

Board of Directors

Report

Subject: Care Quality Commission Report November 2016.

Date: 30/11/16

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Lead Director: Peter Herring, Chief Executive

1. Executive Summary:

Sherwood Forest NHS Foundation Trust (SFHFT) received the Report from the Care Quality Commission (CQC) on Wednesday 9th November 2016.

This paper highlights the outcomes from the report and presents the Action Plan in response to the Requirement Notice issued in relation to the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS) and Mental Health Act (MHA).

2. Background:

In 2013 the Trust was identified as a significant outlier with regards to the overall mortality position by the review carried out by Sir Bruce Keogh and as a consequence was placed into Special Measures.

The 2014 Care Quality Commission (CQC) Inspection of the Trust highlighted further concern over a number of patient safety indicators that were further confirmed during the follow up Inspection in June 2015.

It was clear that improvement work had started prior to the 2015 Inspection but progress had been slow and as a consequence the Trust was re-rated from 'requires improvement' to inadequate overall, with an inadequate rating for the 'safe' domain and the 'well-led' domain.

3. CQC Inspection 2016:

CQC returned in July 2016 and conducted an unannounced 3 day focussed inspection of a number of areas across the Trust. These were the areas where significant concern had been raised in 2015 and are set out below:

- Urgent and Emergency Services - King's Mill Hospital (Safe Domain)
- Medical Care (including older people's care) - King's Mill Hospital (Safe/ Effective Domain)
- Medical Care (including older people's care) - Newark Hospital (Safe/ Effective Domain)
- Medical Care (including older people's care) - Mansfield Community Hospital (Safe/ Effective Domain)
- Maternity and Gynaecology – King's Mill Hospital (Safe Domain)
- Outpatients and Diagnostic Imaging – King's Mill Hospital (Safe Domain)
- Outpatients and Diagnostic Imaging – Newark Hospital (Safe Domain)

The team also reviewed the well-led domain with regards to the overall Trust leadership. It should be noted that this domain was not considered at core service level at this time.

The CQC Team found that significant improvements had been made across all areas that were inspected with the team providing evidence to the Trust Executive Team at the time of the visit to support not only improvements to the safety and care delivered to patients but also in the positive changes in culture and staff engagement.

Although the inspection team was small there were a number of members that had been part of the 2015 inspection so a true comparison and recognition of the improvements could be made.

Following an extensive data collection process and the submission of relevant documentation the Trust was positively re-rated in every domain inspected. This resulted in an overall rating of the Trust to 'Requires Improvement'.

The table below highlights the 2015 position and 2016 re-rated position:

Core Service	June 2015		July 2016	
Urgent and Emergency Services - King's Mill Hospital (Safe Domain)	Safe	Inadequate	Safe	Good
Medical Care (including older people's care) - King's Mill Hospital (Safe/ Effective Domain)	Safe	Inadequate	Safe	Good
	Effective	Inadequate	Effective	Requires Improvement
Medical Care (including older people's care) - Newark Hospital (Safe/ Effective Domain)	Safe	Requires Improvement	Safe	Good
	Effective	Inadequate	Effective	Requires Improvement
Medical Care (including older people's care) - Mansfield Community Hospital (Safe/ Effective Domain)	Safe	Requires Improvement	Safe	Good
	Effective	Inadequate	Effective	Requires Improvement
Maternity and Gynaecology – King's Mill Hospital (Safe Domain)	Safe	Requires Improvement	Safe	Good
Outpatients and Diagnostic Imaging – King's Mill Hospital (Safe Domain)	Safe	Inadequate	Safe	Good
Outpatients and Diagnostic Imaging – Newark Hospital (Safe Domain)	Safe	Inadequate	Safe	Good
Trust overall	Inadequate		Requires Improvement	

The 'well-led' domain for the overall Trust leadership was also re-rated from Inadequate to Requires Improvement. The CQC acknowledged the impact that the leadership team had demonstrated with regards to the significant progress that had been made but felt that the rating needed to reflect the fragile nature of the senior time at the time of the inspection.

4. Action Plan:

The Report was received by the Trust and published on the CQC Website on Wednesday 9th November. As a consequence of the improved position NHS Improvement supported the recommendation of CQC and the Trust was lifted out of Special Measures on the same day. This was acknowledged by a 'personal message' from the Health Minister.

One Requirement Notice was issued as part of the Report for which an Action Plan response is required by Thursday 1st December. The Trust submission is attached at Appendix 1.

The Requirement Notice relates to the regulated activity under the heading – **Treatment of disease, disorder or injury** – and regulation – **Regulation 11 HSCA (RA) Regulation 2014 Need for Consent**

Regulation 11 (1) (4) – Care and Treatment of Service Users must only be provided with the consent of the relevant person

‘staff did not always understand the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards in relation to their roles and responsibilities’

‘Where patients were subject to the Mental Health Act (MHA), their rights were not always protected and staff did not always have regard to the MHA Code of Practice.

In addition to the Requirement Notice a number of additional actions were identified within the report, however it has been agreed that these will be incorporated into the appropriate Trust business and monitored through the monthly engagement meetings between CQC and the Trust.

5. Requirement of the Board of Directors:

- The Board of Directors is required to note the content of the report
- The Board of Directors is asked to approve the Action Plan (Appendix 1) for submission to CQC.

Relevant Strategic Priorities (please mark in bold)

To consistently deliver a high quality patient experience safely and effectively	To develop extended clinical networks that benefit the patients we serve
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To eliminate the variability of access to and outcomes from our acute services	To provide efficient and cost-effective services and deliver better value healthcare
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To reduce demand on hospital services and deliver care closer to home	
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How has organisational learning been disseminated	Through management teams.
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Links to the BAF and Corporate Risk Register	AF1.0
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Details of additional risks associated with this paper (may include CQC Essential Standards, NHSLA, NHS Constitution)	The following CQC Domains apply: Safety Effective Caring Responsive Well-led
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Links to NHS Constitution	Delivery of care within nationally mandated and clinically appropriate timescales
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Financial Implications/Impact	None identified
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Legal Implications/Impact	None identified
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Partnership working & Public Engagement Implications/Impact	None identified
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Committees/groups where this item has been presented before	None identified
Monitoring and Review	Divisional Management Teams Quality Committee
Is a QIA required/been completed? If yes provide brief details	Not applicable.