

Queen's Medical Centre

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2020
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Ratings

Overall rating for this hospital

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services well-led?

Requires improvement 

Summary of findings

Overall summary of services at Queen's Medical Centre

Requires improvement ● → ←

In rating this location, we took into account the current ratings of services not inspected at this time.

Our rating of Maternity services went down. We rated them as inadequate because:

Queen's Medical Centre is operated by Nottingham University Hospitals NHS Trust. The trust's maternity service sits within the division of family health and provides a range of services from pregnancy, birth and post-natal care and is based across two campuses and Nottinghamshire community. The trust provides inpatient antenatal, intrapartum and postnatal beds on Nottingham University Hospital (NUH) City campus and Queen's Medical Centre (QMC) campus for both high and low risk women. Both labour suites have alongside them midwifery led units and the trust provides a homebirth service. There are inpatient antenatal, intrapartum and postnatal beds available for women.

From January 2019 to December 2019 there were 8,265 deliveries at the trust.

Antenatal clinics are held across the whole of the service including community and the trust has day assessment units on both sites and ABC (triage service).

There is a fetal medicine service based on both sites, but this service is primarily delivered at the QMC campus.

Community services are provided by teams of midwives commissioned by Nottinghamshire CCG. They offer women a homebirth service and postnatal care.

The maternity unit at QMC is located over two floors in East block and includes:

- Ward B26 - an 18 bedded antenatal ward (includes triage and induction of labour as additional beds in a separate area of the ward)
- Ward C29 - a 26 bedded postnatal ward which includes transitional care cots
- Labour suite - 10 beds plus two obstetric theatres with 24-hour anaesthetic cover, a bereavement suite and direct access to the neonatal unit.
- Sanctuary birth centre - 4 beds. A midwife led unit sometimes referred to as an Alongside Midwifery Unit (AMU)

We carried out a short notice, announced focused inspection at Queen's Medical Centre on 15 October 2020. During this inspection we inspected maternity services which was in response to concerns raised from serious incidents, external investigations performed by Healthcare Safety Investigation Branch (HSIB) and coronial inquests.

We visited ward B26, ward C29, Labour suite and ABC triage assessment unit. We spoke with 22 staff, including service leads, matrons, midwives, medical staff, maternity care support workers and student midwives. We reviewed 18 sets of patient records (eight belonging to women and ten belonging to babies) and observed staff providing care and treatment to women.

Focused inspections can result in an updated rating for any key questions that are inspected if we have inspected the key question in full across the service and/or we have identified a breach of a regulation and issued a requirement notice or taken action under our enforcement powers. In these cases, the ratings will be limited to requires improvement or inadequate.

Following this inspection, under Section 31 of the Health and Social Care Act 2008, we imposed conditions on the registration of the provider in respect to the regulated activity; Maternity and midwifery services. We took this urgent

Summary of findings

action as we believed a person would or may be exposed to the risk of harm if we had not done so. Imposing conditions means the provider must manage regulated activity in a way which complies with the conditions we set. The conditions related to the maternity units at the Queens Medical Centre and Nottingham City Hospital. We also issued a section 29a warning notice to the trust as we found significant improvement was required to the documentation for risk assessments and information technology systems. The section 29a notice has given the trust three months to rectify the significant improvements we identified.

Maternity

Inadequate ● ↓

Summary of this service

Our overall rating of this service went down. We rated it as inadequate because:

- Staff had not completed training in key skills and did not always understand how to keep women and babies safe. The service did not always have enough midwifery staff to keep women and babies safe and provide the right care and treatment. Staff did not always risk assess women appropriately and in line with national and local guidance, and records were not always well maintained. Incidents were not always reported due to the demand on staff and the ineffective feedback and escalation, and lessons were not being learnt.
- There was limited evidence of managers monitoring the effectiveness of care and treatment and driving improvement. Managers did not ensure all staff were competent for their role.
- Leaders did not have the skills and abilities to effectively lead the service. The service did not have an open culture where staff felt confident raising concerns without fear. Leaders did not operate an effective governance process to continually improve the quality of the service and safeguard the standards of care.

However:

- The service mostly had enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm.
- Staff were focused on the needs of women receiving care despite the challenges they faced. The service promoted equality and diversity in daily work.

Is the service safe?

Inadequate ● ↓

Our rating of safe went down. We rated it as inadequate because:

- The service did not provide mandatory training in key skills to all staff; not everyone had completed it.
- Staff did not routinely complete and update risk assessments for all women in order to remove or minimise risks. Staff did not always identify and act quickly on babies at risk of deterioration.
- Staff did not always keep detailed records of patients' care and treatment. Records were not always complete, up-to-date, or easily available to all staff providing care.
- There was not enough suitable equipment available to help staff safely care for women and babies.
- The service did not have enough maternity staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Although managers regularly reviewed staffing levels, they were not always able to adjust staffing levels to ensure safe numbers of staff in all areas due to staffing shortages.
- The service did not always manage patient safety incidents well. Staff recognised but did not always report incidents and near misses. Managers from the governance team investigated incidents but did not always share lessons learned with the whole team and the wider service in a timely way.
- Staff collected safety information, but it was not routinely shared with staff, women and visitors.

Maternity

However:

- The service mostly had enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The design, maintenance and use of facilities, premises and equipment kept people safe.

Is the service effective?

Inadequate ● ↓↓

Our rating of effective went down. We rated it as inadequate because:

- Staff monitored the effectiveness of care and treatment. However, we did not see evidence that they used the findings to make improvements and achieve good outcomes for women and babies.
- The service did not make sure that all staff were competent for their roles. Managers appraised staff's work performance but did not routinely hold supervision meetings with them to provide support and development.
- Doctors, midwives and other healthcare professionals did not always work together as a multidisciplinary team to benefit patients. They supported each other to provide good care but did not always work together to provide joined up care.

Is the service well-led?

Inadequate ● ↓

Our rating of well-led went down. We rated it as inadequate because:

- We were not assured the leaders had the skills and abilities to run the service. We were concerned that leaders within the service were not effective in implementing meaningful changes that improved safety. Not all staff found leaders were visible and approachable in the service for patients and staff.
- The service did not have a positive, open culture where staff could raise concerns without fear. Not all staff felt respected or valued and rarely felt supported.
- Leaders did not operate effective governance processes, throughout the service to continually improve the quality of the service and safeguard standards of care. Not all staff had regular opportunities to meet, discuss and learn from the performance of the service.

However:

- Staff were focused on the needs of women receiving care despite the challenges they faced. The service promoted equality and diversity in daily work.