

## Membership

### Councillors

Colleen Harwood (Chairman)  
Kate Foale  
Bruce Laughton  
John Ogle  
Jacky Williams  
Yvonne Woodhead

### District Members

A	Glenys Maxwell	Ashfield District Council
A	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
A	John Shephard	Bassetlaw District Council

### Officers

Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

### Also in attendance

Carolyn Jenkinson	Head of Hospital Inspections, CQC
Karen Fisher	SFH - KMH
Andrew Haynes	SFH - KMH
Peter Herring	SFH – KMH
Elaine Moss	Newark & Sherwood CCG
Linda Hirst	CQC
Joe Pidgeon	Healthwatch Nottinghamshire
Jez Alcock	Healthwatch Nottinghamshire

## **MEMBERSHIP OF THE COMMITTEE**

Councillor Yvonne Woodhead had been appointed to the Committee in place of Councillor John Allin for this meeting only.

## **MINUTES**

The minutes of the last meeting held on 21 September 2015, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor John Shephard (other council business) and Councillor Brian Lohan

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **SHERWOOD FOREST HOSPITALS CARE QUALITY COMMISSION INSPECTION REPORT**

Carolyn Jenkinson, Head of Hospital Inspection East Midlands, CQC gave a presentation which summarised the findings of the inspection at Sherwood Forest Hospitals NHS Foundation Trust in June 2015. She gave a brief outline of Sherwood Forest Hospitals NHS Foundation Trust (the Trust) history prior to the inspection and outlined the inspection process and the five key questions used. She discussed the grids which detailed the outcomes for each area and gave an overall rating: Kings Mill Hospital (KMH) and Newark Hospital (NH) were judged to be inadequate overall and Mansfield Hospital (MH) was judged to require improvement. Ms Jenkinson discussed the findings under each key question and responded to questions and comments from Members:

- There were concerns that the category of 'safe' for surgery was graded as requires improvement but overall the outcome was good. Ms Jenkinson explained the methodology and that on balance surgery was considered good overall although there was work to be done in the safe category.
- Some councillors felt that the inadequate rating did not reflect patient experience. Ms Jenkinson explained that patient opinion is only one consideration and that the report found that care was not always based on best practice or national guidance.
- Members expressed concern that being placed in special measures may make recruitment even more difficult and thus impact on the Trust's ability to improve practice/performance due to increasing use of agency staff. There were also concerns regarding the impact on funding particularly as funding was not linked to deprivation. Ms Jenkinson acknowledged that KMH was in one of the most deprived areas but could not comment on funding arrangements but said that special measures did come with additional funding for leadership. However she felt that within the Trust it was more about culture rather than money and that whilst she understood the concerns around the special measures label, she said that the public do have a right to know and that patients should expect the same standard of care as at other hospitals.
- High quality services were not wholly linked to funding but it was felt that the impact of using agency staff to fill gaps impacted both on finances and the ability to improve.
- Members were concerned that there had been at least five Chief Executive Officers in recent years and felt that it was not good enough that the lack of progress had not been addressed.
- Healthwatch said that it was important for communities to support an organisation in special measures and that there was a need for positive communication over the next two years.

Karen Fisher, Acting CE, SFH, gave a presentation on the Trust's response to the CQC inspection. The presentation outlined the reasons why there had not been sufficient improvement and how the Trust proposed to do things differently this time.

She discussed the Quality Improvement Plan which was structured around 10 workstreams and focused on immediate, short term and medium term actions. Each workstream had its own accountable executive lead. The presentation discussed the steps taken since June 2015 to improve patient care and the range of partnerships that were either in place or being developed to support the improvement plan.

During discussion the following points were raised:

- Members asked how the Trust proposed to engage with staff and Ms Fisher explained the process that had already started and 25-30 staff engagement sessions had taken place.
- Members were concerned about governance arrangements and audit processes. Ms Fisher said that governance arrangements were not robust enough as the Board's self-assessment had rated its performance as being significantly better than the CQC findings. Mr Herring's appointment as Interim CE was intended to provide support, drive forward the Quality Improvement Plan and to get substantive leadership in place.

The Chair thanked Ms Jenkinson, Ms Fisher and Mr Herring for attending committee and contributing to the discussion on the CQC inspection outcomes. The Chair requested that the Trust be added as an item at each meeting on the work programme for a progress report against the Improvement Plan and to gain reassurance that the Trust is making a sustainable recovery.

## **SHERWOOD FOREST HOSPITALS TRUST – MORTALITY RATES**

Dr Andrew Haynes and Elaine Moss gave a presentation to inform Members on current mortality rates in Sherwood Forest Hospitals (SFH). Dr Haynes explained the charts in detail and responded to questions and comments from Members.

- As a result of the Section 31 Notice regarding the Trusts management of sepsis, weekly reporting had been introduced and this had resulted in an improvement in performance.
- Some coding issues had been resolved by changing documentation and reporting procedures but there were still problems with palliative care coding.
- Staff were working hard to embed a safety culture: the expectation was that staff would know what had gone wrong and would act on it rather than wait to be told.
- New key staff had a very clear vision of how to get the Trust to where it needs to be, however the cultural change would be slower.
- Support was being received from a number of partner organisations.
- East Midlands Ambulance Service (EMAS) commented that they met with the operations manager at KMC on a regular basis to discuss issues at KMC and implement solutions.

The Chair thanked Dr Haynes and Ms Moss for their presentation and discussion and requested that a further progress report be made to Committee in January 2016.

## **CARE QUALITY COMMISSION – GP SURGERIES AND DENTISTS**

Linda Hirst, Inspection Manager, Primary Medical Services and Integrated Care, CQC introduced a briefing on the progress and themes coming out of the CQC inspections of General Practice and dentistry in Nottinghamshire. She explained inspection arrangements and how the CQC gathers and uses information obtained from stakeholders

Ms Hirst informed Members of the outcomes of 37 General Practice inspections since October 2014. From the published reports four practices were rated as outstanding overall, fifteen were rated as good overall and eight were identified as requiring improvement overall. Two practices in Ashfield/Mansfield had been placed in special measures and urgent action had been taken to remove the registration of CNCS which provided services at Kirkby Community practice and put alternative arrangements in place. Both practices in special measures would be subject to a full re-inspection within six months.

There had been four inspections of Dentists but only two reports had been published and it was felt that there was insufficient data to pull out themes from these inspections.

During discussion the following points were raised:

- Members felt that CQC had a very proactive approach to dealing with General Practices.
- CQC were looking at a more planned focus for inspections of practices with a corporate provider so that if one practice was judged to be inadequate, other practices with the provider would be inspected quickly.
- Members were concerned at the low level of dental practice inspections. Ms Hirst explained that the methodology was different and that Members may wish to invite the Dentistry manager to a future meeting.

## **BASSETLAW WORKING TOGETHER PROGRAMME**

The Chair introduced the briefing on the establishment of a collaborative partnership between NHS commissioners to lead a Transformational Change Programme across South Yorkshire, Bassetlaw, North Derbyshire and Wakefield. A formal invitation had been sent to the Chief Executive and would be presented at a full Council meeting for approval for a member of the Health Scrutiny Committee to be represent Nottinghamshire.

During discussion the following points were raised:

- The new committee would be for joint matters only.
- The proposal has been referred to the Chief Executive and Monitoring Officer for guidance on the way forward.

## **WORK PROGRAMME**

The work programme was discussed and it was agreed to add the following items to the work programme:

- SFH Trust - an update on progress made against the Improvement Plan to be added for each meeting.

The meeting closed at 4.59pm.

## **CHAIRMAN**

23 November 2015 - Health Scrutiny