NHS NOTTINGHAM AND NOTTINGHAMSHIRE CCG OVERSIGHT AND ASSURANCE BRIEFING – NOTTINGHAMSHIRE HEALTH SCRUTINY COMMITTEE

NOTTINGHAM UNIVERSITY HOSPITALS MATERNITY OVERSIGHT

JANUARY 2022

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) has been working closely with Nottingham University Hospitals NHS Trust (NUH), CQC and NHS England and NHS Improvement (NHSEI) over the past year to oversee improvements in maternity services.

1. System Approach

1.1. As the clinically led statutory NHS body responsible for the planning and commissioning of healthcare services, NHS Nottingham and Nottinghamshire CCG plays an integral role in ensuring we deliver care that achieves the best outcomes for our local population. The CCG supports local improvement, working in line with the trust regulator (NHS England and Improvement) and the regulator for the quality of services (Care Quality Commission). The regulators have legal powers of intervention and the CCG monitors quality standards, instigating improvement actions where required.

1.2. As we transition to the proposed new statutory arrangements (Integrated Care Systems) it is essential that there is a shared ambition for health and wellbeing of our citizens.

1.3. The Integrated Care Board (ICB) will take on the duties of the CCG in terms of local quality oversight and improvement. This will require close collaboration working with system partners (including providers, people using services, NHS England and NHS Improvement, regulators, and wider partners), shared quality improvement priorities and shared ownership of risks.

1.4. Our ICS and current CCG approach has clear governance and escalation processes for quality (including safety) in place, and actively monitors and manages system quality risks, in a way that enables continual learning and improvement.

1.5. In preparation for this transition, a system-wide Quality Assurance & Improvement Group (QAIG) has been established. This group will report into the ICB Quality Committee, however in the interim reports into the ICS Board and NHS Nottingham and Nottinghamshire CCG Quality & Performance Committee.

1.6. QAIG has been established to ensure the system works collaboratively across health and care partners to support, improve, and sustain high quality care across Nottingham and Nottinghamshire:

- To ensure the fundamental standards of quality are delivered – including managing quality risks, including safety risks, and addressing inequalities and variation; and
- To continually improve the quality of services, in a way that makes a real difference to the people using them.

The group takes a proactive and systemic approach to managing and improving quality drawing on evidence, best practice and quality improvement methodologies in a way that is transparent and measurable.

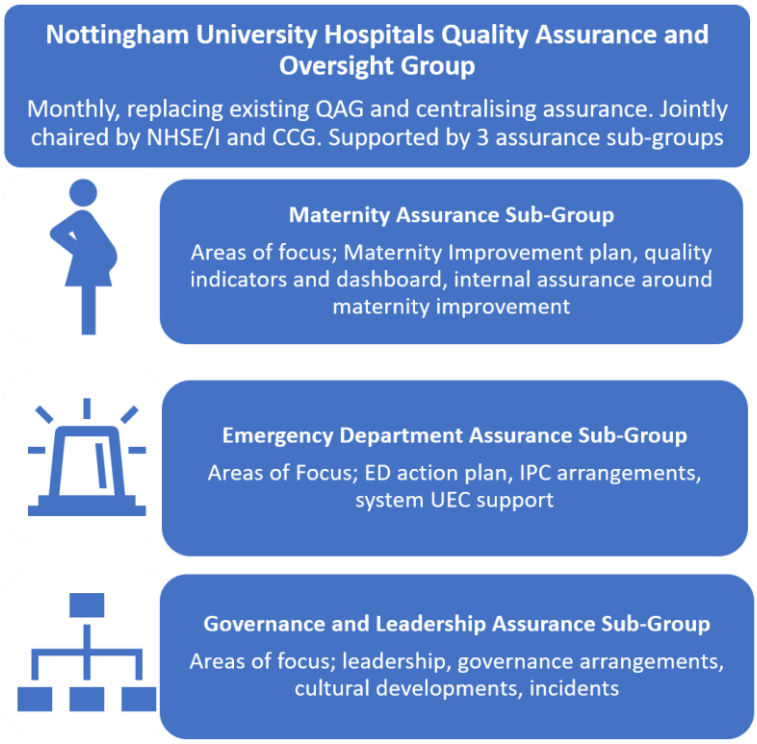
1.7. The CCG and the ICS act in accordance with the National Quality Board are responsible for monitoring the quality and safety of health and care services as per Local Quality Requirements:

- **QUALITY PLANNING**: Work to a common definition of quality
- **QUALITY IMPROVEMENT:** Deliver quality improvement and develop a core set of quality metrics which can be used to measure quality
- **QUALITY CONTROL**: Contribute and embed quality oversight with a shared commitment to working together

2. NUH Commissioner Actions/Involvement

2.1. Enhanced surveillance and system/regulatory support has been revised in light of the wider issues and part of this focus and assurance on Maternity services will continue. An additional NUH specific Quality Assurance and Oversight framework has been established which will report into the ICS structures outlined above, and also provide assurances to the trusts regulators about improvements.

2.2. This Quality Assurance and Oversight framework has been agreed, jointly led by the CCG and NHS England and NHS Improvement. This is a collaborative approach with three key improvement and assurance groups:



2.3. In addition, oversight continues with increased touchpoints with NUH. This includes CCG representatives at a number of internal NUH meetings such as the Incident Review Meetings, Harm Free Groups, Corporate Quality Committee and Maternity Oversight & Operational Groups.

2.4. The Maternity Assurance Subgroup meeting took place on 20th November (up until this point there had been a monthly Maternity QAG) and undertook a focussed review of the safe practice element of maternity.

2.5. The subgroup agreed significant progress had been made in the presentation of improvement data which allowed improved oversight – clearly presented and triangulated actions, impact (data and narrative), risks and future plans.

2.6. Additional assurance was gained around improvement in the undertaking of risk assessments and documenting these and in cardiotocography training where a significant and sustained improvement in training compliance had been achieved.

2.7. Given the theme emerging around the limiting factor for progress being staffing, psychological safety and culture this will be the focus of the next subgroup meeting.

2.8. Given the significant pressures that frontline staff are under, it is encouraging to see the progress being made on the maternity improvement plan and through that the improvements in care that will be being delivered. There is more to be done but engagement with and clear commitment from the maternity leaders in NUH and their teams have to making positive change is very promising.

2.9. The CCG will continue to work with NUH on the journey of improvement and will always be challenging for more and faster improvements but recognise there has been some progress made. Whilst the situation at NUH is far from where we want it to be, we recognise that there are many good examples of high-quality patient care being offered and the rating of ‘outstanding’ for caring is testament to the staff working there.