with the displacement of people and industries to other areas of Nottingham.

As reported in Nottingham’s now defunct Guardian Journal for 14 November 1964: “Strong opposition and a suggestion that a better site could have been chosen were the reactions of many householders.” The report went on to say: “Negotiations to acquire the land are expected to follow a meeting with the Planning Committee of the Sheffield Regional Hospital Board (in later years Trent Regional Health Authority), but is expected to take some considerable time. However, neither the University nor the regional hospital board were prepared to give any details of the building timetable beyond that it would be at least six years before the first patients could be admitted.”

It was also reported that the decision to build next to the University of Nottingham campus had come as something of a surprise. When proposals for the city’s third major hospital were given in the ten-year plan published in 1962, it was envisaged that it would be built south of the Trent, probably in the Ruddington area of Nottingham.

The reaction to the decision by the Planning Committee of the Sheffield Regional Hospital Board to build a teaching hospital and medical school was summed up by one occupier of a house off Derby Road: “This is the worst possible thing that could happen. I have spent a great deal of money making my home here, and now it looks as if our privacy will be lost,” which was reinforced by a Mr G. Foster, of 32, Spring Close (one of the houses that was eventually compulsory purchased), who said: “This is bound to cause a lot of upset for many people. I sympathise with the need for a hospital, but I do not want to move after so many years living here.”

In a later report, dated 26 November, 1964, under the heading: “New Medical School for City likely to be ready in 1973”. According to Professor Bertrand Hallward, Vice Chancellor of Nottingham University: “The building of Nottingham’s Medical School and 1,200 bed hospital, (later upgraded to 1,400 beds) would begin in 1968, and finished by 1973 in time for the first medical students to begin their clinical training.” He then went on to say: “He was aware that human suffering will be involved in the acquisition of the 43-acre site on the eastern side of Clifton Boulevard, but the fact that the hospital was planned meant that there was an opportunity to ease more suffering than the building might cause.”

To oversee the difficulties envisaged in the planning and construction, a fortnightly advisory committee was set up under the directorship of Sir George Pickering, Professor of Medicine at Oxford.

One of the first tasks the planning committee was required to undertake was to produce a report and a capital spending figure of about £25m (€468m), the estimated cost for the whole of the construction of the medical school and teaching hospital, of which it was estimated £2m would have to be spent on the compulsory purchase of the whole 43-acre site.

The reason for this was at the time the first report was drawn up in the early part of 1965, it was estimated in the last two to three years, prior to the report being drawn up, land values had leapt up from £20,000 (€345,818) to around £40,000 (£691,636) an acre.

The committee’s other responsibility was to coordinate the work between the university, which ran the medical school, and the hospital board. For example, one of the committee’s responsibilities was to carry out research into the function and future needs of each department and their inter-relationships within the hospital and university departments; the acquisition of the site; the preparation of the architect’s brief; the planning and design; the preparation of contract; supervision over construction; and public relations. All of which had to be submitted as monthly progress reports to the Sheffield Regional Hospital Board.

Compulsory purchase

Even though no objections, at the time to compulsory purchase had been raised, or indeed any public enquiry envisaged, which was highlighted in a Guardian Journal report dated 12 February 1966 after the civil engineering firm Simms Sons and Cooke’s chairman Mr E. T. Sermon, said: “We do not desire to stand in the way of the building of a teaching hospital—therefore, we are not objecting.”

With the endorsement of Simms Sons and Cooke ringing in the ears of the Nottingham planning committee, the committee took the first formal steps towards applying for compulsory purchase orders for the whole 43-acre site (see photograph on page 4).

But just as the wheels began to turn in the direction of compulsory purchasing of land and property, both private and commercial, the first, of what turned out to be the many voices of dissent were beginning to be heard.

The voice came from one of the site’s major employers that of James Walker the managing director of the Canal Street Sheet Metal Company, a 40-year sheet metal firm, employing 70 workers based on Commercial Street. These premises were one of those to be compulsory purchased, and whose comments were reported in the Guardian Journal on 15th February, 1966, in which he called for a public enquiry to look into all aspects relating to compulsory purchasing, and said: “If this was
done and the decision is still made that the hospital should be placed on the same site as where we are, we should fold up our tents and go.”

However, in an earlier comment he did say: “We are not objecting to the teaching hospital. It is a splendid thing, but I doubt whether this is the right site.”

A year later the voices of opposition to compulsory purchase of land and buildings became even louder. This came in February 1967 when local residents who lived on Derby Road, adjacent to where the medical school and teaching hospital were to be built, united against the decision by planners to build the now familiar access road to the hospital from Derby Road, when it was discovered that two houses stood in the way of the development and would therefore have to be demolished. One of those houses was that of Captain S. R. Hill, the leader of the campaign against compulsory purchase, whose house, 423 Derby Road, although estimated to be valued at £16,000 (£266,270), was one of those houses that was to be demolished.

Despite organising a petition and a car sticker campaign, in a Guardian Journal report dated 28 February 1967, Captain Hill was reported as saying: “I appeal to all residents in the Derby Road, Wollaton Park area, and those motorists who regularly use the main road, to support my neighbours and myself in this fight against ministerial and local government dictatorship.” In the same report, he then went on to say: “Here is a chance to really fight those officials who would, if possible, rubber stamp us out of existence. There was no real need for the road because there was sufficient access from Abbey Street, Clifton Boulevard and Leen Gate where no private property would be involved.”

In conclusion, he said: “This road is an afterthought and was not on the original plans three years ago. In defence of the decision to build an access road from Derby Road, the vice chairman of the planning committee, Councillor Norman Crammond, in the same article said: “It had to be appreciated that this was a £15 million plus project, and to get this sort of facility and to make it work, the overall broad outlook has to be taken. The traffic which will obviously be engendered dictates the need for a principal access from Derby Road.”

In a direct appeal to all those affected Cllr Crammond then went on to say: “No one appreciates more than I what the inconvenience and loss of the beautiful houses means to the residents. They will be adequately compensated.”

With voices of dissent growing ever louder, a month later two hundred residents from Wollaton formed a ‘vigilante group’ whose sole purpose
was to oppose the large-scale development about to take place. Their aims and objectives were to: oppose any encroachment on private property in Wollaton Park and demand that the corporation protects the residential character of the district; oppose, on the grounds of public safety, the planned access to the new hospital from the busy Derby Road; seek more information from the Sheffield Regional Hospital Board about the plans for the development of the hospital, which is intended to provide 1,400 beds; and to protect the right of the residents and advise them generally.

No more was the force of collective resistance more keenly felt than by the vice-chairman of the Nottingham Planning Committee, Councillor Crammond who, apart from sympathising with local residents, was quoted as saying: “I often feel that we the council have the dirty end of the stick. We are told what the plans are by the Ministry and we have no alternative but to enforce them.”

Yet in spite of all the campaign meetings and the lobbying of councillors, as reported on 6 May 1967, two months after the residents of Wollaton had formed a vigilante group, the residents of Derby Road lost the first round of their campaign in preventing the construction of the access road off Derby Road when, in a majority decision, the City’s Planning Committee agreed to accede to the request of the Ministry of Health that access from Derby Road should be provided.

In defence of the decision, Cllr Crammond in a statement said: “Whatever reservations there may be about this site, we respect the views of the residents, but their case for saying that no access is needed here cannot be shown to be absolutely valid. They will, as stated in a public meeting likely to be held in September, have an opportunity for the whole matter to be aired in public, both on their behalf and on behalf of the Ministry of Health.”

In reply, Captain Hill, who was to lose his home in the development of the entrance said: “The Action Committee formed by the residents are deeply disappointed in the decision of the planning committee, but we intend to fight even harder. Our case has been put fairly and we feel the Ministry of Health have been inconsiderate and greedy. Our views have not had the slightest effect on them.” He then went on to say: “His personal view was that the City Council was nothing more than a subsidiary of the Ministry, and did not act with the interests of the ratepayer in mind.”

The comments of Captain Hill were reinforced by another resident likely to be affected by the construction of the access road who went on to say: “We will marshal our forces for the public enquiry. There seems little else we can do at the moment.”

The voices of dissent were still to be heard as Nottingham City Council’s planning committee, The Ministry of Health and the Residents Action Committee continued to argue for and against the construction of the access road off Derby Road. The point consistently raised was of the increased traffic levels of vehicles entering and leaving the hospital in an already congested part of the road; that a highly desirable residential area would be spoilt by the road; that a fine row of trees on the north side of Derby Road would be “desecrated” when it was revealed in the plans that a subway under Derby Road would have to be built.

At one point it was even suggested that the City’s Planning Committee had been “pressured” by the Hospital Board, who had hinted that if the plan did not go through they would change their minds about a hospital coming to Nottingham.

In a David verses Goliath situation, the members of the Action Committee estimated it would cost them £600 (£10,085) to be professionally represented in their fight to stop the intended teaching hospital from having its proposed access road on to the busy Derby Road. Whereas the City Council and the Sheffield Regional Hospital Board could bring in experts paid for out of public funds.

The estimate of £600, which was drawn up by one of the protesters, Mr L. S. Levin, who said at a meeting of the Action Committee held on 12 June 1967: “It is no use being critical without having a good alternative. The authorities have a good reasoned case and, if we are to destroy it, we must have an alternative which is equally as good.” He then went on to say: “It is no good sending a little boy on a man’s errand.”

In a unanimous agreement, to overcome the cost of legal representation, in the same meeting it was proposed that residents should be asked to pledge a contribution towards the cost. In response to the overwhelming decision, the chairman of the Action Committee, Mr H. Nathan said: “We will spread the appeal as far and wide as we can. It will not be limited to Wollaton Park residents. We still feel there is a case to fight in order to retain the amenities of the area.” To which he added: “If you are prepared to give your support, your committee can put up a good case.”

Captain Hill, the campaign group leader, in his response said: “Even if we lose, let us say something. If they want to play rough, we’ll play rough. Let’s take the gloves off and fight them. I personally feel that the City Council, both Conservative and Labour, have let us down badly over this matter.”
“We should ask them again, who on earth do they represent in the council chamber, if it is not the residents.”

In conclusion, Stanley Thomas, a former City Councillor said that after three years on the council he came to the conclusion that it was not run by the aldermen and the councillors—“it was run by the city officials.”

Public enquiry

The long-awaited public enquiry finally got under way on 26 September 1967, in which it was originally thought would be just a four-day enquiry but eventually lasted for three weeks and during its course saw it being held in three venues in Nottingham. Beginning with the City Police Assembly Rooms on Shakespeare Street, the Co-operative Education Centre on Broad Street, and finally the Friends Meeting House on Clarendon Street.

The enquiry was presided over by Mr Justice Samuel Charles Silkin QC (1918–1988), who was also representing the Sheffield Regional Hospital Board and the University of Nottingham.

Following in his brother’s footsteps, John Silkin, Mr Justice Samuel Charles Silkin QC, was a Member of Parliament for the Dulwich constituency until his retirement at the 1983 general election.

Of the seven representative’s one was Mr Geoffrey Howe QC (1926–2015) representing the Lenton and Wollaton Park Residents Association. Later, Geoffrey Howe, 0was to become Mrs Thatcher’s first Chancellor of the Exchequer, and later Foreign Secretary, and before retiring from Parliament, Leader of the House of Commons. For his services to parliament he was made a life peer on the 30 June 1992 where he was given the title of Baron Howe of Aberavon.

As part of his opening address, Mr Silkin said: “What has been brought before this public inquiry was the three compulsory purchase orders; that the inquiry would also hear that the proposal required an amendment in the city’s development plan.”

He then went on to say: “The proposed site was at the gateway to Nottingham from the M1, Birmingham and Derby,” pointing out that: “Alternative possibilities were explored, which included unused land on the university campus and the use of undeveloped land outside the university grounds like Wollaton Park, University Park and the adjoining playing fields.”

However, he did point out that the University Grants Committee had considered the matter from the viewpoint of the educational and medical criteria and that the alternatives did not meet the criteria while the land under question did.

Apart from wanting the occupied land for the construction of a medical school and teaching hospital, there was also a need to expand the university’s facilities because of the prospect of a rise in student numbers, as it was anticipated the number of students would expand greatly in the coming 20 years. For example, in the year 1965–66 there were 3,861 students, and in 1967, the year of the public enquiry, it was anticipated to rise to 4,400, and by 1971–72 there would be 5,500. As Mr Silkin QC said: “Within 20 years it may well have reached as many as 10,000.”

The public enquiry, as already pointed out, brought together those who were in favour of building a medical school and teaching hospital and those who were against. By the third day of the enquiry it was the turn of those who were in favour of the construction to be questioned.

The second representative, representing Messrs W. J. Simms Sons and Cooke was Sir Derek Walker-Smith QC (1910–1992), who was from 1945 to 1983 a Conservative MP and in his time from 1951–55 vice-chairman of the 1922 Committee. He held various ministerial positions, which included Economic Secretary to the Treasury (1956–1957), Minister to the Board of Trade (1955–1957), and from 1957–1959 Health Secretary.

Mr Geoffrey Howe QC

The public enquiry, as already pointed out, brought together those who were in favour of building a medical school and teaching hospital and those who were against. By the third day of the enquiry it was the turn of those who were in favour of the construction to be questioned.

The first to be questioned was Professor F. S. Dainton. During a three-hour questioning period he said by 1978 the university would face the doubling of the existing student population living on the campus to 5,000. The university in common with others was considering “unorthodox methods” of financing the capital cost of development. He
also pointed out as a “first priority” the university must plan to build new halls of residence and blocks of flats to cater for the rise in student numbers.

In support of the Clifton Boulevard site, Professor Dainton said: “The university considers that the Clifton Boulevard site alone can meet the requirements for a 20th century pattern for medical education which with its close integration between the medical school and the university, can and will lead to significant advances in teaching and research, in healing and in the welfare of the community generally.”

When questioned about suitable alternatives Professor Dainton said: “I should add that in relation to both the playing fields and to Wollaton Park, the Corporation early made it known to the Ministry of Health its firm opposition to any attempt to use these for hospital or medical school purposes.”

The second person to be questioned was that of Professor R. B. Hunter, the chairman of the Medical Sub-Committee of the University Grants Committee, who in support of the Clifton Boulevard site said: “The Clifton Boulevard site was the most suitable one for the centre, in view of its close links with the university campus particularly Science City. Also, Nottingham was its first priority because of the population and its need for a hospital, and because of the enthusiasm of the local authority the Ministry of Health and the University Grants Committee.”

The third person to be called was the medical school’s Dean, Professor A. D. M. Greenfield, who when questioned said: “This new centre, would make a worthwhile contribution towards medical progress in the East Midlands. It would have a hospital catering for health problems of young and old, a maternity unit, geriatric wards, wards for chronically sick and mentally disturbed, and would cater for accident cases from a wide area.” He then went on to say: “Nottingham has the opportunity which has been rare in existing medical schools to achieve this relationship. In Nottingham, everything would be done to integrate the medical student into university social life, and therefore the Clifton Boulevard site was especially important.”

In conclusion to his questioning, and to reaffirm what he had already said: “I am left in no doubt that if medical education in Nottingham was to be established and run in accordance with the modern and progressive concepts of medical education, the centre must be on the Clifton Boulevard site.”

To reinforce the comments made by Professor Greenfield, Professor Cranston said: “If the new centre was sited away from the university, this would be regretted by generations of students and teachers. It would lead to a national loss in terms of quality trained doctors and in vital research. No one can say that it would be impossible to operate a teaching hospital and medical school in Nottingham on the site removed from the University.” He then went on to say: “Potently, it can be done, but this would mean that the new medical school will be
saddled with all the ills and problems which many schools elsewhere are trying desperately to overcome.”

Apart from those from a medical background being questioned, on the same day Mr Edward Hill a partner in the firm of architects involved in designing the medical school and teaching hospital was called to give evidence.

During a four-hour session, apart from supporting the favoured Clifton Boulevard site, he said: “10 acres of the site would go for housing people who would need to live there. All told, this will number about 1,000 and will include nurses, doctors, domestic, maintenance and engineering staff as well as medical students and a large number of nursing students, and that there would be parking for 800 cars; some may be in a multi-storey car park.”

He then went on to say: “Allowance for an expected 23 per cent expansion was made and the resulting complex was large, but could just be accommodated in the northern part of the site.” When further questioned, he said: “The main entrance was planned to give the shortest walk from Derby Road bus stops and only left turns onto Derby Road were proposed.”

When asked about an alternative main entrance, Mr Hill said: “An alternative main entrance from Abbey Street would need a long approach to the building. The main entrance at Hillside would be more expensive and involve more traffic movement.”

Finally, when considering alternative schemes on the university playing fields put forward by those objecting, Mr Hill said: “The alternatives would not fulfil the requirements of the close link with the University and were not as good for access.”

The increase in private car usage was the main concern for the fifth day of the public enquiry, a point that was raised by the City Engineer and Surveyor, Mr F. M. Little, who, when called to give evidence said: “The building of the Medical School and Teaching Hospital would be a contributor to traffic congestion.”

Therefore, to combat the projected rise in private car usage, in his statement to the enquiry suggested a form of urban control, whereby people should be encouraged to use public transport.

As a consequence of the £20m scheme, Mr Little also forecasted the widening of Clifton Boulevard between Derby Road and Abbey Street, which he said, is one of the busiest parts of Nottingham’s outer ring road. And among the many road improvement schemes expected before 1973 was the duelling of Clifton Boulevard off Derby Road, westward of Clifton Boulevard, improving the ring road, and duelling Clifton Bridge with a Clifton Boulevard and Abbey Street Flyover.

Yet in spite of the forecasting of major road improvements to accommodate for the increase in traffic numbers, the one argument that was continually returned to was the siting of the main access route into the hospital from Derby Road.

Apart from the residents whose houses stood in the way of construction, Mr Little, in his evidence to the hearing, which would have been seen as support to those who opposed the entrance, felt it would create an exit danger. However, he did say, during the initial planning process, access was needed due to the length of time it would take to walk from Derby Road for out-patients and elderly people.

During the cross examining by Geoffrey Howe QC representing the Lenton and Wollaton Park Residents Association, it was muted by Mr Howe, and could have been seen as a compromise, that the proposed access from Derby Road could be pedestrian access only.

In an earlier hearing Mr Hill who lived in 423 Derby Road, one of the houses that was to be demolished, along with Morris Crossland a Charted Town Planner and Charted Engineer, in a joint statement considered it to be ‘bad policy to use the house’s site as an access for vehicles and pedestrians to the proposed development.’ Both felt that the heavily trafficked main road leading in and out of Nottingham was bound to be source of danger to users.

In the same joint statement, it was added: “Until it is shown conclusively that the hospital project is unable to function without access into Derby Road the site should remain as shown in the approved development plan and no compulsory purchase order confirmed. Finally, as there is a shortage of housing accommodation in Nottingham at the present time, no house that is fit for occupation should be demolished unless other suitable residential accommodation is available.”

By the thirteenth day of the hearing attitudes towards the proposed Derby Road entrance hardened still further. Described in the Nottingham Evening Post as summoning up the ‘Dunkirk Spirit’, Mrs Ruth Prior, the chairman of the Lenton and Wollaton Park Residents Association, gave her evidence to the enquiry.

Emboldened by Geoffrey Howe’s comments that the main access from Derby Road was the “thick edge of the wedge” and that it would prove
to be a “white elephant,” she said: “The Association was determined to oppose the proposals as vigorously as possible. The residents already found traffic very difficult on Derby Road and had no doubt that with the increase in traffic, as a result of the access, life would be intolerable for those residents using the road.”

Referring to future expansion of the university, Mrs Prior said: “The residents in a high-quality district have observed with anxiety the encroachments of the University in recent years, particularly the taking over of Beeston Lane and attempts to expand in the Dunkirk area. Therefore, we regard it as reasonable to expect that the next area to receive the attention of the University is likely to be the Wollaton Park residential area of Nottingham.

The idea of a section of Wollaton Park being used as a suitable alternative location to build a new medical school and teaching hospital was mentioned on the third week of the hearing by Mr E. W. Muggleston, a charted surveyor, who, during cross-examination by Sir Derek Walker-Smith QC said: “There would be objection to the use of Wollaton Park but felt this would be an emotional one rather than one of substance.” To which he added: “The 518-acre park was an extremely large area where its usefulness as amenity land would not be greatly impaired if an area was utilised for the new hospital and medical school.” In reply Sir Derek Walker-Smith QC made it plain that in view of the evidence given by the architect Mr Philip Gerrard, Wollaton Park was not to be considered as an alternative site.

As the proposed access involved the compulsory purchasing of two Derby Road houses together with other portions of the gardens of other properties that would back onto the proposed construction site, the Dunkirk spirit had been further reinforced by a 76 signatory petition handed into the enquiry from the Lenton and Wollaton Park Residents Association to Geoffrey Howe QC who said: “The 76 signatures on the petition had interests and amenities that should be put into the scales to be weighed against the still rather amorphous nature of the public interest that needed this access.

The Dunkirk spirit was further galvanised when a letter was read out to all those present, from Professor Dainton, Chairman of the University Grants Committee, which gave no comfort for those who were to be affected by the construction. That said: “The university has no further plans to acquire land north of Derby Road, and was unlikely to require land in the foreseeable future.”

The thirteenth day of the enquiry also saw the consulting engineer Dr N.H. Carey, who had been involved in a similar hospital project in Oxford, being cross-examined. During cross-examination he said: “The proposed vehicle access in Derby Road was unsatisfactory because it catered only for left turning traffic in and out and as Derby Road was heavily trafficked and queues formed during peak hours at the traffic lights nearby.” He then went on to say: “Improvements would reduce congestion but restrictions on entry and exit would remain.”

Also on the thirteenth day of the enquiry Mrs Sybil Levin of 554 Derby Road, was called to speak on behalf of the Lenton and Wollaton Park Residents Association, in which she
said she first learned of the access proposal during the spring, and while not opposed to the hospital building was concerned with the break into the residential area and the damage it would create.

She then went on to say, in her investigations she found a lot of uneasiness and uncertainty in the area as residents were not sure what was happening and were anxious to be reassured. Yet in spite of efforts no explanation for the need for the access was given, except from the university’s planning officer saying it was the nearest point for bus passengers for access to the outpatients’ department and accident and emergency facilities.

Simms Sons and Cooke

As the public enquiry entered its third week, Mr Michael Sermon, assistant managing director of Simms Sons and Cooke, was called to address the enquiry.

Supported by Sir Derek Walker-Smith QC, Michael Sermon said at the time that the projected phase-one start of the new hospital complex, that was due to begin in January 1969, apart from relinquishing the firm’s 20-acre site, it would also mean the loss of 400 of the firm’s workforce, a workforce that had been built up over a 30-year period at the premises in Lenton.

Mr Sermon went on to predict with building work due to begin in January 1970, apart from production ceasing on the Lenton site the company had recently purchased a site at Hucknall, which was purchased for another of the company’s production techniques called “Simmcast” using plastics, therefore a suitable alternative would have to be found that would be large enough to accommodate all that was located on the current 20-acre site.

Mr Sermon then went on to say, with the loss of production in the transitional stage, this could amount to a loss of 100,000 school places or a loss of 15,000 houses, and currently the firm was dealing with contracts totalling £50m (£840.5m) which played a significant role in the country’s economy, and that the firm had just gained 28 building contracts valued at £6m (£100.8m).

The estimate drawn up by Mr Sermon was to draw on the fact that 60 per cent of Simms Sons and Cooke’s production was supplying timber to the building trade whilst the remaining 40 per cent went to joinery firms producing goods for the domestic home market.

An earlier witness to the enquiry, Mr E. W. Muggleston of Robert Clarke and Co., a firm of chartered surveyors, and in support of Simms Sons and Cooke said: “Simms Sons and Cooke had looked at Lenton Industrial Estate, as a suitable site for relocation, however the only plot of unfilled land that was available except for unfilled land which could not be immediately available.

As regards to the cost, Mr E. W. Muggleston pointed out that to relocate the firm to an equivalent site would cost £1.5m (£25.5m) with a disturbance cost of £1m (£16.8m). He further estimated that the cost to the Ministry of Health, including trade disturbance (cost of relocation), loss fees and expenses would amount to £30 a square yard (£145,200 per acre) (£2.5m) amounting to a rounded off figure of £3m (£50.5m).

Anticipating the move, Mr Mugglestone said: “Simms Sons and Cooke, had looked at relocating the firm onto the Lenton Industrial Estate, but no land was available except for unfilled land which could not be immediately available.
On compensation, Mr Silkin said this matter was irrelevant to the enquiry and to the question of confirmation of the compulsory purchase order. Even if the firm had brought the present position on their own heads the fact remained that if business was seriously disrupted, there would be some national economic effect. But he said their representatives had exaggerated from ‘first to last’ every aspect of their case and suggested this should not be taken at face value.

The timetable for removal of the firm put in by the company was, he said, a document which should be regarded with the gravest possible caution. He submitted that they could be fully operational on the new site within 2½ years and that meanwhile could be phasing their work to avoid disruptions.

On the issue of the site considerations being a fait accompli, Mr Silkin said it was a little ironic that the complaint of Simms Sons and Cooke had not been of inadequate investigations but rather the lack of speed of decision and that they never suggested any specific alternative site.

Mr Silkin said the decision over the site had been taken after detailed consideration by specialists and that the university and corporation had expressed strong views about the undesirability of the only alternative site on the university playing fields.

Mr Silkin added: “If one does more than skate over the service I suggest Sir Derek did, the balance is quite overwhelmingly in favour of the promoter’s scheme,” he added.

On the alternative site, Mr Silkin said the carving up of the university playing fields was a crime which “generations to come would not easily forget.” The playing fields part owned by the corporation and part by the university were probably the finest sporting area in Nottingham certainly the central area and Mr Silkin said that Parliament whose voice would be decisive if Parliamentary procedure were involved would probably rightly refuse to accept this.

Turning to the case of objection made by Mr Geoffrey Howe QC on behalf of residents on the grounds that a main vehicle access is not needed into Derby Road, but a pedestrian access could be put there, Mr Silkin said he was grateful for the general support of the site which this gave but he did not want it felt he lacked appreciation for the views and feelings of the residents. Major projects like the teaching hospital made it virtually impossible to build without someone suffering, and the firm, R. Cripps and Co petrol station would have to be moved to an alternative location on the same road.

High court appeal
A year later, after the public enquiry had ruled in favour of the building of Nottingham’s new medical school and 1,400 bed teaching hospital, and permission had been granted by Mr Anthony Greenwood, Minister of Housing and Local Government, to go ahead with compulsory purchasing of all private properties and commercial premises, with preparatory work due to begin in the autumn of 1968, the shareholders of Simms Sons and Cooke lodged an appeal in the High Court to prevent the building work from taking place, which if successful would have meant the hospital would have had to be built elsewhere.

The shareholders of the company lodged their appeal, under the provisions of the Town and Country planning Act of 1962, that if there is a grievance caused by a development or plan, or an amendment to a plan, on the grounds that it is not within the powers of the Act, or that any relevant requirements have not been complied with, they may lodge an appeal within six weeks.

The appeal by the firm’s shareholders was over the Minister’s decision to agree to the compulsory purchase of the firm’s 20 acre site, about half the site wanted for the whole building project.

With no date set for the appeal to be heard, only a likely date for some time in the autumn of 1968, as parliament was in recess, the dates set to begin the initial preparatory
work on the site all had to be put on hold to await the outcome of the appeal.

Finally, as reported in the Nottingham Evening Post for 7 March 1969, after a two-year legal battle in which the company made a compensation package of £6.5m and eventually had to settle for just £998,500, Simms Sons and Cooke’s shareholders lost their appeal. The High Court refused to quash the government’s decision to acquire the final compulsory purchase of the remaining 20 acres of land.

In dismissing the appeal Mr Justice Willis QC said Simms Sons and Cooke had been aware since 1963 that the acquisition of their land was under consideration.
From the date of when construction work of the new teaching hospital and medical school was originally due to start, which was in the autumn of 1968, and the application to the Court of Appeal by the shareholders of Simms Sons and Cooke, which brought all construction work to a standstill, the necessary preliminary work finally got underway in 1969, when the whole 43-acre site was surveyed. However, it would be a further two years before of the first phase of the complex finally began on 1 May 1971.

It was envisaged that the whole hospital would be completed in 1980, and in that timeframe, beginning in 1973, the hospital administrative offices and nurse training school would be transferred to new accommodation. This then would be followed in 1974–75 with the completion of the first stage of the medical sciences block, together with the existing accommodation on the university campus, which would enable the university to transfer research facilities, temporarily housed in the university’s school of pharmacy, into the new building.

Between 1976–77 the completion of the medical sciences block and the first major phase of the hospital was envisaged. This would be followed a year later by the completion of the outpatient accommodation in West Block. Also in that same year in was hoped that medical student numbers would rise a further 160 from an original 1970 intake of 48.

Finally, by 1979 the vision was that the hospital would have grown to 905 beds including 140 children’s beds and 84 geriatric beds.

Unfortunately, due to NHS funding shortages and the delay in the start of the building programme work, it was well into the 1980s before QMC became fully operational. Although the Children’s Hospital was the first to be transferred in 1978 from Chestnut Grove in the Mapperley Park area of Nottingham, and services from Nottingham’s General Hospital were being transferred at regular intervals, it would be a further three years wait, in late 1981, before the Women’s Hospital’s accommodation in East Block would become ready for occupation.

To understand why one of Nottingham’s hospitals, the City Hospital, apart from QMC, is now a major teaching hospital, and the hospital that was once the flagship of healthcare in Nottingham, the General Hospital, is now confined to the history books, is to travel back in time to 1965, and the report compiled by the Medical School Advisory Committee, under the chairmanship of Professor Sir George Pickering, the Regius Professor of Medicine, University of Oxford.

In the report it was stated: “The Medical School Advisory Committee visited the City and General Hospitals and they agreed with the opinion of the officers of the Trent Regional Hospital Board that while they would have an important part to play in the arrangements for medical education they would not be suitable as teaching hospitals.”

The report then went on to say: “They are too far off from the proposed medical school at the university to allow integration. To set up a medical school in such circumstances would be to
perpetuate a defect that has made the proper organisation of medical education impossible. The hospitals are designed as service hospitals. They do not have, and cannot have, except at enormous expense, the facilities needed in a University Hospital in the second half of the 20th century.”

The report by the Medical School Advisory Committee was supported by Professor David Greenfield, the Medical School’s first Dean of the Faculty of Medicine who said, at the time of the 1967 Public Enquiry: “I cannot too strongly associate myself with the conclusion of the Pickering Committee that the new teaching hospital, justified upon service grounds of the new medical school, is a sine qua non (a thing that is absolutely necessary).” Unfortunately, with all the best will in the world, plans never went quite the way they were intended.

Existing hospital upgrades

Although planned in 1963 Nottingham General Hospital, at the time of the 1965 Pickering Report, was going through a major £1.4m expansion program with the building of the nine-storey Trent Wing, which resulted in an additional 84 beds, bringing the total bed capacity to 545. The new building also came with new operating theatres and other accommodation as well. Also to accommodate for the need of additional staff, the War Memorial Nurses Home at 2 Park Valley was opened in 1969 to accommodate for an extra 63 nurses that would be needed, and 1 Park Valley was converted into flats for married members of the medical staff.

The medical school, which opened in 1970; by 1973 the first intake of medical students were ready to begin their clinical training. As a consequence of the delays in the building of the new medical school, all clinical training had to be carried out at two of Nottingham’s hospitals, which in the original report of 1965 were deemed unsuitable.

Apart from the Trent Wing being officially opened by Sir Keith Joseph in 1972, in the same year a new medical library was opened on Postern Street, which was followed in 1973 by the opening of the Department of Medicine.

Nottingham’s second hospital was upgraded as well: conceived as a Poor Law Workhouse and Infirmary, the City Hospital first opened its doors in 1903 as the Bagthorpe Workhouse and Infirmary. Having gone through a number of title changes, it wasn’t until 1935, when the Poor Law ended, and the local authority took over its running, that it was finally re-named Nottingham City Hospital. However, its ties with the local authority did not end until 1970 in the same year as it was awarded teaching hospital status.

Because of the need to upgrade the City Hospital’s clinical and outpatient facilities, in the same year as it was awarded teaching hospital status, Lady Hamilton opened the new Physiotherapy Department. This was followed with a spat of openings, beginning in 1972 with the opening of the Post Graduate Medical Education Centre, followed in 1973 with an additional six operating theatres, followed in 1974 by the opening of a new 168 bed maternity unit.

Nottingham’s other hospitals were also upgraded. For example, both the psychiatric hospitals of Mapperley and Saxondale were upgraded for clinical teaching in psychiatry as indeed was the Children’s Hospital at Forest House for paediatrics.

Since that time, City Hospital has continued to play a major role teaching in all fields of healthcare, and is today not only one of three sites for NUH but also for the University of Nottingham Medical
School’s Clinical Sciences building, which was opened in 1999 by the Chief Medical Officer, Professor Sir Liam Donaldson.

A purpose-built hospital

QMC’s sole purpose when it was first planned was that all trauma and acute services should be centralised under one roof.

The idea of centralisation of services also gives a clue as to what architects and planners were thinking at the time. The 1960s was a time when Nottingham, like many other towns and cities throughout the UK, went through a period of slum clearance, when whole districts like St Ann’s and the Meadows were cleared of all 19th century housing.

Apart from building new houses, what appeared to be the answer to overcoming the shortage of housing, as they could be constructed quite quickly, and they would occupy less building space, was to build high-rise flats. Therefore, with high-rise living being the answer, why not build hospitals in a similar manner?

The original design of QMC results from an acceptance of the need for a large closely-integrated building that comprising four large hollow blocks, three of which house wards and the fourth the medical school. They are all interconnected by a compactly planned central area with diagnostic, treatment, and service areas, and where bed areas are planned on the perimeters so that all 1,400 beds have an open outlook.

The design of the QMC takes into account that on each floor level, bed areas are linked with diagnostic and treatment areas that are required for the particular specialty involved and with the appropriate division of the medical school to permit academic and clinical departments.

The architects, Building Design Partnership, went on to point out, the central area of the hospital would contain operating theatres, outpatients’ clinics, administration, services and supply accommodation distributed throughout the floors for natural relationships, ease of working and convenience of patients.

In a hospital the size of QMC communication can often seem very confusing and impersonal to the patient. Therefore, implicit in the brief was the requirement to make circulation and communication routes as short, direct and simple as possible, not only for the benefit of the patients and their visitors but to encourage communication between staff by removing obstacles of distance and physical separation between clinical departments and supporting services which together comprise the modern hospital team.

In the original plans, the team of architects pointed out that a ring system of corridors would link all departments, which are to be served by banks of lifts in all four blocks together with a multiplicity of staircases. Finally, care would be taken to relieve patients and visitors alike of their instinctive apprehension when entering the hospital by creating an entrance hall with a relaxed atmosphere and providing a decorative scheme and soft general lighting to promote a feeling of welcome and confidence.

The hospitals QMC replaced

As cries of “it’s too big” and “it’s too impersonal” coming from staff and visitors alike, especially those whose departments were being transferred from hospitals like Nottingham General Hospital, it is important to remember the sort of environment they were saying goodbye to. The General Hospital began a phased move to QMC, beginning almost from the time it first opened in 1977. Conceived on 12 February 1781, at the time its foundation stone was laid, as a Voluntary Hospital, its voluntary/charitable status would last from its opening on 18 September 1782 until the inception of the NHS in 1948. As a consequence, it lent its name to many members of the local nobility. Names synonymous as the Dukes of Newcastle. Indeed, it was the third Duke of Newcastle who lived in the ducal palace we refer to as Nottingham Castle, who originally gave an acre of land for the building of the hospital in 1781.

Also involved were the dukes and duchesses of Portland. It was this noble lineage that gave their name not just in the development of Nottingham General Hospital, but also the Nottingham and Midland Eye Infirmary on the Ropewalk, the Women’s Hospital on Peel Street, the Children’s Hospital at Forest House and also Harlow Wood Orthopedic Hospital in Mansfield.

The above are just two examples of ducal patronage, the list of those of noble connections is numerous, which gives some idea of the esteem
services at all of Nottingham’s three voluntary hospitals. Combined, from 1915 to 1943, they donated a total of £178,325 (which today is worth £6.6m).

Apart from the Player family, the other major industrialist who gave his own time and money to the General Hospital was Sir Jesse Boot, who apart from donating vast sums of money, which today citizens of Nottingham still benefit from, was the £50,000 he gave towards the building of the Memorial Nurses Home, which today is worth £2.3m.

Again, these are just two examples of the many thousands of pounds, which today would have mounted up to the millions that industrialists and the general public, throughout the years, gave not just to Nottingham General Hospital but similar hospitals.

The General Hospital apart from growing in its own right, was responsible for the conception another two of Nottingham’s voluntary hospitals. The first being the Nottingham Children’s Hospital, which was opened by the Bishop of Lincoln on 1 July 1869 as the Free Hospital for Children, 3 Russell House, Postern Street, opposite Nottingham General Hospital.

Miss Millicent Hine, the daughter of Thomas Chambers Hine the architect, was a prime mover and the first Nurse-in-Charge. Supported by two consultants, Dr William Bramwell Ransom and consultant surgeon Mr Thomas, ten more beds were added in 1875 and an outpatient department in 1886. There were no outpatient facilities and the hospital provided inpatient care for children aged between 2 and 10 years from poor families (a declaration of poverty countersigned by a clergyman was required) was opened by the Duchess of St Albans. In 1879 the Children’s Hospital was one of the first buildings in Nottingham to be equipped with a telephone. This revolutionary modern device was an invaluable method of contacting medical staff who were based largely at the General Hospital.

To cope with the increasing demand much larger premises were required, and after hearing of the difficulties the hospital was having, Mr Thomas Birkin of Ruddington Grange gave Forest House as the new home for the Nottingham Children’s Hospital. Without hesitation, the offer was accepted and soon afterwards the architects Evans and Son were employed to convert the house into a hospital, while preserving its original structure.

Originally this was intended to be officially opened by Empress Frederick, the eldest daughter of Queen Victoria. But due to ill health, she was unable to attend. The

Memorial Nurses Home

Nottingham Children’s Hospital, No. 3, Russell House, Postern Street, Nottingham

Birkin of Ruddington Grange gave Forest House as the new home for the Nottingham Children’s Hospital. The new outpatients department was built in 1886 at a cost of £1,000 and it was opened the following year by the Duchess of St Albans. The opening of the new department led to an increase in outpatient attendances to 617 during the year.

The 1901 Census showed 10 boys and 16 girls, aged 1-12 years, were
cared for by 21 staff. During the first year 422 children were admitted, 302 new outpatients had 12,878 attendances and 598 operations were performed. At any time 100 children were awaiting admission.

In 1923, John Dane Player, who was on the Management Committee for 49 years and Chairman for 28 years, visiting daily, paid for a £40,000 extension, which increased the hospital beds from 40 to 80. This was officially opened by HRH Princess Mary, the daughter of King George V and Queen Mary amidst a crowd of 1,500 spectators on the on 30 April 1927.

Nottingham Children's Hospital was to remain at Forest House until its transfer to QMC on 11th November, 1978. From 1978 Forest House was used as the headquarters of the former Nottingham Health Authority, which after 1996 was moved to the vacant General Hospital site, renamed Standard Court after re-development. Forest House eventually was sold and became the Jamia Al-Hudaa Muslim boarding school for girls.

The second hospital that began life at the General Hospital was the Women's Hospital. Conceived in 1875 when 12 beds were set aside for women's diseases, it eventually moved in 1893 to 29–31 Castle Gate, where it was to remain until it moved to Peel Street where it amalgamated in 1924 with the Samaritan Hospital for Women, which was originally established on Raleigh Street in 1885.

The land to build the amalgamated Women's Hospital was acquired in 1919, however it would be a further ten years before the hospital was officially opened on the 5th November, 1929 by Princess Helena Victoria, the granddaughter of Queen Victoria.

Designed by the architects Messrs Bromley, Cartwright and Waumsley, when the hospital was opened it came with two 12-bed and two 10-bed wards and a separate ward for 16 private patients, providing a total accommodation of 60 beds.

In February 1939 a new wing, costing £30,000, of which John Dane Player donated £25,000, was opened providing an extra 38 beds. In 1944 a nurse's home was provided, and in 1945 Adbolton Hall was acquired as a recuperative hospital for those receiving post-operative care. In 1947 the former Samaritan Hospital on Raleigh Street was equipped as a nursing home for private maternity patients and renamed St Mary’s Nursing Home. St Mary’s Nursing Home closed in 1972 as did Adbolton Hall eight years later in 1980, followed in 1981 when the hospital on Peel Street finally closed and all its services were transferred to QMC on Derby Road.

The hospital building has since been converted into apartments and is now called Charleston House. The nurses’ home has been converted into student accommodation and is known as Canterbury Court.

Although separate from Nottingham General Hospital, the Nottingham Eye Hospital began life on 23 Park Row in 1859 as the Nottingham Eye Dispensary. In 1866 it moved to 56 St James’ Street and its title changed to The Nottingham and Midland Eye Infirmary.
Like the Nottingham General, Women’s and Children’s hospitals it too was patronised by many of Nottingham’s local grandees. For example, in 1878 Henry Pelham-Clinton the Sixth Duke of Newcastle became its first president. This was followed a year later, after the duke’s untimely death in 1879, with the presidency being handed to Charles Manners the Sixth Duke of Rutland. The Duke of Rutland’s presidency of the Eye Infirmary was to last for 11 years when in 1890 William Cavendish-Bentinck, the 6th Duke of Portland took over as president.

By the early 20th century, as the volume of work increased, and the premises on St James Street became inadequate, a decision was made to move the hospital to larger premises. As a result of a competition for the best drawing, plans for a purpose-built hospital by the local architect Arthur Marshall were approved, and after much consideration, on 5 April 1911 the foundation stone was laid. This was followed in December 1912 when Winifred, Duchess of Portland officially opened the premises on the Ropewalk.

Later in 1959 the title Nottingham and Midland Eye Infirmary was superseded with the more familiar title of the Nottingham Eye Hospital. The title still exists to this day although the Eye Hospital is now part of QMC.

As it was the intention of those who planned QMC to bring together under one roof most of Nottingham’s hospitals, from the time of its official opening by HM Queen Elizabeth II on Thursday 28 July 1977. From that date onwards, as space more and more became available, beginning when services from the General Hospital were moved to QMC in what was known as Phase One. As the Nottingham and Midland Eye Infirmary was part of that phased move, a phased move to QMC began in 1978. This was a move that was to last for four years when eventually the whole of the ophthalmic department finally came together in 1982.

After its closure in 1988, Harlow Wood Orthopaedic Hospital was divided between the two hospitals of Kings Mill Hospital, Sutton-in-Ashfield, Nottinghamshire and QMC in 1988, thus bringing to an end 60 years of history.

At the end of the nineteenth century and the need to treat tuberculosis, rickets and poliomyelitis, especially in children, in 1907 the Nottingham Cripples Guild was founded. Its first president was Alderman J. A. H. Green, the then Mayor of Nottingham who had shown a keen interest in forming a Cripple’s Guild. However, when he became Town Clerk, he had to step down and Winifred, Her Grace the Duchess of Portland accepted the role.

At the end of the First World War, a plan was put forward for the erection of an orthopaedic hospital but it was five years later before Sir Robert Jones, the doyen of orthopaedic surgery, was invited by the Duchess of Portland to Nottingham to discuss the orthopaedic problem in the city.

Recommended by Sir Robert Jones in 1923, Mr Alan Malkin, who had a substantial background in orthopaedics, was appointed Orthopaedic Surgeon. The Guild went ahead with plans for a clinic, rather than a hospital to alleviate the burden on Nottingham General Hospital.

The clinic moved from St James’s Street to larger premises at 45 Park Row that were donated by Sir Jesse Boot. Nevertheless, a specific orthopaedic hospital was always the final goal. Sir Robert Jones had the idea that a country house could be made into an orthopaedic hospital. However, many of the houses which comprised the Dukeries were still being occupied, and Clumber Hall had been burned down in 1879. There had been talk of using Bulwell Hall previously but this fell through. Discussions kept the idea alive and finally with the gift of a piece of land in Harlow Wood by the Duke of Portland in 1927 allowed the dream to become a reality.

The foundation stone was laid on 7 November 1928 by the Duchess of Portland. The hard work of those constructing the building and the enthusiasm of the Duchess drove the construction on at a pace and the building was officially opened on 3 August 1929 by the Duchess of York, later the Queen Mother.

Apart from the former hospitals above mentioned, other clinical specialties were also transferred. In the mid-1980s and lasting almost until the mid-1990s, QMC saw the phased transfer of psychiatric services to South Block, known as ‘Phase Three,’ from two of Nottingham’s former psychiatric hospitals, Mapperley and Saxondale. In the same time-frame QMC also saw the joined-up service of its neurological speciality after the department was transferred from the former Derby Royal Infirmary.
A hybrid hospital

As already indicated, QMC was designed and constructed specifically as a purpose-built hospital, which has consequently made it very much a hybrid hospital. In other words, it is a hospital that has accommodated other hospitals, which brought with it its own unique piece of history, and in time has established itself at QMC and has given the hospital its own unique characteristic.

As an example of this unique character, on entering B Floor from the main entrance on Derby Road, amongst the various waiting areas, displayed on the walls are plaques of varying sizes. Apart from being given a clue as to how hospitals were financed before the inception of the NHS, it is recognition of QMC’s historical past with the former Nottingham General Hospital.

Indeed, as you enter B Floor through the glass fronted entrance, you are met by an art deco stained glass window, a work commissioned to mark QMC’s 21st birthday in September 1999, in which the top panel depicts a pair of safe caring hands, whilst the bottom panel contains QMC logo with each of its predecessor hospitals. These exemplify over 200 years of healthcare service, previously provided by those hospitals and now provided at QMC.

As a further example of QMC’s hybrid characteristic, and a recognition of the hospitals that were amalgamated, embossed in the original QMC logo are the names of the hospitals that go to make up the establishment of QMC.

From an historical point of view, as already shown, the hospitals that go to make up QMC all at some time began life at, or within the vicinity of, the former Nottingham General Hospital, and were all in time brought back together again under the same roof, only this time at QMC, just as they were under the same roof when they were first established at the General.

Thinking collectively of the hospitals that QMC replaced, Nottingham has a rich tapestry of fine architecturally designed buildings, which includes hospital buildings as well. As most of these buildings date back to the Victorian era and have become part of the fabric of Nottingham, in many ways we have grown to love and cherish these old buildings, in much the same way as we love and cherish old steam engines. Somewhere within our collective psyche, we see old buildings, especially a hospital building, as something safe, reliable and dependable, and something that will last for generations to come.

Unfortunately, these buildings could not last forever. In other words, they could not halt the continuous march of progress. As already explained, in spite of a modernisation program to Nottingham’s hospitals, which began in the 1960s, whilst waiting for QMC to be built, and in preparation for the opening in 1970 of the medical school, it was inevitable, in the face of the advance of modern medicine that these much-loved hospital buildings came to look increasingly out-of-date.

Of course, QMC because of its sheer size during its early years, courted controversy. For example, what took it so long to become fully operational was, as already pointed out, during the early part of the 1980s, and will be discussed more fully in later chapters, it had to overcome NHS funding shortages. The question therefore to ask: “Would hospitals like QMC ever be built again?” The answer would be yes, but at an enormous cost, which in this day and age is proving to be just as controversial now as it was when QMC was built all those years ago.
Although opened in phases, QMC was officially declared open on Thursday 28 July 1977, when during a whistle stop visit to Nottingham as part of her Silver Jubilee tour of the UK, HM Queen performed the opening ceremony. Yet in spite of the accommodation in the medical school having been made ready to accept students, it would be a further year before the hospital’s clinical facilities would be ready to accept patients.

Known as ‘Phase One,’ when it finally came into operation, departments that were transferred from other hospitals to QMC during the first phase were housed in the hospital’s West Block, as the East and South Blocks were still under construction.

The fear of the unknown

As discussed in the previous chapter QMC was, at first, disliked by staff and visitors alike for either being too big or too impersonal. Although, on reflection, it could have been the fear of the unknown, as people were used to the more familiar smaller buildings of Nottingham’s older hospitals. Therefore, seeing a hospital the size and magnitude of QMC being built was for some people just a little too much to contemplate or to accept.

I’m right and you’re wrong

With ink from the signatures on the visitor’s book barely dry, the first of the many salvos of complaints about its size were already being fired. This came on the 22 October 1977 when in a Nottingham Evening Post article that could be entitled ‘I’m right and you’re wrong,’ it was reported that Consultant Surgeon, Mr David Daly, the chairman of the South Nottingham Medical Committee, had challenged the Nottinghamshire County Councillor, Fred Riddell. Cllr Riddell was a member of the County Council’s Education, Land and Buildings Committee. His comments were that Nottingham would soon be embarrassed with its health riches, and that he had no time for the philosophy that the university’s size had been what the consultants wanted.

In his reply to Cllr Riddell’s comments, Daly said: “I challenge Councillor Riddell to accompany me around the threatened hospitals and prove what he has said.” He then added: “I wish this to be an open challenge to a public debate. What Councillor Riddell said is not true. We did not ask for this hospital, therefore I challenge him to visit each of our present hospitals and see for himself.” In answer to Mr Daly’s challenge, Cllr Riddell said: “If Mr Daly wants a fight then I’ll give him one!”

The thought of challenging a consultant surgeon to verbal fisticuffs must have given Cllr Riddell second thoughts, as in the same article it reported him saying, in a more consolatory tone: “I think we’re really talking at cross purposes, too which Mr Daly has taken out of context. QMC was planned ten years ago, at which time big hospitals were in fashion and consultants wanted them.” To emphasise the point, he was making he went on to say: “Consultants would have approved of the design brief for the architects.”

“If today’s consultants have changed
A history of QMC

Transport difficulties

The dislike for this huge 1,400 bed medical metropolis was further expressed when it was reported, barely a year later on 28 May 1978, Rushcliffe Borough Councillor Dr Erl Annesley expressing his worries that some people will have difficulties in reaching the new Accident and Emergency Department after it has been transferred from Nottingham General Hospital to QMC, a transfer which took place during the summer of 1979.

It was reported Cllr Annesley as saying: “There are many people who travel by bus to the General Hospital from the surrounding villages without the need to change services, which will be impossible once the A&E Department has transferred its services to QMC.”

In the same article, he envisaged the need for a circular bus route servicing all outlying villages directly to QMC.

Speaking to members of the Health and Recreation Committee, Cllr Annesley also envisaged that it would be necessary for doctors to make greater use of ambulance services for patients attending outpatient appointments, which would add tremendous strain on an already overstretched budget.

At the same meeting, another councillor, Councillor Eric Green, asked if the public could expect a better service with the centralising of hospital departments, to which he went on to add, many people were frightened that the bigger a unit got, the worse the service to patients and visitors would become.

In conclusion the Mayor for Rushcliffe, Councillor Horace Sanders said: “The question of public transport was a vital one. The usefulness of the new hospital will be in doubt unless you can get to it!”

Ushering in a new era

Although many more complaints about the hospital’s size were still to follow, on a lighter note it was reported in the Nottingham Evening Post for the 13th February, 1978 that the long-awaited opening of the showpiece Nottingham QMC for outpatient services would take place possibly in July of 1978, which would be followed four months later in November with its first intake of inpatients when the Nottingham Children’s Hospital will be transferred from Chestnut Grove in the Mapperley Park area of Nottingham.

In the same Evening Post article, it reported the Area Health Authority administrator for South Nottingham, Mr Brian Blissett as saying: “1978 is going to be a very busy year for the health authority with the opening of 450 beds in the first phase of its development, thus marking a very important year for the new hospital.”

He then went on to say: “Under the first phase, that the Area Health Authority will close the convalescent hospital at Ruddington Hall and the inpatients department at the Cedars Hospital, but the Women’s Hospital on Peel Street will not, as yet, be affected. However, the present general medical, surgical, geriatric and obstetric facilities at Highbury Hospital are to be withdrawn but the existing mentally handicapped unit will remain.”

Forecasting future transfers, Mr Blissett added that the General Hospital’s accident and emergency department would move to QMC in early 1979.

Meanwhile in the same newspaper article of the 13 February 1978 the Health Minister of the time, Roland Moyle, gave details to the Conservative MP for Carlton, Philip Holland, which hospital services are likely to develop in Nottinghamshire.

Among the points the Minister made was that the Area Health Authority hoped the opening of QMC and the subsequent changes in the use of Nottingham’s hospital facilities would mark the first step towards a significant improvement in the health facilities available in the Nottingham area.

He also pointed out that the Area Health Authority’s plans called for more, rather than less, staff working in Nottingham’s hospitals.

Finally, it was reported that the Minister had said he was pleased to say that some increase in the number of hospital beds for the elderly would be achieved when the first phase of QMC opened, with a further increase of 144 beds when the second phase, already under construction, was brought into use.

With a ringing endorsement given by the Ministry of Health, Roland Moyle, it was reported a month later in the Nottingham Evening Post for 19th February, 1978 as “organisers reporting big strides in completion work” that September 1978 would be the month that QMC would be ready to begin receiving its first outpatients followed two months later with the opening of the children’s wards.

In expectation of its immediate expansion, it was reported that the pathology department, public health laboratory, kitchen and dining room were already in operation, and between the timing of the report, 19 February 1978, and September, there would be a significant staff build-up ready for the first patients.

It was forecasted that the first phase of the hospital, would be opened in stages from the summer of 1978, which would involve 458 beds–144 for children, 159 surgical beds, 56 adult fracture beds, 112 general medical beds, nine intensive care beds and eight coronary care beds.

It was also predicted that the first phase would also cover half the outpatient clinics, half the planned accident and emergency services, and half the support facilities which included X-ray, medical records and the pharmacy departments.

In a further prediction, Brian Blissett, said that by the time the second phase was completed in the early 1980s, there would be beds for 1,400 patients.
The prediction of 1,400 beds was further backed up by a timetable for the commencement of services, which began on August 15th 1978 with the transfer of the General Hospital’s dermatology outpatients. (The last routine dermatology clinic took place at the General Hospital on the 4th August, 1978). This was followed on August 22nd 1978 when the ear nose and throat (ENT) department would begin treating patients.

4 September 1978 saw the eye casualty service operate a limited service from QMC from 7.30am–5pm, Mondays to Fridays, with night and weekend casualty cover still operating from the Eye Hospital on the Ropewalk. (For Nottingham’s Eye Hospital, it would be a further four years before it would become a fully integrated).

This would be followed two months later, on 11 November when all children’s services were transferred from Forest House, with the first children’s outpatients clinic being held just three days later on 14 November.

In conclusion to the positive Nottingham Evening Post article of the 19th May, 1978, it was reported that members of the medical profession, in varying capacities, and in large numbers, from this country and abroad, were showing a positive interest in working in Nottingham, having been attracted by the attached medical school and by what QMC had to offer.

In conclusion to the positive Nottingham Evening Post article of the 19th May, 1978, it was reported that members of the medical profession, in varying capacities, and in large numbers, from this country and abroad, were showing a positive interest in working in Nottingham, having been attracted by the attached medical school and by what QMC had to offer.

In anticipation of the transfer of the Eye Casualty Department to QMC on the 4th September, 1978, in a Nottingham Evening Post article dated 31st August, 1978, apart from reporting the service’s times of availability from QMC also reported that the South Nottingham Health District had 900 posters printed, which were sent out to all major employers in Nottingham informing them of the impending transfer.

Apart from informing its readers of where to locate the Eye Outpatients and Eye Casualty Department from the main entrance on Derby Road on B Floor it also informed its readers that Nottingham City Transport would be running half-hourly services to QMC from Parliament Street, Friar Lane and Maid Marian Way in the centre of Nottingham.

**Ushering in a new era – getting the message out**

Apart from the many local media reports informing Nottingham’s citizens of the phased opening of QMC, Nottingham’s school children were also asked to play their part in publicising its opening by way of a poster competition.

The competition under the theme of “For your health’s sake,” which should contain the words QMC together with its symbol or cartoon character “Cubert” which represents the building, was divided into three age categories. Those age groups being, under the age of 11 years, 11 to 15 years, and 15 years and over.

Headed by local artist Brian Clarke, a panel of three judges decided the winners in all three age categories, with the winners having their work on display in the Old Market Square. This took place on 24 June 1978, in what was the first of many planned exhibitions about QMC. These were held in and around the Nottingham area.

**Hospital volunteers – QMC’s League of Friends**

The roots of QMC League of Friends lie in the hundreds of pre-NHS voluntary hospitals, which were often
run by leagues of friends to treat the sick and the poor, who together in the 1800s went on to establish the British Hospital Association.

In 1948, after the devastation of the Second World War, the NHS was created and an organised role for volunteers was realised. On 24 March 1949, an inaugural meeting was held and the National Association of Leagues of Hospital Friends was established.

Now very much part of QMC with a 100+ membership, when in a three-year plan published in 2013 it was estimated to have an annual income of £80,000, QMC League of Friends was formed on 27 June 1978. This was just two months before QMC began receiving its first patients.

In a public meeting held on that date, which was attended by the Lord and Lady Mayoress, Councillor and Mrs Oscar Watkinson. David Evans the former chairman of the Nottinghamshire Area Health Authority said: “The extra amenities and personal service offered by the league could make all the difference to patients staying in hospital.”

In response, Ken Jarrold, sector administrator for the General and QMCs, said: “Without the involvement of the community, the hospital could not be successful. The hospital could only serve the people of Nottingham to its full potential if in addition to its services, it had the enthusiasm of volunteers.”

In that same inaugural meeting, proposed by Mrs T. E. Forman Hardy, Mrs W. Waugh, the wife of Professor William Waugh, professor of orthopaedic and accident surgery, was elected chairman of the steering committee to establish the league at QMC, with Mrs Peggy Greenfield, the wife of Professor David Greenfield, Dean of the Medical School, elected as a member of the steering committee.

Indeed, it was Mrs Greenfield who spoke of the “very great talents and experience of those who had devoted themselves to voluntary work in hospitals, whose services will be helping in the new leagues work.”

Finally, amongst those attending that first inaugural meeting was Dick Wilson, chairman of the Nottinghamshire Area Health Authority, Dr B. C. L. Wilson, Vice-Chancellor of the University of Nottingham, Miss R. M. Weedon, and Lord Crawshaw, president of the Winged Fellowship Trust.

**The move of the Nottingham Children’s Hospital to QMC**

With transfers of departments from Nottingham General Hospital to QMC making steady progress, the first major phase one transfer took place on 11 November 1978 with the transfer of the Nottingham Children’s Hospital from Forest House to adult surgical wards adapted to the needs of children on F Floor in West Block.

11 November dawned foggy and cold. In all, there were 19 children involved in Nottingham Children’s Hospital for the transfer, which began at 9am. The first patient to be moved was a baby from the high dependency nursing area who fortunately did not require artificial ventilation, which made the transfer task that much easier. The majority of the children were orthopaedic patients and were therefore on traction or in plaster; these patients were the last to be transferred and by 10.30am were very excited and anxious to get going. The prospect of being on television or in the local newspaper added to their excitement!

Accident and Emergency facilities were planned so that the department at Nottingham Children’s Hospital would finally close at 9am and the new one at QMC would open at the same time. However, the first patient arrived at QMC at 7.30am. Fortunately the staff had been divided to cover both areas and so all went well.
It was with mixed feelings that staff said goodbye to the familiar cosy atmosphere of the old hospital, which was first occupied in December 1900. There has been a children’s hospital in Nottingham since 1869, the original building being Russell House on Postern Street across the road from the General Hospital.

In 1900, the trends in caring for sick children had proven the accommodation inadequate, therefore the reasons for moving were similar to 1900. The 1978 move provided much better facilities for investigations and treatment as the paediatric unit was set in the complex of the medical school and the schools of nursing and radiography.

Some of the staff spent most of their nursing careers at Chestnut Grove, and many of the senior nurses had trained and worked in small paediatric hospitals, therefore the transfer to QMC seemed a very daunting prospect. Yet in spite of the pre-move orientation courses that all staff members attended, there were still many policies which had not actually been tested with patients and there were still areas of the vast hospital where staff members found themselves lost.

It was reported that several weeks after moving, most of the staff began to feel at home. The walls of the long corridors were adorned with children’s paintings and the whole feeling was that the children made F Floor their home for the interim period while plans to move on into better facilities were still under discussion, and friends who regularly visited Chestnut Grove with Christmas gifts still like to think of the new environment as the Children’s Hospital.

Finally, as reported, by continuing these links with the old hospital, it was hoped that the spirit of the Nottingham Children’s Hospital would be taken on into phase two, with the move to East Block.

Adapted from a report published in the Nursing Times, 15 March 1978 by Vera Wootten, Nursing Officer, Paediatric Unit.

Moving by Louise, age 12

“Today it’s the 7th of November, the day is Wednesday and everywhere the preparations are going on, as everyone gets ready and prepares for the big move. This morning the large colour television was taken down from its stand at the end of the ward, and packed up to be sent off to the University. Everywhere you look, people and desks are covered with labels announcing the move to the new hospital with the phrase “I’m going to university.”

“This evening the two sisters came, all dressed in thick jumpers and trousers instead of their uniforms, to sort out the bookcase and to see which books were to go to QMC and which were to be thrown away. Everything that is being moved to the University (the beds, television, books, toys, etc.) has been stuck with a yellow label marked “F Floor Ward 18” which is to be the name of our ward at the new hospital, instead of “Princess Mary Ward.”

“On Friday, my bed was moved right down to the front of the ward, near Nottingham Children’s Hospital, Forest House, Chestnut Grove

Courtesy of the Nottingham Post: The first two babies arrive at QMC in 1978 after being transferred from Nottingham’s former Children’s Hospital

Chapter 3: THE EARLY YEARS
the entrance doors so as to make it easier to move the beds out on Saturday morning. There isn’t much for the nurses to do really, with so few patients. It seems so strange to see the ward usually so full and busy, now practically empty, with rows of stripped, empty beds, and the plane bare walls. This evening the last of the toddlers were sent home, leaving just two patients on the ward—Alan and I. This evening we had a surprise for a lot of the babies were brought to our ward in cots that evening. Apparently, they were staying for the night, and then in the morning they were being taken to the University with us.

“I can remember that night, as I lay in bed, how strange everything looked. At the top of the wards there were two large metal crates, containing all the toys and books. Everywhere there was a feeling of bareness. The top ward was completely empty, and all the unoccupied beds were collected together in the middle.

“At last, it’s Saturday morning! There is a feeling of intense excitement in the air. For the last half hour, great crowds of people have been coming and going on the ward, busy with last-minute jobs and packing. Several times we were told that the ambulances were ready to take us, but it turned out not to be. I had never realised before just how many things I actually had. At last everything was ready, and I was left with three enormous bulging carrier bags, containing my belongings.

“The next minute Professor Hull (our consultant at the hospital) arrived, and told us that the ambulances were ready. Nurse Shaw and Nurse Watts were to accompany Alan and me to the Hospital. Alan carried his own bag. Professor Hull carried the biggest of mine and the nurses carried the other two. We followed Professor Hull down long empty echoing passages, then down a flight of stairs and onto the outpatients. The entrance doors were wide open, and outside was an ambulance being loaded with equipment.

“The air was bitterly cold, and everything was covered in a heavy, swirling grey fog so thick indeed that

the trees right outside could hardly be seen, and only the outlines of the nearest buildings were visible. Alan and I sat down on the seat near the door, with the nurses, while Professor Hull said that he would take Alan and me and the two nurses to the University in his car, so we put all our bags in the boot, and then got in. It seemed quite a way in the car, but we couldn’t see much outside because of the fog.

“My first impression of the new hospital was that of an enormous brand-new building, and I was completely taken in by its immense size. We got out the car and entered the hospital on B Floor. The first thing that struck me about it was that it was such a contrast to the Children’s Hospital. If we hadn’t had been with Professor Hull, I know that I would have been completely lost. The whole hospital was just like one gigantic maze, with endless miles of corridors all leading into each other. Our destination was F Floor, which happened to be the very topmost floor of the hospital. The view from the window was said to be marvellous.

“We followed Professor Hull into the lift and then went up and up, until at last we finally were there, then along another mile of passages until we finally arrived at Ward F 18. My first thought that it was completely different from the children’s. Instead of a big, long, wide ward, with beds on either side, the ward was divided into three bays with six beds in each. There was a narrow corridor outside the bays running the whole length of the ward, and the ceiling was much lower. Everything looked new and shiny and compact.

“Alan and I were shown into the middle bay, and the first thing I noticed was how pleasant everything looked. There were three beds on each side of the bay, with smart blue counterpanes on them. In the centre, there was a small table and chairs, and a vase of flowers in the middle of the table. There were big colourful posters and pictures stuck on all the walls of the bay, and there was a bright cheerful atmosphere to it. There were also new deep orange lockers, which were much nicer than the old wooden ones. The only disappointment on that first day was that I couldn’t see any of the marvellous view from the window, since the fog had come down thicker and denser than ever.

“We were playing the game at the table with a nurse, when suddenly a crowd of people from the television company came around with cameras, and took pictures of all the bays and the three of us having a game at the table. We were later shown on the programme “Nationwide.”

“A little later on I was asleep on my bed when a nurse woke me up and told me that I was to have my picture taken. I went into the other bay where I was given a “Cubert”—a felt toy which was the symbol of the new hospital. Then the singer Clodagh Rodgers arrived, and we all had our picture taken around the big toy dog, together with the babies. I, for one, will never forget the day I moved to the University, and everything that happened there.”

For children, who were patients, the thought of moving to a new environment, coupled with the prospect of appearing on television must have been an exciting period. However, the thought of transferring to another part of Nottingham, and ultimately to a complete change of environment, especially when all you have been used to is a small working environment with the intimacy that comes with it, must have been, for all members of staff a daunting prospect. None more so was this daunting prospect felt by Mrs Lynne Ward (nee Gough) who began her employment at the Children’s Hospital on Chestnut Grove on 31 December 1973.

In an interview with the author, when asked what it was like working at the Children’s Hospital, when you contrast it to working at QMC. She gave her answer as:

“When I worked at the Children’s Hospital in the Medical Records Department you did a bit of everything, from finding notes to filing index cards; to typing labels; to working on the Casualty Department. We did a little bit of everything, and I worked every other Saturday morning.”
As already pointed out, the intimacy of the working environment came with working in small surroundings. The intimacy comes in stark contrast to QMC’s long corridors which cover four blocks with five floors, with the exception of West Block, which has six floors. As she said in her interview: “So many corridors, so many floors!” However, when comparing the environment of the Children’s Hospital to working in QMC’s South Block she said: “Where I work now I am in a unit, so it is a similar environment to the one I worked in at the children’s.”

With intimacy of a small working environment still in the line of questioning, the question that followed was: “When you moved to QMC in November 1978 it must have been a culture shock working in this cavernous place that was still opening?” To which she replied:

“Yes, because those who moved from the admin side we were all given different jobs, so we were all split, and I didn’t do anything like I used to do at the children’s, because I was a person in an office doing pre-registration work, which was dealing with all the new patients that came to QMC who were children.”

She then went on to say:

“I shared an office with the case note transfer lady, the ambulance liaison gentleman, the inpatients administrator, who also came from the children’s, and there was a lady who did the Eye and ENT work. I did the children’s work, and we had a boss called Jean Oakes; we all shared one front-office in the main entrance, which is not there anymore, it’s now Costa Coffee.”

Lynne Ward gave the answer of:

“When I moved in it was like a carcass that was empty. Walls were still unfinished and scaffolding was still up, and curtains were still hanging where builders were one side and me on the other side, which made it feel as though I wasn’t working in a hospital at all.”

The question that followed was: When you first moved to QMC did you ever think to yourself, am I going to get used to this place, or what? To which she gave the answer:

“Yes, I suppose I did. After all, we fought so hard to try not to transfer from the children’s, but on the eleventh hour you knew you were going. You were thinking, well this has got to be the future!”

Finally, one of the questions that was asked was that of the atmosphere. In other words, you don’t smell the aroma of disinfectant anymore (the hospital smell), a smell that was distinct in all of Nottingham’s hospitals. When the question was asked she replied:

“I remember going home from the Children’s Hospital, and walking through the door, and my dad saying to me: “You smell of hospital!”

In conclusion, with QMC now fully operational, it is hard to imagine, especially in those early years it being an empty carcass. However, as time has gone on the carcass became less a void area, as the whole place became more and more busy, thus becoming QMC we know of today.
Finding your way around QMC has, since it first opened, always been a topic of conversation. Orientating your way, even today, especially for those who are unfamiliar with this enormous building, can be a very daunting experience.

Having already described QMC in its early years as an empty carcass, I wondered what it was like for nursing staff, especially those who had transferred from the Children’s Hospital on Chestnut Grove?

Describing it as “orientation” which seemed more like “orienteering” Sister Carolyn Simpson of E37 Ward in an article that was first published in the Queen’s News in March 1999 goes on to describe her experiences of transferring from the Children’s Hospital on Chestnut Grove.

“In the months leading up to the transfer, staff made several visits to the wards on F floor in West Block for “orientation” which seemed more like “orienteering”! The new hospital seemed huge in comparison to the old Children’s Hospital.

“We were each given a card and in pairs were sent out to find various departments, theatres, X-ray, pharmacy, paediatric A&E, dining room etc. As we found each department it was duly signed off and we were sent to find the next one. At this time, we were the only in-patients and there was nothing between F floor and A floor A&E department (which was the original fracture clinic area).

“I was a night sister at the time and we carried a bleep after midnight and had to run to the A&E department from F floor when called.

“The porters and security men at the time were very helpful and often made visits to the children’s ward at night, as it was very lonely. West block ended just beyond the dining room and it was sometime later before East and South blocks were eventually completed. F18 was medicine, F19 medicine/oncology, F20 orthopaedics and F21 surgery. Ear Nose and Throat (ENT) consisted of 12 beds housed between F20 and F21, and the Paediatric Intensive Care Unit was in the end Bay of F21, the present immunology department.”

In conclusion, the Children’s Hospital that transferred to QMC on 11 November 1978 came with a proud heritage. However, as an occupational hazard of progress the title ‘hospital’ was dropped, as the Children’s Hospital became a ‘children’s unit’ - just part of one of the many departments at QMC. However, after much planning and preparation, the Nottingham Children’s Hospital title was revived with the transfer in June 2008 of children’s wards from Nottingham City Hospital to QMC.

Now in the 21st century, it is hard to imagine just how much progress has been made in paediatric medicine. In a way, the Nottingham Children’s Hospital, has it all under one roof, which until recently seemed impossible. For example, under one roof it has a brand-new Haemodialysis Unit, a state-of-the-art High Dependency Unit, and located on B Floor in South Block a newly refurbished children’s outpatients clinic, which includes a separate area for teenagers.

From the humble beginnings of charity and the poor law, over the years grew a hospital service that has become second to none, and is one hospital service the citizens of Nottingham can be justly proud of – “The Nottingham Children’s Hospital.”
To mention these departments is to mention but a few, the list seems endless. Finally, as with all things, it is easy to take what we see for granted, and at a time like this it is worth remembering how the children’s services in Nottingham began.

Tours around wards

As already mentioned, finding your way around this vast citadel of long corridors looking for departments only to find yourself in the wrong place, has long been a topic of conversation from when QMC first opened its doors in 1978.

Anticipating this problem, management, when QMC first opened, held a series of weekend open days where the public were invited to come and have a look around the place to familiarise themselves with this whole new hospital environment. The last was held on the weekend beginning Saturday 9 June 1979.

Familiarisation tours took place throughout the day starting from the main entrance on Derby Road. Apart from tours around the hospital, demonstrations of basic first aid techniques were also given by the ambulance service outside the main entrance. In addition to all the various demonstrations, the public were also invited to watch a film about the accident and emergency department, which was due to transfer from Nottingham General Hospital on 22 July 1979.

Financial woes and other teething problems

As already mentioned in the previous chapter, to build a hospital at today’s prices would cost £464m which, in more recent times, was a price quoted to build a hospital the size of QMC in Stockton-on-Tees, which was duly cancelled by the coalition government of the time.

If you were to equate £464m to build QMC at today’s prices, in 1977 it would have amounted to £27.6m, for one reason or another it has always run into criticism. The most common complaint was its size. As already discussed in this chapter and the previous, this was a common complaint from local councillors and indeed one of its MPs.

This came on 16 July 1979, when in an adjournment debate in the House of Commons the then Nottingham North MP, William Whitlock said QMC was too big, which he went on to describe QMC as: “The manifestations of the dreams of planners and architects of a decade or so ago,” which he followed on by saying: “In spite of the fact that the teaching hospital would produce doctors for the nation, and that it would increasingly contain modern diagnostic and treatment facilities which would replace out-dated facilities elsewhere, we should never again build anything so large as QMC.”

However, the theme that guided the adjournment debate in the House of Commons was a funding crisis which was holding up the further phased opening of QMC and also the opening of the recently built H Block at Nottingham City Hospital.

The crisis in Nottingham’s hospital service was due to a shortfall of £1m, which, as Mr Whitlock pointed out involved premature closures, postponements, and a squeeze on staffing levels.

Referring to the shortfall of £1m as a small sum of money, Mr Whitlock warned the Health Secretary that “they will be hated in Nottingham if that comparatively small sum of money is not made available so that the proposed postponements and closures and squeeze on staffing need not take place.”

He then went on to say: “Among other measures contemplated by the Area Health Authority is the running down of services at the Firs Maternity Hospital in advance of the time when there would have been a transference of obstetric beds to phase two of QMC, the closure of a ward at Harlow Wood Orthopaedic Hospital, and the closure of Newstead Hospital which provides beds for the North Nottingham district.”

In reply to Mr Whitlock’s statement, the Under-Secretary for Health, Sir George Young, said: “I understand your bitter disappointment, but you have to be realistic that unpopular decisions have to be made in the present financial difficulties.” He then went on to say, “there was no prospect of direct help by the government for Nottinghamshire. Health authorities must decide their priorities within the allocation of funds.”

The reporting of an adjournment debate held in the House of Commons on the 16 July 1979, came from a Nottingham Evening Post article, published the following day on 17 July. However, the first warning shots over acute funding shortages came two months earlier at a meeting of the South Nottingham Community Health Council, when it was reported in the Nottingham Evening Post for the 15 May 1979, that if work goes ahead on the second phase of the QMC, it could be at the expense of services for the elderly and the disabled.

The problem was that there was an acute financial shortage, and as a consequence there was not enough money to cope with the phase two opening of QMC, and at the same time to build a geriatric unit at the former Nottingham General Hospital, and to open a unit at Highbury Hospital as well.

It was reported that Keith Sykes, the assistant administrator for South Nottingham District, which the above hospitals at that time came under, informed the meeting that he was well aware of the deficiencies within services for the elderly, adding that the new unit at Highbury Hospital, which cost over £0.5m to build, should have been opened a year earlier, in 1978.

It was a case of which services do we prioritise, in other words do we allocate funds to the opening of phase two at QMC, or do we allocate funds to the development of geriatric services at the former
Nottingham General Hospital?
Keith Sykes said services at the General Hospital must come before phase two, whilst at the same time stressing that the district management team had not yet outlined its plans on the allocation of money. However, he did say, the Area Health Authority would carefully consider the many different views expressed before allocating any money for the schemes.

That reoccurring problem – car parking

Although Nottingham has been named as England’s least car-dependent city – which has been backed up by government figures showing that the number of “car miles” in the city has fallen by almost 40 million in the past 15 years, bucking the trend for most large English cities – it is hard to imagine that a hospital that has excellent public transport links to its main entrance on Derby Road, a ten minute bus service that links QMC with City Hospital, and more recently the introduction in 2015 of a tram service, still has a problem when it comes to car parking, both for staff, patients and visitors alike.

As already discussed in the first chapter, when QMC was still in the planning stage, to combat the projected rise in private car usage, it was suggested that a form of urban control should be introduced, whereby people should be encouraged to use public transport.

With the expected increase of staffing levels, it was estimated that QMC would require spaces for 800 cars with the possibility of multi-storey car park. How times have changed! Today, at QMC there are 1,114 car parking spaces for staff, and 680 spaces for patient/visitors, which is still not enough.

When QMC was planned all those years ago, it was envisaged one space for every two beds – but the health service norms at the time, especially when QMC first opened, were vastly overtaken by rising car ownership to one space her bed.

In spite of Nottingham being the least car-dependent city, to be fair to all those sitting round the table planning the development of QMC they never could imagine the number of cars seen on today’s roads would exceed the amount of car parking space they thought would be sufficient for when QMC was finally fully operational.

The reoccurring problem of car parking began when QMC first opened. In fact, it was first raised in a report in the Nottingham Evening Post, dated 24 October 1979. Under the headline “Blaze Fear at New Hospital,” it was claimed that traffic congestion could lead to vastly increased suffering in the event of a major fire.

The report goes on to say: “The car-crammed site, which has up to 1,000 vehicles on it during the day, has already been the subject of complaints by the fire service.

Eric Cope, the hospital’s fire officer said the Dunkirk fire engines – situated just half a mile away – took up to ten minutes to get to the scene of a fire, when in actual fact it should only take three minutes.

To reinforce the point Mr Cope was making, he went on to say, a small fire recently occurred in the works department, and because of the parked cars hindering the movement of emergency vehicles, the fire engines and crews simply couldn’t get around quick enough, which is why it took all that time to get to the scene of the fire.

The fire hazard was just one of the reasons why Trent Regional Health Authority took the decision in November 1979 to build a £1.25m multi-storey car park giving QMC an additional 1,400 spaces.

Amidst the storm of criticism unleashed against Trent Regional Health Authority and the South Nottingham Health District for wanting to spend money on a car park at a time of drastic cuts in patient services, the plans were called in by the Health Minister, Gerard Vaughan, who asked Trent Regional Health Authority to review the position in view of the current financial situation.

In his reply to the Minister, Sir Sydney King, chairman of Trent Regional Health Authority said: “This car park is already two years late, we have previously twice taken decisions to postpone it because of the severe financial difficulties, and we are now faced with the situation in the QMC of epidemic proportions. Although in the first phase there are 550 parking spaces available, regularly on the campus there are 1,000 cars parked each day.”

Sir Sydney then went on to say: “Quite clearly the position on the campus is becoming impossible. There is no reasonable on street parking around the site, public transport services coming to Nottingham do not help much.”

In the same meeting with the Health Minister, Councillor Smart suggested that in light of the latest financial restrictions they should see if it was possible to use public transport to bring people on to the site. To which Sir Sydney replied, it would take three months to wind down the project and it would be at an enormous cost to the health authority.
The regional administrator Mr W. Naylor, at the same meeting, said the 450 beds in use now will rise to 1,450 in 1981 when the next phase was fully operational, which was backed up by Mr J. O. Driver who said visitors were as important to a patient’s progress as nursing care, and they should provide parking for them.

In conclusion, and as you can see, car parking at QMC is an issue which is as old as QMC itself. Of course, public transport, as already discussed, is no longer an issue where QMC is concerned. Apart from the tram stop on the south side, there is the Medilink bus service which connects both QMC and City Hospital, and which also connects with the park-and-ride services at both Wilkinson Street and Queen’s Drive.

Finally, you can always park your car at both QMC and the City Hospital, but, unfortunately, parking charges are incurred.
Despite all the debates over financial issues, and the to- and-fro of arguments over its size that marked QMC’s formative years, it was the transfer from Nottingham General Hospital to QMC of the Accident and Emergency Department which took place on Sunday 22 July 1979 and for a time upset both members of the public and hospital staff alike.

Seen at the time as controversial, because based where it was, right in the heart of Nottingham, the Accident and Emergency Department was easy to access.

The transfer of the A&E department in many ways, formed a familiar pattern with the many complaints QMC received during its formative years. Coming as they did, both in conversation and written form, the
complaints followed the familiar lines of:

“The Accident and Emergency Department, because of its centrality at the General Hospital, was easy to get to, whereas QMC isn’t - so why move it?”

The complaints of how difficult QMC was to get to were triggered when it first opened. Unlike today, it had no reliable public transport infrastructure; it was accompanied by very infrequent bus services.

As a consequence of the infrequent bus service, people took to travelling to QMC by private transport, thus leaving a legacy, to this day, of its still ongoing problems of car parking.

**Altering the dynamics**

Looking back to the date of the transfer, and to begin answering the question of why the Accident and Emergency Department’s transfer was seen, at the time, as something controversial, is to transport yourself back in time, to the days of when it was still in the planning stages.

Those who planned QMC and ultimately the medical school, probably began by asking themselves the question: “Was Nottingham General Hospital a truly general hospital?”

Although this is no slight on the hospital staff who cared for the many generations of people who were its patients, Nottingham General Hospital, on reflection, was not really a truly ‘general hospital.’ If a family, through an accident, were hospitalised the family would become separated. Mother and father would be cared for in the “general hospital,” whilst the children would be cared for at the “children’s hospital” which was then located on Chestnut Grove in the Mapperley Park Estate of Nottingham.

QMC’s planners thought that if Nottingham was to have a new teaching hospital, it would be essential that every clinical speciality should be brought together under one roof, thus sparing families the agony of separation.

When plans were being drawn up for QMC’s construction, it was suggested that apart from hospitals such as the Nottingham General, Children’s and Women’s hospitals being brought together under one roof, many of the smaller outlying convalescent hospital services would be brought together under one roof as well.

In turn, when the plans were announced, this sent shockwaves through the public and especially hospital staff who worked in those places. The very thought of closing these dependable old familiar places was, at the time, a little too much to even contemplate.

As an example of the public’s affection for these old familiar places, in 1982, during the General Hospital’s bi-centenary celebrations, the public led by staff members put up a spirited campaign to keep the hospital open. Yet, in spite of winning a stay of execution from closure, eleven years later it was closed.

For two of Nottingham’s hospitals – the Children’s and the Women’s – the move was made all in one go, but for the Eye Hospital and the General Hospital the move was at a much slower pace.

On reflection, once the Accident and Emergency Department had transferred to QMC, the General Hospital’s days were numbered.

As one former member of staff commented when he came into work on the day the A&E department had transferred to QMC “It felt so different, after it had been such a busy place, to see the hospital appear almost empty, I knew then the writing was on the wall for the General Hospital!”

With the opening of QMC, and from the late 1970s onwards, a change in healthcare provision was introduced. As older forms of healthcare provision were gradually phased out, more cost-effective measures were introduced.

These measures came in the form of care in the community or even more cost effectively, in the patient’s home. All of these altered the dynamics of how healthcare is administered, as the private sector began to play a more prominent role in the provision of healthcare.

Some may say this is a step too far. Apart from the private sector’s involvement in the provision of healthcare, there is also now a greater reliance on the voluntary sector as well.

In conclusion, in a world where public sector budgets are squeezed ever tighter, public, private and voluntary sector healthcare provision, known as the mixed economy of welfare, will inevitably be skewed towards a greater reliance on both the voluntary and private sector, with tertiary support being provided by the public sector.

**Should Nottingham have two A&E departments?**

Although there is nothing new about the question ‘should Nottingham have a second A&E department?’, this was just one of many questions that was asked in July 1975 at a meeting of the Family Practitioner Committee.

The question was brought up when concerns were raised by doctors about the transfer to QMC of Nottingham’s Accident and Emergency services from both the Children’s and General hospitals. Although it was still sometime away, committee members were voicing concerns that the new accident and emergency services would become inundated with patients who would be better off being seen by their GP.

With the thought of services being inundated with unnecessary calls on accident and emergency services, members of the Family Practitioner Committee began to think that there should be a second Accident and Emergency Department at City Hospital.

In the same meeting, in an attempt to quell anxiety and to reassure the members of the committee who were concerned about the transfer of A&E services to QMC, the Nottinghamshire Area Health Authority administrator, Miss Oriole Goldsmith, said, the transfer of services to QMC would allow for the
A history of QMC

concentration of highly specialised techniques, procedures, staff and equipment, and it would also ensure continuity of care, providing a 24-hour accident and emergency service for children.

In spite of warm words of reassurance, in just seven years warning bells began to ring, coming in the shape of a Nottingham Evening Post report, dated 31 October 1986. Apart from the report highlighting those who had fallen victim to the routine alcohol induced accidents, all too familiar with weekend Friday and Saturday nights, it focused its attention on staff having to work long hours in cramped conditions. The report began by saying: “QMC chiefs are well aware that the hospital’s accident and emergency falls short of the ideal. Originally designed to complement a second A&E department to have been created at the City Hospital, it has instead turned out to be the only accident and emergency department in the area, dealing with 150,000 patients a year.”

The Accident and Emergency Department was redeveloped in the early 2000s to accommodate 350 patients a day but instead is seeing on average 575 patients a day. This means a total of 207,000 patients passing through QMC’s doors each year. From the date of the Nottingham Evening Post report, 1986, the A&E department has seen an increase of 57,000 patients per year, which is an increase of 38 per cent.

Although time has moved on and the Accident and Emergency Department at QMC has been complimented by the development of a major trauma centre for the East Midlands, the question of the need for a second emergency unit remains. This is a question that has been ongoing for years. In fact, it is a question that has been ongoing since the 1950s. To try finding an answer is an uphill task.

A service under pressure!

Visit any UK accident and emergency department on a Friday or Saturday night and you will see not only the consequences of the UK’s night time economy, but problems caused by an ageing population. For example, from statistics compiled in 2007, the number of people in Britain aged over 65 now outnumber people under the age of 16. Also, in 2012, the number of over 65s and older in the UK surpassed the 10 million mark for the first time.

As regards to alcohol-related incidents, (from statistics compiled in 2015, alcohol-related hospital admissions in Nottingham) increased over the previous five years by 28 per cent (2013–14 compared to 2008–09). Between 2008–09 and 2012–13 Nottingham was ranked fifth highest for alcohol-related hospital admissions out of eight core cities, and in 2014 Nottingham moved up one place from fifth to fourth highest.

All of this has an impact on Nottingham’s emergency services, and where staff who work in places like QMC’s A&E department, have to deal with consequences of those who have fallen victim to what the over consumption of alcohol brings.

There are organisations like the Night Time Industries Association who will say, the night-time economy is worth £66bn; that it employs 1.3million people in hospitality and entertainment, which includes pubs, restaurants and music venues, including late-night shops, fast-food establishments, gyms and beauty salons.

The figures quoted above are, of course the positive side of the UK’s night time economy. However, if you are one those who has to deal with the negative side to the UK’s hedonistic lifestyle, especially if you are employed in one of the UK’s many hospital accident and emergency departments, your working hours will be anything but quiet!

Imagine life before the night time economy!

It is hard now to imagine life before Britain had a night time economy. For example, in Nottingham, not so long ago, you could count on one hand how many night clubs there were. Discounting all the pubs, which closed at 10.30pm, amounted to five, of which all were closed at the latest, 2am. This in turn meant there were far fewer alcohol related incidents. However, since the 1990s the number of night clubs has greatly increased to 23.

With the increase in numbers of night clubs, and the increasing levels of alcohol consumption, there has been a negative effect on places like hospital accident and emergency departments.

With rising numbers of alcohol related incidents being recorded, the Nottingham Evening Post published a report on 7th March, 1997, which focused on the number of people being treated for alcohol related incidents. For example, in one week alone 500 people were treated for...
the over consumption of alcohol. What was also worrying, it was reported that children were being treated for the same causes as well.

As the report goes on to say, the situation is always worse at the weekend when 75 per cent of all cases involve alcohol consumption. As the consultant for QMC's A&E department at that time, Dr Lynn Williams said: “The majority of the cases involved people under the age of 25.” She then went on to say: “We not only have to deal with the alcohol side of it, we have to deal with what it has resulted in. We have to provide comprehensive care, which puts a huge strain on resources.”

“We are extremally worried about the situation. If it is potentially life-threatening we have got to treat it like any other life-threatening situation.”

As she concluded in her interview: “If we have one person with a severe chest pain and one person unconscious as a result of alcohol we have got to work out where our priorities are. We cannot treat them differently just because their injuries are as a result of drinking too much alcohol.”

The relaxed attitude to the consumption of alcohol came in the 2003 Licensing Act, which, when it came into force in 2005, allowed licensed premises to sell alcohol for up to 24 hours. However, instead of having the relaxed approach to alcohol, as was the original intention, alcohol consumption increased. As the figures above show, Nottingham, in 2014 moved up one place to fourth highest out of eight cities that recorded alcohol related incidents.

Alcohol related incidents have also been heightened by the price of cheaper alcohol that can be bought from supermarkets. All of which leads to a higher level of alcohol consumption, known as ‘pre-loading.’ In other words, drinking before leaving for a night’s drinking in a town or city.

Figures compiled in 2007 by the Centre for Public Health at Liverpool John Moores University, showed that on average, women who pre-load consume over a third of their total amount of alcohol for that evening, whereas men who pre-load consume approximately a quarter of their nightly total before leaving home for their night out.

What is alarming though is those who pre-loaded were also twice as likely to have been in a fight when going out in the last 12 months. In fact, pre-loading was more strongly associated with being involved in nightlife violence than the total amount of alcohol an individual consumed.

According to the Nuffield Trust, emergency admissions due to alcohol have risen by 50 per cent in nine years while the rate of people attending accident and emergency departments with probable alcohol poisoning has doubled in six years.

Finally, with places like QMC’s ED at the weekends resembling a front line casualty clearing station, with people suffering the consequences of the over indulgence of alcohol, it is hard to imagine that working on nights was once quiet. As a former nurse from Nottingham General Hospital in an interview once said: “Apart from the odd incident, nights working in a hospital accident and emergency department could be quiet. Also, if you were still out in Nottingham after mid-night, the streets were deserted!”

Sprains, pains and swollen ankles

Apart from the consequences of the UK’s night time economy and the increasing elderly population putting a strain on the overstretched waiting times in the country’s accident and emergency departments, there are those who still see a hospital’s A&E department as a way of avoiding having to make an appointment to see their GP.

As an example, in an article that was published in the Nottingham Evening Post on 31 October 1986, which highlighted the working surroundings of QMC’s A&E department, the reporter noted one incident where an old lady, who’s ankle had swollen up a few days earlier. As a consequence, she decided to make her way to the A&E department to have it treated, simply because there was nothing she wanted to watch on the television that evening.

As the report went on to say: “Without the time wasters, the real accidents and emergencies might have stood a better chance of getting swifter treatment a lot sooner.”

There are of course the genuine cases, even in those who made their own way to the A&E department. However, as the report went on to say, they too were directed to the waiting area, which, at the time of the report, seemed interminable.

In conclusion, it was reported that it is all a question of priorities, as one of the eight nurses who was on duty at the time said, whose job is it to sort out who the genuine cases are between those who can either sort their problems out themselves by visiting their GP or, indeed, their local pharmacist.

By 1990 the onerous task of assessing patients’ needs became more specialised with the employment of a specialist nurse in the reception area, whose task it is, to assess the degrees of urgency to wounds or illnesses, and to decide the order of treatment that can be applied to a large number of patients or casualties.

The announcement of employing a specialist nurse came in a Nottingham Evening Post article, dated 11 October 1990 that highlighted how great the demands of the A&E services at QMC had become.

As the report says: “The department, the busiest unit of its kind in the country, was originally built to take in 60,000 patients per year but has now more than doubled that number, since 1980. As a consequence, people with minor
injuries were having to face much longer periods of waiting.”

Also in the same article, it was reported that because of the undue pressure placed on A&E staff a health education campaign was being launched with the intention of reducing the number of inappropriate attendances in which it was revealed that people come to hospital with long standing conditions or illnesses which could be treated by their GP.

Finally, the report was concluded by saying: “It was hoped the system of screening by a triage nurse would improve the service and reduce waiting times.

Service expansion – in the beginning

As already mentioned, when the original plans for QMC’s Accident and Emergency Department were first drawn up, it was envisaged it would complement a second accident and emergency department to be based at City Hospital, all of which, as previously explained, never happened. Therefore, since it transferred from Nottingham General Hospital on Sunday 22 July, 1979 to this date, the Accident and Emergency Department at QMC serves as Nottingham’s only accident and emergency department. Also, when plans were first drawn up, in spite of concerns voiced at meetings held long before QMC opened, it was probably envisaged the usage of A&E services by the public would carry on as it had always done as in previous years, with very little of interest to report.

This perceived vision of business as usual was reflected in a Nottingham Evening Post article published in the beginning of A&E services by the public would carry on as it had always done as in previous years, with very little of interest to report.

This article begins with the opening sentence of: “It’s Monday and the busiest day of the week at the casualty department, now housed at Nottingham’s University Hospital.”

This is followed with: “After a weekend of pleasure and leisure sportsmen and women are limping in with strains and sprains. And as industry gears itself up for another five days they join those who have crashed on the roads, been crushed in the collieries, fractured fingers in the factories, or have been burned, scalded, cut or collapsed at home.”

The vision of business as usual is further reflected in the following sentence, which goes on to say: “Men with heart attacks, women with strokes, people of both sexes who have taken poison—as about 1,000 do each year—and some who have nothing worse than a cough or a cold and who should not have come at all.”

Despite the air of business as usual, a small number of statistics are included in the report that refer to the number of patients passing through the doors of the A&E department.

As the report goes on to say: “By the end of the working day over 300 patients will have passed through the doors of the A&E department, which equates to 100,000 by the end of the year.”

Apart from the report focusing on the various injuries that are dealt with in the A&E department, the report leads on to the nature of accidents, whereby half of all accidents admitted into the A&E department occur in the home, and where nearly a quarter of all A&E admissions are caused by industrial injuries.

Following on from domestic and industrial injuries, the report reveals that for 1979, 12 per cent of injuries come from sporting accidents with just six per cent happening on the roads.

The report finally concludes by revealing the remaining eight per cent of A&E admissions occur from other causes, which includes violence, self-poisoning and acute illness.

Statistical breakdown– 1970 to 2015

The 1979 figures of 100,000 patients passing through QMC’s A&E department are in stark contrast to statistics originally compiled in 1970, when in that year 70,000 patients passed through the doors of the A&E department at Nottingham General Hospital.

Therefore, at the timing of the report, 1979, and with the A&E department operating from QMC less than a month old, already the number of patients being dealt with had increased by 42 per cent. This again comes in stark contrast to the original statistics from 1970 of 70,000 patients, when 45 years later in 2015, 207,000 patients passed through the doors of QMC’s Emergency Department, which is a quantum leap of 195 per cent.

Service expansion – the first extension

In spite of the 1979 article published in the Nottingham Evening Post giving an air of business as usual, voices off were beginning to be heard, signifying that all is not what the developers promised the new accident and emergency department would be. This came, as already noted, in an article published in the Nottingham Evening Post on 31 October, 1986 that focused on the cramped conditions the accident and emergency staff were required to work in.

Although a major expansion and improvement scheme was in the pipeline, it would be a further two years before work finally got underway. All of which was brought to the attention of the public in a Nottingham Evening Post report dated 5 January 1988, when it was announced a year-long improvement scheme was to begin costing £1.5m, which was scheduled to be completed by the following Christmas.

It was reported so that the project could begin on 9 January, 1988, the accident and emergency department had to be kept clear of patients for 60 hours so that a new improved power supply could be fitted.

Apart from drawing up contingency plans for that 60-hour period, which involved the use of other accident and emergency departments at hospitals in the East Midlands, the aim of the project was to build new facilities for orthopaedic clinics, which, in 1988, were still being held at Nottingham General Hospital.
The new facilities for orthopaedic patients included a dedicated X-ray department, which when fully operational was to work closely with the existing fracture clinic, which in 1988 was being redesigned to reduced overcrowding and to improve air conditioning.

Also, provided in the £1.5m scheme, were a number of improvement packages to the accident and emergency department, beginning with a new waiting area on A Floor for patients who had been referred to the hospital by their GP. This was designed to ease the pressure on the A&E department. This was because until the redevelopment they had been using the waiting area in the A&E department itself. The scheme also saw an upgrade of a newly established clinic in the A&E department for returning patients, and an upgrade to the existing facilities in use in the A&E department at that time.

**Service expansion—major capital investment**

The expansion of its facilities that took place in 1988, and with ever increasing demands placed on QMC’s accident and emergency department, it was inevitable that further expansion of its facilities would soon have to be decided upon.

That decision was made in March 1995, when at a meeting of Nottingham Community Health Council, David Edwards, QMC’s Chief Executive announced a multi-million-pound package of service expansion projects.

Although part of the £11m project was already underway, which was set to be more than doubled in 1996, with an additional £14m, Mr Edwards predicted the possibility of moving wards, and doubling the size of the accident and emergency department, which he added was cramped and becoming increasingly difficult to work in, and was only half the size of what it should be.

In his address to the meeting Mr Edwards went on to say, as part of the plans to solve the parking problems at QMC part of the expansion plan could include the possibility of building a railway station on Faraday Road linking to the Robin Hood railway line.

As regards to the £14m, which was earmarked for 1996, Mr Edwards added that £9m (later revised to £18.5m) was to be spent on the new ear nose and throat and specialist eye day centre, all of which was opened in 2000.

Although it would be a further four years of waiting before the redevelopment work on QMC’s A&E could get started, when work finally got underway, the whole scheme came as a component of a government-led national redevelopment project, which was designed to revamp outdated accident and emergency departments throughout the UK. As a consequence, QMC received £5.5m.

As reported in the Nottingham Evening Post for the 26 May 2000, the long overdue plans to expand the accident and emergency department provided much-needed relief for staff and patients alike.

When the £5.5m expansion plan was announced, it was estimated that once the project had been completed the A&E department would have grown by almost a third in size.

The announcement of the £5.5m redevelopment scheme came in the wake of three damning reports, which all reached the same conclusion that the accident and emergency facilities were totally inadequate. For example, in a department that was originally designed to treat 65,000 people a year was, by 2000, having to treat 125,000 people, which is a 48 per cent increase in patients being treated. Incensed by the reports, the Royal College of Surgeons threatened to withdraw training recognition from the department, which would have forced the department to close.

The Clinical Director for A&E Dr Andrew Dove, said in the Nottingham Evening Post on 26 May 2000, so many hopes are pinned on the £5.5m investment, which was to be made over a three-year period that took the project up to 2003.

**Service improvements that were made**

When the improvement work finally got underway, one part of the hospital was turned into a building site. For those members of staff who worked in the A&E department whilst work was going on, apart from having to negotiate their way around the construction work, they saw the building of a £3.4m two-storey extension, which when opened served 800,000 people a year.

Another major beneficiary of the money that was provided was the upgrade to the A&E department’s resuscitation area, an area that filled a large part of the extension.
The resuscitation area’s extension included critical care beds that came fitted with overhead x-ray machines so that dangerously ill patients would not have to be moved, and that life support equipment would be interchangeable with equipment on the Intensive Care Unit, all of which ensured the smooth transfer of patients.

As an example of the extension of the resuscitation area, originally the treatment area had only four bays, this was extended to nine, which extended the whole area by one third, thus making it one of the largest resuscitation areas in the UK.

For patients who were seriously ill with suspected internal injuries, space was allocated for a CT scanner, which doctors said at the time would be a major benefit to the department.

For patients waiting for treatment with less serious injuries, the number of cubicles was more than doubled from 12 to 26. Also, extra space was allocated to provide a private room for families of deceased patients, who before the extension work got underway were having to use either the resuscitation bay or the mortuary.

Another area that was earmarked for improvement was the surroundings for children and adolescents with the inclusion of brighter colours. An area was also set aside for young teenagers, which provided games consoles such as Sony PlayStations that were available for use while they waited for their treatment.

In an area that by its nature could cause undue stress, the whole idea of the redesign was to reduce stress by having patients seen more quickly. As the implementation manager Ms Alex McLeish said at the time: “The whole scheme was aimed at reducing confrontation, by introducing curved pale blue walls to improving the waiting rooms and speeding up the flow of patients,” which she hoped would improve the experience of patients.

With the new improved environment, and in an attempt to see that patients were seen more quickly, a system of streaming was introduced. On previous occasions a patient would have their injuries assessed by a doctor. Under the new scheme, the assessment process was passed over to a specialist nurse whose task it was to assess the degree of urgency for attention to wounds or illnesses and whether the patient needed to be seen by a doctor or instead be referred to a nurse practitioner.

As reported in the Nottingham Evening Post on 23 October 2003, people were being seen much quicker. Where they would wait regularly for up to four or five hours to be seen for the first time, the waiting time had been reduced to just half an hour, which in turn reduced the levels of violence against...
staff caused by people who were fed up with waiting.

After working in a cramped department, which had been struggling against the rising tide of demand since the day it first opened in 1979, the Clinical Director, Dr Andrew Dove said of the revamped department: “The department is not just bigger, it is also better.”

Finally, as a gesture of goodwill, on Tuesday 27 July 2004, QMC’s Accident and Emergency Department was given the Royal seal of approval when HRH Prince Charles officially opened the new extension.

East Midlands Major Trauma Centre staff

Major Trauma Centre

The East Midlands Major Trauma Centre was established in April 2012 and has cared for more than 2,500 severely injured patients and saved the lives of more than 220 people who would have died without the centre’s expertise.

It is one of a national network of specialist centres which concentrate expertise and resources to give the best possible care, including intensive care and neuro-surgery. Ambulance crews are now trained to bring the most seriously injured patients to the major trauma centre rather than to their local emergency department.

It has recently been rated one of the best in the country in a recent Major Trauma National Peer Review report, conducted by NHS England. It showed that overall the Centre performed extremely well and was the only Major Trauma Centre in the country to score 100 per cent in definitive care and 92 per cent in rehabilitation - again both were top scores in the UK.

Mr Adam Brooks, Director of the East Midlands Major Trauma Centre, said: “We are very pleased with the findings of the report, which clearly shows the East Midlands Trauma Centre is one of the very best in the country. We are passionate about providing our patients with the very best treatment, not just saving lives but rebuilding them, and we are very thankful for the professional, compassionate, and high level of care our expert staff deliver to patients every day. I’m very proud of the team here, and would like to thank them for all their hard work, and I look forward to an exciting future building on this success.”

What does the future have in store?

In this chapter I have discussed the progress of the A&E department at QMC, from its transfer from the former Nottingham General Hospital on Sunday 22 July,1979 right up to today. In this chapter I have also discussed the many social changes in society that effect not just the Emergency Department at QMC but all A&E departments from other hospitals in the UK as well.

Having survived reports which could have lost the department its teaching status, only to come out as one of the country’s leading major trauma centres by scoring 100 per cent in definitive care and rehabilitation in both surgery and critical care in adults as well as being rated 100 per cent in definitive care and 92 per cent in rehabilitation of children, is all credit to the dedication of the departments staff. But what does the future have in store, and what will be the next department to be extended?

It is an interesting fact that the design of a capital project starts from an application based on an approved “Case of Need” arising out of...
problem identified in a department, ward or infrastructure. Also, a case of need would have to demonstrate for example, the reason for the works, the effect, life time costs, future proofing, cost estimates, and programme etc. Therefore, how long will it be before the need arises for a further extension to the Emergency Department? NUH is currently developing its five-year forward plan, to take it up to 2022.

Apart from the Treatment Centre on the South Side of QMC campus, which opened in 2009 and handles over 12,000 patient visits per month, which includes over 2,000 surgical day cases, the next extension will come not internally but externally with the building of a helipad. This has already been given approval, and when fully operational will reduce transfer time from around 20 minutes to two to three minutes. At present, helicopters land at Highfields Park, the patients are then transferred to an awaiting ambulance, and a journey of a mile to QMC.

Life has changed greatly since QMC was first built, and money to fund capital projects like the construction of a helipad is not so easily done. The helipad is funded by the County Air Ambulance Trust and NUH as well as the multi-million pound Nottingham Hospitals Charity fundraising campaign. Therefore, when the helipad becomes fully operational, in 2018 it will be fair to say: “This project was funded for the people, by the people.”
Chapter 5: PHASE TWO – OPENING OF EAST AND SOUTH BLOCKS

The phased transfer of outpatient services from hospitals such as the General and Eye Hospital into phase one of QMC began over a three-month period between August and November 1978. Also, in that same three-month period the Nottingham Children’s Hospital from Chestnut Grove, Mapperley Park Estate to F Floor in West Block.

1979 (over a twelve-month period, as more wards and departments became ready) saw the transfer from the General Hospital to QMC of four medical wards, six surgical wards and two orthopaedic wards. Included in that time period, and as discussed in the previous chapter, was the transfer of the Accident and Emergency Department from the General Hospital to A Floor in West Block.

Spending priorities: who gets the lion’s share?

With phase one making steady progress, bringing the bed complement to 458, it was intended that by the summer of 1979 this should rise by another thousand with the opening of the East and South Blocks (phase two). However, as a result of cuts in its budget, Trent Regional Health Authority, which became responsible for QMC’s financing, in place of central government funding, unfortunately lacked sufficient resources to finance the opening of phase two. As a consequence, the East and South blocks were mothballed for a whole year.

Described in a Nottingham Evening Post article, dated 17 February 1981, as the biggest mothballed hospital in the country, there came a small light at the end of what seemed like a long dark tunnel, when it was announced that Trent Regional Health Authority had been given a three per cent rise in its annual budget. As a consequence, this meant that the gradual opening of the East and South blocks could now take place.

In spite of there being a three per cent rise in budgetary requirements there was a still downside to the whole financial saga, as other projects, such as a £0.5m unit, which was to be built at Highbury Hospital had to be put on hold, as indeed did other projects. This is because a large percentage of the money that became available, was directed towards the opening of phase two.

In the same Nottingham Evening Post report, it was conceded by the administrator for the South Nottingham District, Chris Spry that the delay in opening phase two was not entirely due to financial problems but the problems encountered when recruiting the right calibre of staff needed for the various departments that were to be housed in the East and South blocks.

In spite of staffing levels being raised in a later Nottingham Evening Post report dated 20 February 1981 under the headline, ‘More Jobs As Hospital Expands.’ It went on to say: “With the phasing in of 1,000 beds at QMC, over the next coming years there are likely to be a lot of health service jobs available.”

Yet in spite of the Nottingham Evening Post’s trumpeting headlines, erring on the side of caution, Mr Chris Spry added: “There may not be as
A history of QMC

46

All good things must come to an end

As with all good things, sadly, they at some time must come to an end. For QMC the end came on 9 March 1982, when in a Nottingham Evening Post article it was reported that mothers in QMC’s maternity unit, because of badly fitted shower units and a lack of hot water, were having to share one bathroom between 28 patients.

Described by a member of the South Nottinghamshire Community Health Council as a plumbing disaster, as there was just one bath and six bidets, all of which were not in working order. Only one shower, which was too cold and too powerful, and also had no shower tray, so when someone took a shower they had to paddle in the water as well. This was compounded when one patient complained that she could not get into the bath because it was too high, and the sister in charge complained that one bath was not enough for a ward of 28 patients, especially when they had to sit and queue to use the facilities.

In replying to the South Nottinghamshire Community Health Council’s complaint QMC’s administrator, Glyn Purland said, the provision of one bath and six bidets for a 28-bed ward had been a design decision, which when planned, was seen as more hygienic. However, having taken note of the complaints brought to his attention by the Community Health Council (CHC), he went on to say, the ward set up would be re-evaluated when things were working. With regards to the bath, which was intended as an assisted bath, this, he said, had now been lowered. As regards to the hot water system, the exact cause of the faults had, as yet not been identified.

Finally, in what must have been seen as an olive branch, the CHC visitors had been impressed with the general running of the maternity unit, which at the time of the report had been open for just three months.

Crawling ahead instead of forging ahead

Crawling ahead instead of forging ahead was a fraught comment made by one of the administrators when having to face the demands of commissioning phase two of QMC, whilst at the same time having to balance the budget and prioritise the needs of other healthcare facilities in Nottingham’s hospitals.

The above comment, and others similar came after 1981 following the move heralding the opening of phase two, of QMC’s paediatric services to its permanent home on E Floor in East Block (which had been for three years, since the transfer of the Children’s Hospital in the winter of 1978–79 from Chestnut Grove) on F Floor in West Block.

In what must have been seen as a clear road ahead, 1981’s transfer of departments was completed in November when the Women’s Hospital, in its entirety, transferred from Peel Street, to East Block where it occupied Floors B and C. Finally, with the blessing of the hospital, in what must have been seen as a cause célèbre, the Nottingham Evening Post on November 2nd 1981 announced the birth of QMC’s first baby, Clare Lesley, weighing in at a healthy 9lb 4oz.

The price of two concordes

The price of two concordes, which at the time was estimated to have cost £60m (£207.7m) was the price that was quoted when QMC was originally planned during the mid-1960s. However, as reported in the Nottingham Evening Post on the 9 April 1982 with 25 wards still standing idle, health chiefs for Nottingham at that time revealed that over the next three-year period QMC still needed a further £6m (£20.7m) before the full complement of 1,400 beds could be finally opened.

At the time of the report there were still only 670 beds in use, however it was hoped to open a further 200 beds, which included 106 urgently needed geriatric and psycho-geriatric beds that were required to relieve the hard-pressed healthcare services for the elderly.

With further delays, inevitably it was reported that outpatient clinics and 73 medical beds that were due to be transferred from the General Hospital during the summer of 1982, along with the transfer of neurological services from the Derby Royal Infirmary, also due to transfer to QMC between 1983–84, had to be put on hold due to the lack of government funding.

Again it was down to QMC’s Unit Administrator, Glyn Purland, who revealed that unless the government injected more revenue into the project, QMC’s operational plans for 1982–83 and 1983–84 would have to be suspended.

With accommodation standing idle, and with seemingly no end in sight to the cash flow problems, Mr Purland, in what must have been seen as an emotional outburst, said at the time: “It’s a crying shame, the public must be wondering when QMC will become fully operational,” which, under the conditions of the time, he could give no answer to.

The sense of emotion was also shared by a spokeswoman for the Trent regional Health Authority who said at the time: “Up until 1984, it had been hoped to open 250 beds a year at QMC. However, the government has told us that
resources for 1983–84 will still be very low.” As a consequence of the government’s cash flow restrictions, the rolling programme of ward and departmental transfers was for some considerable period of time put on hold.

Finally, one of the casualties of the cash flow problems encountered at QMC during the opening of phase two was that of the Physiotherapy Department’s hydrotherapy pool (a form of treatment used to treat arthritis, rheumatism, poor circulation, and sore muscles). Completed only a few months into the opening of phase two, it remained unused because there was no money to pay for staff to treat patients.

A monument to folly

Described by the press as the “Big Beast” for not being one to mince his words, the cheeky comment that was made by the Rushcliffe MP Kenneth Clarke who, in 1982, had just been appointed the Minister of Health.

In an interview recorded in the Nottingham Evening Post, dated 20 July 1982, when describing the cost of opening QMC’s remaining hospital beds he said: “I’m amazed there isn’t more fuss made about the unused beds, the unopened beds in QMC – a kind of monument to folly,” to which he added: “It’s no good just having bright ideas and building a spanking new facility, you need sensible management skills and a sensible forecast of resources before you can turn it into care for patients. In other words, they launched into a new hospital, without having bright ideas and building a new hospital, without having worked out where the resources were going to come from to pay the current cost when they opened it.”

The comments naturally caused anger amongst hospital staff, none more so than the deputy registrar for the Medical school, Robert Graham who said: “Senior medical and administrative staff were very angry about these comments by the Health Minister, they cast an unfair slur on the many people who have worked so hard to get QMC off the ground.” He added: “The problem of unopened beds is not the fault of health authorities locally. This is part of a national project successively hindered by government cuts and changes in the allocation of finance.”

The remarks made by Kenneth Clarke in 1982 came at a difficult time for QMC. For example, in the 20 July Evening Post report, Mr Clarke referred to Nottingham General Hospital when he said: “Local people have shown reluctance to allow facilities, for example, at the General Hospital to close down to release the resources to QMC”

What Mr Clarke was referring to, in 1982 Nottingham General Hospital was in the midst of celebrating its bi-centenary. In the same year when rumours of its imminent closure began to spread, in what turned out to be successful, thus assuring a further lease of life, a campaign was launched to keep the General Hospital open. Therefore, as a consequence, financial resources that should have gone towards QMC’s phase two opening were diverted to keeping the General Hospital open for a further ten years.

Apart from the General Hospital winning a stay of execution, 1982 was also the beginning of governmental changes to the health service, culminating in the Griffiths Report.

The Griffiths Report came to fruition when the Secretary of State for Health, Norman Fowler MP, asked Sir Roy Griffiths, the director and deputy chairman of the food giant J. Sainsbury plc, to give advice on the effective use of management and manpower and other related resources within the NHS.

Published in 1983 the Griffiths Report established general management. This drew on business school philosophies and managerial experience from the private sector.

One of the notable factors that came with the 1983 Griffiths Report, seen by many as controversial, was that of competitive tendering of in-house hospital support services, which in some cases led to the contracting out of services to the private sector.

Implementing the guidelines set out in the 1983 Griffiths Report was still some years away, however it was the fallout from the comments made by Kenneth Clarke that still dominated the headlines.

The first of many to reply to Mr Clarke’s comments was Sir Sydney King the retiring Chairman of Trent Regional Health Authority who, as reported in the Nottingham Evening Post on 28 July 1982, said: “QMC was a new concept of putting a hospital, medical school, nurse training school and other facilities within one building. Medical students trained in Leicester are the cheapest in the country and I suspect Nottingham is not far away. So, if the Minister is looking for economy of scale he might think about that. Also, the cost of medical students in London is far more than in the provinces. If our economy cannot stand a proper hospital and good medical schools, is it the medical schools that are wrong or is it our economy?”

The reply to Mr Clarke’s comments were reported in the Nottingham Evening Post on 28 July 1982. However, in an earlier report dated 22 July, which again concerned itself with the lack of funding, the attention was focused on the comments made by the chairman of Nottingham Health Authority, Mr Eric Poyer, who, when commenting on a report by the Commons Public Accounts Committee, which deplored the delays in opening the remaining 23 wards, said: “Without more money it could mean closing more beds in other hospitals, a move which would not be tolerated. Without an injection of a further £6m, it would mean a further delay of three to four years before QMC is finally fully commissioned.”
1982 annus horribilis

Apart from the to-ing and fro-ing of arguments over the comments made by the Health Minister, and the constant arguments over shortages of funding, with no end in sight for the members of staff who were caught in the crossfire, it must have seemed as if there was no light at the end of the tunnel, especially when figures were being published almost on a daily basis, for the need to cut spending. Therefore, 1982, for QMC at least, must have been seen as its annus horribilis.

Apart from the cash needed to open the mothballed wards in the East and South blocks, there was also the added strain on QMC’s depleted financial resources of £300,000 (£1.2m), which was the cost just to keep the desperately needed wards closed, which in 1982 was reputed to be the cost of running one ward for a whole year.

The need to make savings also extended itself to the medical school. For example, between 1981 and July 1983 the medical school was expected to make savings amounting to 15 per cent, which in cash terms amounted to £300,000, equivalent in 1982, to 12 consultants or 15 to 16 clinical lecturers.

The need to make savings in medical education came about because, up until its withdrawal in 1981, clinical medicine was afforded funding protection. As a consequence, the Nottingham University’s Medical school was required to make swingeing cuts that severely curtailed clinical teaching.

With the pressure put on clinical lecturers over the need to make savings, a visit in January 1983 of the University Grants Committee was prompted. One of the many items discussed was the virtual impossibility of the University being able to implement the required 15 per cent cuts in clinical academic staff. The impossibility being that the medical school was still in the developing stage in a part of the country, which at that time was still seriously underprovided in NHS resources.

All of these cash savings QMC was required to make in 1982 were published in the Nottingham Evening Post in a report dated 26 July. However, if the thought of cashflow problems getting any easier the following year, those that thought it would be unfortunately sadly mistaken. This is because Trent Regional Health Authority, the governing body for QMC, was advised by the Department of Health to plan on the basis of a growth rate of 0.9 per cent per annum, which was equivalent to an extra £6m a year, for the financial years 1983–84 and 1984–85.

As a consequence of the lower levels of regional resources available the original plans to open the remaining beds at QMC by the end of 1984–85 would have to be again put on hold. Eric Poyser, the Chairman of Nottingham Health Authority said, this would affect the whole of Nottingham.

Cracks starting to appear

As the building is essentially of steel construction, to add to QMC’s tail of woes for 1982, cracks started to appear, not in its establishment but rather cracks caused by building settlement.

As a consequence of settlement cracks starting to appear on the walls, a six-month period of repairs, all of which was reported in the Nottingham Evening Post on 10 November 1982 began. Sixty patients from three wards on C Floor, West Block had to be moved onto wards on D Floor so that remedial work could begin.

Coming at a hefty price of £1.5m (£5.1m), which was later revised to £2.2m (£7.6m), not only did it involve repairing the cracks on the walls on the hospital’s wards chiefly in West Block but also other remedial work in the hospital’s operating theatres and kitchens. For example, as a change of policy, £230,000 (£796,532) had to be spent on redesigning an underfloor conveyor belt for removing refuse from the operating theatres, which when tested at the time, caused some considerable operational difficulties.

Also under the title of Statutory Requirements, £420,000 (£1.4m) had to be spent putting into effect new health and safety regulations. Included in the cost was the £80,000 (£277,055) bill for the repairs caused by structural settlement. Other costs included £880,000 (£3.1m) for reinstating temporary areas caused by construction work that had to be planned in two phases; £270,000 (£935,059) for changes in service practice, which covered a number of areas. For example, X-ray body scanning techniques that required a bigger room with a different layout. Finally, under the title of Essential User Requirements, a further cost of £438,000 (£1.5m) was required for shortcomings found in the staff accommodation.

In all, the cost just to maintain the required standards in 1982, without the opening of phase two, came to £2,318,000, which at 2017’s inflationary prices would amount to a little over £8m.

At last–something to smile about

Amidst all the battles being fought over the cost required to fully commission phase two, and the maintenance costs needed for the parts of the building that were in use, at last there was something to smile about. As reported in the Nottingham Evening Post on 16 October 1982, QMC welcomed the first patient on to ward A24 in East Block, one of two new 16 bed multi-disciplinary wards designed to cater for the needs of elderly patients who would normally be hospitalised in general wards, either after surgery, or brought in directly from their homes. As a multi-disciplinary ward, each ward was staffed by nurses, occupational therapists, physiotherapists and dieticians, all designed to work together to return patients to the community more quickly.

At the time of reporting only one ward was in operation. However, it was hoped, by the Christmas of 1982 that both wards, A23 and A24, would become fully operational with 28 beds in each.

A further reason to have something to smile about came when it was revealed in the Nottingham Evening Post on 27 October 1982, when in spite of all the criticism levelled...
at QMC throughout 1982 and in previous years, it was, according to a survey of 107 hospitals in the UK, ranked as the ninth most productive.

With Kings Mill Hospital ranked 31st, City Hospital ranked 23rd, the Derbyshire Royal Infirmary ranked 34th and Nottingham General Hospital ranked as 104th, the figures were compiled in 1980–81 when services were in the process of being transferred from the General Hospital to QMC.

Another survey carried out during the same period looked into hospital costs per patient. In this survey, London hospitals were proved to be the most expensive at £1,016 (£3,519) per patient with Scunthorpe General Hospital being the cheapest at £387 (£1,340). In all, this was a difference in price, per patient, of £629. When taking into consideration inflation, for 2017 the price difference would now be £2,179.

Ranked in descending order of cost per case, the placings of local hospitals had the former Nottingham General Hospital in 26th at £718 (£2,485) per case; Derbyshire Royal Infirmary in 28th at £683 (£2,365) per case; QMC in 38th at £633 (£2,192) per case; City Hospital in 49th at £591 (£2,047) per case. Finally, in 96th place was Kings Mill Hospital costing per case £459 (£1,590).

As an average of hospital costs per patient, of the five hospitals above when these figures were compiled in 1980–81 the average cost per patient would have come to £617 per head of population to spend on health care in 1984. Also included was £746m (£2.3bn) to cover the running costs of hospital and community health services, £52m (£165.8m) for building and equipping new facilities and £8.5m (£27.1m) for joint projects with local councils.

In total, Trent Region received £906.6m. However, as reported, the chairman for Trent Regional Health Authority Michael Carlisle, warned members that there were still many financial challenges to face, especially in the years 1984–85.

At the same meeting it was reported that one of its members, Mrs Brenda Borrett, was concerned that Nottingham was in danger of falling behind in services for the community because of the pressure to open up the remaining beds at QMC. Answering her concerns, Mr Kenneth Punt, the treasurer for Trent Regional Health Authority said: “There are difficult decisions still facing Nottingham, which include its rationalisation programme.”

Conceding that Nottingham was still not up to the national average of funding for a teaching district, he went on to say: “Nottingham would receive a total service development allocation of £730,000 (£2.3m) as well as £600,000 (£1.9m) of other funds making it the best funded district in the Trent region. However, it was agreed to establish a strategic reserve of £1m (£3.1m) to enable new facilities to be developed for long-stay mentally ill patients.

Finally, it was reported, one member saying that in spite of all the financial difficulties facing the Trent region at the time, it is important to remember the major achievements that have been made in building new hospitals, including QMC.

**In conclusion**

The much-delayed opening of phase two of QMC was finally completed in 1984 when the Department of Therapeutics transferred from the City Hospital into South Block. In spite of the financial wrangling between QMC and Trent Regional Health Authority, in a two-year period beginning in 1982, the Department of Medicine moved from its temporary home in West Block into South Block. In that same two-year period the Department of Orthopaedic and Accident Surgery moved into West Block from its temporary home in the medical school. Finally, that same timespan saw the transfer from Mapperley Hospital to South Block of QMC, the Department of Psychiatry.

As financial battles were being fought over the opening of phase two, and as already pointed out in that same period of time, the government published the 1983 Griffiths Report, which suggested the introduction of general management into the NHS.

In that one report the consensus style of management, which QMC was born into, was abolished. Instead of management being driven by what was felt by sectional interests of other groups allied to medicine, general management was brought in drawing on business school philosophies and managerial experience from the private sector.

From almost the publication of the report, the NHS was given a management board with a chief executive, every region now had a regional general manager, every district a district general manager (DGM), and every unit a unit general manager (UGM). In other words, for the first time a single tier of management from the top to the bottom of the service was introduced.

QMC’s first UGM was a consultant anaesthetist Dr Chambers who was succeeded in 1988 by Nigel Clifton. This was followed in 1991 with the appointment of QMC’s first Chief Executive David Edwards, who after

**A flicker of light at the end of the tunnel**

Having received so many financial setbacks, which delayed the commissioning of phase two, in a Nottingham Evening Post report dated 15 February 1983, it was reported at a meeting of Trent Regional Health Authority a green light had been given for the opening of another 426 beds.

The go-ahead was given because the government allocated Trent Regional Health Authority a further £47m for running costs for 1984 plus an extra £16.9m for developing new services. The additional resources, apart from easing the problems that faced QMC where many wards remained closed, also meant that substantial progress was made towards opening the unit at Highbury Hospital.

In, all, Trent Region received £807m (£2.5bn), which was equal to £176 (£561) per head of population to spend on health care in 1984. Also included was £746m (£2.3bn) to cover the running costs of hospital and community health services, £52m (£165.8m) for building and equipping new facilities and £8.5m (£27.1m) for joint projects with local councils.
a successful application made in May 1989, saw QMC, become an NHS Trust in April 1993

From 1999 to 2006, QMC saw two changes of chief executives, the first was John MacDonald whilst the second was the Director of Nursing Services, Stephen Moss, who was for a short period of time acting Chief Executive until his retirement in 2005. This followed a two-year period when David Edwards again assumed the role as Chief Executive. However, in 2006 City Hospital and QMC were amalgamated into one single trust with Dr Peter Homa as its Chief Executive.

Finally, the financial struggles QMC encountered over the phase two opening of the East and South Blocks now seem so long ago. Indeed, from the time the East and South Blocks became fully commissioned many changes have happened.

As you can now see, from the time it first was officially opened by HM Queen in 1977, QMC has been at the forefront of change within the NHS. Conceived and born during a time of management consensus, it has seen the introduction of general management after the 1983 Griffiths Report, the internal market through self-governing trust status right through to the even more independent Foundation Trust hospitals.

Although QMC is not a Foundation Trust, what I set out to discuss in this chapter, was apart from the financial struggles QMC’s management had to cope with during the early 1980s, especially when the time came to the opening of the phase two, those struggles were juxtaposed against governmental changes to the way the NHS is financed, which, in many ways, is still ongoing to this day.
Chapter 6: THE KEGWORTH AIR DISASTER

Coming just 8 days after the bombing of Pan Am Flight 103 over the town of Lockerbie in Scotland on 21 December 1988 killing all 243 passengers and 16 crew on board and also another 11 people as debris fell to the ground, much has been written and broadcasted about the ill-fated scheduled Flight of British Midland Airways BD 092.

The aircraft, a new British Midland Airways operated Boeing 737-4Y0 with just 521 flying hours since first entering service on 15 October 1988, and with 118 passengers and eight crew on board took off from London Heathrow Airport bound for Belfast International Airport at 19.52 on Sunday 8 January 1989.

Everything was going smoothly until at a cruising altitude of 35,000 feet a blade detached itself from the fan of the port side engine, all of which led to a string of events culminating in crash landing on the M1 motorway at Kegworth on the Nottinghamshire, Leicestershire and Derbyshire borders, just a short distance from East Midlands Airport’s runway and safety.

The pilot and co-pilot were unaware of the source of the problem as a pounding noise suddenly engulfed the aircraft, which was also accompanied by severe vibrations. In addition, smoke began pouring into the cabin through the aircrafts ventilation system and several passengers sitting near the rear of the plane noticed smoke and flames coming from the left engine.

At the suggestion of British Midland Airways operations, the flight was diverted to nearby East Midlands Airport so that it could make an emergency landing. However, as a consequence of confusion on board the flight deck, believing it to be the starboard engine (right-hand side) that was at fault it was switched off. Having no way of visually checking the engines from the cockpit, the cabin crew, who did not hear the flight commander refer to the right-hand engine in his cabin address, had no way of informing the flight commander that smoke and flames had been seen coming from the left-hand engine.

Believing the problem to have been brought under control, on approach to East Midlands Airport more fuel was pumped into the damaged engine to maintain the correct speed required for landing. As a consequence, this caused the engine to cease working altogether and burst into flames. The flight crew attempted to restart the right-hand engine but the aircraft was by now flying at 185 km/h (115 mph), which was too slow to restart it.

Miraculously avoiding the town of Kegworth, which would have resulted in a disaster far greater than that of Lockerbie, and just before crossing the M1 motorway the tail struck the ground causing the aircraft to bounce back into the air and over the motorway, knocking down trees and a lamp post before crashing on the far embankment and breaking into three sections approximately 475 metres (519 yds) short of the runway and approximately 630 metres (689 yds) from its threshold.

Of the 118 passengers on board, 39 were killed outright in the crash and eight died later of their injuries, making a total of 47 fatalities. All
eight members of the crew survived the accident. Of the 79 survivors, 74 suffered serious injuries and five suffered minor injuries. In addition, five firefighters also suffered minor injuries during the rescue operation. No-one on the motorway was injured, and all vehicles in the vicinity of the disaster were undamaged.

When the alarm was sounded that there had been a major incident at Kegworth involving an aircraft that had crashed onto the M1 motorway, all three of the region's hospitals major incident plans were brought into action. To its credit QMC's major incident plans had, just three months before the Kegworth Air Disaster, been revised following a mock air crash exercise, which was held at East Midlands Airport.

As more information became available, within 20 minutes, eight of QMC's operating theatres were made ready to receive the first casualties when they arrived. In all, nearly 140 staff in 62 ambulances ferried the injured to hospitals in the Nottinghamshire, Derbyshire and Leicestershire areas, of which QMC received 49. Of the casualties received at QMC one was a boy less than a year old who had suffered a serious head injury, and two of the injured passengers died with 12 hours of admission due to overwhelming multiple injuries and a further two died within three weeks of the accident.

It was observed that passengers on arrival had mostly suffered from impact injuries. That is fractures, crushed chests and head wounds, caused by the adoption of the brace position before impact. However, following an investigation in the aftermath of the disaster, airlines have since adopted a new safer brace position, one which offers great protection to the legs and arms.

From statistics compiled during those first crucial hours following the crash, 409 radiological examinations were performed, including CT Scans and angiograms, and in the first 12 hours 248 units of blood were used, of which 209 units were cross matched within 150 minutes after the crash.

Over the first 48 hours, a total of 544 units of blood were cross matched and 481 units used on 27 patients, together with 55 units of fresh frozen plasma and 91 units of platelets. Also, during the first 36 hours, 64 operations were performed and two operating theatres were active for all of the week from 9am until well into the night each day.

Ten days after the disaster many patients were still undergoing operations. For many, rehabilitation needed to continue for a much longer period of time into the future.

**An army of volunteers**

For eight hours, 700 rescuers battled to free those still trapped, the last passenger being air lifted to hospital six hours after the crash. Nearly 2,000 people volunteered their services to care for the injured.

In all, the emergency services were backed by the army who came from as far away as Colchester who were told to give general assistance at the scene of the disaster, and soldiers from the Royal Engineers equipped with heavy lifting equipment from Waterbeach in Cambridge were put on standby. The Royal Air Force also provided four helicopters, two Sea Kings and two Wessexes, which were used to ferry in medical staff and to evacuate casualties from the scene. Also present were 40 personnel from RAF Cottesmore and a tactical communications team from RAF Brize Norton in Oxfordshire, who organised radio contact between the helicopter crews and ground staff.

Apart from the 62 ambulances coming from three counties, they were assisted by hundreds of police officers from throughout the East Midlands, whose job it was to set up roadblocks to allow the emergency services clear access to the crash site.

As fuel is stored in tanks located inside the wings, and because the aircraft on impact landed facing upwards, one of the saving graces that came out of the disaster was
that there was no fire. As there was no fire, and with fuel pouring out of the fractured wings, 205 firemen from three counties were involved in freeing the trapped and injured passengers whilst at the same time dousing 77,000 litres (16,937 gallons) of highly inflammable aviation fuel, which if caught fire would have spelt disaster for the rescuers and for those still trapped inside the wreckage.

Of the civilian organisations involved were volunteers from the Salvation Army, whose teams of volunteers set up, almost from when the first of the emergency services started arriving, a mobile canteen that served refreshments to those involved in the rescue and salvage work. Also, volunteering their services were members of the Staffordshire and Leeming Mountain Rescue Team, whose specialist skills were much needed by the emergency services.

Although exact figures could not be given for how many members of QMC’s staff volunteered their services, it was noted that volunteer social workers arrived to counsel the relatives of the victims including the Bishop of Nottingham the Rt. Rev. James McGuiness (1925–2007), who said: “This is a great tragedy and I hope that prayer will offer comfort to the casualties and their relatives.” This was followed on the 10th of January a telegram sent to the Rt. Rev. James McGuinness from the Pope John Paul II expressing “heartfelt sympathy” to the survivors and the families of the passengers who died.

Royal seal of approval

On Wednesday 11 January 1989, spirits were lifted when HRH Prince of Wales paid a much-needed morale boosting 75-minute visit to QMC to meet the victims of the air disaster and to congratulate members of the emergency services who were involved in the recovery operation, the medical and nursing staff plus the many who volunteered their services in comforting the injured.

Having first flown over the crash site, the Prince of Wales landed amidst tight security at the Highfields helipad, adjacent to the University of Nottingham where he was greeted by Sir Gordon Hobday who was from 1983–1991 the Lord Lieutenant of Nottingham and Ron Hadfield, who was from 1987–1990 the Chief Constable of Nottinghamshire Police.

Before the short journey from Highfields helipad to QMC, Prince Charles spoke to 36 members of the fire brigades, airport staff, ambulance and flying squad, members of the Royal Airforce Force, representatives from the mountain rescue teams, the AA and the police.

Upon his arrival at QMC, the Prince met David and Sonya Seaton from Bangor in County Down, who were returning home after a four-day break in London, who, during the course of their conversation, told the Prince, ‘we are just very glad to be alive,’ especially as they had a 19-month-old baby boy named Christopher who, at the time, was staying with his grandparents at the Albany Hotel in Nottingham.

Another patient the Prince met was 20 year Adele, a student nurse from the border town of Newry, County Down and Armagh. Hoping soon to be discharged into the care of her mother, sister and two friends, she said the Prince showed great understanding and sympathy.

The Prince also toured the A&E department, two wards and the intensive care unit, where he talked to doctors and nurses and paid tribute to the magnificent way the hospital had coped with the emergency after 40 casualties, many with serious injuries, were ferried in by a fleet of ambulances.

Survivors later spoke of the Prince’s understanding as he talked informally to five patients on ward F19, where it was reported that a smooth operation swung into action the moment the alarm was raised that there had been a crash involving an aircraft carrying 243 passengers and 16 crew.

Recalling events – twenty years later

Recalling the events of Sunday 8th January 1989 twenty years later, in a Nottingham Post interview, the late Rev. Ian Paisley (1926–2014) recalled the night he spent with friends and family at Belfast International Airport waiting to hear who had survived. As he went on to say: “It was a very sad time. I went to each family as they sat together and had a prayer and spoke a word of comfort to them. They’ll never forget the long waiting, and the gulps of ‘Thank God’ when they heard that their friends were saved, and the cries and the agony when they heard that their loved ones were killed,” adding: “It’s an indescribable position, you couldn’t
describe what it was like... the sobbing and tears and the screams”

When he arrived home on that fateful night, Ian Paisley said he couldn’t sleep because of what he had just witnessed. Therefore, with thoughts running through his head of what he had seen, that he decided the following day, along with friends and relatives of those injured, he would fly to England and visit the survivors in hospital, of which included QMC.

When visiting those injured he said: “Some of them were pretty severely injured and others were not so badly injured and others had serious effects—nervousness and fears.” To which he added: “It was a very momentous occasion and one that you never forget.”

In conclusion to the interview with the Nottingham Post he said: “I knew people on the plane that had crash landed–some survived but some unfortunately died. A man and his wife who I knew were both killed.” To which he finally added: “People may forget the events on that tragic night, but those that have loved ones who were killed or injured will never forget it.”

Another person who recalled the events of Sunday 8 January 1989 twenty years later, also in a Nottingham Post interview, was the Director of Nursing Stephen Moss who was knighted in 2006 for his services to nursing after retiring as chief executive of QMC.

As he said in the interview: “I first heard what had happened on the car radio whilst returning from a weekend break.” As he went on to say: “My initial response was to put my foot down on the car accelerator and to get to the hospital as quickly as possible.”

On arrival at the hospital, which was at 9pm, Stephen Moss was immediately put in charge of the whole incident. As Mr Moss explained: “I went straight away to the accident and emergency department, and I have to say the staff at QMC were absolutely first class.” We never knew if the major incident plan would work. It is not until you have a real situation like a plane crash do you see how well it works.” So well had the major incident plan worked that by midnight all the patients had been identified and emergency department and were in trauma wards, intensive care or were being operated on.

The crash happened at the same time as the hospital shifts were changing, which meant the day staff could continue working as the night staff came on. As Stephen Moss said: “It wasn’t just the clinical staff, the doctors, the nurses—but other groups of staff were wonderful as well, volunteers even provided refreshments for the staff, it was teamwork. We had porters who stayed on, we had clerical staff that came on and catering staff also stayed on. The whole hospital held together and it was incredible to see it working like clockwork in that way.”

Throughout the night, the hospital worked closely with the police in the control room, which kept families up to date, co-operating with Derby and Leicester to identify all patients. British Midland sent staff to help identify passengers with plane lists and by the early hours, everyone had been identified.

As Stephen Moss added: “It’s amazing. In a situation like that people go, in a sense, into autopilot and they know they have a job to do, and they know how to get their heads down and do it.” But as he pointed out: “The danger time comes when it all settles down; all the patients have been admitted to the intensive care unit or are on a ward. That’s the time when staff start to sit back and reflect about what went on.”

To foretell what might happen when everything starts to settle and reflection begins, the hospital chaplaincy later gave support and counselling to the staff who were involved in dealing with the casualties who were brought into the hospital on that night.

As already discussed, the events of 8 January 1989 attracted many high-profile visitors to the hospital. However, Stephen Moss was determined that patients should see their families first—and that is why he turned down Margaret Thatcher when Downing Street called at 7am the next day. As Stephen Moss explained: “Staff from No 10 Downing Street rang to inquire
about the patients and then they commented that the Prime Minister would be wanting to visit. My response was that’s fine, but not until they’ve seen their families first.” To which he added: “My colleagues were convinced I was going to be slapped into the Tower of London for that!”

During the course of the night Stephen Moss spoke to a number of patients. He commented: “Given the experience they had been through, they were absolutely amazing. Their anxieties were for other patients and passengers. They were relieved they had survived that ordeal. They were very keen to go home as soon as they could and be back with their families, and were very stoical about it. They said things like, ‘I’ve just got to thank God that I’ve survived it’, because they knew some hadn’t survived the ordeal.”

QMC resumed normal service quickly, all operating theatres were back to normal within two-three days and normal outpatients services were ready from the Monday onwards. Most of the patients stayed in hospital for two to three weeks, some stayed a little longer.

Finally, Stephen said: “The staff and the patients together with their families built up some really strong bonds and many of the patients kept in touch with staff for many months after the event.

Investigations – lessons learned

One of the saving graces to the Kegworth Air Disaster was no fire had broken out when the plane hit the ground. Because the plane had broken up into three pieces, this had allowed investigators to reassemble the plane. Once the plane had been reassembled it enabled investigators to work out the source of the crash. Apart from the investigation led by the Air Accidents Investigation Branch (AAIB) the evaluation of the injuries sustained by the passengers led to considerable improvements in aircraft safety and emergency instructions for passengers. These were derived from a research programme funded by the Civil Aviation Authority and carried out by teams from the University of Nottingham and Hawtal Whiting Structures (a consultancy company).

The study between medical staff and engineers used analytical “occupant kinematics” techniques to assess the effectiveness of the brace position which on impact caused fractures, crushed chests and head wounds as passenger’s legs flailed under the seat in front, which was the cause of arm and head injuries as they shot forward. A new safer brace position later was adopted in October 1993, which involves putting your feet and knees together, with your feet firmly on the floor, and placing your head against the surface it is most likely to strike – usually the seat in front.

Since the adoption of the new safer brace position there have been calls for further safety measures, which include rear-facing seats (military style) in all aircraft, a possibility that has been considered and rejected by different airlines, and not purely, they say, for reasons of cost. However, the Chairman of British Midland Airways said: “There is no doubt that research has shown it is safer to fly backwards. However, the public don’t want it – they don’t want to fly backwards. Somehow they feel more frightened if they face backwards than forwards.”

The other arguments against rear facing or aft facing seats are they weigh more than conventional forward facing seats and would impart unacceptably high loads on the cabin floor. Also, they would not be unsuitable for modern airline transport because of their steep climbing rate after take-off, plus rear facing seats would be psychologically less attractive to passengers.

Final analysis

What this chapter ultimately demonstrates, apart from the terrible events that led to the Kegworth Air Disaster is how, in extreme circumstances, people from various walks of life can all come together and give aid to those who are victims of an awful tragic event, even if it’s the Roman Catholic Bishop of Nottingham or the Pontiff in Rome praying for those who were injured and for those were bereaved.

Apart from HRH Prince Charles visiting QMC following the crash, in a way it was an event that was destined to begin an association with His Royal Highness paying numerous visits to QMC, both as a patient of Professor Christopher Colton who operated on his shoulder on Sunday September 9th 1990, following a riding accident, and as a visitor.

Prince Charles’s second visit came on Wednesday September 9 1992 when he was accompanied with Her Royal Highness Princess Diana who opened the hospital’s Day Case Unit and Theatre Service Centre, whilst he went onto ward B3 to meet a group of Macmillan nurses.

This ultimately led in February 1999 to a third visit, this time to officially open the Multi-Faith Centre, and again on Tuesday 27 July 2004 when he officially opened the new Accident and Emergency Department. The prince said: “I am very glad indeed to have the opportunity to return to the Queen’s Medical Centre, which is engraved on my arm!”

On that same date he also officially opened the Nottingham Breast Centre at the City Hospital. This was followed seven years later in 2009 when he again visited City Hospital to launch a new patient menu and to talk to staff and patients about hospital food.

Finally, it would be fair to say, through one tragic event, QMC, and indeed City Hospital, both as single NHS Trusts and ultimately as part of the amalgamated Nottingham University Hospitals NHS Trust have certainly, over time, gained a Royal seal of approval. I am sure will, at some time in the future, this will be followed up with another visit by his Royal Highness and other members of the Royal Family.
QMC as we know it today really began eleven years ago, when the City Hospital and QMC merged under the all-encompassing Nottingham University Hospitals NHS Trust.

Originally launched on Thursday 4 August 2005 as a public consultation with the view to a merger of the two hospital trusts, with a single view that a merged organisation would offer the most effective method of optimising the provision of acute healthcare services for the citizens of Nottingham, Nottinghamshire and beyond.

The members of the two trust boards met on that date to consider three options. Option one was to maintain the status quo as two separate trusts; option two, to remain separate but pursue a deeper collaboration. However, it would be the third option of a full merger that board members agreed to pursue.

Option three was chosen because it offered a more flexible use of combined resources in order to bring about more integrated patient care. Option three was also chosen because it was felt it would bring together clinical expertise from both trusts in order to achieve the best experience and outcomes for patients coupled with a more rapid decision making process. It was agreed that it would be more beneficial because it would make the best use of joint incomes so that a high quality of patient service could be achieved, and finally to agree on option three would strengthen the ties of research and teaching between the two hospitals.

Following on from a further twelve-week consultation period that began in September 2005, where staff at both QMC and City Hospital were encouraged to get involved with planning the future of the two Trusts and their services, an event was held on 24 January 2006 when nearly 300 clinicians and senior managers, together with colleagues from the University of Nottingham, unions and Primary Care joined together to consider the options for service reconfiguration.

As reported in issue 59 of the now defunct monthly ‘Intouch,’ QMC staff newspaper: “With 237 members of staff present, representing an even split from both hospital campuses, there was real engagement and meaningful debate throughout the whole day, with a willingness to be open-minded about the way to configure services from both hospitals.”

Finally, it was reported in the same issue, following some uncertainty, the Trust’s new name from 1 April 2006 would be the Nottingham University Hospitals NHS Trust.

Eventually, with all periods of consultation having reached their conclusions and the expressed views of the staff taken into consideration, from 1 April 2006, with the merger now in place, a huge realignment of service provision began. For example, in 2008 the Children’s Unit at City Hospital (a service that had been provided for 105 years) was merged with the Children’s Unit at QMC, thus re-establishing Nottingham Children’s Hospital. Also, following the merger in 2006, the former Nurse’s Home Two at City
Hospital was converted into the new Headquarters for the Trust.

Whilst the pack, as it were, was still being reshuffled, both hospitals in their own right still continued to grow. However, it is worth mentioning that the original buildings of City Hospital and QMC both share a similar story. Although 74 years separates the opening of the two hospitals, both hospitals, in their construction were purpose-built buildings, and both hospitals, because of their size, as a consequence, suffered similar derogatory comments.

For example, the City Hospital when it was opened in 1903 was referred to as a ‘Palace for Paupers.’ This was because when the Union Workhouse on York Street in Nottingham was demolished to make way for the building of the Victoria Railway Station, the construction of the workhouse was relocated to an area of Nottingham known as Bagthorpe, now part of Sherwood.

Known until 1929 as the Bagthorpe Workhouse and Infirmary, and especially after being for 174 years in the heart of Nottingham, this fine architectural masterpiece of late 19th early 20th century design, with all the latest mod cons stood in the heart of what was still acres of idyllic arable farming land—a point not missed on the taxpaying members of the public, hence the derogatory term of ‘A Palace for Paupers.’

QMC, as already discussed in previous chapters, also suffered its derogatory terms such as ‘White Elephant’ when it first opened and when struggling due to the lack of financial resources, as the ‘biggest mothballed hospital in the country,’ especially when large swathes of the hospital still remained unopened. As a consequence, this led those who were against the building to say: ‘It’s too big’—in the 21st century, it’s now not big enough!

However, it will be the Rushcliffe MP Kenneth Clarke’s cheeky comment during the early 1980s when as Health Minister he referred to QMC as a ‘monument of folly,’ a term he used when describing those who planned QMC as “launching into a great capital programme without having worked out where the resources are going to come from to pay for its opening.”

To a certain extent, it is those derogatory comments that have gone on to give QMC its own characteristics, which over time has gone on to prove its original detractors wrong. In fairness to the building, when services from Nottingham’s former hospitals began
transferring to QMC, as already discussed in a previous chapter, QMC could have been seen as a hybrid hospital.

In the beginning the three hospitals that went on to form the establishment of QMC, which was later joined in 1988 by a fourth, all came together in what could be described as an alien environment. This is because each member of staff, together with the services that transferred to QMC had come from a hospital building that was steeped in its own unique history, and with its own characteristics, and to a certain extent its staff came with their own way of doing things.

For those members of staff who did transfer this meant having to learn to adapt to a new environment, which in those early years was still being built, and in many ways to adapt to a new working practice, which for some members of staff was at first hard to accept.

**QMC now**

So how has this once white elephant fared in its forty years of life? Sunday may be the quietest day of the week but sitting watching the activity of human life, one could be forgiven for thinking this could be any day of the week, day or night. You could also say the Emergency Department exists in a timeless world. The clock on the wall may say that it is 2 o’clock but because of the ED’s timeless existence, it could be either 2 o’clock in the morning or 2 o’clock in the afternoon. In other words, apart from the main entrance to the department, little is seen of day and night, and as it is always full this adds to its timelessness.

**The sum of parts**

In the world of commercial enterprise, the sum of parts means: a process of valuing a company by determining what its aggregate divisions would be worth if it was spun off (to streamline operations) or acquired by another company. In a health care environment, the sum of parts is best understood by saying: “a hospital is run by more than just nurses and doctors.” As an example, in a hospital like QMC there are many different specialities, many of which are allied to medicine, whose varying disciplines all require the back-up of teams of administrative staff that in turn rely on a whole army of service staff, which includes cooks, cleaners, porters, and maintenance staff. In other words, in an environment that is patient centred, it relies on more than just nurses and doctors to keep the place running.

In an environment that has a patient bed capacity of 1,300 and employs 6,089 people, it is easy to see that the vast majority of its employees are those who play a support role.

Going on to mention every department and discipline that exists at QMC would, in this instance, be a fruitless exercise. To find out about the many wards and departments there are at QMC one only has to visit the Trust’s comprehensive website.

Philanthropy has been an essential feature of UK hospital history. For example, it was philanthropy that built Nottingham General Hospital. Beginning in 1778, John Key Esquire of Fulford Hall near York left a legacy of £500 (£72,000) to be applied to build a county hospital in Nottingham. In his will, he also stipulated that a further £1,000 (£144,000) was to be raised within five years of his death.

The task of raising that money had been raised that on 12 February 1881 the foundation stone of Nottingham General Hospital was therefore laid, which was followed just over a year later when on the 28 September 1782 the General Hospital was opened.

Along with the former Nottingham General Hospital, the Nottingham Hospitals of the Women’s, the Children’s, and the Eye Hospital, which are all now part of QMC, were all given birth through public subscriptions. As a consequence all four hospitals were referred to as ‘Voluntary Hospitals because before the inception of the NHS in 1948, they relied entirely on voluntary donations from the public for their upkeep.

Ropewalk House, one of the last vestiges of the former Nottingham General Hospital, was first opened
on Saturday 30th April, 1927. Built, to the tune of £65,000 (£3.6m), it was made possible from generous donations given by some of Nottingham’s leading industrialists, of which William Goodacre Player of Imperial Tobacco gave £50,000 (£2.8m).

After the inception of the NHS it was felt that philanthropy would become less important as the needs of public welfare and hospitals would be centrally funded by the government. Yet in spite of government funding, public spirited philanthropy in hospitals has continued to grow. Indeed, through the years, philanthropy in Nottingham’s hospitals has continued to thrive through various organisations like the League of Friends, which at QMC was established in 1978, and the Royal Voluntary Service, formerly the Women’s Royal Voluntary Service (WRVS).

All doing vital work to keep hospitals like QMC’s wheels turning, the League of Friends and the Royal Voluntary Service are joined by a further army of volunteers. Sponsored by Nottingham Hospitals Charity, this corps of volunteers, apart from acting as a link between the League of Friends, and the Royal Voluntary Service, perform a wide range of duties. These duties include preparing for patients mealtimes, being an advocate for patients, meeting and greeting visitors to the ward/helping with directions, and assisting with housekeeping duties and other non-clinical duties as well. In all, QMC’s volunteers cover 149 departments.

In more recent times, the diverse range of departments covered by QMC’s army of volunteers has been further extended with the introduction of tram volunteers. Formed in 2015 after the opening of QMC’s tram stop, this group of volunteers are on hand to help patients and visitors find their way through QMC’s labyrinth of doors and corridors towards one of its many wards and departments.

Apart from the newly formed tram volunteers and the myriad of other departments, staff, patients and visitors are likely to find volunteers, volunteers are also to be found chairing committees such as self-help groups, some of which have been in existence at QMC for 30 or more years.

For example, the Nottingham QMC Stoma Support Group, which has been in existence for that same length of time, under its current chairman Mike Lucas, himself a stoma patient for the past ten years, has seen the group develop into 50 members, with between 25–30 members regularly attending its monthly meetings. As he says:
“Since becoming chairman in May 2016, I have worked at getting the membership up and involving Ward E14 to get feedback from the ward from patients who can come and get support from the group that meets in Clinic 2 at QMC once a month on a Saturday morning.”

He has since learnt there are over 50 stoma products on the market. One product which he is involved with, which is through a company that is working with Leeds University who are in the process of developing a disposable bag for patients with a stoma. As he says:

“You come out of the ward with this thing sticking out of your tummy, and you think there is only one stoma bag that you can stick onto to that collects your waste, when in actual fact there are 50 products on the market.”

The reason he knows that is at some time or another companies have sent him products to try out, which as he concludes, he has!

Of the 149 departments covered by volunteers, many are specialist departments that require specialist trained nurses and doctors, who in turn require, to hand, specialist equipment. Of the equipment seen on the wards and departments at QMC, apart from equipment already provided, you will find some equipment that has been purchased following the efforts of a sponsored event from relatives wishing to thank ward staff for caring for their sick.

This and many other similar events are co-ordinated by the staff from the Nottingham Hospitals Charity, an organisation that was formed in October 2006 to co-ordinate fundraising and to oversee its expenditure. For example, Nottingham Hospitals Charity, to date, has helped co-ordinate the raising of £15,000 for a heart function monitor for sick children, which has helped save the life of a six-month-old baby within hours of it being installed; £1.1 million for better ward facilities for children with cancer; £150,000 to kick start medical research projects, with the aim of improving the treatment and services for a whole host of conditions and diseases, and £2.1m towards the new centre to transform the care for patients suffering from Cystic Fibrosis, a centre which was opened at the City Hospital in April 2014.

Nottingham Hospitals Charity is also involved in co-ordinating the Nottingham Children’s Hospital’s ‘Big Appeal,’ a three-year charity project designed to raise £3 million in order to transform care and research into new treatments for children and young people suffering from potentially life-threatening illnesses from cancer to kidney disease, organ transplants, lifelong acute respiratory conditions and broken bones.

The Big Appeal was launched on 21 November 2016 when the Nottingham University Hospitals Chief Executive Peter Homa abseiled over 100 feet in pouring rain down the side of QMC with Nottingham’s Robin Hood - Tim Pollard.

Also, co-ordinated by the Nottingham Hospitals Charity is the ‘Helipad Appeal.’ Launched in July 2014, the aim was to raise £3 million to build an onsite helipad so that critically-injured patients can be transferred to the East Midlands Major Trauma Centre more quickly. In 2013 Richard and Michelle Daniels set up a dedicated charity following the loss of their baby daughter Emily after having an emergency caesarean section at QMC.

Sponsored by Nottingham Hospitals Charity, an example of QMC’s army of volunteers 

Praising the care, they received from the staff at QMC, in return they decided to do something about the lack of a dedicated bereavement facility for those who, like themselves, had suffered loss. Therefore, with the intention of raising money for just such a facility,
Richard and Michelle set up a charity which they gave the title of ‘Forever Stars’.

The first facility, referred to as a ‘Serenity Suite’ was opened in April 2016 at QMC after the couple had already raised £100,000. Altogether Richard and Michelle have raised over £200,000 however they have since gone on to raise more money with the intention of opening a second bereavement facility at the City Hospital.

With support coming from Forest Football legends John McGovern and Stuart Pearce, and a Point of Light Award from Prime Minister Theresa May, an award that recognises outstanding individual volunteers, Richard and Michelle received special recognition for their ongoing fundraising efforts to improve the experience of future patients and their families by having a tram named after them, as part of Nottingham’s Express Transit’s annual Community Hero Award.

With the need to speculate to accumulate, Nottingham Hospitals Charity looks towards corporate partnerships with businesses from across the East Midlands.

As an example of corporate partnership, in 2016 Sandicliffe’s FordStore in West Bridgford, Nottingham donated a Ford Ka, following over £12,000 in raffle ticket sales, in which all the money raised went towards the Nottingham Children’s Hospital ‘Big Appeal.’

With regards to the many charitable donations made towards QMC, and indeed throughout the entire Trust, what I have discussed is just a brief example of the charitable work. To seek further information, or indeed to get involved, I would invite you the reader to visit the Nottingham Hospitals Charity website at www.nottinghamhospitalscharity.org.uk

Greater transparency

With the aid of the internet, and instant access to information, this has created greater transparency. In other words, people are no longer satisfied by what they read, either from the internet or in printed form. They want to see for themselves how things are run by becoming involved.

In hospitals like QMC and throughout the Trust there is a member’s forum that consists of members of the public who are involved in ensuring that services provided by the Trust meet the needs of local people. Members of the Trust are encouraged to get involved with working groups and standing for election on the Council of Governors. For this, members receive a monthly e-bulletin which includes updates from across the Trust and information on forthcoming events and opportunities to get involved in group activities together with invitations to attend ‘Medicine for Members’ events.

Apart from formal membership there is also the Patient Partnership Group (PPG), a group that ensures views are heard by executive members of the Trust. These views go towards making a positive improvement to the lives of patients, their relatives and carers.

Altogether, the group involves itself with hospital cleanliness, catering audits and food tasting. They also have representatives on staff interview panels and assess staff members who have been nominated for awards at the time of the NUHonours, which are held annually in November.
In many respects, the two above groups, which have members coming from all walks of life, represent what the NHS originally stood for. The NHS, when it was formed in 1948, in the political sense, was formed for the people by the people, therefore it is only fair that those people who benefit by and have benefitted from its service should have a say in how it is run.

**Information super highway**

As a post script to what has been discussed, for all the information that is available to us today, and the greater transparency it has created, it is hard to imagine that in 1977 when QMC first opened its doors the digital information super highway was still something that belonged to science fiction. Information about wards and departments, which today can be gleaned from the world-wide web, Facebook or even Twitter, 40 years ago, simply did not exist. In fact, it would be a further wait of twelve years before the world would be made aware of Sir Tim Berners-Lee’s invention of the world-wide web.

Before 1989 or until the world-wide web of information became available in the UK’s hospitals, information about hospital wards and departments would have to have been gained by either the local media or visiting the hospital itself.

40 years ago, the telephone was always the first port of call when making contact with a ward or department. However, that would have been restricted to landlines, as mobile phones had not been invented. When eventually they did become available, which was, during the mid-1980s, unlike today’s mobile phones, they were cumbersome things to carry around, and because very few people owned one, they were very expensive to use.

**Nottingham’s medical metropolis**

To begin summing up, QMC was a conception of the 1960s, a time of when many of the social barriers of previous generations were beginning to breakdown. For example, the 1960s was a time when a whole generation of young people were free from conscription and were finally given a voice and freedom to do what they wanted. In other words, the 1960s was a decade of rapid change. It was the period that finally allowed people the liberty and individuality that had been fought for and what we take for granted nowadays. The sixties began bleak and restricted, but by the end, people were full of hope and optimism for a better future.

Although the above definition is a quote from the Oxford English Dictionary, what QMC set out to do, through its futuristic design, was to breakdown the deferential barriers that existed within the world of healthcare of 50 or more years ago when QMC’s plans were still on the drawing board.

For example, in hospitals like the former Nottingham General Hospital, members of the medical and nursing professions each had their own separate dining areas, so too did ward sisters, and so did the hospital matron. As a consequence, the world of medicine was very hierarchal. Therefore, when QMC was opened, its dining area was very much, and still is, a communal area not just for members of staff but visitors as well. In other words, staff members, whatever position of authority they
held mixed with other members from other areas and disciplines within the hospital.

The idea of using a communal dining area as an example for the social and hierarchical structures breaking down is a simplistic example. However, before such communalism was introduced, employment in a healthcare environment was very socially and structurally ordered. In other words, everyone knew their places.

It was not until buildings like QMC came into being that health service employees started to mix. Before then the only time staff did mix was on formal occasions like a sisters and consultants dinner and dance, which of course, was mostly restricted to members of those two professions. Any outsiders coming along were by invitation only.

As a consequence of this hierarchal structure, it led to the assumption, especially from the outside world that a hospital was only run by doctors and nurses. This of course is untrue, which through this chapter I have attempted to prove that it is not the case. A hospital is run by many professions and disciplines, many of which are not allied to the world of medicine, and to mention every one of them would, for the sake of what has been discussed, take too long and would end up being a pointless exercise.

For staff, who after having for many years worked in places like the former Nottingham General Hospital and were used to working in smaller confines, transferring to a purpose-built environment of QMC, with its long corridors and passages, and wards with numbers instead of names was for some a shock to the system. As a consequence, this led to complaints, as previously mentioned, of the place being either too impersonal or for that matter too big.

The complaint of being impersonal probably came from those who had come from a fast-becoming outdated deferential environment. Having been used to the rigid social structures that was a hospital environment, and having to transfer to a new hospital which was less formal as in previous years, and where everyone was considered to be an equal, was for some difficult to accept. However, the complaint of QMC being too big, 40 years later, especially as the building continues to expand, has come full circle, as it is now not big enough.

Apart from the four blocks of East, West, and South, together with the School of Medicine, QMC also provided staff accommodation in Harvey, Curie, and Lister courts. These were demolished in stages between 2003 and 2004 and later in 2011, with just an example remaining of what was once Curie Court. In its place has seen the building of the Nottingham Treatment Centre. A building that was planned in 2004 and opened four years later in 2008. With the continuing expansion of Nottingham’s tram network, which began operating in 2004 with the opening of line one, 2012 saw the construction of lines two and three together with the construction of QMC’s very own tram stop. Opened for service on 25 August 2015, QMC had the honour to be the only hospital in the UK with its own tram stop.

Now in its 40th year plans are afoot for still further expansion. As already discussed, in January, 2017, a planning application was granted approval by the Nottingham City Council for the construction of a helipad. Planned to be fully operational in 2018, the helipad will be built on the grounds where once stood the residences of Harvey, Lister and Curie courts.

I wonder what those who are no longer with us would say if they could see QMC today? As examples, could they ever have imagined that in the building they had planned over 50 years we would see the invention by Sir Peter Mansfield of the Magnetic Resonance Imaging (MRI) scanner come to fruition.
Also, the research carried out by Professors Roger Blamey and Ian Ellis which led to the introduction of the Nottingham Prognostic Index (NPI), a risk prediction model for survival of women with primary breast cancer, or for that matter, the Nottingham Treatment Centre, the tram stop or even the soon to be built Helipad?

To all of those who still have the opinion that QMC is too big, one only has to look through the long lens of time. Yes, the hospitals that QMC replaced were great places to work in, yet in spite of it all they were, by the standards of today, small places.

In what has been invented in the world of medicine, and what the general public expect from the world of medicine, small hospitals like the former General, Women’s, Children’s, the Eye Hospital and even Harlow Wood Hospital would not be able to accommodate new inventions or indeed meet the expectations demanded by the public. For example, to read the history of the former Nottingham General Hospital, and all the departments that hospital accommodated, you begin to wonder how it all fitted into such a small area, especially when those same departments are now housed in the much larger surroundings of QMC.

Those who came up with the idea of QMC were, in some ways, visionaries. They could see that the old and much loved hospital buildings of the past had run their course and it was time for them to be replaced with something more fitting for the late 20th century and beyond. Therefore, QMC, Nottingham’s medical metropolis had to happen. Along with the University of Nottingham’s medical school, it has made Nottingham a world leader in medical research. Without it, Nottingham as a university city would not have the prominence it has today.

So, what has the future got in store for not just QMC but for all of Nottingham’s hospitals? To answer that question, I will leave it up to you the reader. To find out or to begin answering that question, you could begin by typing onto the search engine Google ‘Future plans for Nottingham’s QMC’ and you will come up with 2,060,000 results in just 0.68 seconds.

Now with the 40th year upon us, all I can say is: “Here’s to the next 10 years when QMC will be celebrating its half century.” Ten years can go pretty fast, and a lot can still happen. However, may QMC continue on its successful journey; may it continue to prosper, and may it still be at the forefront of discovery for miracle cures for the many ailments we suffer from today that tomorrow will become a thing of the past.
Chapter 7: QMC – 40 YEARS ON

Former staff residences, 55 to 57 Curie Court

Nottingham Treatment Centre

QMC tram stop

Future plans for 2018: a helipad
Researching and writing a book about the establishment of Nottingham’s Queen’s Medical Centre on reflection quite an onerous time consuming, yet interesting, task. The onerous task came with gathering in information from various sources, which began with sifting through the many press cuttings concerning QMC held in Nottingham’s Local Studies Library. As this was where my research began, I was assisted by the library staff who helped me channel my thoughts in what I wanted to research and eventually put on to paper. So, it is to them I owe depth of gratitude for their assistance and advice.

One of the skills I used when my work was still in the research process was that of semi-structured interviews, where you ask someone a series of open ended questions to which they give their views or opinions. This particular skill I employed on two separate occasions. The first was when I asked Lynne Ward, who, with over forty years’ experience as an NHS employee.

The second person who agreed to be interviewed was Mike Lucas the chairman of the QMC Stoma Support Group. Sadly, because the information I required linked in as examples of the many services provided by the QMC’s army of volunteers, meant I had to leave out a large percentage of the information I was given. However, no matter how big or small the information I was given, and how much I used, it was all gratefully received. Therefore, I would like to thank you both for sharing on your experiences and for providing me with information that would otherwise have been lost or in all probability been ignored.

When researching, and eventually, writing the chapter about the 8 January 1989 Kegworth Air Disaster, I would like to thank the Nottingham Post who agreed to let me use a number of photographs they have in their archive, and in particular when His Royal Highness Prince Charles visited patients. Their permission also applies to a photograph taken at the time of the transfer of the Children’s Hospital to the QMC in 1978.

As the planning and building of the QMC, together with the University of Nottingham’s Medical School involved those who were to be its academics, in particular Professor David Greenfield the Foundation Dean of the Medical School and the former Vice-Chancellor Professor F.S. Dainton.

As they were prominent in promoting the benefits of a medical school together with a 1,400-bed teaching hospital, both had portraits painted of them by the artist Tony Cowlshaw, it was only natural that I would want include copies of their portraits in the book. Therefore, after initial enquiry via the staff from the Manuscripts and Special Collection at the University of Nottingham to the staff at the Lakeside Arts Centre permission was granted, to which I extend a grateful vote of thanks for their permission.

The same also applies to [www.picturethepast.org.uk](http://www.picturethepast.org.uk) who granted me permission to use two photographs, one which is an ariel photograph taken in the 1920’s...
However, there is one skill that without any shadow of a doubt she has excelled in, and that is her skills as a proof reader. After I have finished each chapter, before sending it off to the Communications Department for their seal of approval, my wife proof read it first. Without her suggested grammatical alterations, I don’t think the research would have got as far as it has.

I owe a great depth of gratitude to my wife Judith. All I can say is thanks for your love and understanding and for the support you have given me whilst I have researched and ultimately written this book.

Paul R. Swift
Honorary Archivist