Manchester Health and Wellbeing Board
Report for Information

Report to: Manchester Health and Wellbeing Board – 31 August 2016

Subject: Care Quality Commission – Quality Report Pennine Acute NHS Trust

Report of: Jo Purcell, Chief Operating Officer, North Manchester Clinical Commissioning Group
Professor Matt Makin, Medical Director, Pennine Acute NHS Trust

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Summary

The following report outlines the key issues regarding the Care Quality Commission (CQC) inspection of Pennine Acute NHS Trust (PAHT). In particular, it focusses on the outputs of the inspection of the North Manchester site which are the services residents of Manchester (in particular north Manchester) residents use.

Recommendations

The Health and Wellbeing Board is asked to note the findings of the report and the actions following the CQC visit in February 2016.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Highlights concerns regarding paediatric and maternity services and strategies to address those
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	Highlights areas of service that currently are not providing the best quality care and the actions to address those
Self-care	

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Mike Greenwood, Chair, North Manchester Clinical Commissioning Group

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report.

Care Quality Commission Report on The Pennine Acute Hospitals NHS Trust published 12 August 2016

http://www.cqc.org.uk/provider/RW6/reports

Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Introduction

1. PAHT was inspected in February and March 2016 by the CQC. All four sites were inspected as were the community services and the end of life services that Pennine provides to North Manchester and Oldham.

Background

2. PAHT consists of four hospital sites in North Manchester, Rochdale Infirmary, Bury (Fairfield) and the Royal Oldham.

3. The CQC fielded a wide range of inspectors including clinicians and lay members. Prior to the announced inspection they review a range of information and seek stakeholder views. They talk to staff, patients and carers and receive feedback through focus groups including a specific listening event on 17th February 2016. They base their findings on the following themes:

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

4. The link to the full set of reports can be found at http://www.cqc.org.uk/provider/RW6/reports

Report

5. The trust received a set of overall ratings for the all four hospitals and then specific ratings for each site. The overall ratings were as follows:

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

6. Manchester residents mainly use the North Manchester site in Crumpsall. The ratings for services on this site were as follows:

Overall rating for this hospital	**Inadequate**
Urgent and emergency services	Inadequate
Medical care (including older people's care)	Inadequate
Surgery	Requires Improvement
Critical care	Good
Maternity and gynaecology	Inadequate

Services for children and young people	Inadequate
End of life care	Good
Outpatients and diagnostic imaging	Good
Community inpatient services	Good
Community health services for adults	Good
Community health services for children and young people	Good

Please see appendix 1 for a further more detailed breakdown.

7. The following areas specifically focus on the North Manchester site but some of the findings are common across the wider Pennine footprint.

8. The summary of findings are outlined in the report as follows;

a) Leadership and management were of concern particularly in urgent and emergency medicine, surgery, maternity and gynaecology and children and young people's services. Some senior leaders were visible to staff while others not. Service leaders in those areas were found to have tolerated high levels of risks to quality and safety without taking appropriate and timely action to address them. However, staff also recognised there had been some positive change in the last 18 months and the Chief Nurse regularly visited wards and departments.

b) Culture within the trust had been quite closed and raising of concerns and ideas was not supported or encouraged with the leadership who were more focussed on financial matters and operational delivery than service quality. Maternity services had particularly low morale and sub optimal care was accepted as the norm.

c) Governance, risk management and quality measurement was not sufficiently embedded in the trust. As a consequence, the trust did not have an understanding of its key risks at departmental, divisional, or board level. This was particularly key in urgent care, maternity and paediatrics. Reporting was inconsistent and the CQC had concerns about the rigour of data quality. Overall management of complaints was poor with significant delays in responding. There was limited oversight and review of action planning in response to complaints.

d) Incident reporting processes were not fully embedded and there was not a strong culture of reporting and learning from incidents in the hospital. There was an unacceptable levels incidents they were not properly investigated in a timely manner leading to backlogs and delays. There was insufficient feedback to staff on the outcome and learning from incidents. However, they recognised there was a safer culture in some areas of the hospital eg end of life, critical care and surgery.

e) Mortality and morbidity did not highlight any major risks at the time of inspection. The trust reviewed its processes and reported appropriately. Some services showed evidence of shared learning and improvements in practice as

a result of mortality and morbidity reviews whilst with other departments there was less evidence and insufficient engagement in the process.

f) Safeguarding policies and procedures are in place and access to safeguarding advice is available at any time. There were high levels of achievement of level 2 training by staff but insufficient training at level 3.

g) Nurse staffing shortages were identified in medical, midwifery and nurse staffing establishments. Staffing in these areas did not comply with national guidelines. Midwifery staffing did not meet national benchmarks. Community nursing services were suitably staffed.

h) Medical staffing shortages were identified in medicine, maternity and gynaecology and children's and young people's services. Urgent care is particularly challenged with insufficient A&E consultants and middle grades. The department is highly reliant on junior doctors. Paediatric consultant support is also below national standards.

i) There were unacceptable waiting times and delays in treatment as a result of staffing levels and lack of up to date training. There was evidence, however, of good systems in surgery and community services.

j) Care and treatment was delivered by caring, committed and compassionate staff. In community end of life services, the CQC rated this as outstanding with excellent examples of staff displaying an individualised person centred and compassionate approach to patient's needs and preferences.

k) A&E departments consistently fell below national targets for both 4 hour waits and 12 hour breeches. Patients were staying in hospital too long and sometimes placed in wards not appropriate to their needs.

l) Cleanliness and infection control posed an issue on a number of wards including a lack of risk assessment, poor hand washing facilities and insufficient side rooms to isolate patients when necessary. However, policies were in place and good practice was also observed.

m) PAHT achieved a good rating for its community services and its end of life care both of which are provided in North Manchester. All aspects of care were rated as good with the end of life service receiving outstanding for caring services. Many of the issues related to leadership, staffing levels and the management of risk and governance were not found in these services.

n) The CQC has advised on 77 'must do' recommendations for each department reviewed. There are a further 144 'should do' recommendations that address the concerns raised in the visit. Whilst the recommendations cover all four sites, these present a substantial range of challenges to address.

Next Steps

a) The CQC inspection of February & March 2016 findings summarised above have been added to by the findings of a deeper and wider (in scope) diagnostic undertaken by Salford Royal Foundation Trust (SRFT) across a 100 day period from 1/4/2016. They have resulted in a combined action plan designed to stabilise the safety of services and then transform them to be safe on a sustainable basis.

b) 4 services have been identified as areas of immediate safety concern. These services have been subject to intense work to put in place actions that reduce the risk to patient safety. Known as the “Fragile Services” of urgent care, maternity, paediatrics and critical care (Oldham) .The following is a summary of key actions taken and proposed with particular reference to NMGH:

- Trust leadership has deployed tactical plans to improve safety. The actions include:
    - Daily monitoring of key causes of risk (staffing) and taken steps to redploy staff from less urgent areas to the fragile services
    - Supporting staff with improved visibility of clinical and managerial leadership
    - Rapid recruitment of staff
    - A focus on retaining staff

- GM H&SC Partnership in conjunction with NHSI have established an Improvement Board that meets weekly to identify solutions that require cross GM working, to monitor progress and to identify sustainable solutions. The work is currently focussing on workforce. Workforce issues are a challenge across GM and nationally, but by working together there is some sight of some support from providers across GM. In particular, Central Manchester Foundation Trust and Royal Bolton Hospitals are engaging to support solutions.

- A small number of paediatric beds have been temporarily closed to that staffing is safe for the care needs of the patients. PAHT with SRFT has been successful in recruiting more staff and will be shortly opening more beds once the capabilities of new staff have been fully assessed.

- A working group is developing a model for enhanced paediatric services that provides better and safer care for children. The work is proposing the establishment of a short stay and observation unit that more readily meets the needs of children and their parents.

- New leadership has is now in place for maternity services. PAHT and SRFT have recruited additional midwifes and sickness absence rates have fallen. This is easing the situation at NMGH, but the service remains fragile. CMFT is providing further expertise and support to maternity services through St Mary’s.

- A new leadership team is now managing the A&E site. There have been immediate improvements in reduction in both 4 hour and 12 hour breaches and the performance has improved though still not reaching national requirements. Additional consultant time has been supplied by the temporary redeployment of consultants to A&E. Additionally, NM CCG have organised GPs via the GPPO (General Practice Provider Organisation - North Manchester Federation) to provide primary care support from noon to midnight 7 days a week. It is planned that approximately 48 patients a day will be seen by this service. Currently, activity at the site from north Manchester patients is reducing due to the range of integrated community services available to the trust. PAHT are working with the GM Provider Forum to identify more capacity for medical support (consultant and middle grade) across the system. Medical staffing, however, still remains a significant challenge and a risk to safety.

- Community services also provide a crisis response service which works with the North West Ambulance Service (NWAS) to respond to amber diverts which, in 90% of cases, supports patients to remain at home rather than be admitted to hospital or spend time waiting in A&E.

c) In response to the CQC, the following has been achieved or is planned:

d) Safety
- New ward accreditation and assessment system aligned to the SRFT model is being implemented. This assures safe staffing and systems.

- A large scale quality improvement collaborative to be implemented 2106-17 to focus on recognising and responding to the deteriorating patient, patients with sepsis, and infection prevention and control .

e) Risk and Governance
- A new risk and governance system has been implemented across the Trust.

f) Operations and Performance:
- A focus on developing site based operational leadership to replace the current management arrangements is being developed. We expect greater engagement with staff, patients and the locality.
- Manchester City Council social care team provide a trusted assessor role to all patients on the North Manchester site and support quick and effective discharge. The teams are integrated with health staff and recorded delayed discharges on the site are in single figures consistently. However, there are opportunities to manage patients more quickly through the hospital system which are being explored.

- There is a review of data quality and pathway management underway.

g) Workforce

- Additional clinical leaders have been recruited in nursing. The 3 new staff are all current Directors of Nursing and will provide strong leadership and support to staff.
- Additional resources have been confirmed for PAHT which have been identified by the four north east sector CCGs, NHS England and NHS Improvement to address the immediate safety issues. In particular there has been active recruitment to areas of particular risk.

h) Leadership
- Mr Jim Potter has been appointed as Chair, supported by Sir David Dalton as CEO. SRFT is committed to a long term relationship with PAHT to ensure safe and sustainable services.
- Sir David has seconded a number of senior and expert staff to support the safety programme. Sir David Dalton and Professor Matt Makin have provided a briefing for local councillors following publication on 17th August and a further briefing is planned for early September.

Recommendations

The Health and Welbeing Board is asked to note the findings of the report and the actions following the CQC visit in February 2016.

Appendix 1

Overview of Ratings – North Manchester General Hospital

	Safe	Effective	Caring	Responsive	Well led	Overall
Urgent/emergency services	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Services for children and young people	Inadequate	Requires improvement	Requires improvement	Requires improvement	Inadequate	Inadequate
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Community end of life	Good	Good	Outstanding	Good	Good	Good
Community children, young people and families	Good	Good	Good	Good	Good	Good
Community adults	Good	Good	Good	Good	Good	Good
Community inpatients	Good	Good	Good	Good	Good	Good