

Nottingham University Hospitals NHS Trust

Queen's Medical Centre

Inspection report

Derby Road
Nottingham
NG7 2UH
Tel: 01159249944
www.nuh.nhs.uk

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Overall summary

Summary findings

We carried out a focused desk based review of East Midlands Children and Young People's Sexual Assault Service (EMPCYPSAS) in October 2020.

The purpose of this review was to determine if the healthcare services provided by Nottingham University Hospital Trust (NUHT) were now meeting the legal requirements and regulations under Section 60 of the Health and Social Care Act 2008. We found that improvements had been made and the provider was no longer in breach of the regulations.

We do not currently rate the services provided in sexual assault referral centres.

During this desk based review we looked at the following questions:

Are services well-led?

Background:

The East Midlands Children's and Young People's Sexual Assault Service (EMCYPSAS) was provided from two regional hubs. The Serenity Suite in Northampton (inspected in 2018) and The Children and Young People's Suite at the Queen's Medical Centre, Nottingham. This inspection looked at the well led aspects of paediatric sexual assault referral centre (SARC) services provided from The Children and Young People's Suite at Queen's Medical Centre (QMC), Nottingham University Hospitals NHS Trust (NUHT).

The children and young people's suite at the Queen's Medical Centre accepted referrals from children and young people who had been a victim of rape or serious sexual assault and reside in Derbyshire (including Derby City), Lincolnshire and Nottinghamshire (including Nottingham City) or if the assault had been committed in that area.

The SARC saw children and young people up to 18years and 18-24year olds with additional needs. There was an on-call out of hours rota for telephone advice and strategy discussions.

Summary of findings

The suite was designed and refurbished to deliver paediatric SARC services with a dedicated forensic waiting and examination room. There was also a non-forensic waiting room. The areas had been made as child and young person friendly as possible. They were bright and secure. There had been refurbishment work to add an additional non recent clinical examination space however we have not seen this as we have not been onsite to complete this review. Nottinghamshire Sexual Violence Support Services (NSVSS) delivered a single point of access (SPA) for the regional service and provided crisis workers 24 hours a day to the Nottingham Hub. Self referrals were not accepted for children and young people aged 13yrs and under. With appropriate assessment young people over the age of 16yrs could self refer. All forensic examinations were completed by doctors. The suite was staffed by doctors, specialist nurses and crisis support workers.

We last inspected the service in November 2019 when we judged that NUHT was in breach of CQC regulations. We issued a requirement notice on 5 February 2020 in relation to Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The report on the November 2019 inspection can be found on our website:

<https://www.cqc.org.uk/location/RX1RA/reports>

This desk based review was completed by a CQC children's services inspector. We reviewed evidence and had a telephone conversation with SARC staff including the clinical and governance leads for the service.

Prior to this review, we reviewed the action plan submitted by NUHT. This demonstrated how they would achieve compliance.

Documents we reviewed included:

- EMCYPSAS risk matrix
- Revised Quality, Risk and Safety (QRS) terms of reference
- Completed Quality, Risk and Safety template
- EMCYPSAS staff structure
- SARC report for Quality Assurance Committee July 2020
- Leaflets for patients pre and post examination
- SARC reporting structure
- Staff job descriptions and person specifications
- EMCYPSAS nursing metrics

We did not visit EMCYPSAS at Queens Medical Centre to carry out the desk based focused review. This was due to the Covid-19 pandemic and because we were able to gain sufficient assurance through documentary evidence provided and a telephone discussion.

At this inspection we found:

- Local leadership capacity for the SARC service had been increased to support development of governance and management systems.
- Analysis of risk was up to date and there was an oversight mechanism for risk through the Quality, Risk and Safety (QRS) group.
- Lines of accountability were defined through the divisional reporting structure. We saw an example of a comprehensive report that identified strengths and areas that the SARC was still working on.

Summary of findings

- There was an agreed template for speciality services to report risk.
- There was a clearly defined team structure with appropriate job descriptions. Staff had appraisals, opportunities to access training and had identified workplans to support their development.
- The SARC had identified that there were ongoing issues regarding training for crisis support workers. They were working together with the subcontracted agency to ensure that all crisis support workers had accessed appropriate training.
- The SARC continued to receive overwhelmingly positive feedback from patients.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services well-led?

No action



Are services well-led?

Our findings

At our last inspection we found that there was a lack of systems and processes to assess, monitor and improve the quality and safety of services being provided.

These are the areas reviewed during this desk based review:

Governance and Management

- The provider had reviewed reporting arrangements since the initial inspection. This included strengthening reporting of SARC activities through the trust's governance structures. For example the SARC produced a six monthly Quality Assurance Committee report. This was comprehensive and highlighted successes, ongoing challenges and how they were being managed.
- There was monthly exception reporting through the Family Health Divisional governance structures. This highlighted incidents and ensured that they had been followed up in the appropriate timescales. This was important to ensure that the provider was aware of risks that impacted on the ability to deliver a high quality service. We were assured through our review of documents, all incidents had been addressed or there were plans to mitigate risks.
- An increase in nurse leadership capacity had contributed to the development of assurance tools and processes. An individualised monthly nursing metric tool had been developed. This provided oversight on issues such as infection prevention control and medication safety.
- We were assured that there was an accurate understanding of risk. Issues identified on the risk spreadsheet had been consistently reported for example through Quality Risk and Safety template and a comprehensive six monthly report.
- We identified issues at the initial inspection regarding responsibility and training for subcontracted crisis support workers (CSW). The provider had worked to review and clarify the CSW role. This included assurance on the level of training and competency from the subcontracted agency. Work to resolve issues were ongoing at the time of our review. Through our document review and discussion with SARC leaders we could see that risks related to this issue were managed. Feedback from service users remained overwhelmingly positive.