

A well-led update from Nottingham University Hospitals NHS Trust

Update for Nottingham City Council Health and Adult Social Care
Scrutiny Committee

15 December 2022

1. Executive summary

- It is anticipated that the 'Phase 1' response plan to the Care Quality Commission 'must do' actions will be largely complete by 31 March 2023. A phase 2 continuous improvement plan will then be taken forward to address any additional actions or longer-term initiatives to support further embedding of improvement. This will align with our strategic objectives.
- In September 2022, the Executive and Management Board agreed to review and strengthen the programme management approach to well-led, including the appointment of a dedicated PMO team, a revised governance structure, a delivery risk log and objectives for the programme. These have been implemented, with the strengthened programme management team within a central office, which continues to align all aspects of our 'Back to Good' improvement programme, including maternity and core services.
- Good progress is being made with the delivery of the well-led response action plan. As of December 2022, 88% of actions are either embedded, complete and having evidence reviewed, or are nearing completion.
- The remaining 12% are being reviewed to ascertain if they are more suitable to form part of the longer-term 'phase 2' work.
- Notable areas of progress include board leadership and visibility, culture, leadership and engagement, the 'Big Conversation' staff priority areas and Urgent and Emergency Care.
- There are currently 10 off-track actions; four are nearing completion and should be finalised before March 2023. The other six are being assessed for remedial work, to bring them back on track or are having evidence reviewed for completion.
- The key risks have been mapped and include the potential impact of winter pressures, which may make it difficult for operational and clinical colleagues to maintain the same degree of focus on delivering and embedding the actions over the next few months.
- The 'Alignment between Corporate and Clinical Governance' work stream is undergoing a review of its remaining actions, to re-align them to the current governance needs of NUH.
- As an organisation within the National Recovery Support Programme, (due to our Single Oversight Framework Level 4 rating), a scheduled checkpoint with the NHS England national and regional team will take place in Quarter 4, to evaluate progress against agreed criteria. Preparatory work is underway. A

monthly 'Improvement, Assurance and Oversight' meeting with regulators and wider stakeholders takes place, to oversee our progress.

2. Introduction

In September 2021 Nottingham University Hospitals NHS Trust (NUH) was rated Requires Improvement by the Care Quality Commission (CQC), with an inadequate rating for Well-Led. As a result, fourteen 'must do' improvement recommendations were given (nine related to well-led and five related to our core services – urgent and emergency care, surgery, etc).

During the same period, NUH entered the NHS Recovery Support Programme (RSP) under Level 4 of the Single Oversight Framework (formerly known as special measures). The programme offers additional improvement support from NHS England.

In March 2022, maternity services were re-inspected and rated Inadequate by the CQC. A Section 29A* enforcement notice was issued in relation to triage and observations, following the Section 31** regulatory notice.

In order to satisfy conditions for exiting the RSP programme, NUH needs to evidence substantial delivery of a Leadership, Governance and Culture Improvement Plan, specifically:

- Demonstrate substantial progress against the conditions imposed by CQC, specifically the Section 29A warning notice
- Evidence of strengthened governance arrangements
- Evidence of progress on culture change, including staff engagement and equality, diversity and inclusion (EDI) indicators
- Evidence of Board oversight of risks and actions
- The appointment of a substantive Chief Executive and a stable Board

Currently, action plans are in place to drive the necessary improvements within the areas identified above (well-led, maternity and core services). This paper provides an update on the well-led and core service elements.

* A warning notice when concerns have been identified across either the whole or part of an NHS trust and there is a need for significant improvements in the quality of healthcare.

** Allowing the CQC to serve a notice of decision on a provider if it has reasonable cause to believe that, unless it acts, any person will or may be exposed to the risk of harm. This can result in a decision to impose, remove or vary conditions of registration, with immediate effect.

3. Programme structure

There are three distinct programmes of work within NUH connected to well-led:

- **The maternity improvement programme:** designed to address maternity recommendations from a variety of sources and make the necessary improvements
- **The well-led response programme:** designed to complete improvement actions across nine 'must do' categories
- **The core services recommendations response programme:** a sub-programme of the well-led response, designed to complete improvement actions connected to five core service 'must do' recommendations.

NUH is integrating these three programmes into one '**Back to Good**' improvement programme. This will ensure better co-ordination between all aspects of work that are underway and builds on the progress already made.

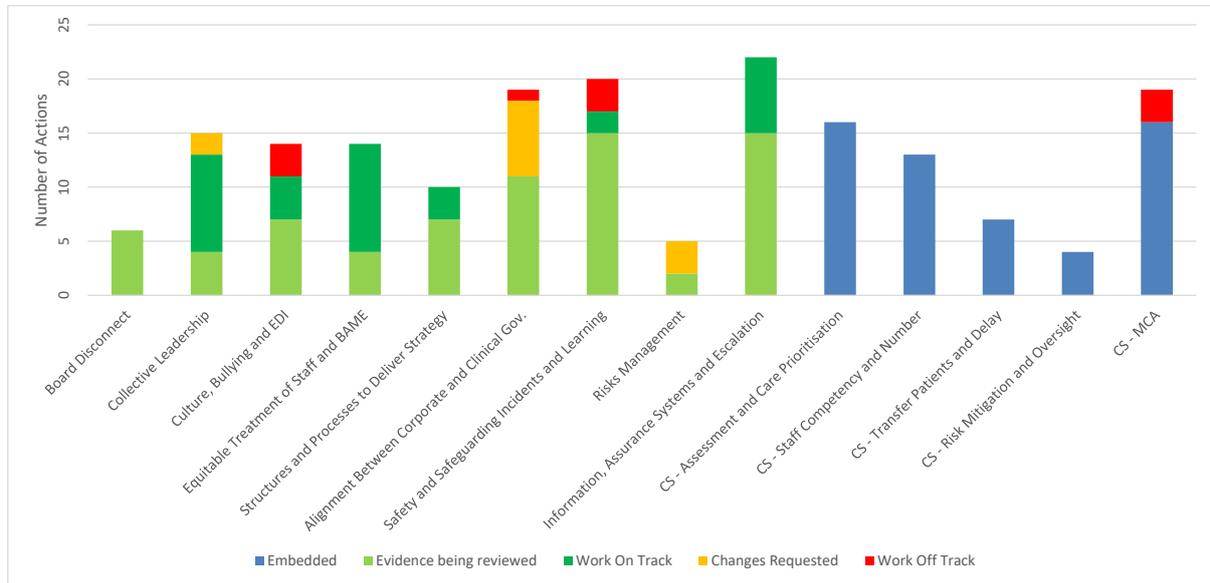
In the context of well-led, this will allow the Trust to bring its first phase response to the CQC 'must do' actions to a close and move into a second phase of continuous improvement. This will ensure improvements are embedded and maintained.

In September 2022, NUH made the decision to review and strengthen the programme management function of the well-led response programme through the following actions:

- Appointment of a dedicated programme team based within a new 'Compliance Hub' structure. This team includes a Programme Manager and Programme Co-ordination support, a senior PMO governance and framework advisor and a Head of Quality Assurance and Compliance. Additionally, the Chief Executive remains the overall senior (Executive) sponsor and is assisted by the Chief Nurse, who leads on some sponsorship duties, allowing the well-led work to be better aligned with ongoing maternity improvement work.
- The implementation of a refreshed governance and assurance structure (see Appendix 1).
- Agreeing a review of all remaining actions to ensure their continued relevance and identifying any longer-term actions that should move to phase two.
- An ongoing log of risks that could affect programme delivery and the mitigation plans to these risks.
- A refresh of the phase 1 CQC response programme objectives to the following:
 - To proactively respond to 'must do' well-led recommendations as identified by the CQC.
 - To be able to demonstrate that NUH is a well-led organisation, through alignment against the CQC's key lines of enquiry / quality statements (as used when assessing an organisation as well-led).
 - To act on what is important to our staff by progressing the 12 priorities identified through the 'Big Conversation' process.
 - To identify when the Trust can evidence a significantly high enough level of improvement to prove that it no longer requires additional support through the Recovery Support Programme.

4. Overview of well-led ‘must do’ response actions

The well-led response actions have been categorised across 14 different work streams – each relating to the 14 ‘must do’ recommendations identified by the CQC. The below chart and table show progress against the actions in each of these work streams.



Must Do Action Themes	No. of Actions	Embedded	Evidence being reviewed	Work On Track	Changes Requested	Work Off Track
Board Disconnect	6	0	6	0	0	0
Collective Leadership	15	0	4	9	2	0
Culture, Bullying and EDI	14	0	7	4	0	3
Equitable Treatment of Staff and BAME	14	0	4	10	0	0
Structures and Processes to Deliver Strategy	10	0	7	3	0	0
Alignment Between Corporate and Clinical Gov.	19	0	11	0	7	1
Safety and Safeguarding Incidents and Learning	20	0	15	2	0	3
Risks Management	5	0	2	0	3	0
Information, Assurance Systems and Escalation	22	0	15	7	0	0
CS - Assessment and Care Prioritisation	16	16	0	0	0	0
CS - Staff Competency and Number	13	13	0	0	0	0
CS - Transfer Patients and Delay	7	7	0	0	0	0
CS - Risk Mitigation and Oversight	4	4	0	0	0	0
CS - MCA	19	16	0	0	0	3
	184	56	71	35	12	10

In summary, of the 184 actions:

- 56 have improvements evidenced as embedded into business as usual
- 71 are complete and undergoing evidence gathering
- 35 are on track to complete as planned
- 12 are being re-evaluated by the programme board for changes
- 10 actions are off-track; all of these actions have been escalated and are being reviewed for remedial work to get them back to on-track. No changes are made to actions without approval from the well-led programme board.

Of the 10 actions that are now off-track:

- Three are required to supply evidence that they are completed (this is expected by the end of December 2022)
- Six are being reviewed for evidence and to identify what remedial action is needed (this will be completed by 16 December 2022).
- One will be completed as soon as an ongoing recruitment process is finalised.

Further details of these 10 off-track actions can be seen in Appendix 2.

Several remaining actions in the 'Alignment between Corporate and Clinical Governance' theme (and related actions in 'Collective Leadership' and 'Risk Management') themes have been recognised as insufficient to reach required improvements. These are being reviewed with an aim to refresh them against the current needs of the Trust (see Risks in section 6).

A process is in place to hold evidence panels to scrutinise and evidence delivery as part of the sign off / change management framework.

5. Examples of recent developments

5.1 Board leadership and visibility

- Anthony May, Chief Executive Officer continues to conduct visits and Q&A sessions across the organisation, as part of his '100 Day Plan'.
- Weekly visits to clinical and non-clinical areas of NUH carried out by the executive team
- Monthly 'Ask the Executive' sessions continue; with additional sessions focusing on specific topics – e.g. car parking, plans for winter, etc
- Further development of materials (e.g. Our NUH Magazine) to communicate improvements across the organisation and the progress we are making against the 12 'Big Conversation' priorities.
- Re-launch of our NHS Long Service Awards.

5.2 Culture, leadership and engagement

- Chief Executive Anthony May has written to all staff apologising to anyone who has experienced bullying, harassment, racism and discrimination at NUH and making it clear that he and the Board will not tolerate bullying, harassment, racism and discrimination
- A range of materials for staff, including a leaflet has been produced providing information about what NUH are doing to help address these issues, and the support available to individuals and teams to raise concerns and access help
- An anonymous reporting mechanism has been set up for those staff who do not feel confident enough to raise their concerns through a formal process
- An Anti-Bullying, Harassment, Racism and Discrimination Staff Charter is being finalised that all members of the Board will sign up to in the first instance
- Earlier this month, the first formal Equality, Diversity and Inclusion Committee was held. This Committee is chaired by Serbjit Kaur (Non-Executive Lead for inclusion) and will work to develop a Trust-wide approach to inclusion.
- Focus on increasing transparency and promotion of Freedom to Speak Up Month (including re-launch of materials to encourage staff to speak up).
- A draft Culture Dashboard has been produced. This shows a comparison in cultural and performance metrics and will give us a clearer understanding of how we are doing.

- 420 staff have completed the LEO (Leading an Empowered Organisation) course since April 2021.
- Re-launch of Schwartz Rounds (facilitated forum for healthcare staff to reflect on emotional aspects of their work) - from the 28 September 2022.
- Four projects from NUH were named winners and runners-up at The Patient Experience Network National Awards (PENNA) ceremony, held on the 28 September 2022.

5.3 Big Conversation priorities

Car parking

- New car parking permit application system has now been launched for staff.
- Applications are being rolled out across all areas, giving the opportunity for all staff to apply.
- New technology, systems and software in place to make parking easier, such as automatic number plate recognition (ANPR) and card / contactless payments (for visitors).
- Projects being scoped to identify additional parking spaces and re-order current car parks to maximise spaces available.

Minor new works (MNW):

- New process embedded that simplifies requests and gives visibility to the requester on the progress of their job.
- A new MNW project team and management dashboard supports operational oversight of the process.
- Backlog of MNW requests expected to be completed by the end of December 2022.
- User satisfaction surveys are in place (overachieving the 75% satisfaction targets set so far).
- The 12-week target turnaround time for MNW is being achieved, with the majority of smaller jobs being completed within five weeks.

5.4 Urgent and Emergency Care (UEC):

- Revised Standard Operating Procedure brought in to help staff support patients as efficiently as possible.
- A rolling recruitment programme is in place to maximise our urgent and emergency care staff establishment.
- 'Reverse bed chain' process in use that allows greater flexibility to move patients within the hospital, therefore minimising the amount of time spent waiting within the Emergency Department.
- The Integrated Transfer of Care Hub co-locates a multi-agency partnership that speeds up decision making and discharge out of the hospital through a better understanding of community care capacity.

- We are now talking to patients and their families about discharge at their point of entry into the hospital rather than waiting until the point they are ready to go home. This gives time to help us support families with any arrangements that could get patients home safely and as quickly as possible.
- The CQC response phase of UEC work is now coming to a close and is evolving into a continuous improvement approach with work ongoing through our internal UEC Pathways Board and in partnership with other agencies through the Nottinghamshire Integrated Care Board (ICB) UEC Board.

6. Risks, issues and mitigations

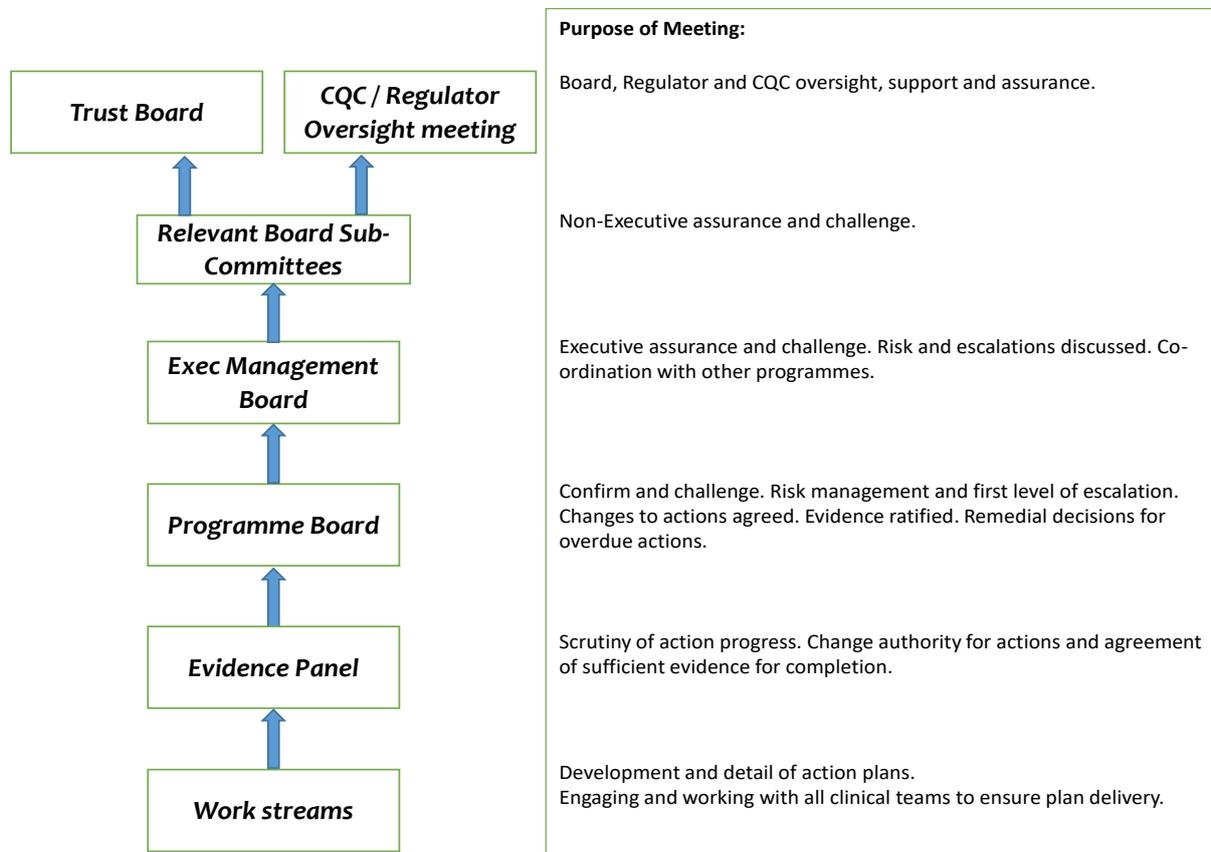
- **Risk: winter pressures.** Progress against the well-led response programme may be affected if operational and clinical colleagues are required to prioritise work around winter pressures. **Mitigation:** The well-led team have targeted actions that require operational and clinical input where possible so that corporate actions can be the focus over the winter period.
- **Risk: action completion dates.** While good progress has been made, as the plan has evolved, actions have been added that are unlikely to be completed by March 2023 (a date originally indicated as a possible point where NUH would no longer need to be part of the Recovery Support Programme). **Mitigation:** Many of these ongoing actions relate to longer-term aspects of improvement, such as cultural change, that take time to embed and ensure that improvement has been achieved. An exercise is underway to identify which of these actions would be better placed in the phase two programme of continuous improvement, rather than the phase one programme of the CQC 'must do' response. A revised end date for phase one can then be discussed, if needed. A monthly 'Improvement, Assurance and Oversight' meeting with regulators and wider stakeholders takes place to oversee our progress.
- **Issue: Work stream - alignment between corporate and clinical governance.** Over half of the actions in this work stream are completed. However, as the Trust's understanding of its governance needs has evolved, the remaining actions have been identified as insufficient to achieve the improvements required. **Mitigation:** A revised set of actions have been developed by the governance team that build upon those completed so far and supersede the insufficient ones. Therefore, the action plan for this work stream is being reviewed and realigned to a modified set of actions.

7. Next steps and upcoming milestones

- We will conduct a review of how NUH is performing against the RSP exit criteria. This is in anticipation of a NHS England review in Quarter 4 of 2022/23.

- Plans will be developed during Quarter 4 to undertake a self-assessment of how well-led the organisation is. This will be done following the appointment of the new Director of Governance. This will provide helpful insight into our strengths and weaknesses, so we can make further improvements.
- Finalise a process to complete our phase one well-led response programme and finalise the development of our phase two well-led continuous improvement programme.

Appendix 1: Governance and assurance meeting structure for well-led response programme



Appendix 2: Details of well-led response “off-track” actions

Must-do Theme	Task Number	Agreed Action	Lead Director	Work Stage	Target Completion Date	Progress / Remedial Action
Culture, Bullying and EDI	3.3	Review values and behaviours materials, guidance and key ways of working	Chief People Officer	Mid-term stage	30/09/2022	Reviews have taken place with a number of policies developed or updated, including resolution of employment concerns policy and health and well being policy. However, Action cannot be closed as reviews have highlighted that embedding "just culture" will be a longer initiative and additional actions will need to be developed in the Phase 2 Well-led plan before this action can be satisfactorily completed.
	3.6	Establish a plan to roll out a programme of Kindness, civility and respect (KCR) and Develop KCR resources.	Chief People Officer	Nearing Completion	30/11/2022	Majority of work now completed including: starters & leavers surveys launched (focussing on staff experience), a toolkit for embedding KCR developed, a new workshop for leaders launched and pilots for KCR projects are currently being recruited to. This work is in conjunction with KCR work at the ICB level. Action should be ready to close once final updates received - PMO to procure these.
	3.7.1	Train 44 conversation facilitators to support teams and individuals	Chief People Officer	Mid-term stage	30/11/2022	A Conversation Facilitator is a NUH member of staff who is skilled in techniques to enable productive conversations and resolve conflicts between individuals and within teams. NUH now has a bank of 30 Conversation Facilitators who have been deployed as a service via HR requests. 12 more have been trained during September. Action will be reviewed for closing once understanding around last 2 places confirmed.
Alignment Between Corporate and Clinical Governance	6.1.1	CEO to agree and appoint to Director of Corporate Governance role and agree portfolio	Chief Executive	Nearing Completion	31/10/2022	This recruitment has not run to the original provisional date but the process is nearing completion now with interviews set for 19th December. This action will complete as soon as an offer for the post is accepted by a successful candidate.
Safety and Safeguarding Incidents and Learning	7.2.3	Launch of Human Factors network	Medical Director	Nearing Completion	30/11/2022	HF Strategy is nearing completion, Terms of Reference for network written. Awaiting information for launch date of network. This action will be reviewed at December's Programme Board in order to understand the nature of this delay and what the next steps to completion are.
	7.11	Raise profile, visibility and values of Patient Safety Team through walkabouts, events, communications, use of social media etc.	Medical Director/Chief Nurse	Nearing Completion	30/09/2022	All aspects of action now in place. Evidence will be reviewed in December's Evidence Panel with an expectation to close action as complete.
	7.11.1	Patient Safety Team: capture themes raised to the team and evaluate visit outcomes	Medical Director/Chief Nurse	Nearing Completion	31/10/2022	Themes are feeding into the learning academy and other forums, however the work this leads to is likely to be more in scope for the phase 2 Well-led longer-term work. This will be reviewed in December's Evidence Panel with an expectation to close as complete, but with a note that any longer-term themes be implemented within the phase 2 programme.
Core Services: Mental Capacity Assessment	14.14	NUH safeguarding team to review documentation from other organisations to improve the reporting process at NUH	Chief Nurse	Nearing Completion	30/09/2022	When last reviewed, the evidence for each of these three actions was not complete enough to allow closure. All three actions are to be requested to return to December's Evidence Panel to review additional evidence to see if this will allow the actions to be classified as completed.
	14.15	NUH Safeguarding team to work with the digital teams to develop an electronic documentation process for Nervecentre	Chief Nurse	Nearing Completion	30/09/2022	
	14.19	The NUH Safeguarding team to work with appropriate teams to ensure training figures are robust and accurate across the organisation	Chief Nurse	Nearing Completion	30/09/2022	