Sherwood Forest Hospitals NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Inadequate
Are services at this trust safe?	Inadequate
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Inadequate

Summary of findings

Letter from the Chief Inspector of Hospitals

Sherwood Forest Hospitals NHS Foundation Trust was formed in 2001, and achieved foundation status in 2007. Sherwood Forest Hospitals is the main acute hospital trust for the local population, providing care for people across north and mid-Nottinghamshire, as well as parts of Derbyshire and Lincolnshire. There are four registered locations. King's Mill Hospital in Sutton-in-Ashfield is the main acute hospital site. It provides 546 inpatient beds (more than half in single-occupancy en-suite rooms), 11 operating theatres, and a 24 hour emergency department. Each year there are more than 45,000 inpatient admissions and 36,000 day case patients; 100,000 patients attend the emergency department, around 3,500 babies are delivered, and more than 390,000 people attend outpatient and therapy appointments in the King's Treatment Centre.

Newark Hospital provides a range of treatments, including consultant-led outpatient services, planned inpatient care, two operating theatres for day-case surgery, endoscopy, diagnostic and therapy services, and a 24 hour Minor Injuries Unit & Urgent Care Centre. There were 47 beds available across two medical wards. The day case surgery ward had facilities for up to 30 patients.

Mansfield Community Services provided three medical wards with a total of 64 beds, largely for rehabilitation, and a range of outpatient and diagnostic services. There were dedicated therapy, psychology, dietetics and speech and language services and a small outreach service. Nurse specialists for Osteoporosis and Parkinson's disease were based at the hospital and the Geriatric Medicine team offered dedicated outpatient clinics for these services.

The trust provides some outpatient services at Ashfield Health Village, including general surgery, urology and audiology. We did not inspect this location.

In February 2013, the trust was identified as being one of the 14 healthcare providers in England which had higher than expected mortality rates. This led to the trust being reviewed by Professor Sir Bruce Keogh, NHS Medical Director for England and the trust was subsequently placed into "Special Measures" by Monitor, the independent regulator of NHS foundation trusts.

The CQC undertook a first comprehensive inspection of the trust in April 2014. Although some improvements had been made, the CQC recommended the trust remained in special measures and gave an overall rating of 'Requires Improvement.' We judged the provider was not meeting seven out of 16 essential standards of quality and safety.

As part of this comprehensive inspection, we carried out an announced inspection visit from 16 to 19 June 2015 and three unannounced visits on 7, 9 and 30 June 2015. We held focus groups with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff, and porters. We also spoke with staff individually.

We have rated this trust as inadequate. We made judgements about thirteen services across the trust as well as making judgements about the five key questions that we ask. We rated the key questions for safety and leadership as "inadequate"." We rated the key questions, for effective and responsive as "requires improvement" and we rated the key question for caring as "good"."

At Kings Mill Hospital we rated the surgery and children and young people's services to be good. The critical care, maternity and gynaecology, and end of life care services required improvement. We rated the urgent and emergency services, medical care, and the outpatients and diagnostic imaging service as inadequate.

At Newark Hospital we rated the surgical services to require improvement, and the minor injury unit, medical care, and the outpatients and diagnostic imaging service to be inadequate.

At Mansfield Hospital we rated the medical service to require improvement.

Our key findings were as follows:

- Staff were kind and caring and treated people with dignity and respect, but there were some instances where improvements were required. In some cases a greater emphasis was needed on providing care that was based on people's individual needs rather than as tasks.

Summary of findings

- There had been 54 cases of clostridium difficile (c. diff) infections in 2014/2015. C diff is an infective bacteria that causes diarrhoea, and can make patients very ill. This was worse than the national average and above the trust's target, which was a total of 48 cases per year. Methicillin-resistant Staphylococcus aureus (MRSA) is a bacterium responsible for several difficult-to-treat infections. MRSA rates for the hospital were low with one case recorded between 2014 and 2015. Routine screening of patients for MRSA was completed with further screening repeated after 21 days. We found the hospitals to be clean, hygienic, and well maintained.
- Nursing and midwifery staffing had increased since 2013 and it had been a focus of the Executive Director of Nursing. Midwifery staffing levels were almost meeting the national recommended levels of 1:28. Planned nurse staffing levels were in accordance with the levels of nursing staff they had assessed as being required. There was an escalation process in place if staffing levels did not meet the planned levels, but staff did not always feel this resulted in a change. We saw some occasions where patients were not able to receive their assessed level of care due to shortages of healthcare assistant staff provided by the harms team (a team used to provide additional nursing care for patients who had greater levels of dependency).
- In May 2015 there were 94.89 whole time equivalent (WTE) registered nurse vacancies. This was a high risk on the trust's risk register. A recruitment programme was ongoing and changes had been made to speed up the recruitment process. Overseas recruitment had taken place.
- There were medical staffing vacancies and there was a high use of locum medical staff.
- Patients' pain was well managed and women in labour received a choice of pain relief. Patients at the end of life were given adequate pain relief and anticipatory prescribing was used to manage symptoms.
- Monitoring by the Care Quality Commission had identified areas where medical care was considered a statistical outlier when compared with other hospitals. The trust reported on their mortality indicators using the Summary Hospital- level Mortality Indicator (SHMI) and the Hospital Standardised Mortality Ratio (HSMR). These indicate if more patients are dying than would be expected. The data for the trust was higher than would be expected and its overall level of HSMR was 120.67. This had been reported to the trust board and it was one of the trust's top three objectives for improvement.
- There have been longstanding concerns about the management of patients with sepsis. This is a severe infection which spreads in the bloodstream. In 2010 and 2012 we raised mortality outlier alerts with the trust, when information showed there were a higher number of deaths than expected for patients with sepsis. The trust had identified a third mortality outlier for patients with sepsis in the period April 2014 to January 2015. Our analysis of the data from April 2014 to February 2015 found 88 deaths of patients with a diagnosis of "unspecified septicaemia" compared with an expected number of 58. The death rate for patients with this diagnosis was 32%, almost twice as much as the England rate of 17%.
- Some of the services in the trust participated in national audits and outcomes varied. Outcomes for women in labour were good, although the trust was significantly higher for induced births. They did not understand the reason for this high rate.
- Like many trusts in England, their hospitals were busy. Bed occupancy rates were high and were consistently above 90% which was above the England average of 88%. It is generally accepted that when occupancy rates rise above 85%, this can affect the quality of care and the orderly running of the hospital. There were initiatives in place to reduce bed occupancy and improve the flow of patients through the hospital. Delayed discharges were a problem across the trust.
- The trust were not meeting the national targets set regarding patients access to treatment and they had failed to meet the 18 week target for access to treatment for admitted and non-admitted patients. The trust were however meeting the standard for patients being admitted, referred or discharged from the A&E department within four hours.
- There was a vision and strategy for the trust but staff were not able to articulate this to us. The priority for the organisation was to come out of special measures. There was a strategy for Newark Hospital but staff were

Summary of findings

frustrated by lack of pace to deliver this vision and felt there was poor leadership in relation to the vision and strategy. Morale amongst staff, particularly those in more junior levels was poor at Newark Hospital. Newark Hospital provided the trust with a range of opportunities to deliver new models of care but we saw little evidence that these opportunities were being taken forward.

- Staff generally felt they were well supported at their ward or department level. Staff at Newark and Mansfield Hospitals felt separate from the rest of the trust.
- We found the executive leaders in the trust were not always sighted on the risks that we had identified, or where they had they did not consider them to be significant. Evidence presented to us demonstrated how the trust had received assurance that was not presented accurately which meant a false picture was being presented to the trust board.

We saw several areas of outstanding practice including:

- There was some innovative work taking place at King's Mill Hospital where the trust had developed a new changing facility for patients with complex disabilities. The facility offered a large changing area that would meet the needs of patients with profound disabilities.
- Staff went out of their way to meet the needs of their patients on the critical care unit. Some patients could be moved on their beds out of the critical care unit to an outdoor area. Staff told us they tried to do this when possible as patients appreciated being outside and away from the unit. Staff had been able to allow visiting by patients' pet dogs in this way.
- The trust had implemented regular "Appraisal Clinics," for consultant medical staff. Doctors could discuss any issues about their appraisal and receive support and advice. An "Appraisers Forum," also took place every quarter where discussions about the quality of appraisals and feedback from the appraisers took place.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

Kings Mill Hospital

- Ensure all staff receive training in safeguarding children and vulnerable adults. The training must be at an appropriate level for the role and responsibilities of individual staff.
- Ensure staff are appropriately trained to provide the care and support needed by patients at risk of self-harm.
- Ensure staff receive effective and appropriate guidance and training about the assessment and treatment of sepsis.
- Ensure staff understand the requirements of the Mental Capacity Act 2005 in relation to their role and responsibilities.
- Ensure all patients in the emergency department are able to summon help if they need it.
- Ensure all patients over the age of 75 have a cognitive assessment when arriving in the emergency department.
- Ensure learning from complaints is shared with staff in the emergency department which leads to improvement in care.
- Ensure the governance framework in the emergency department clearly identifies risks, responsibilities and actions required to manage those risks within a stated timeframe.
- Ensure systems and processes are effective in identifying where quality and safety are being compromised and in responding appropriately and without delay. Specifically, systems and processes to identify and respond to outpatient appointment issues.
- Ensure any remedial actions taken to address outpatient appointment issues are regularly audited to give assurances improvement has taken place.
- Ensure patients in the critical care unit are routinely and properly assessed for delirium.
- Ensure the provision of level two critical care on Ward 43 includes nursing staffing levels in line with the 'Core Standards for Intensive Care Units' published by the Intensive Care Society and the commissioners expectations.
- Ensure patients requiring critical care at level two on Ward 43 are cared for by appropriately trained staff in line with the 'Core Standards for Intensive Care Units' published by the Intensive Care Society.
- Ensure staff delivering end of life care receive suitable training and development.

Summary of findings

- Ensure all patients at the end of life receive care and treatment in line with current local and national guidance and evidence based best practice.
- Ensure the quality of the service provided by the specialist palliative care team is monitored to ensure the service is meeting the needs of patients throughout the trust.
- Ensure risks for end of life care services are specifically identified, and effectively monitored and reviewed with appropriate action taken.
- Ensure that the resuscitation trolleys and their equipment are checked, properly maintained and fit for purpose in all clinical areas in the children's and young people's service.
- Ensure that medication is monitored, in date and fit for purpose in all clinical areas of the children's and young people's service.
- Ensure emergency lifesaving equipment in the maternity service is checked regularly and consistently to ensure it is safe to use and properly maintained.
- Ensure staff have the appropriate competence and skills to provide the required care and treatment to women using the maternity and gynaecology service. Specifically, women who are acutely ill or who are recovering from a general or local anaesthetic.
- Ensure patients in the medical care wards receive person-centred care and treatment to meet their needs and reflect their personal preferences, including patients living with dementia and those with a learning disability.
- Ensure all staff working in the medical care service receive appropriate supervision, appraisal and training to enable them to fulfil the requirements of their role.
- Ensure patients in the medical wards are treated with dignity and respect at all times.
- Ensure sufficient provision of hand gel dispensers within the emergency department.
- Ensure adequate provision of defibrillators and cardiac monitoring equipment within the emergency department.

Newark Hospital

- Ensure medicines are always safely managed in line with trust policies, current legislation and best practice guidance.
- Ensure systems and processes to prevent and control the spread of infection are operated effectively and in line with trust policies, current legislation and best practice guidance.
- Ensure staff receive effective and appropriate guidance and training about the assessment and treatment of sepsis.
- Ensure staff understand the requirements of the Mental Capacity Act 2005 in relation to their role and responsibilities.
- Ensure all equipment, including emergency lifesaving equipment, is sufficient and safe for use in the minor injuries unit.
- Ensure safe care for patients with mental health conditions at the minor injuries unit and especially those who may self-harm or have suicidal intent.
- Ensure staff have the appropriate qualifications, competence, skills and experience to care for and treat children safely in the minor injuries unit.
- Ensure the inter-facility transfer protocol with East Midlands Ambulance Service is updated and is effective in providing safe and timely care for patients at the minor injuries unit.
- Ensure there are effectively operated systems to assess, monitor and improve the quality and safety of the services provided in the minor injuries unit.
- Ensure systems and processes are effective in identifying where quality and safety are being compromised and in responding appropriately and without delay. Specifically, systems and processes to identify and respond to outpatient appointment issues
- Ensure robust and effective governance links and oversight are established and maintained between outpatient services at Newark and Kings Mill Hospitals.
- Ensure the quality of the service provided by the specialist palliative care team is effectively monitored and reviewed to ensure the service is meeting the needs of patients throughout the trust.
- Ensure risks for end of life care services are specifically identified, and effectively monitored and reviewed with appropriate action taken.
- Ensure that pacemaker devices removed from deceased patients are safely and promptly disposed of.

Mansfield Hospital

- Ensure staff have opportunities to learn from incidents across the trust.

Summary of findings

- Ensure medicines are safely administered to patients in line with local policies and procedures and current legislation.
- Ensure care plans are individual and specific to the patient to ensure staff are aware how to deliver care to patients which meets their needs.
- Ensure the care of patients living with dementia is in line with current guidance and recognised good practice.
- Ensure patients' mental capacity to make decisions is assessed in line with current guidance and legislation.
- Ensure the sepsis care pathway is followed so that patients with sepsis are identified and treatment is delivered.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Sherwood Forest Hospitals NHS Foundation Trust

Sherwood Forest Hospitals NHS Foundation Trust was formed in 2001, and achieved foundation status in 2007. Sherwood Forest Hospitals is the main acute hospital trust for the local population, providing care for people across north and mid-Nottinghamshire, as well as parts of Derbyshire and Lincolnshire. The trust employs 4,300 members of staff working across the hospital sites.

There are four registered locations. King's Mill Hospital in Sutton-in-Ashfield is the main acute hospital site. It provides over 550 inpatient beds (more than half in single-occupancy en-suite rooms), 13 operating theatres, and a 24 hour emergency department. Each year there are more than 45,000 inpatient admissions and 36,000 day case patients; 100,000 patients attend the emergency department, around 3,500 babies are delivered, and more than 390,000 people attend outpatient and therapy appointments in the King's Treatment Centre.

Newark Hospital provides a range of treatments, including consultant-led outpatient services, planned inpatient care, day-case surgery, endoscopy, diagnostic and therapy services, and a 24 hour Minor Injuries Unit & Urgent Care Centre. There were 35 beds available across two medical wards. The day case surgery ward had facilities for up to 30 patients.

Mansfield Community Services provided three medical wards with a total of 64 beds, largely for rehabilitation, and a range of outpatient and diagnostic services. There were dedicated therapy, psychology, dietetics and speech and language services, and a small outreach service. Nurse specialists for Osteoporosis and Parkinson's disease were based at the hospital, and the Geriatric Medicine team offered dedicated outpatient clinics for these services.

The trust provides some outpatient services at Ashfield Health Village, including general surgery, urology and audiology. We did not inspect this location.

Sherwood Forest Hospitals NHS Foundation Trust is registered to provide the following Regulated Activities:

• Diagnostic and screening procedures

• Family planning

• Management of supply of blood and blood derived products

• Maternity and midwifery services

• Nursing care

• Surgical procedures

• Termination of pregnancies

• Treatment of disease, disorder or injury.

In February 2013, the trust was identified as being one of the 14 healthcare providers in England which had higher than expected mortality rates. This led to the trust being reviewed by Professor Sir Bruce Keogh, NHS Medical Director for England. This review in July 2013 led to the trust being placed in special measures by Monitor, the independent regulator of NHS foundation trusts.

We inspected the trust in April 2014 and gave an overall rating of 'Requires Improvement.' In summary this was because of:

- Ineffective organisational learning from incidents
- Inadequate systems to maintain and repair equipment
- Unsafe medicines storage
- Failure to recognise deteriorating patients
- Inconsistent record keeping
- High infection rates
- Insufficient staff levels at night
- Poor risk assessments and care pathways
- Unsafe discharges
- Not meeting the majority of referral to treatment times
- Poor management of outpatient appointments in some areas
- Limited staff engagement in service development
- Ineffective governance and risk management

We judged the provider was not meeting seven out of 16 essential standards of quality and safety:

1. Care and Wwelfare of people who use the service
2. Assessing and monitoring the quality of service provision
3. Medicines management
4. Safety and suitability of equipment
5. Keeping accurate and secure records

Summary of findings

6. Having sufficient and suitably qualified staff
7. Supporting workers

Our inspection team

Our inspection team was led by:

Chair: Dr Nigel Acheson, Regional Medical Director, NHS England

Head of Hospital Inspections: Carolyn Jenkinson, Care Quality Commission

The inspection team comprised 20 members of CQC staff, 30 specialist advisers and three experts by experience who have experience of, or who care for people using healthcare services. CQC members included the deputy chief inspector of hospitals, two heads of hospitals inspection, four inspection managers, a pharmacy manager and 12 inspectors. Our specialist advisers included: heads of governance and patient safety, specialist nurses, medical consultants, an anaesthetist, a histopathologist, a junior doctor, allied health professionals and clinical managers.

How we carried out this inspection

To get to the heart of the patient care experience, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group, Monitor, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the royal colleges, and the local Healthwatch.

We carried out an announced inspection visit from 16 to 19 June 2015 and three unannounced visits on 7, 9 and 30 June 2015. We inspected three of the trust's four locations: King's Mill Hospital, Mansfield Community Hospital and Newark Hospital. We held focus groups with a range of staff, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually.

We talked with patients and staff from support services, ward areas, and outpatient services. We observed how people were being cared for, talked with patients, carers, visitors and relatives, and reviewed patient records of personal care and treatment.

What people who use the trust's services say

We received information from people prior to the inspection through our website.

The CQC adult inpatient survey 2015 placed the trust "about the same" as other trusts in all of the areas of questioning. The A&E patient survey 2014 placed the trust "about the same" as other trusts in all areas of questioning.

In the NHS Friends and Family Test, the trust scored above 90% for patients who would recommend the hospital. There had been an improvement in this rate and the scores were slightly above the England average.

In the National Cancer Patient Experience Survey 2014, the trust scored in the top 20% of trusts in England for nine of the 34 questions and in the bottom 20% for five areas.

Summary of findings

The patient-led assessments of the care environment (PLACE) programme are self-assessments undertaken by teams of NHS and private/independent healthcare providers, and include at least 50% members of the public (who are known as patient assessors). They focus on the environment in which care is provided, as well as supporting non-clinical services, such as cleanliness, food, hydration, and the extent to which the provision of care with privacy and dignity is supported. The PLACE results for 2014 showed performance for all areas was either better, or about the same, as the England average.

Facts and data about this trust

Sherwood Forest Hospitals NHS Foundation Trust was formed in 2001, and achieved foundation status in 2007. Foundation trusts are NHS organisations that are semi-autonomous and are given a degree of independence from the department of health. Monitor is the regulator of NHS foundation trusts and they check to make sure they are well-led so that they can provide quality care on a sustainable basis.

The trust serves a population of 418,000 across Nottinghamshire, as well as parts of Derbyshire and Lincolnshire. King's Mill Hospital has a 24-hour emergency department, and Newark Hospital has a Minor Injuries Unit & Urgent Care Centre. The trust has four registered sites (King's Mill Hospital, Newark Hospital, Mansfield Community Hospital and Ashfield Health Village), and provides further Outpatient and Diagnostic services at the Nottingham Road Clinic and Sherwood Health Centre. Kings Mill Hospital is a purpose built new hospital which was developed through a Private Finance Initiative (PFI).

King's Mill Hospital and Ashfield Health Village are located in Ashfield District – which was ranked in the fifth (most deprived) quintile in the English Indices of Deprivation 2010. Mansfield Community Hospital is located in Mansfield District, which was also ranked in the fifth quintile. Newark Hospital is located in Newark and Sherwood District, which is in the middle quintile. Other bordering districts – Gedling, Bassetlaw and Bolsover – were ranked in the second, fourth and fifth quintiles respectively.

There are 743 beds in the trust, with 623 at Kings Mill Hospital. . Its operating income is £266.2 million but its operating costs are £269.8 million, meaning it has an operating deficit of £3.6 million. It has an overall financial deficit of £32.7 million. As a result of this, Monitor has taken enforcement action and placed conditions onto the trust's licence.

Between April 2013 and March 2014, the trust had 33,745 inpatients, 237,466 outpatient attendances and 141,714 attendances at A&E. Like the majority of NHS trusts, these figures were increasing year on year.

Beds: 657 (across the four sites), including

546 at King's Mill Hospital, 47at Newark Hospital and 64 Mansfield Hospital

Staff (2013/14): 3,733

– 462 Medical

– 1,245 Nursing

– 2,026 Other

Operating Income (2013/14): £266.2m

Operating Expenses (2013/14): £269.8m

Operating Deficit (2013/14): £3.6m

O**verall Deficit** (2013/14): £32.7m

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall we rated the trust as being inadequate for the safety of its services. We made 13 separate judgments. Of these, five were judged as inadequate, seven requiring improvement and one was good. For specific information, please refer to the individual reports for King's Mill Hospital, Newark Hospital and Mansfield Hospital.	Inadequate 

Duty of Candour

- The Duty of Candour regulation came into force in November 2014. It intends to ensure providers are open and transparent with patients and sets out specific requirements that providers must follow when things go wrong with care and treatment. These include informing people about the incident, providing reasonable support, providing truthful information and an apology.
- There was a trust policy, approved in November 2014, called "Being Open Policy- a Duty to be Candid; Communicating care and treatment related harm with patients, their families and carers." The policy was written in consideration of the National Patient Safety Agency guidance on being open, rather than the Duty of Candour regulation specifically. Consequently different terms for types of safety incidents were used interchangeably which could lead to confusion for staff following the policy. We found the policy largely met the requirements of the regulation, but there were some aspects that did not support full compliance with the Duty of Candour regulation. These included giving a factual account, written notification, actions when the person cannot be contacted and confirming further enquiries.
- The policy stated that the interaction with the patient, their family or carers should be detailed within an investigation report. We looked at investigation reports of nine serious incidents that had taken place since the Duty of Candour regulation came into force. The report template had a section 'Being Open Involvement and Support of the Patient.' In the completed reports, the term Duty of Candour was inserted into this sub heading.
- Six of the investigation reports contained a brief summary of communication with the patient and/or their relative. These included notes about making the relevant people fully aware of

the incident and involving them in the investigation and its findings if they wished. None of the reports mentioned an apology. One said the patient had received bereavement care, but did not report any discussions with the patient in line with the Duty of Candour, despite the incident taking place two months previously. One recorded that the patient was not informed of the incident before their discharge from hospital and they would be contacted on completion of the investigation. However, this was not included in the recommendations or action plan which formed part of the investigation report. One reported that the patient's spouse had not been informed and would not be because of the perceived distress this would cause. The trust's policy made no provision for managing such a situation.

- The policy and arrangements for Duty of Candour were developed by the governance support unit. The responsibility for Duty of Candour was allocated at meetings where the investigation of serious incidents was planned. This meant that incidents leading to moderate harm did not have Duty of Candour applied as they should. Governance staff were not aware of the changes in relation to record-keeping that were required by the new law and were not aware if staff training had taken place. We asked a clinical governance lead how medical staff received training on 'being open' but they did not know.
- We asked the acting chief executive, the trust Chair and the Director of Nursing about their understanding of the Duty of Candour. The executives were unable to demonstrate a clear understanding of what the duty was other than this being centred on the principles of being open with patients.

Safeguarding

- Policies and procedures were available to staff and they knew how to raise concerns regarding adults and children.
- We reviewed incident records and saw that staff had reported safeguarding concerns for a range of concerns.
- The trust had a safeguarding lead; staff knew the name of the safeguarding lead and they told us they could approach them for advice if they needed to.
- Safeguarding governance reporting arrangements meant safeguarding processes were monitored trust wide. The

executive lead was the medical director who met quarterly with the local safeguarding board. The director of nursing was to take on the trust executive lead role for safeguarding from 1 July 2015.

- Attendance for level 3 safeguarding training within the maternity service was good and was in line with the trust's compliance rate of 95%. However, in the other areas of the trust the rates of compliance were much worse. National Institute for Health and Care Excellence (NICE) safeguarding guidance was not being adhered to. For non-medical staff data from the trust for 2014 – 2015 showed that they had achieved 58% compliance against level three training. This meant that NICE guidance had not been adhered to in respect of qualified staff being trained to level three in safeguarding children.
- The data we were provided with for safeguarding adults training compliance was not broken down by the different levels of safeguarding adults training. The overall compliance in March 2015 was 92% which was good.

Incidents

- With the exception of the surgical and children and young peoples service, we found a lack of learning from incidents. We also found ineffective monitoring to make sure required actions following incident investigations were implemented. This was also the view of the trust's own internal audit team and during 2014/15 they found limited assurance of learning from incidents.
- Prior to our inspection we asked the trust to tell us about areas where there had been significant improvements. One area that the trust informed us about was learning from incidents because they felt their organisational learning culture was driven by better incident reporting and a serious incident investigation/feedback process that was commended by the Nottinghamshire coroner. We did not find this to be the case.
- We saw a serious incident investigation report from March 2014. One of the incident investigation's recommendations was to develop a trust policy for the management of patients who present with self-harming behaviour. Shortly before our inspection in June 2015, there was another tragic incident. We asked staff if they could show us the relevant policy developed since the previous incident in 2014. No one we asked knew of such a policy. We followed this up with senior managers but their response did not refer to a policy.

Summary of findings

- Another recommendation from the incident was for staff to receive education from the local mental healthcare trust regarding the care of patients who are at risk from deliberate self-harm. We asked staff about this, but none had received any training in mental health awareness from the mental health trust. The trust response was that in such situations, staff contacted the mental health liaison cover or the mental health rapid response team however this did not meet the recommendations from the investigation.
- During our inspection visits between 16 and 30 June we asked various staff if they were aware of the recent serious incident and whether there had been any alerts about immediate changes needed. No one we spoke with had been informed.
- There was a safeguarding incident during 2014 at Newark Hospital which involved a child. The investigation report recommended, "Newark staff should attend the specific emergency department safeguarding day facilitated by the King's Mill hospital team. This could be delivered at Newark." During the inspection in June 2015, we asked the trust how many staff had completed this training, but they told us this training had not been provided for them. We did not find any evidence that this training was planned.
- At Newark minor injuries unit there had been two serious incidents involving children, and staff did not have formal qualifications in caring for children. The Acting Chief Executive told us, "Every six months the trust do training days on recognising diabetes, epilepsy, trauma and burns and the critical ill child". We asked for information on how many Newark staff had attended the training but the trust could not find this information.
- We found evidence that the trust did not always report incidents to the appropriate agencies in an open and transparent way. NHS managers have a personal and professional responsibility to be open and transparent. For example, in early June 2015 there was a serious incident. The trust had not reported this to their commissioners, the CQC or the Human Tissue Authority. It was not until the local media covered this story that the incident was reported.
- We carried out an evening unannounced inspection at King's Mill Hospital on 9 June 2015. The director of nursing told the inspectors of a patient safety incident the previous day. The incident took place during the evening of 8 June. We spoke with the director of nursing, the medical director and acting chief

executive on a pre-inspection briefing call during the afternoon of 9 June but they did not inform us of this significant incident. We later spoke with the Clinical Commissioning Group, and they had not been formerly notified of the incident.

- The clinical commissioning group were not informed about a serious incident relating to waiting list management until specific enquiries were made to the trust.

Staffing

- There had been a significant amount of work done on nurse staffing levels since the Keogh review in 2013 and the number of nursing staff had increased.
- Staffing levels, including midwifery staffing were assessed using a recognised national tool. Staffing levels were monitored daily and information was available to the Executive Director of Nursing.
- There was an escalation process in place if staffing levels were not meeting the planned levels but staff told us this did not necessarily mean they would get more staff. This was usually due to there not being the staff available in the hospital to provide the increase required.
- In May 2015 there were 94.89 whole time equivalent (WTE) registered nurse vacancies and 17.9 WTE healthcare assistant vacancies. The greatest number of these vacancies were in the emergency care and medicine division. Staff vacancies were recorded as a risk on the risk register.
- Bank and agency nurses were widely used and there were times when either registered nurses were used to cover healthcare assistant gaps or health care assistants were deployed to cover registered nurse gaps. The trust monitored the fill rates and in May 2015, there were three out of 30 wards that recorded a fill rate of less than 90%. This had improved on the April 2015 data, when four wards were less than 90%. Bank and agency nurses were subject to an induction process.
- King's Mill Hospital had a team of healthcare assistants who made up the "harms team." They were used to provide additional support to patients who were more dependant and worked during day time hours only. Staff told us there were times when there were not enough of the harm health care assistants to provide the staff that were needed so healthcare assistants were used which increased the pressure on the ward staffing levels.

Summary of findings

- During our inspection, some patients at King's Mill Hospital told us they felt some wards were short staffed, telling us about delays in staff responding to call bells when they needed the toilet.
- We noted the trust had responded to pressure on staffing levels on Sconce ward at Newark hospital and had reduced the number of beds to ensure staffing levels were safe.
- We were concerned about the system in place to provide enhanced care to patients. Enhanced care is often needed for those patients who are confused and at high risk of falls. King's Mill Hospital has a high number of individual patient rooms, making observation of patients more challenging for the nursing staff. We saw several examples of patients who were sat in their chairs with their bed tables in the doorway to their rooms. In one case we found one patient who was sat in her chair on the corridor of the ward. We asked the Executive Director of Nursing about the practice of caring for patients in this way and she told us it was patient choice or families requested it. We found no evidence in the patient's records to support this and the patients we spoke with appeared to be confused and disorientated to time, place and person. We did note that one of the wards that cared for patients living with dementia was to undergo refurbishment during the summer months and would have some of its single rooms made into bays, making observation easier for nursing staff.

Medical staffing

- The medical staffing skill mix was within 10% of the England average for the four categories of staff. However, the vacancy rate for medical staff was significant with many locums providing care to patients.
- Insufficient medical staff at nights and weekends had been reported on the trust risk register for King's Mill Hospital.
- There was on-going recruitment of specialist registrar grades doctors as it was identified that there were insufficient doctors of this grade to provide cover for the rota due to sickness.
- There were significant vacancies for consultant geriatrician positions with eight out of twelve posts vacant. This impacted predominantly at King's Mill Hospital.
- At weekends, with the exception of the emergency assessment unit, patients were not routinely reviewed by a consultant unless they were admitted at the weekend or there was concern their condition was deteriorating.

- There was an inconsistent system for allocating patients to consultants. On some wards it was based on which bed space a patient occupied. When patients moved wards, this sometimes meant a change of consultant. Consultants were not always allocated to patients by speciality.

Assessing and responding to patient risk

- One of the trust's top three priorities was to reduce falls with harm. During 2014/15 the trust had set itself the following falls reduction measures; To reduce the total number of patients who fall to less than seven per 1000 occupied bed days, to reduce the number of patients who fall resulting in harm to less than seven per 1000 occupied bed days by quarter 4, to reduce the number of patients falling more than twice during their inpatient stay and to reduce the number of fractures sustained following a fall to less than 25. The trust failed to meet all of these targets.
- Sepsis was the trust's highest HSMR diagnosis group and this had been a concern of the commissioners for approximately two years. There have been longstanding concerns about the management of patients with sepsis. This is a severe infection which spreads in the bloodstream. In 2010 and 2012 we raised mortality outlier alerts with the trust, when routinely collected information showed there were a higher number of deaths than expected for patients with sepsis. Between March 2014 and February 2015, out of the 54 serious incidents reported eight related to the sub-optimal care of deteriorating patients. In 2014, a patient died subsequent to a failure to put in place appropriate treatment for sepsis.
- The trust had identified a third mortality outlier for patients with sepsis in the period April 2014 to January 2015. Our analysis of the data from April 2014 to February 2015 found 88 deaths of patients with a diagnosis of "unspecified septicaemia" compared with an expected number of 58. The death rate for patients with this diagnosis was 32%, almost twice as much as the England rate of 17%.
- We were concerned about the trust's progress to improve their management of patients with sepsis.
- The trust informed us their compliance with the sepsis had improved, however, when we looked more closely at the data provided, the performance for the inpatient areas had deteriorated and was extremely poor, with just 17% of patients receiving sepsis care and treatment in accordance with national guidance.

Summary of findings

- The trust had focused on improving compliance with sepsis in the A&E department. There was some evidence of improvement.
- At Kings Mill Hospital, we saw the wards had clear information boards that displayed ward metrics information such as falls, pressure ulcers and staffing levels. The boards were very professionally presented, they contained clear information and were easy to follow.

Are services at this trust effective?

Requires improvement

Overall we rated the trust as requires improvement for the effectiveness of its services. We made 10 separate judgments. Of these, three were judged as inadequate, four required improvement and three were judged as good. For specific information, please refer to the individual reports for King's Mill Hospital, Newark Hospital and Mansfield Hospital.

Evidence based care and treatment

- During our last inspection in April 2014, we raised concerns that there was a backlog of National Institute for Health and Care Excellence (NICE) guidance, for which there was no assurance that the trust was compliant. Internal audit during the year 2014/15 found this remained a problem and there was limited reporting to the trust board, contrary to national recommendations.
- We found instances across the cores services where guidelines were not up to date.
- The critical care outreach team responded to calls for care and support of deteriorating patients on the wards. The composition and function of the team was in line with evidence based research and national guidance, such as from the National Institute for Health and Care Excellence, (NICE) and the National Confidential Enquiry into Patient Outcome and Death (NCEPOD).
- The trust applied for accreditation of the endoscopy service to the Joint Advisory Group on GI
- Endoscopy (JAG) in April 2015 but was unsuccessful. The trust had drawn up an action plan and was due to apply for accreditation again in August 2015. The action plan indicated progress was being made.

Patient outcomes

- The trust had received three mortality outlier alerts since September 2013. This is when there have been a higher number of deaths than expected for a defined condition.

Summary of findings

- Mortality and morbidity was reported to the trust board through the patient safety report. Reducing mortality was one of the trust's top three objectives for 2015/16.
- In May 2015, it was reported to the board that the HSMR was high at 120.67. Weekend HSMR was higher than that in the week so the trust was reviewing their data on this to determine if mortality was related to the day the patient was admitted.
- The trust felt their high HSMR was in part due to problems with coding. We noted they had made progress with the number of un-coded finished consultant episodes and although they were still over their trajectory, the number had significantly reduced and was about 5%.
- The trust monitored maternity outcomes using a dashboard. Outcomes were in line with England averages apart from the number of women who had their labour induced (started artificially) which was high at 30%. The national average was 12.8%. We asked several members of staff why that was and they could not explain any contributory factors. An audit was planned to review the reasons women were referred to have their labour induced.
- The trust submitted data to the National Diabetic Inpatient Audit (known as Nadia). The data showed there was a 76% satisfaction rate from patients. This was worse than the England average of 86%.
- The trust participated in the Myocardial Ischaemia National Audit Project (known as MINAP - this is a national clinical audit of the management of heart disease). The trust performed well compared to the England average for a common type of heart attack.
- The trust submitted data to the sentinel stroke national audit programme (SSNAP) which aims to improve the quality of stroke care by auditing stroke services against evidence-based standards and national and local benchmarks. Between July and September 2014 SSNAP scored the trust at level D, which is poor on a scale where level E is the worst possible. Some aspects of the audit had showed improvements over time, but access to the speech and language therapy had worsened and was rated as level E.
- We asked the trust to provide us with evidence of audit activity. There was very little audit data supplied by the trust for Newark and Mansfield Hospitals. This meant we were unable to determine how the trust monitored the effectiveness of the service it was providing at these locations.

Multidisciplinary working

Summary of findings

- We saw many examples of good multi-disciplinary working across the hospitals we inspected. On the whole, staff told us they worked well as part of a team.
- Some staff spoke of silo working and we also heard examples where medical staff were sometimes reluctant to support and receive patients from other specialities.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- We found staff did not always understand the practical application of the Mental Capacity Act.
- There were processes in place to apply for authorisation if a patient needed to be deprived of their liberty. Most of the staff we spoke with understood this process.

Are services at this trust caring?

Good

Overall we rated the trust as good for the care given to patients. We made 13 separate judgments. Of these two were judged as requiring improvement and 11 were good. For specific information, please refer to the individual reports for King's Mill Hospital, Newark Hospital and Mansfield Hospital.

Staff provided care that was kind and respectful and we saw some good interactions between staff and patients. However, we did find some instances where patient's individual needs were not taken into account and were not treated with the respect they deserved.

Compassionate care

- The trust had introduced the "Hello, My name is……" initiative to ensure staff introduced themselves to patients. We saw staff make patients aware of their name.
- The National Inpatient Survey for 2014 asked patients about their overall experience of inpatient care. Out of the 12 survey questions, the trust was one of the better performing trusts for two questions, and 'about the same' as other trusts for the others.
- In the Cancer Patient Experience Survey, the trust was in the top 20% for nine of the 34 questions asked, and in the bottom 20% for five.
- Patients were not always treated with compassion or respect. We found patients were seated in doorways on some of the medical wards at King's Mill Hospital. We also found examples where staff focused on tasks and not patients as individuals.
- We did however, observe many positive interactions and hear positive comments from patients and relatives.

Summary of findings

- The care afforded to children was good, however we noted the scores in the inpatient children's survey 2015, put the trust as worse than other trusts for three areas, one of which was staff having the time to play with children.

Understanding and involvement of patients and those close to them

- To allow relatives and patient's representatives access to information about a patient's condition by telephone, passwords were set up to ensure information was only passed on to authorised people. This meant those close to patients were kept informed even if they lived away and could not visit.
- The dementia carers survey 2014/15 included 132 responses. This indicated that 109 carers described feeling supported, or very well supported, while the patient they supported was an inpatient.

Are services at this trust responsive?

Requires improvement

Overall we rated the trust as requires improvement for the responsiveness of its services. We made 13 separate judgments. Of these nine were judged as requiring improvement and four were good. For specific information, please refer to the individual reports for King's Mill Hospital, Newark Hospital and Mansfield Hospital.

Service planning and delivery to meet the needs of local people

- Although we saw staff responding well to patients with mental health conditions they were not aware of policies relating to self-harm and had not received any relevant training. These were two recommendations made to the trust following a serious incident in another department in March 2014 which staff were also unaware of.
- There was a strategy in place for Newark Hospital whereby the hospital would be used to meet the needs of local people living around Newark. Little progress had been made with the implementation of the strategy.

Meeting people's individual needs

- The A&E department did not prioritise the treatment of patients with a learning disability or those living with dementia, which is considered best practice to reduce their anxiety.
- There was a trust wide Learning Disability nurse available to advise and support staff caring for adult patients with learning disabilities. Staff told us that the LDN usually knew of impending admissions and would provide advice in advance.

Summary of findings

- We asked the trust to provide us with their learning disability care strategy and a policy was provided. The policy advised staff to use the Hospital Traffic Light Assessment book. We looked at the care records of four patients with a learning disability and spoke to staff about their care. Staff did not tell us about the book and we did not see it in use.
- There was some innovative work taking place at King's Mill Hospital where the trust had developed a new changing facility for patients with complex disabilities. The facility offered a large changing area that would meet the needs of patients with profound disabilities. The trust planned to create one of these changing areas at Newark Hospital in the coming months.
- Since 2012, all providers of NHS care have been expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient. Mixed-sex accommodation breaches should be reported to NHS England. On one ward we saw male and female patients in the same bed area, but staff were not reporting mixed-sex accommodation breaches as they considered the patients were receiving specialist coronary care monitoring. Staff were not aware of any guidance they could refer to regarding mixed-sex accommodation. We asked the trust for their policy. A draft policy was provided which was written in September 2014 but had not yet been agreed.
- Department of Health Guidance states that there are a few circumstances where mixing can be justified and these are mainly confined to patients who need highly specialised care, such as that delivered in critical care units. On two wards mixed-sex accommodation breaches were seen where critical care was not being delivered. Staff told us that apologies and explanations were offered to patients.
- Information leaflets were available in the department and some were translated into languages appropriate for the local community. None were available in other formats such as large print or braille.
- Staff told us they could access interpreters or they used a telephone translation service to communicate with patients where English was not their first language. Records showed that staff mainly used face-to-face interpreters but telephone translators were also used. British sign language translators had also been used to communicate with patients who had a hearing impairment.

Dementia

Summary of findings

- There was a reducing harm team at King's Mill Hospital who could be available to sit with patients in the A&E department who were living with dementia who may have needed extra support. Staff told us they recognised that the department could be a scary place for these patients.
- Results from the College of Emergency Medicine audit 'assessing for cognitive impairment in older people' 2014-15 showed that the A&E department made a cognitive assessment in 15% of patients over the age of 75. This meant that patients living with dementia may not have been identified and appropriately supported in hospital.
- Dementia care pathways were not in place. Care records of people living with dementia did not include a plan of care guiding staff in how to deliver care to meet the patient's needs. A flower symbol was placed on the patient board to identify if a patient was living with dementia.
- Two relatives at King's Mill Hospital told us they did not consider that the patient's dementia care needs were being considered or met.
- We saw completed examples of 'This is me' booklets. These are booklets provided for relatives to complete to inform staff about the patient and their preferences. Some of the booklets were in medical notes so were not in day to day use by nursing staff.
- Ward 52 at Kings Mill Hospital specialised in the care of the elderly and had a high proportion of patients with delirium, confusion or who were living with dementia. To improve the care and treatment provided to these patients there were two mental health nurses who worked Monday to Friday 8am until 4pm. This was good practice.

Access and flow

- Bed occupancy levels were consistently above the England average, ranging from 91% to 96% in medicine and 90% in surgery. It is generally accepted that when occupancy rates rise above 85%, this can affect the quality of care and the orderly running of the hospital.
- There were a number of initiatives to manage access and flow. There were dedicated 'flow managers' in post who met four times daily to review the availability of beds in the hospital. There had been significant improvement in recent months of the flow of patients through the emergency department.

Summary of findings

- There was an early supported discharge team that had clear referral criteria. This team was used when a patient's rehabilitation process could be provided in community settings.
- In April 2015, nearly 16 out of every 100 patients discharged from the hospital were delayed in leaving hospital, and this was worsening.
- Between April 2014 and April 2015, 47% of patients experienced one ward move during their stay. A smaller proportion experienced further ward moves, with 9.5% moving twice, 6% moving three times, and 3%, or more than 600 patients, moving on four occasions during their inpatient stay.
- Some patients told us that wards were busy at night and due to bed moves they found it difficult to sleep. Patients reported experiencing bed moves at night, and one staff member reported that a patient's bed was moved while they slept, this failed to involve them in their care and would have been disorientating for the patient when they woke.
- Data for the six months 1 December 2014 to 31 May 2015 showed that 1,963 patients were discharged at night between 10pm and 6am. This was nearly 8% of all patients discharged. More than 10% of patients were discharged after 9pm and before 7am.
- Theatre usage at this hospital was reported to be 74% across all specialties for April 2015. Usage throughout the year leading up to April 2015 was between 62% and 91%. Theatre usage at Newark hospital was 68% and data showed 20% of theatre lists finished early.
- Between April 2014 and May 2015 there were 292 occasions where operations were cancelled on the day for non-clinical reason, the highest number of cancellations occurring in general surgery. Trust wide there were 315 operations cancelled on the day, the main reason being documented as 'list overrun'.
- From October 2013 to September 2014 a total of six patients had their operation cancelled and were not treated within 28 days. With the exception of April to June 2014, the percentage of patients whose operations were cancelled and not treated within 28 days was lower than the England average. A task and finish group to improve theatre efficiency had been established.
- Referral to treatment times were being met across all medical specialities. This was not the case for surgical specialities and the trust performance was below nationally set requirements.

Summary of findings

- The percentage of patients admitted within 18 weeks was 79% against a standard of 90%. The percentage of patients on non-admitted pathways closed within 18 weeks was 93% against a target of 95%. The percentage of incomplete pathways closed within 18 weeks was 92% against a target of 92%.
- The trust had significantly improved its A&E performance at King's Mill Hospital and in March, April and May 2015 the target for all patients to be admitted, transferred or discharged within four hours was met. The same target at Newark hospital was consistently met.

Learning from complaints and concerns

- Good quality complaints handling is vital to ensuring continuous improvement in the quality and safety of patient care. In 2013, the Patients Association published good practice standards for complaints handling, and all NHS organisations are expected to meet them. They provide guidance on how to investigate and respond to a complaint as well as how to manage complaints as an organisation.
- The trust had suitable arrangements for handling complaints. A new patient experience manger was appointed in September 2014, bringing together the management of the Patient Advice and Liaison Services (PALS) and Complaints. The team established a more person centred approach to managing complaints with new systems and processes.
- There were two patient experience leads who each worked with a clinical division, and the manager worked with the smaller two divisions including Newark Hospital. The patient experience team supervised more lengthy and complex complaints.
- There was good ownership of the investigation as it was completed within the division. Divisional leads were responsible for making sure investigations were good quality and carried out in the required timescale. The patient experience team managed a tracking system for each complaint. However, the patient experience team felt frustrated by chasing investigations and did not feel supported by senior managers. These concerns were reflected in the findings of an internal audit in April 2015. This found few investigators used the report template and often provided the patient experience team with incomplete information with which to draft a response.

Summary of findings

- The patient experience manager spent time with individual clinicians so that they understood the complaints management process. There were proposals to ensure all investigators were trained through the governance unit by the end of 2015, but we did not see any specific plans for this.
- A draft complaints policy was launched for consultation in December 2014. It was still under review at the time of the inspection in June 2015. Minutes from the trust board meeting in May 2015 showed that the policy was considered by the Trust Management Board and would be circulated to board members. The draft policy referred to relevant standards and guidance but referred to the Health and Social Care Act Complaints regulation that no longer exists, having been superseded by new regulations on 1 April 2015.
- A patient experience board was convened in January 2015, with membership drawn from across the health community including the clinical commissioning group and local Healthwatch. The Board was due to meet bi- monthly and report to the Clinical Quality and Governance Committee. At the beginning of 2015 the trust started a complainant satisfaction survey, based on the Patients Association standards, which was still in its early stages.
- The patient experience team produced monthly divisional patient experience reports for divisional governance meetings, and a quarterly report that went to the trust board. The patient experience report for October to December 2014 described improvements from the new complaints management systems. These included acknowledging all complaints within three working days and making sure concerns were resolved quickly where possible. Ninety two per cent of complainants received a response within agreed timescales, better than the trust target of 90%. Since December 2014, the trust aimed to manage complaints within 25 working days in line with the good practice standard. In the three months January to March 2015, 93% of complainants received a response within agreed timescales.
- In the six months October 2014 to March 2015, the trust received 269 complaints. Around 70% were upheld or partially upheld. A small number of complainants, 4%, were dissatisfied with their initial response. When we looked at complaints data in April 2015, there were 61 complaints which had not yet been

responded to and these had been open for an average of 100 days; a third of these had been outstanding since 2014. At the time of the inspection in June 2015, 23 of these complaints that remained open.

- Complaints about outpatient and inpatient services were evenly split, with 41% of complaints relating to each. Sixteen per cent were about the emergency department (A&E). The patient experience reports showed how the complaints were attributed to clinical divisions, and within each division to different wards or clinics. This enabled a focus on the A&E department and a further review of complaints received there. The reports did not comment on the distribution of complaints across different areas, or how these were followed up. For example in the report for January to March 2015, in one division complaints were significantly higher in three outpatient clinics. The report mentioned complaints about patient delays in outpatients but these did not account for the high numbers of complaints in the three clinics.
- The trust received more complaints relating to medical (including surgical) staff at 75% than the national figure of 46%, and proportionally fewer complaints relating to nursing, and midwifery staff at 14% compared with the national figure of 22%. It should be noted that the available national figures were for the period April 2013 to March 2014.
- An internal audit of complaints management in April 2015 found that while there was a well-designed system reflecting recognised good practice, staff did not always carry out investigations as they should. They did not keep an accurate record of information used during an investigation or complete the report template provided, to ensure quality and consistency.
- Although the patient experience team was responsible for managing complaints across the trust, and worked closely with the PALS and volunteer services at King's Mill Hospital, there was a disconnect with Newark Hospital. The trust's patient experience manager was responsible for trust-wide complaints and PALS at Kings Mill Hospital. The volunteer services manager was responsible for trust-wide volunteer services and PALS at Newark Hospital. These two managers reported to different senior managers and executives. The Newark PALS officer considered they were managed by both the patient experience

Summary of findings

manager and the volunteer services manager, and attended two team meetings which were held at King's Mill Hospital. The Newark team felt they did not get sufficient feedback from complaints and concerns.

Are services at this trust well-led?

Inadequate

Overall we rated the trust as inadequate for the leadership of its services. We made 13 separate judgments. Of these, seven were judged as inadequate, four required improvement and two were good. For specific information, please refer to the individual reports for King's Mill Hospital, Newark Hospital and Mansfield Hospital.

At trust level the executive leadership was inadequate. There had been changes in the executive leadership with the Chief Executive having left earlier in 2015. Leadership was not strong enough to deliver the changes required across the trust.

Changes to governance processes had been made but progress was slow in many areas. More recent changes had taken place with the governance structures at Newark Hospital but it was too early to judge the effectiveness of these.

The board was not always receiving clear and accurate evidence of assurance because of the way data was presented. We found evidence that actions from investigations into incidents were not completed. The trust had failed to implement changes and there were missed opportunities to prevent further patient safety incidents occurring again.

Although the trust had a vision and strategy in place, there was little reference made to this. The focus of the organisation was to come out of special measures. It was difficult to find evidence of the progress being made to implement the strategy for Newark Hospital and this was having a big impact on staff morale.

Generally, staff were proud of the care they delivered and reported good leadership at a local level.

Vision and strategy

- There was a patient Safety and Quality Strategy in place. It was modelled on the principles of Lord Darzi that the provision of high quality care can be achieved if it is safe, effective with positive patient experience. The document identified three top objectives for the trust. Staff did not talk about the strategy and when we asked them about it there was very little knowledge of its existence.

Summary of findings

- Without exception, staff at all levels, including the executive directors told us the vision for the trust was to come out of special measures. There was no overarching clinical strategy for clinical teams to plan their services.
- Senior staff at Newark Hospital knew there was a strategy and vision for Newark Hospital. Staff in more junior roles were confused and frustrated with the vision for Newark Hospital and had lost trust in the leaders delivering this. We did not see evidence of how this strategy had progressed.

Governance, risk management and quality measurement

- The trust had a divisional structure in place which consisted of the following; emergency care and medicine, planned care and surgery and diagnostics and rehabilitation. At the time of the inspection the structures at Newark Hospital had just changed and were integrated into the three trust wide divisions. We determined it was too early to make a judgement the effectiveness of this structure. There were mixed feelings amongst the teams about how this would work in practice. At our last inspection in April 2014, new governance arrangements at King's Mill Hospital were being established. The 2014/15 internal audit report advised that progress was slow, and we found lack of clarity and inconsistency in governance and risk management.
- An NHS trust board has responsibility for making sure systems and controls are able to reduce and manage any significant risks that threaten the achievement of strategic objectives. The trust board achieved this through the work of its four assurance committees – audit and assurance, quality, finance and remuneration and nomination - through internal audit and external review, and by collection and scrutiny of performance data. In addition, there was a trust management board providing a management forum for the four operational divisions and transformation board. The divisional governance committees reported to the trust management board, as did the operational clinical quality and governance committee (CQGC) and risk committee.
- We saw examples of the trust board receiving conflicting and inaccurate evidence of assurance. The Quality and Safety report presented to the June 2015 trust board claimed that performance for the number of falls was "significantly improving." When we looked at the data being presented in the graph included in the report, it was clear that performance had

not been improving, in fact it was about the same as performance for the same period in 2013 and the performance in May 2015 was worse than the performance in June, July, August, September and October 2014.

- We examined the minutes of the board meeting from May 2015 where a patient's story was heard. The story related to a serious incident where a patient had fallen and had subsequently died. The report went on to say, "An update was given on falls prevention and falls recorded in April had been the lowest for the last 6 months and proactive work was being undertaken." When we compared this to the falls data presented in the other reports to the same trust board meeting, it was clear this statement did not present a true picture of the falls performance data and was giving false assurance to the trust board. We looked at the trust's Quality Account for 2014/15. This report contained the same graph of falls data that was presented to the board in May 2015. The narrative statement in this report was accurate and said there was no significant improvement in the rate of falls.
- The quarterly patient safety and quality report for January to March 2015 to the trust board contained an update on sepsis management. This described how audit data showed a trust wide compliance with the 'sepsis six bundle' of 65% against a target of 95%, with even worse compliance of 33% on inpatient wards only. The next heading in the report was "How Did We Achieve This?" under which the report listed four trust strategies. There was no analysis of the reasons for such poor performance.
- We discussed risk management and governance with a number of senior managers and directors. There was lack of clarity about exact escalation and reporting systems. The risk committee reported to the trust management board but it was not clear if risks were then escalated to the board or its committees. Patient safety risks should go through the CQGC, which reported to both the trust management board and the quality committee. A non-executive director told us some items were escalated directly to the quality committee, and there was a risk of duplication. Although the quality committee was a non-executive committee, executives were expected to be present. A small number of executive directors attended a large number of committees, which put pressure on the system.
- There was an organisational risk register that held all risks from the four clinical divisions, plus corporate risks and trust wide

clinical risks. The significant risk register (SRR) held all risks that were rated as higher than a given level. This was discussed at the monthly risk management committee and the trust management board/executive team.

- NHS trust boards must be able to demonstrate they have been properly informed about risks. The board assurance framework (BAF) was used to assess and manage all risks to the trust's strategic objectives (five principal risks). The risks were allocated to an executive lead, and were monitored through different committees which reported to the trust board through board assurance reports were. The revised governance arrangements depended on the quality of the board assurance reports and internal audit found these needed to be improved.
- The BAF was received and monitored twice a year at the Trust Board and at each Audit Committee. The significant risk register had been mapped to the BAF and some mismatches had been found. The next steps were to discuss with the executive leads, with the intention to submit to the audit and assurance committee in July 2015.
- The risk management policy was approved in November 2014 and covered all areas of risk, including those associated with patient care, employing staff, innovation, reputation, maintenance and finances. The wording in the policy was confusing because it referred to an audit committee, while on the structure chart dated December 2014, this was called the audit and assurance committee. The policy referred to the risk management committee, while on the structure chart it was the risk committee.
- The risk management committee was chaired by the executive director of nursing and quality and had representation from all divisions and key stakeholders. The committee coordinated assurance and reported monthly to the trust management board that risks were being identified, action plans were in place to mitigate risks and that significant risks were being considered. Divisional registers were presented to the committee. The committee discussed whether any risks should be placed on the corporate risk register or BAF.
- Divisional clinical governance meetings were well structured with standard agendas. The information was clearly recorded but the level of detail varied. Attendances also varied across divisions. In one division, for meetings in January to May 2015,

the clinical lead had only attended one meeting and the divisional general manager had attended two. If a group was not quorate, this was noted and priority discussion took place on the risk register.

- We looked at the minutes for the March and April 2015 risk management committee. These reflected a good overall structure for reviewing divisional and trust-wide risks.
- Quarterly learning reports were sent to the CQGC and to divisional governance groups, including themes, trends, items for action and good practice. A good audit template was introduced in August 2014. The trust had recently introduced a new computerised system for audit data collection and reporting. There was clear guidance for staff on the governance support unit intranet site.
- The trust's integrated performance report of April 2015 showed the trust had achieved 27 of 42 about two thirds) of its Monitor and contractual compliance targets or indicators.
- Internal audit found that 38% of agreed actions from audits which were followed up remained in progress beyond the agreed completion date, although high risks were usually prioritised.
- The latest version of the trust's special measures action plan dated May 2015 had 18 action points, with initial target completion dates from October 2014 to March 2015. Only one of these had been completed. Of the others, eight had no revised deadline (one did not have an initial deadline) and the remaining nine had revised dates in February, March and April 2015 i.e. that had all slipped. Eight were rated as "progress being made or overdue." Nine were rated as "action on track to complete in line with the completion date" which was impossible as the dates were either missing or had already passed.
- Health Education East Midlands (HEEM) visited the trust in October 2014. HEEM is responsible for monitoring the quality of multi-professional education and training across East Midlands. Their reported highlighted several areas of good practice and progress since the previous year's visit. It also identified concerns in trauma and orthopaedics, as well as for foundation second year (FY2) trainees in different clinical areas. These included poor communication within and between

departments, unclear decision making, lack of senior clinical support, poor staffing levels at night and lack of opportunities for trainees to get experience. The trust took a range of actions, led by the Medical Director, to improve the situations identified.

- HEEM carried out follow up visits to both trauma and orthopaedics and FY2 trainees in February 2015 and found that issues for the FY2 trainees had escalated rather than been resolved, especially in relation to out of hours support in emergency medicine and lack of senior review in a number of medical and surgical areas. In trauma and orthopaedics there had been some improvements but there remained a lack of senior support in some cases and inappropriate patient care in the emergency department.
- The trust's improvement plan that went to the trust board in April 2015, showed improved relationships between trauma and orthopaedics and the emergency department (ED) as on track for completion by target date of 31 March 2015. However, on further visits in May 2015, HEEM found that although issues in trauma and orthopaedics had largely been resolved, concerns remained about the quality of referrals and behaviours from ED staff; FY2 trainees also reported similar concerns about ED.
- In May 2015 HEEM visited ophthalmology, where trainees raised concerns about lack of handover, lack of clinical supervision, lack of senior review of patients, inconsistency in managing on call duties and booking follow ups, silo working, lack of relevant experience, and badly organised clinics. Many of these were virtually identical to issues raised and on-going since October 2014 in trauma and orthopaedics. We asked the director of medical education and the deputy director of training and development about this, but they were unable to explain how valuable learning was not transferred between departments, so that this could have been avoided.
- The trust had implemented regular "Appraisal Clinics," for consultant medical staff. Doctors could discuss any issues about their appraisal and receive support and advice. An "Appraisers Forum," also took place every quarter where discussions about the quality of appraisals and feedback from the appraisers took place.

Leadership of the trust

- The executive team had changed following the departure of the Chief Executive in May 2015. The Director of Human Resources

had taken on the role as Acting Chief Executive. There were two interim executive directors in place which were the Director of Operations and a Director of Human Resources who was working part time for the trust.

- There were five substantive directors in place who had been in post varying lengths of time. The newest of which was the Chief Financial Officer who had been appointed in 2015. The Executive Director of Nursing had been in post since 2010 and the Executive Medical Director since 2014. The trust Chairman had been in post since June 2013.
- Many staff, particularly those in more senior roles, told us they were disappointed there had been changes to the executive team and thought this was unsettling for the organisation. Many staff were both positive about the appointment of the Acting Chief Executive and thought they would be able to lead the trust out of special measures.
- We spoke with a number of members from the Council of Governors. Without exception, they were positive about the care being delivered by the organisation and were supportive of the executive directors and the acting Chief Executive. The Governors spoke about thier involvement with the trust and that they had a positive relationship with them. There was a strong feeling expressed by many of the Governors that they should not have the special measures status any longer. The special measures status was seen as a barrier to the trust being able to concentrate of further development and had a negative impact on recruitment. The Governors did not articulate any concerns about the performance of the trust other than those that were already being addressed such as recruitment and making permanent appointment to executive posts. .
- We found a similar picture when we spoke with representatives from staff side organisations. There was an overwhelming feeling that the label of special measures was hampering the trust and that its progression in numerous areas such as recruitment would be assisted by the removal of this label.
- Whilst many staff told us there was good leadership at local level in the trust, we heard from some staff that some of the executive leadership in the hospital needed improvement. Staff highlighted lack of clear direction and lack of pace as being areas that concerned them. However, some staff (nursing and medical) told us they felt the medical director was more visible.

- There had been some improvements in getting clinicians involved in decision making and in the governance process. The Executive Medical and Nursing Directors both highlighted that there was more work to be done to improve the engagement of clinical staff so the trust was clinically rather than managerially led.

Culture within the trust

- Many staff felt very proud of the care they delivered at the trust. Many staff came to tell us about their work and brought examples to demonstrate what they had achieved.
- A lot of the staff we spoke with, particularly those in more senior roles felt strongly the trust should not be in special measures. Many staff told us they did not think the good care they provided to patients was being recognised. Staff told us they felt under pressure to support the trust to have the special measures removed.
- Staff reported good team working within their areas of work at all levels.
- Staff at Newark Hospital were very aware of the need to ensure the hospital was providing services that were of good quality and were good value for money. Staff morale appeared to be very low and staff were confused and worried about their future. They felt disempowered to influence the future of the hospital and had lost faith in the leaders of the trust.
- The findings of our inspection suggest there is more work to do to create a culture where patient safety is a priority for all staff and learning is embedded. There were occasions when we found staff did not understand the impact of their actions and how these created risks to safe care and treatment.

Fit and Proper Persons

- The fit and persons requirement (FPPR) for directors was introduced in November 2014. It is a new regulation that intends to make sure senior directors are of good character and have the right qualifications and experience.
- The trust did not have appropriate systems and processes in place to ensure that all new and existing directors were and continued to be fit and proper persons.
- Although the requirement came into force in November 2014, it was not until January 2015 that the Director of Human Resources presented a paper on FPPR at the Trust board meeting. This explained that the trust needed to identify its

directors, establish a process for assessing directors' FPPR compliance at recruitment, establish a process for monitoring and record keeping, and update its employment contracts and appointment letters. The paper outlined proposals on how to carry these out.

- In April 2015, trust board papers confirmed a policy would be presented to the May 2015 board meeting, but this was delayed by its review by different committees. The policy was due to go to the June 2015 board meeting.
- We looked at four directors' files and found they all contained a signed self-declaration form. However all were dated within the last three days and one was neither signed nor dated (although this was done during the inspection). Only one contained Disclosure and Barring Service (DBS) checks which identify individuals with a criminal record or who may be unsuitable for working with children and vulnerable adults. All of the files recorded insolvency and disqualified directors' searches.
- The most recently appointed executive director took up an interim post in May 2015. Their file contained no DBS clearance, no references, no evidence of qualifications, no occupational health clearance and no interview information. Following our concerns raised during the inspection, the deputy director of human resources informed us the individual had been through a recruitment process and that two members of the trust board had provided verbal references. They confirmed the 'fit and proper person test' was now in progress. They sent us the trust recruitment checklist which showed ticks against items including evidence of qualifications and occupational health review. The form was dated 27 May 2015, but when we had checked the file during our inspection in June, these items were not in place.
- As confirmed by the deputy director of human resources, the disclosure and barring service check was still incomplete and only one written reference had been received. Despite this, the trust chair signed the checklist on 17 June 2015 to confirm compliance with the Fit and Proper Person Regulation. We were not informed of any restrictions on the director's activities in the trust, pending due diligence.
- New contracts had been developed for existing directors, but when we checked the file of a long-standing director, the new contract was not in place.

Public engagement

Summary of findings

- The board heard a patient story at every meeting so that the executive and non-executive directors could have an understanding of patient's experiences.
- The trust executive directors acknowledged they had more work to do on public engagement and it had not been an area they had focused on as yet. There were some examples of how they had been engaging with the public, for example there had been a campaign at Newark Hospital called "Choose Newark."

Staff engagement

- In the 2014 NHS staff survey, the engagement score for the trust was 3.69 which was worse than the national average and showed deterioration on the score from the 2013 survey. Of concern was the number of scores that had deteriorated since 2013. There were several where the trusts performance was worse than the national score, and had deteriorated. For example, the percentage of staff reporting good communication between senior management and staff, staff job satisfaction and support from immediate line managers. However, the score for effective team working had increased and was better than the national average.
- There was one positive finding which related to staff feeling there was effective team working which scored 3.86 out of 5. Nine areas of questioning received negative scores, these related to;
- Support from immediate managers which scored 3.58 out of 5
- Percentage of staff receiving health and safety training in last 12 months which was 69%
- Percentage of staff suffering from work related stress in last 12 months which was 41%
- Percentage of staff reporting errors, near misses or incidents witnessed in the last month which was 87%
- Fairness and effectiveness of procedures for reporting errors near misses and incidents which was 3.46 out of 5
- Percentage of staff experiencing physical violence from patients relatives or the public in the last 12 months which was 21%
- Percentage of staff feeling the pressure in the last 3 months to attend work feeling unwell which was 30%
- Percentage of staff reporting good communication between management and staff which was 24%
- Staff job satisfaction was 3.53 out of 5.

Summary of findings

- Staff at Newark and Mansfield Hospitals did not feel as engaged with the wider trust and often described a feeling of isolation. The executive team had put in place different lines of communication to address this, but these had not yet had the desired effect.

Innovation, improvement and sustainability

- The trust board had assessed themselves as being sustainable over the next 5 years and beyond. However, the financial sustainability of the trust was a concern because the trust had a deficit of £32.7 million. The financial position had deteriorated against its 2014/15 forecast deficit. There were concerns that the 2015/16 position would deteriorate even further. Monitor had taken enforcement action against the trust because they had breached their license.
- There were opportunities for the trust through being part the Better Together Programme. The Better Together programme brings together all the health and social care organisations across the area to review and shape future health and social care services in Mid-Nottinghamshire. The aim is to ensure that patients receive the best possible care with services that continue to meet future challenges and embrace the opportunities for improvement. The Mid-Nottinghamshire Better Together programme has been chosen to take a national lead on transforming care for patients, known as a "Vanguard." The vanguard has access to a transformation fund as well as support from national teams. It will develop local health and care services to keep people well, and bring home care, mental health and community nursing, GP services and hospitals together.
- From out discussions with staff, it was not always clear how engaged the trust was in the Better Together programme and the awareness amongst staff was patchy.
- There was some innovative work taking place at King's Mill Hospital where the trust had developed a new changing facility for patients with complex disabilities. The facility offered a large changing area that would meet the needs of patients with profound disabilities.

Overview of ratings

Our ratings for Newark Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Minor injuries unit	Inadequate	Not rated	Good	Good	Inadequate	Inadequate
Medical care	Requires improvement	Inadequate	Good	Requires improvement	Inadequate	Inadequate
Surgery	Good	Requires improvement	Good	Good	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Our ratings for Mansfield Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Inadequate	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Kings Mill Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Good	Good	Requires improvement	Inadequate	Inadequate
Medical care	Inadequate	Inadequate	Requires improvement	Requires improvement	Inadequate	Inadequate
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement
Outpatients and diagnostic imaging	Inadequate	Not rated	Good	Requires improvement	Inadequate	Inadequate
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Our ratings for Sherwood Forest Hospitals NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate

Notes

Outstanding practice and areas for improvement

Outstanding practice

- There was some innovative work taking place at King's Mill Hospital where the trust had developed a new changing facility for patients with complex disabilities. The facility offered a large changing area that would meet the needs of patients with profound disabilities.
- Staff went out of their way to meet the needs of their patients on the critical care unit. Some patients could be moved on their beds out of the critical care unit to an outdoor area. Staff told us they tried to do this when possible as patients appreciated being outside and away from the unit. Staff had been able to allow visiting by patients' pet dogs in this way.
- The trust had implemented regular "Appraisal Clinics," for consultant medical staff. Doctors could discuss any issues about their appraisal and receive support and advice. An "Appraisers Forum," also took place every quarter where discussions about the quality of appraisals and feedback from the appraisers took place.

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

Kings Mill Hospital

- Ensure all staff receive training in safeguarding children and vulnerable adults. The training must be at an appropriate level for the role and responsibilities of individual staff.
- Ensure staff are appropriately trained to provide the care and support needed by patients at risk of self-harm.
- Ensure staff receive effective and appropriate guidance and training about the assessment and treatment of sepsis.
- Ensure staff understand the requirements of the Mental Capacity Act 2005 in relation to their role and responsibilities.
- Ensure all patients in the emergency department are able to summon help if they need it.
- Ensure all patients over the age of 75 have a cognitive assessment when arriving in the emergency department.
- Ensure learning from complaints is shared with staff in the emergency department which leads to improvement in care.
- Ensure the governance framework in the emergency department clearly identifies risks, responsibilities and actions required to manage those risks within a stated timeframe.
- Ensure systems and processes are effective in identifying where quality and safety are being compromised and in responding appropriately and without delay. Specifically, systems and processes to identify and respond to outpatient appointment issues.
- Ensure any remedial actions taken to address outpatient appointment issues are regularly audited to give assurances improvement has taken place.
- Ensure patients in the critical care unit are routinely and properly assessed for delirium.
- Ensure the provision of level two critical care on Ward 43 includes nursing staffing levels in line with the 'Core Standards for Intensive Care Units' published by the Intensive Care Society and the commissioners expectations.
- Ensure patients requiring critical care at level two on Ward 43 are cared for by appropriately trained staff in line with the 'Core Standards for Intensive Care Units' published by the Intensive Care Society.
- Ensure staff delivering end of life care receive suitable training and development.
- Ensure all patients at the end of life receive care and treatment in line with current local and national guidance and evidence based best practice.
- Ensure the quality of the service provided by the specialist palliative care team is monitored to ensure the service is meeting the needs of patients throughout the trust.

Outstanding practice and areas for improvement

- Ensure risks for end of life care services are specifically identified, and effectively monitored and reviewed with appropriate action taken.
- Ensure that at least one nurse per shift in each clinical area (ward / department) within the children's and young people's service is trained in advanced paediatric life support or European paediatric life support
- Ensure that the resuscitation trolleys and their equipment are checked, properly maintained and fit for purpose in all clinical areas in the children's and young people's service.
- Ensure that medication is monitored, in date and fit for purpose in all clinical areas of the children's and young people's service.
- Ensure emergency lifesaving equipment in the maternity service is checked regularly and consistently to ensure it is safe to use and properly maintained.
- Ensure staff have the appropriate competence and skills to provide the required care and treatment to women using the maternity and gynaecology service. Specifically, women who are acutely ill or who are recovering from a general or local anaesthetic.
- Ensure patients in the medical care wards receive person-centred care and treatment to meet their needs and reflect their personal preferences, including patients living with dementia and those with a learning disability.
- Ensure all staff working in the medical care service receive appropriate supervision, appraisal and training to enable them to fulfil the requirements of their role.
- Ensure patients in the medical wards are treated with dignity and respect at all times.
- Ensure sufficient provision of hand gel dispensers within the emergency department.
- Ensure adequate provision of defibrillators and cardiac monitoring equipment within the emergency department.

Newark Hospital

- Ensure medicines are always safely managed in line with trust policies, current legislation and best practice guidance.
- Ensure systems and processes to prevent and control the spread of infection are operated effectively and in line with trust policies, current legislation and best practice guidance.
- Ensure staff receive effective and appropriate guidance and training about the assessment and treatment of sepsis.
- Ensure staff understand the requirements of the Mental Capacity Act 2005 in relation to their role and responsibilities.
- Ensure all equipment, including emergency lifesaving equipment, is sufficient and safe for use in the minor injuries unit.
- Ensure safe care for patients with mental health conditions at the minor injuries unit and especially those who may self-harm or have suicidal intent.
- Ensure staff have the appropriate qualifications, competence, skills and experience to care for and treat children safely in the minor injuries unit.
- Ensure the inter-facility transfer protocol with East Midlands Ambulance Service is updated and is effective in providing safe and timely care for patients at the minor injuries unit.
- Ensure the ligature risk posed by the use of non-collapsible curtain rails in the minor injuries unit is addressed.
- Ensure there are effectively operated systems to assess, monitor and improve the quality and safety of the services provided in the minor injuries unit.
- Ensure systems and processes are effective in identifying where quality and safety are being compromised and in responding appropriately and without delay. Specifically, systems and processes to identify and respond to outpatient appointment issues
- Ensure robust and effective governance links and oversight are established and maintained between outpatient services at Newark and Kings Mill Hospitals.
- Ensure the quality of the service provided by the specialist palliative care team is effectively monitored and reviewed to ensure the service is meeting the needs of patients throughout the trust.
- Ensure risks for end of life care services are specifically identified, and effectively monitored and reviewed with appropriate action taken.
- Ensure that pacemaker devices removed from deceased patients are safely and promptly disposed of.

Mansfield Hospital

- Ensure staff have opportunities to learn from incidents across the trust.

Outstanding practice and areas for improvement

- Ensure medicines are safely administered to patients in line with local policies and procedures and current legislation.
- Ensure care plans are individual and specific to the patient to ensure staff are aware how to deliver care to patients which meets their needs.
- Ensure the care of patients living with dementia is in line with current guidance and recognised good practice.
- Ensure patients' mental capacity to make decisions is assessed in line with current guidance and legislation.
- Ensure the sepsis care pathway is followed so that patients with sepsis are identified and treatment is delivered.

Action the hospital SHOULD take to improve

Kings Mill Hospital

- Ensure there are effective and consistent systems for learning from incidents to be shared across the trust at all locations.
- Ensure there are sufficient computers available for staff use in the ambulatory care area of the emergency department.
- Ensure there is appropriate signage and information in the emergency department and that this is available and accessible to all people using the service.
- Ensure the process for diagnosis of fractures and how learning is analysed and shared within the emergency department reduces the impact of missed diagnosis on patients.
- Ensure the time taken for the transfer of patient care from ambulance staff to emergency department staff is improved.
- Ensure clinical leadership in the emergency department is delivered at a consistently high standard 24 hours a day, seven days a week.
- Ensure patient records are available when patients attend outpatient and diagnostic imaging clinic appointments.
- Ensure systems and processes are operated effectively to minimise delays for patients in outpatient clinics.
- Ensure there is a review of the hours of service provided by the specialist palliative care team to consider a face to face service available seven days a week.
- Ensure patient outcomes are regularly monitored and reviewed to ensure the end of life care service is meeting the needs of patients.
- Ensure that medical consultant staffing for the children's and young people's service is in line with Royal College of Paediatrics and Child Health (RCPCH) standards.
- Ensure acute paediatric clinical guidelines are reviewed and follow best practice guidance.
- Ensure that the paediatric allergy clinic meets the 18 week referral to treatment target.
- Ensure that all nursing and medical staff in the children's and young people's service receive a minimum of yearly appraisals.
- Ensure controlled drugs are checked twice a day on the maternity ward, in line with the trust's policy.
- Ensure that staff in the maternity service follow the trust hand hygiene policy.
- Ensure that workforce requirements are analysed in terms of what women using the service need, rather than what midwives do.
- Ensure accurate data is collected regarding the use of steroid medication for pregnant women at risk of early labour.
- Ensure information and guidance about how to complain is available and accessible to patients and visitors in the maternity service.
- Ensure appropriate care and treatment pathways are developed for women using the pregnancy day care unit.
- Ensure that midwife visits to mothers with new-born babies are in line with current National Institute for Health and Care Excellence (NICE) guidance.
- Actively seek and record women's views and preferences regarding one to one care and postnatal visits by midwives
- Ensure cardiotocograph documentation follows current local and national guidance.
- Consider appointing a designated bereavement midwife and a diabetic specialist midwife.
- Ensure all staff in the maternity and gynaecology service understand their role and responsibilities regarding the Deprivation of Liberty Safeguards.
- Provide a home from home environment for giving birth for women at low risk of complications.

Outstanding practice and areas for improvement

- Ensure women attending the termination of pregnancy clinic are seen by a diploma level qualified counsellor.
- Ensure there is a designated consultant to take the lead for fetal medicine and the pregnancy day care unit.
- Ensure there are sufficient operating theatre facilities and time dedicated for planned caesarean section operations.
- Review the protocols for how long women remain in hospital after giving birth and consider changes to improve access to the maternity service.
- Ensure staff in the maternity and gynaecology service understand and comply with the trust's policy regarding interpreter and translation services.
- Ensure that all identified risks in the maternity service are regularly reviewed and added to the trust risk register where appropriate.
- Ensure maternity information leaflets are easily available in languages other than English.
- Consider the development of a maternity services liaison committee.
- Ensure systems are operated effectively to reduce delays in transfer from theatre recovery to the surgical wards.
- Review the use of theatres to improve flow and reduce delays between surgical cases.
- Ensure the delays in orthopaedic surgery caused by limited access to a skilled periprosthetic consultant are monitored and reviewed and appropriate measures put in place to mitigate risk.
- Ensure that staff practices on the medical care wards are in line with trust policy and current legislation regarding the prevention and control of infection.

Newark Hospital

- The trust should ensure effective communication between senior management and staff at Newark Hospital, engaging them in discussions regarding the future of Newark Hospital.
- Ensure systems to share learning from incidents include learning from incidents at all trust locations
- Ensure all staff are adequately and appropriately trained to use the trust incident reporting system.
- Ensure all staff complete mandatory and statutory training in line with trust targets.
- Ensure staff within the minor injuries unit are able to attend relevant training sessions, including when training is delivered at King's Mill Hospital.
- Ensure patients are offered fluids whilst in the minor injuries unit and that this is documented in their care records.
- Ensure the minor injuries unit meets the College of Emergency Medicine Clinical Standards for Emergency Departments guidelines and the College of Emergency Medicine minimum requirements for Unscheduled Care Facilities
- Ensure leaders within the minor injuries unit understand their responsibilities under Regulation 20 Duty of Candour.
- Ensure patient records are available when patients attend outpatient clinic appointments.
- Increased use of the theatres at Newark Hospital should be considered to improve service provision and patient outcomes.
- Ensure there is a service level agreement for the provision of specialist palliative care to minimise the risks associated with this service being withdrawn.
- Ensure there are sufficient resources to support the end of life care team to deliver an end of life care programme and roll out end of life care initiatives throughout the trust.
- Ensure patient outcomes are regularly monitored and reviewed to ensure the end of life care service is meeting the needs of patients.

Mansfield Hospital

- The temperature of the fridge check should include the daily maximum and minimum temperature.
- The room temperature should be monitored where medications are stored.
- The dementia training programme should be developed to ensure staff are suitably knowledgeable about dementia and the care that patients require.
- The dishwasher on Oakham ward should be replaced.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors **The Registered Provider does not have proper processes in place to enable it to make the robust assessments required by the Fit and Proper Persons Requirement.** **We have issued a s29A Warning Notice to the Registered Provider, as the quality of health care provided for the regulated activities listed requires significant improvement.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The Registered Provider does not ensure the effective operations of systems to assess, monitor, and mitigate risks to people receiving care as inpatients and outpatients.** **The Registered Provider does not ensure the effective operations of systems to improve the quality and safety of the services it provides to people using its services as inpatients and outpatients.** **We have issued a s29A Warning Notice to the Registered Provider, as the quality of health care provided for the regulated activities listed requires significant improvement.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

This section is primarily information for the provider

Enforcement actions

5.—(2) Unless the individual satisfies all the requirements set out in paragraph (3), the service provider must not appoint or have in place an individual—

(a)as a director of the service provider, or

(b)performing the functions of, or functions equivalent or similar to the functions of, such a director.

(3) The requirements referred to in paragraph (2) are that—

(a)the individual is of good character,

(b)the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed,

(c)the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed,

(d)the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

We have issued a s29A Warning Notice to the Registered Provider, as the quality of health care provided for the regulated activities listed requires significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

This section is primarily information for the provider

Enforcement actions

(a)assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b)assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

We have issued a s29A Warning Notice to the Registered Provider, as the quality of health care provided for the regulated activities listed requires significant improvement.