

**Northern Care Alliance NHS Group
Salford Royal NHS Foundation Trust and The Pennine Acute Hospitals NHS Trust**

Title of Report	Care Quality Commission (CQC) Inspection Report and Response: Pennine Acute Hospitals NHS Trust
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Submitted to	Overview and Scrutiny Committee - Oldham
Date	June 2018

Executive Summary	<p>The purpose of this paper is to provide the Committee with an update following the recent publication of the Pennine Acute NHS Trust CQC report in March 2018 including:</p> <ul style="list-style-type: none">• Development of an overarching action plan submitted to CQC by 11th April 2018• Development of local action plans in each of the NE sector Care Organisations• Assurance and monitoring within Care Organisations and Committees in Common• Greater Manchester monitoring of the Trust-wide Improvement Plan
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1.0 Introduction

- 1.1 Between 17 October and 16 November 2017 the CQC inspected services across the Northern Care Alliance, North East Sector Care Organisations, North Manchester, The Royal Oldham and Fairfield Hospitals. This was because at the last inspection in 2016, Pennine Acute NHS Trust was rated as 'inadequate' overall. Rochdale Infirmary and the community services were not inspected at this time as these were rated 'good' overall at the last inspection.
- 1.2 The report was published on 1st March 2018 and the Trust rating had improved from 'inadequate' to 'requires improvement' with all three Care Organisations improving their individual ratings as seen below.

Care Organisation	Rating 2018	Rating 2016
North Manchester	Requires Improvement	Inadequate
The Royal Oldham	Requires Improvement	Inadequate
Fairfield	Good	Requires Improvement

All services across the 3 Care Organisations have either improved or stayed the same with no 'inadequate' ratings applied. A number of services had improved by two ratings including:

- Medical Care at Fairfield Hospital from 'requires improvement' to 'outstanding'
- Maternity Services at both North Manchester and The Royal Oldham from 'inadequate' to 'good'
- Urgent Care Services at North Manchester from 'inadequate' to 'good'

The table below demonstrates the improvements at the Royal Oldham Hospital:

2016

Ratings for Royal Oldham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Medical care (including older people's care)	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Surgery	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016
Critical care	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Maternity	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
Services for children and young people	Inadequate Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016
End of life care	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Outpatient and Diagnostic imaging	Requires Improvement Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Inadequate Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Inadequate Aug 2016	Inadequate Aug 2016

40% rated 'Good'

2017-18

Ratings for Royal Oldham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2018 ↑	Good Feb 2018 ↔	Good Feb 2018 ↔	Requires Improvement Feb 2018 ↔	Good Feb 2018 ↑	Good Feb 2018 ↑
Medical care (including older people's care)	Requires Improvement Feb 2018 ↔	Requires Improvement Feb 2018 ↔	Good Feb 2018 ↔	Requires Improvement Feb 2018 ↔	Requires Improvement Feb 2018 ↓	Requires Improvement Feb 2018 ↔
Surgery	Requires Improvement Feb 2018 ↔	Requires Improvement Feb 2018 ↔	Good Feb 2018 ↔	Good Feb 2018 ↔	Good Feb 2018 ↔	Requires Improvement Feb 2018 ↔
Critical care	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↔	Good Feb 2018 ↔	Requires Improvement Feb 2018 ↔	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↑
Maternity	Requires Improvement Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018	Good Feb 2018
Services for children and young people	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↔	Good Feb 2018 ↑	Requires Improvement Feb 2018 ↔	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↑
End of life care*	Good Aug 2016	Requires Improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires Improvement Aug 2016	Requires Improvement Aug 2016
Outpatient and Diagnostic imaging*	Requires Improvement Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↔	Good Feb 2018 ↔	Requires Improvement Feb 2018 ↔	Requires Improvement Feb 2018 ↑	Requires Improvement Feb 2018 ↑

*Not inspected 51% rated 'Good'

2.0 Next Steps

- 2.1 The report provides a summary of the findings following the inspection which includes:
- Action the Trust 'MUST' take that is necessary to comply with its obligations
 - Action the trust 'SHOULD' take to comply with a minor breach
- 2.2 There are a total of 19 'MUST' actions and 71 'SHOULD' actions. However, there are a number of the actions which are repeated throughout the services. This is much less than was required following the 2016 inspection.
- 2.3 In order to support the development of a comprehensive action plan at Group and Care Organisation level, the actions have been themed in to the following headings:
- Infrastructure
 - Workforce
 - Risk and Safety
 - Training
 - Documentation and Standards
 - Medicines Management
- 2.4 As the 'MUST' actions are necessary for the Trust to comply with its obligations, progress against these actions will be monitored by Group through the Group Risk and Assurance Committee (GRAC) and the Committees in Common (CiC). In addition, the Trust provided an overarching action plan to meet these legal requirements which were identified as not being met during the inspection. The action plan was shared with the CQC in April 2018. Once all of the actions have been completed the Trust will need to inform the CQC, who will then check via the regular relationship visits reporting back to the Trust on their judgements.
- 2.5 Each Care Organisation has developed an action plan to meet the requirements of all the 'Must and 'Should' actions as appropriate. The action plans will be monitored via the Care Organisation's assurance committees and risks reported to the Care Organisation Assurance and Risk Committee (COARC) and GRAC via an assurance statement and Board Assurance Framework as appropriate.
- 2.6 Corporate Services for example: Safeguarding, Patient Safety and End of Life teams will ensure their systems and processes including audit plans are developed and reflect the requirements identified within the actions required. Progress against the actions will be reported through the relevant Group-wide/ Trust-wide Committee and through the regular Care Organisation reporting mechanisms to ensure the requirements are being met and assurance provided
- 2.7 The development of the action plan to meet the legal requirements requested by the CQC is being coordinated by the Group Director of Governance and Corporate Nursing. The following regulations identified which link to the Must actions are:

Regulated Activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good Governance
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

3.0 GM Improvement Board

- 3.1 The CiC action plan was presented to the final Improvement Board in April 2018 outlining the arrangements going forward
- 3.2 The action plans are incorporated in to the work plan for regular discussion and monitoring at the Clinical Quality Leads (CQL) meeting with the Clinical Commissioning Groups (CCG), and supported by the CCG program of scheduled walk rounds on each site
- 3.3 CQC and NHS Improvement (NHSI) will both continue with the regular relationship meetings and will incorporate planned visits to services as part of this process to monitor progress against the actions identified

4.0 Recommendations

- 4.1 The Committee is asked to consider the matters raised in this report and note the approach being taken.