

Title: CQC update from Nottingham University Hospitals NHS Trust

Report for: Nottinghamshire County Council Health Scrutiny Committee

Date: 17 October 2023

Report prepared by: Michelle Rhodes, Chief Nurse, Nottingham University Hospitals NHS Trust

1. Purpose of this report

This report provides an update on the key findings from the Care Quality Commission's (CQC) inspections of maternity services and leadership, governance and culture (known as well-led), conducted earlier this year.

2. Introduction

The CQC - the independent regulator of healthcare in England - inspected maternity services at Queen's Medical Centre (QMC) and Nottingham City Hospital on 25 and 26 April. This was followed by a well-led inspection on 6 and 7 June 2023.

The inspection report detailing the findings was published on 13 September and found that:

- Maternity services have improved and are no longer rated inadequate. The overall rating of the service at both City Hospital and QMC has increased to requires improvement. The safety rating for maternity at the QMC and City Hospital sites has also improved to requires improvement from inadequate.
- Significant improvements have been made in the Trust's leadership and culture, and how it is managed, increasing the well-led rating from inadequate to requires improvement. The CQC found a reduction in staff reporting bullying with 'significant progress in improving the culture' and an executive team that 'consistently led with integrity and were open and honest in their approach.'

Overall, the Trust rating remains at requires improvement. The well-led domain has improved from inadequate to requires improvement and the caring domain remains outstanding.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires Improvement →← Aug 2023	Requires Improvement →← Aug 2023	Outstanding →← Aug 2023	Requires Improvement →← Aug 2023	Requires Improvement ↑ Aug 2023	Requires Improvement →← Aug 2023

3. Maternity services report

The CQC carried out an unannounced inspection into maternity services on 25 and 26 April. They found improvements across both sites.

- Improved levels of midwifery and nursing staff to keep women safe and to provide the right care and treatment. Managers also regularly reviewed and adjusted staffing levels and skill mix.
- Compliance for mandatory training had increased since March 2022 by 20% and staff spoke positively about the comprehensive mandatory training module.
- Most staff felt positive and proud to work in the organisation. Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and they witnessed examples of where appropriate learning and action had been taken because of concerns raised. There is further work to do to embed this and ensure consistency for all staff.
- Women were listened to and involved in their care. During the inspection, the CQC noted that women gave 'overwhelmingly positive' feedback about the service and staff who had cared for them.
- The overall management of serious incidents had advanced, showing improved systems in place that positively impact on timeliness, oversight and identification of immediate actions and recommendations.
- Improvements were seen in the triage unit and day assessment unit in relation to the separation of the triage and Day Assessment Unit (DAU) making a bespoke service for emergency care in pregnancy. And the introduction of Birmingham Symptom Specific Obstetric Triage System (BSOTS) contributing to over 96% of all pregnant people being seen within 15 minutes of arrival in the triage unit at the time of inspection.
- Cardiotocography (CTG) monitoring for women, which was previously an area of concern, was now completed appropriately and was documented in line with national guidance. Staff followed and promoted best practice, reporting this approach was instrumental in improving patient safety.
- The senior leadership team demonstrated a passion to improve the service for the women who chose to have their babies at the Trust, and for the staff who enabled this.

3.1 City Hospital

Maternity services at City Hospital improved on three of the five key questions CQC inspect (safe, responsive and well-led), in addition to the overall rating for maternity improving from inadequate to requires improvement.

Overall, City Hospital's ratings improved on the same key questions (safe, responsive and well-led), in addition to the overall rating for the provider* from requires improvement to good.

* Some services have not been inspected recently, therefore CQC make decisions on overall ratings taking into account the relative size of services and use their professional judgements to reach fair and balanced ratings.

Rating for Nottingham City Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Requires Improvement ↑ Aug 2023	Requires Improvement ↔ Aug 2023	Good ↔ Aug 2023	Good ↑ Aug 2023	Requires Improvement ↑ Aug 2023	Requires Improvement ↑ Aug 2023
Overall	Good ↑ Aug 2023	Requires Improvement ↔ Aug 2023	Outstanding ↔ Aug 2023	Good ↑ Aug 2023	Good ↑ Aug 2023	Good ↑ Aug 2023

The CQC reported that City Hospital must take action to bring services in line for the following legal requirements:

- The Trust must ensure expressed breast milk is stored safely and in line with national guidance (also highlighted at QMC).
- The Trust must follow appropriate guidance in the proper and safe storage and administration of medicines, including ensuring fridge temperatures are monitored, recorded and out of range temperatures escalated in line with Trust requirements (also highlighted at QMC).
- The Trust must ensure there is an effective risk and governance system in place that supports safe quality care for all areas in the service, mitigates risks when identified, and is in line with the conditions placed upon their registration (also highlighted at QMC).

3.2 QMC

Maternity services at QMC also improved on three of the five key questions CQC inspected (safe, responsive and well-led – the same as City Hospital), in addition to the overall rating for maternity improving by one rating, from inadequate to requires improvement.

Rating for Queen's Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Requires Improvement ↑ Aug 2023	Requires Improvement ↔ Aug 2023	Good ↔ Aug 2023	Good ↑ Aug 2023	Requires Improvement ↑ Aug 2023	Requires Improvement ↑ Aug 2023
Overall	Requires Improvement ↔ Aug 2023	Requires Improvement ↔ Aug 2023	Good ↔ Aug 2023	Requires Improvement ↔ Aug 2023	Requires Improvement ↔ Aug 2023	Requires Improvement ↔ Aug 2023

Overall, QMC stayed the same across all of the domains, as well as the overall rating for the provider*.

CQC reported that QMC must take action to bring services in line for the following legal requirements:

- The Trust must ensure expressed breast milk is stored safely and in line with national guidance (also highlighted at City Hospital).
- The Trust must follow appropriate guidance in the proper and safe storage and administration of medicines, including ensuring fridge temperatures are monitored, recorded and out of range temperatures escalated in line with Trust requirements (also highlighted at City Hospital).

- The Trust must ensure safe use of disposable curtains to ensure the reduction of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.
- The Trust must ensure call bell systems are well maintained to keep women and their babies safe.
- The Trust must ensure staff carry out risk assessments to keep women, their babies and staff safe from potential abuse.
- The Trust must ensure there is an effective risk and governance system in place that supports safe quality care for all areas in the service, mitigates risks when identified, and is in line with the conditions placed upon their registration (also highlighted at City Hospital).

4. Well-led report

For well-led, the Trust's rating improved from inadequate (rated in 2021) to requires improvement for the 2023 inspection. To thoroughly assess the well-led question, the CQC inspection team held virtual focus groups and reviewed internal policies and documents prior to the on-site inspection days on 6 and 7 June, where they conducted face-to-face focus groups and interviews.

The inspection team noted positive developments in the following areas:

- Strengthened leadership capacity and capability from a number of membership changes at Board level. This has contributed to greater collective decision making, shared responsibility and understanding of what the key challenges were in relation to quality and sustainability and what actions were needed to address them.
- A credible vision and strategy that staff clearly understood and articulated what the 'People First' plan meant for them and their role in achieving the priorities identified.
- An improving culture of high quality sustainable care with the majority of staff who engaged in the inspection stating they feel supported, valued and respected. Some challenges remained and concerns raised, which were recognised by leaders and plans were already underway to address them.
- Governance arrangements had been developed to support good governance and management. Improvements had been noted at different levels of governance and management and how they functioned effectively and interacted with each other appropriately. There is more to do to ensure they are embedded and understood further.
- There had been greater oversight and challenge of relevant information relating to quality and performance. Issues relating to maternity services, the impact of staffing issues on quality and emergency department pressures, including patient flow, were frequently and rigorously debated throughout the year at various sub-committees and the Trust Board.
- People who use services, the public, staff and external partners were engaged and involved in shaping and improving the services and culture. There were examples of involving patients and public as partners, from all protected characteristics, in decision making to ensure the Trust provided services based on the needs of the local population.

4.1 Trust-wide must-do and should-do actions

From the well-led inspection, there was one Trust-wide must-do action and one Trust-wide should-do action. This is a note-worthy improvement in comparison to the 2021 inspection where there were nine Trust-wide must-do actions and two Trust-wide should-do actions.

The one Trust-wide must-do action is in relation to the lack of consistency complying with its statutory duty of candour responsibilities.

The one Trust-wide should-do action states the Trust needs to improve in its arrangements for identifying risks issues and ensuring mitigating actions are embedded.

5. Areas of future focus and next steps

Notwithstanding the clear improvements noted by the recent CQC report and associated improved ratings, it is evident there is more work to be done to sustain positive progress and put actions in place to address concerns raised. The below tables identify the key areas needing further focus.

Maternity improvement areas
Shared direction and culture: Implement a 2023-2025 Strategic Framework: Improving maternity safety and innovating care for local families. This new framework will enable timely completion of the outstanding actions from the original Maternity Improvement Programme and delivery of broader transformation in maternity services (including national drivers) under one more comprehensive umbrella, reflexive to emerging national and local evidence in a proactive and transparent way.
Culture and engagement pathway: Deliver a culture and leadership transformation programme to address current challenges and develop an inclusive, open and honest culture which reinforces listening and responding to staff and service user voices to improve the quality of care. Including Just and Restorative principles, speaking up/ Freedom To Speak Up Guardians and addressing performance concerns.
Equality, diversity and inclusion pathway: Dedicated plan to be developed through the culture and engagement work pathway, building on the initial work of the Inclusivity Maternity Task Force. To develop a BAME voice in maternity, and to continue to improve and promote diversity with women, families and staff.
Service redesign and safe practice pathway: Service pathway developments to ensure the delivery of high quality, safe, effective and personalised care that is evidence-based. Includes response to 'safe' and 'effective' regulatory domains.
Governance pathway: Developing a robust quality governance framework, systems and processes (including risk management and incident identification, investigation and learning) to ensure care is of a consistently safe and high standard in-line with national best practice and guidance.
Workforce and development pathway: Ensure the service has enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the appropriate care and treatment. Implementation of the Birthrate Plus staffing report and actions for recruitment, appraisal, pastoral support and retention; ensuring training meets the Core Competency Framework version 2, supervision and CPD.

Well-led improvement areas (most aligned to CQC well-led quality statements)

Shared direction and culture: Focus on the priorities and delivering the recommendations in the People First report.

Governance and assurance: Continued development and maturity of the Accountability Framework and Quality Governance Accountability Framework (QGAF) across the organisation strengthening reporting and assurance flows of information.

Duty of Candour: Improve the quality of interactions with patient, families and carers to ensure open, honest and transparent approach to engaging with patients, families and carers, particularly when care does not occur as planned.

Workforce equality, diversity and inclusion and Freedom to Speak Up: Continue to improve organisational culture by eradicating bullying, harassment, racism and discrimination.

Risk: This is a key area of focus for the Trust to strengthen processes and systems in place to identify, articulate and mitigate risk from ward to board.

Learning, improvement and innovation: Strengthened and consistent use of learning and improvement methodology to drive key improvement programmes. Align to the findings of the Virginia Mason Institute diagnostic into the People First recommendation to create a single Quality Management System.

Information and assurance systems: Ensure information is presented in an effective way that enables professional challenge in appropriate forums, specifically sub-committees and the Board. Re-focus and streamline the Integrated Performance Report to include prioritised metrics that are aligned to Improvement Programmes and to the refreshed enabling strategies in People First.