

Quality Committee

Subject:	Care Quality Commission Report	Date: 25/10/18		
Prepared By:	Elaine Jeffers – Deputy Director of Governance & Quality Improvement			
Approved By:	Suzanne Banks, Chief Nurse, Dr Andy Haynes, Medical Director			
Presented By:	Suzanne Banks, Chief Nurse			
Purpose				
The purpose of the report is to provide the Board of Directors with an update in relation to actions being taken to meet the requirements of the Care Quality Commission and outlines preparations to date for the 2019 cycle	Approval			
	Assurance			
	Update	x		
	Consider			
Strategic Objectives				
To provide outstanding care to our patients	To support each other to do a great job	To inspire excellence	To get the most from our resources	To play a leading role in transforming health and care services
x	x	x		
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		x		
Risks/Issues				
Financial	None identified			
Patient Impact	Improved safety and quality of care delivered to patients			
Staff Impact	Improved safety and quality of care delivered to patients			
Services	The outcome of CQC intervention could have a positive or negative impact on the delivery of services			
Reputational	The outcome of CQC intervention could have a positive or negative impact on the reputation of the Trust			
Committees/groups where this item has been presented before				
None, although a regular CQC Update Report is provided to the Quality Committee at each meeting				
Executive Summary				
<p>Meeting the requirements of external regulators, in particular the Care Quality Commission (CQC) continues to evolve, as was evident through the 2018 CQC Inspection process.</p> <p>There have been many lessons to learn following the 2018 Inspection that the Trust will continue to build on through the remainder of the year and specifically as we prepare for the second phase of assessment expected at some point mid-2019.</p> <p>The Board of Directors are asked to:</p> <ul style="list-style-type: none"> • Note the content of the report • Be assured that robust monitoring mechanisms are in place for the 37 CQC ‘Should Do’ Actions • Note the preparations for the 2019 Inspection • Note the intent to de-register Ashfield Health Village as a registered site of Sherwood Forest Hospitals NHS Foundation Trust 				

1. CQC Report 2018

- 1.1 As reported to the Board of Directors at the August meeting the Trust performed well for those core services that were assessed during the April visit. The Trust had prepared well and this was evident in the submissions of evidence, but importantly in the individual interviews and focus groups the CQC team interacted with.
- 1.2 The new inspection methodology, although deemed to be less intrusive and focused on a smaller number of core services, was still a significant event for the organisation. The split between the core service visit and the well-led review extending the process by a number of weeks.
- 1.3 The provision of required documentation through the Provider Information Request (PIR) demonstrated the progress that had been made across the Trust over the previous 2-3 years with the quality of our documentation significantly improved. The work to deliver this information within the required timeframe should not be underestimated, however we now have a firm baseline on which to build and work to review and update the PIR in preparation for the 2019 visit commences in November.
- 1.4 Trust did not receive notification of any breach of regulation in the 2018 Report; consequently there is no requirement to provide a formal action plan in response to any *'Must Do'* actions.
- 1.5 37 actions were identified throughout the report that the Trust *'Should'* address and it has been agreed that the necessary key outcomes and success measures will be developed as Campaign Five of the Trust Quality Strategy 2018/21. The Should Do Action Plan is attached at appendix one.
- 1.6 Progress against the 37 actions will be monitored through the Advancing Quality Oversight Group, with a progress report to Quality Committee and will form part of the agenda for the regular Engagement Meeting with CQC colleagues.

2. CQC Assessment 2019

- 2.1 As indicated above not all core service areas were visited during 2018. The services likely to be visited in 2019 include:
- Critical Care (King's Mill Hospital)
 - Surgery (King's Mill Hospital, Newark Hospital)
 - Children and Young Adults (King's Mill Hospital)
 - Gynaecology (likely to be visited in conjunction with Surgery)
 - End of Life (Newark Hospital)
 - Radiology (Newark Hospital)
- 2.2 It is highly probable that a team will also visit the Emergency Department and Medicine, particularly at Mansfield Community Hospital
- 2.3 It is also highly likely that the visit will be unannounced but intelligence to date suggests this will be perhaps mid-year rather than during or immediately after the winter period.
- 2.4 As in 2018 a separate well-led review will follow the core service visits, approximately four weeks later.

2.5 In preparation a self-assessment by each of the indicated core service areas will be carried out through quarter three. An initial self-assessment will be conducted against the most recent CQC core service report in addition to the key lines of enquiry (KLOEs) and characteristics of 'Outstanding' to determine the baseline and identify necessary improvement actions. It should be noted that whilst it is useful to review the latest core service report considerable time has passed since a number of these services were visited and so the outcomes of 2014/15 may bear very little relevance today.

2.6 Each core service has held an initial planning meeting and identified a point of contact for the necessary work programme. A comprehensive information pack has been collated and circulated with regular progress dates agreed.

2.7 A key focus for the Trust will be to improve the Safe rating for the overall organisation from **Requires Improvement** to at least **Good** and to also improve the overall **Requires Improvement** rating at Newark Hospital. It is hoped that this will be achieved once the core services indicated at 2.1 are assessed as the majority have not been re-assessed since 2015.

2.8 The current CQC Rating Grid for each Hospital site is attached at appendix two and includes both the current position and the position of the Trust for those areas visited in 2018 only.

2.9 Further detail about how the Trust prepares for the 2019 Inspection will be discussed at the Board of Director Time Out planned for Friday 9th November.

3. CQC Insight Tool

3.1 The Trust continues to actively access the CQC Insight Tool. CQC refresh the tool periodically with the updated version shared with the Divisional Management teams to support their exception reporting to the Patient Safety Quality Group (PSQG).

3.2 The information within the tool is used to form the agenda for the CQC Engagement meetings and whilst it is useful for us to be able to see the information available to CQC the metrics are quite often outdated. The metrics do give the Trust an opportunity to understand where there has been an improvement or deterioration and provide a narrative to support best practice or remedial actions where required.

3.3 The Insight Tool has not been refreshed following publication of the 2018 CQC Inspection Report with the latest version being 7 July 2018. The overall rating for the Trust remains as of November 2016 – Requires Improvement.

3.4 The composite score for the Trust continues to improve with the organisation scoring amongst the highest 25% of acute trusts meaning we are more likely to be rated as good following an inspection.

3.5 There are 0 outliers for Maternity with 2 for Mortality – both of which the Trust is aware of and have provided a response.

3.6 Key messages from the July 2018 Insight Tool indicates that:

- Overall performance for the Trust remains the same
- Well-led performance is improving
- The domains of safe, effective, caring and responsive are stable

- The outpatient and diagnostic imaging performance is declining
- The core services of urgent & emergency care, medical care, surgery, critical care, maternity and gynaecology remain stable

4. Ashfield Health Village

4.1 The Trust is in the process of decommissioning all services it provides at Ashfield Health Village. Currently there is one surgical outpatient clinic to be repatriated to the King's Mill Hospital Site, following which an application will be made to the CQC to de-register the site. The Trust will thus be registered to provide healthcare services at King's Mill Hospital, Mansfield Community Hospitals and Newark Hospital.

5. Summary

5.1 The Trust continues to work closely with CQC and other external regulators to ensure we provide safe, high quality care to our patients. There has been a recent change of CQC Relationship Manager; however we will continue to build professional, productive relationships as we progress on our journey to outstanding.