

The Pennine Acute Hospitals NHS Trust

Inspection report

Trust Headquarters, North Manchester General
Hospital
Delaunays Road, Crumpsall
Manchester
Greater Manchester
M8 5RB
Tel: 01616240420
www.pat.nhs.uk

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

The Pennine Acute Hospitals NHS Trust serves the communities of North Manchester, Bury, Rochdale and Oldham, along with the surrounding towns and villages. The area is the Northeast sector of Greater Manchester and has a population of around 820,000.

The trust provides a range of elective emergency, district general services, some specialist services and operates from four sites: North Manchester General Hospital, The Royal Oldham Hospital, Fairfield General Hospital and Rochdale Infirmary.

The trust provides services in the following specialties: urgent and emergency care, medicine, surgery, women and children, diagnostics, specialist services and community services. The major services are on two sites at North Manchester General Hospital and The Royal Oldham Hospital, each serving a population of approximately 400,000. The trust's main commissioners are NHS Bury, NHS Heywood, Middleton and Rochdale, NHS Oldham and NHS Manchester.

At the last inspection in August 2016 the trust was rated overall as 'inadequate'. There were serious concerns the trust did not have an understanding of its key risks at departmental, divisional or board level. In a number of services, including accident and emergency, maternity, children's and critical care, key risks were not recognised, escalated or mitigated effectively. We had found significant shortages in nursing, midwifery and medical staff.

We found performance reporting was inconsistent; this had been acknowledged by the trust and work was underway to address this, however, this work was still in its early stages at the time of the 2016 inspection. We also had concerns in respect of the quality of the data provided to support performance reporting. At the time we did not see any evidence of testing data quality in respect of performance monitoring and management.

Following the August 2016 inspection, a team of senior health executives from Salford Royal NHS Foundation Trust, with external support, undertook a diagnostic review of risk to patient safety. The focus was to identify areas for improvement that affected patient safety informed by the immediate concerns raised by the CQC. This was a nine-month plan launched in the autumn of 2016 with a focus on the services rated as inadequate.

Since the inspection in August 2016, a new leadership structure has been put in place, with one Board of Directors across Salford Royal Foundation Trust and Pennine Acute Hospitals NHS Trust (collectively called 'Group'). There are four distinct care organisations in this Group: Oldham, Bury/Rochdale, North Manchester and Salford. Each care organisation has its own leadership team who report into the Group Board, called Committees in Common. This new Group arrangement is called the 'Northern Care Alliance NHS Group'.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as

Requires improvement



What this trust does

The trust runs services at North Manchester General Hospital, The Royal Oldham Hospital, Fairfield General Hospital and Rochdale Hospital.

Summary of findings

The trust provides urgent and emergency care, general medical services, surgery, maternity, children and young people services, outpatients and diagnostics. A hyper acute stroke service is based at Fairfield General Hospital.

The trust has 1,068 general and acute beds, 129 maternity beds and 45 critical care beds.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 17 October and 16 November 2017 we inspected services at North Manchester General Hospital, The Royal Oldham Hospital and Fairfield General Hospital because at our last inspection we rated the trust overall as inadequate.

At North Manchester General Hospital we inspected urgent and emergency care, medical services, maternity and children and young people because these services were rated as inadequate at the last inspection. We also inspected surgical services which were rated as requires improvement.

At the Royal Oldham Hospital we inspected critical care services, maternity and children and young people which were rated as inadequate at the last inspection. We also inspected urgent and emergency services, medical services and surgery which were rated as requires improvement.

At Fairfield General Hospital we inspected urgent and emergency care, medical services and surgery because these services were rated as requires improvement at the last inspection.

We did not inspect Rochdale Infirmary or Community Services which were rated as good overall at the last inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led?

What we found

Overall trust

Our rating of the trust improved. We rated it as requires improvement because:

- We rated safe, effective and responsive as requires improvement, caring and well led as good.
- Our ratings for all three hospitals had improved. We rated North Manchester General Hospital, The Royal Oldham Hospital as requires improvement and Fairfield Hospital as good.
- In rating the trust we took into account the current ratings of services not inspected this time.

Summary of findings

- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led at the trust level as good.

Are services safe?

Our rating of safe improved. We rated it as requires improvement because:

- Although staffing levels had improved, the trust still did not have enough staff of the right qualifications, skills, and training. Staff numbers across the trust were lower than planned in medical care, surgery, critical care and children and young people services.
- Services did not always keep up to date and accurate records of patients' care to ensure that risks to patients were consistently assessed or action taken to reduce those risks.
- In maternity, staff did not effectively use the National Maternity Early Warning Score to monitor patients at risk of deteriorating.
- In surgery the World Health Organisation Surgical Safety Checklist was not consistently completed in line with national guidance.
- Checking and maintenance of equipment was not consistent in surgery and maternity.
- Not all staff in theatres were trained in appropriate levels of resuscitation to provide safe emergency care and treatment to patients in theatre.

However:

- The trust controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The trust had effective processes in place for the safe management of medicines in most of the services we inspected.
- The trust generally managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- Not all staff fully understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Consent was not always obtained or recorded in line with relevant guidance and legislation. There was a lack of consistency in how people's mental capacity was assessed and not all decision-making was in line with guidance and legislation.
- The management of pain was not consistently recorded, monitored or actioned. This was particularly noted for patients with a cognitive impairment where the assessment of pain was more complex.
- Some services did not always make sure that staff were competent for their roles; not all staff had completed their appraisals.

However:

- The trust provided care and treatment to patients based on national guidance and evidence of its effectiveness.

Summary of findings

- In services staff gave patients enough food and drinks to meet their needs and improved their health. They used appropriate feeding and hydration techniques and made adjustments for patients' religious, cultural and other preferences.
- Most services monitored the effectiveness of care and treatment and used the findings to improve. They compared local results with those of other services to learn and continue improving.
- Staff from different departments and disciplines worked together as a team for the benefit of patients.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- All managers and staff treated patients with compassion, dignity and respect.
- All patients and carers said staff did everything they could to support them and more.
- Staff involved every patient in decisions about their care and treatment. Staff made sure to consider all aspects of a patient's wellbeing, including the emotional, psychological and social.

Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Not all national targets to ensure that patients could access the services when they needed them were being met. Patients were delayed from discharge and bed moves at night took place on a regular basis, which was not in line with trust policy.
- Some services did not consistently take into account patients' individual needs. Patients with complex needs such as a learning disability, dementia or mental health needs were not easily identified in order for staff to provide additional person centred support
- Most services treated concerns and complaints seriously and investigated them, but it was not always apparent that learned lessons from the results were shared with all staff.
- Waiting times for certain specialities in surgery was a challenge with operations being cancelled for non-clinical reasons. Reasons for cancellation included cases where beds were not available or surgical lists over ran.

However

- The trust showed improvement in working closely with commissioners and other external bodies to make sure it planned and delivered services according to the needs of local people.
- Managers and staff understood and followed procedures to manage access to treatment, particularly at times of increased need.
- Compared to the last inspection urgent and emergency care had showed an improving picture in meeting national targets.

Are services well-led?

Our rating of well-led improved. We rated it as good because:

- There had been significant changes to leadership and management structures since our last inspection. Most staff we spoke with talked positively about local leadership.
- The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.

Summary of findings

- There was a supportive and open culture which was focused on learning and improvement.
- Services were improving the way they engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There was evidence of service improvements and innovations to benefit the local population.

However

- Governance frameworks were being established, but this was work in progress.
- Services were developing effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected but this was at various stages of development across the services.

North Manchester General Hospital

Our rating of this hospital improved. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

- We rated safe, responsive and effective as requires improvement and caring and well led as good.
- Of the services we inspected we rated two services as good and three services as requires improvement.
- The ratings for the services we inspected showed urgent and emergency care services, medical care, maternity and children and young people's services had improved and surgery has stayed the same since our last inspection.
- Although staffing levels had improved, the trust still did not have enough staff of the right qualifications, skills, and training. Staff numbers across the hospital were lower than planned particularly in medical care and surgery. There was a heavy reliance on bank and agency nursing and medical staff.
- The service did not always assess or respond to risk. Implementation of national guidance and checks was not consistently implemented in surgery and maternity.
- There was no formal system of support for midwives regarding safeguarding practice. There was no clear record to show women had been asked the required questions to identify safeguarding concerns at every interaction.

However

- There was evidence of good multidisciplinary working in most areas.
- There had been recruitment in to medical posts particularly in children and young people services which had a positive impact on patient care and treatment.
- There had been significant improvements in the midwifery staffing numbers since the last inspection.
- Staff we spoke with talked positively about local clinical ward based leadership at North Manchester hospital. The leadership teams had an understanding of the current challenges and pressures impacting on service delivery and patient care.
- We were told by patients and families during our inspection of positive examples of caring, compassionate care and maintaining privacy and dignity. Patients gave us positive feedback about the care they received.

See sections on individual services at North Manchester General hospital below for more information.

The Royal Oldham Hospital

Our rating of this hospital improved. We took into account the current ratings of services not inspected at this time. We rated the hospital as requires improvement because:

Summary of findings

- We rated safe, responsive, effective and well led as requires improvement and caring as good.
- Of the services we inspected we rated two services as good and four services as requires improvement.
- The ratings for the services we inspected showed urgent and emergency services, critical care, maternity and children and young people had improved and surgery has stayed the same since our last inspection.
- Nurse staffing remained a challenge in some services. For example on ward F8 (cardiology) and F7 (respiratory) we observed that enhanced care had not been provided to two patients who needed it due to inadequate staffing levels. There remained staff shortages in nursing and medical staff in children and young people services.
- The arrangements to ensure that patients' mental capacity was appropriately assessed and their individual rights protected were not consistently applied in all services to make sure that a valid consent was obtained for care and treatment.
- There had been some improvement to ensure there was medical leadership on the High Dependency Unit since the last inspection, however cover was only from 8am to 6pm. From 6pm to 8am patients were cared for by one of the medical teams, led by a consultant who was responsible for the patient with regards to their underlying condition. This remained a concern and did not comply with national standards.
- The review of Do Not Attempt Cardio Pulmonary Resuscitation particularly when a patient's condition had changed remained variable across surgical services.

However

- Vacancy rates had improved for medical staff across most services since our last inspection. Although there remained some gaps in medical cover, locum staff were recruited to cover gaps in the medical on call rota to ensure that safe care could be provided to patients at all times.

See sections on individual services at The Royal Oldham Hospital below for more information.

Fairfield General Hospital

Our rating of this hospital improved. We took into account the current ratings of services not inspected at this time. We rated the hospital as good because:

- We rated safe as requires improvement and effective, caring, responsive and well led as good.
- Of the services we inspected we rated one service as outstanding and two services as good.
- The ratings for the services we inspected showed urgent and emergency services, medical care and surgery had improved since our last inspection.
- Due to workforce and resource limitations, seven day working was not fully embedded across all service work streams.
- The theatre environment was not fit for purpose at the time of inspection.

However

- Both medical and nurse staffing had improved across services. Where there were gaps shifts were covered by overtime and agency staff and recruitment was continuing.
- Services were planned in a way to meet the individual's needs and the local population.
- Patients received care and treatment that was caring and compassionate from staff who were working hard to make sure that patient experience was positive and supportive.

Summary of findings

- Most services controlled infection risk well. Staff kept equipment and premises clean. They used control measures to prevent the spread of infection. However on two medical wards we saw that patients nursed in side rooms with an infection, the doors were left open.
- Medical Care and Urgent and Emergency Care had taken steps to improve access and flow. This involved a redesign of services to reduce bed moves and to discharge vulnerable patients in a timely way.
- There was effective multi-disciplinary team working to support patients' needs.
- The directorate leadership teams were aware of their challenges and risks and were changing practice and processes in an attempt to tackle them.

See sections on individual services at Fairfield General Hospital below for more information.

Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found examples of outstanding practice during the inspection. For more information, see the outstanding practice section in this report.

Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. We also found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve the quality of services.

Action we have taken

We issued five requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements. Our action related to breaches of legal requirements in medical care, surgery, critical care, maternity and children and young people.

For more information on action we have taken, see the sections on areas for improvement and regulatory action.

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found the following areas of outstanding practice:

Trustwide

- The trust had implemented the Nursing and Accreditation system across all sites. All wards had been assessed and reassessed and there was clear evidence of improvement with the introduction of this system.

Summary of findings

- Staff on all sites managed a recent major incident where they had received a number of critically injured trauma patients. Staff worked in an outstanding way to deliver care and treatment. The service was rearranged to facilitate effective treatment for this cohort of patients. Additional staff came in from home without being asked and worked throughout the night to stabilise patients.

At North Manchester General Hospital

- Urgent and emergency care had a bespoke sensory room for use with children who had a range of sensory impairments, including children on the autistic spectrum and children with learning disabilities. The room had been co-produced with patients and families and provided outstanding facilities.

At The Royal Oldham Hospital

- The discharge ward had made a number of adaptations to meet the complex needs of patients. This included pictures on the walls of old Oldham, a dementia garden and the development of dementia boxes which contained pictures that staff could use for discussion and social interaction with patients.
- A medicines management assistant prepared trays of commonly used medicines for intensive treatment which meant the appropriate medicines were readily available for use in an emergency.
- The therapies team and Red Cross team worked effectively with staff to facilitate earlier discharge of vulnerable patients. This meant that necessary equipment could be transferred to the patient's home, and patients were supported following discharge.

At Fairfield General Hospital

- The urgent and emergency care department worked closely with the medical wards to implement the 'golden patient' initiative. This aimed to identify one patient per ward who could be safely discharged before 10am each morning. This provided up to eight beds to transfer overnight patients requiring admission out of urgent and emergency care each morning.
- An occupational therapy navigator, who worked with a physiotherapist and nurse between the hours of 8am and 8pm, seven days a week, improved flow out of the urgent and emergency care department. The team were able to liaise with the community crisis team, social services and the local authority to arrange packages of care or equipment for patients who required support in the community but did not require admission.
- The activity co-ordinators on ward 21 provided activities seven days a week with family involvement. This had reduced the number of staff needed for enhanced interventions and reduced patient incidents at night.
- The stroke service supported patients with aphasia (impairment of language) and there were communication passports that had been developed with patients. A note could be put onto the hospital appointment system so that patients were informed of their next appointment by the most appropriate communication method agreed with the patient.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

Action the trust **MUST** take to improve:

In Well-Led

Summary of findings

- The trust must ensure that information technology infrastructures are fit for purpose.

In Medicine

- The trust must ensure that management of pain is consistently recorded, monitored and actioned, particularly for patients with a cognitive impairment where the assessment of pain is more complex.
- The trust must ensure that the principals of the Mental Capacity Act 2005 are followed so that patients' rights are fully maintained and valid consent is consistently obtained.
- The trust must ensure that appropriate records of patients' care and treatment are up to date and accurate to ensure that risks to patients are consistently assessed or action taken to reduce those risks.
- The trust must ensure that staff have the knowledge and training to recognise what patient safety incidents to report.
- The trust must ensure that there are enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

In Surgery

- The trust must ensure that the World Health Organisation Surgical Safety Checklist is completed accurately including verbalising counts of instruments.
- The trust must ensure that theatre staff are trained in appropriate levels of resuscitation to provide safe emergency care and treatment to patients in theatre.

In Critical Care

- The trust must continue to deliver care in line with and address the areas where they do not meet the Guidelines for the Provision of Intensive Care Services Core Standards.
- The trust must ensure that it employs sufficient numbers of suitably qualified, competent, skilled and experienced staff in order to meet the needs of patients using the service and to keep them safe at all times.
- The trust must ensure that levels of medical staff have completed mandatory training in line with the trusts targets.
- The trust must ensure that risk assessments are completed appropriately and risk management plans put into place where risks are identified.
- The trust must ensure that patient records are completed appropriately in order to allow staff to effectively manage and monitor the care of patients.

In Maternity

- The trust must ensure that assessments to identify a deteriorating woman are completed within the prescribed timescale and any deterioration recorded and escalated according to trust policy.
- The trust must ensure that systems for checking and monitoring emergency equipment are consistent across maternity services.
- The trust must ensure that the World Health Organisation Surgical Safety Checklist is implemented correctly at every surgical intervention.

In Children and Young People Services

- The trust must increase medical and nurse staffing establishment to ensure all shifts are staffed safely.
- The trust must ensure that medication is prescribed, recorded and given correctly to patients.

Summary of findings

- The trust must ensure that incidents are investigated appropriately, actions are managed and completed and that learning results in improved practices.

Action the trust SHOULD take to improve:

In Urgent and Emergency Care

- The trust should ensure it continues to take action to improve performance against the Royal College of Emergency Medicine's clinical standards.
- The trust should continue to ensure that it meets key national targets for caring for patients in urgent and emergency care.
- The trust should ensure relevant grades of medical staff are trained to level 3 adults and children's safeguarding.
- The trust should ensure there is consultant presence in urgent and emergency care which is in line with national guidance for consultant presence of 16 hours a day.
- The trust should ensure that unplanned re-attendance rates are reduced.
- The trust should ensure there is an appropriate viewing room for recently deceased patients at North Manchester General Hospital and Fairfield General Hospital.
- The trust should ensure that staff routinely lock computer stations when they are not present to protect patient data.
- The trust should ensure that patients' medicines on the urgent and emergency observation ward at Royal Oldham Hospital are stored securely and separately from the ward's stock of controlled medicines.
- The trust should consider the demographical and language needs of the service's local population in the provision of leaflets within the department.
- The trust should consider how it can ensure consistency in the completion of the paediatric assessment form, encourage a 'think family' approach, and reduce the reliance on professional curiosity to identify potential safeguarding concerns.
- The trust should consider how it can improve the quality of safeguarding referrals to the local authority safeguarding teams.
- The trust should consider how it can ensure there is sufficient physical capacity within the paediatric department at Royal Oldham Hospital to meet the demands on the service.
- The trust should consider how it can ensure provision of an appropriately designated place of safety for children attending Royal Oldham Hospital experiencing mental health symptoms.
- The trust should consider more clearly defining and recording the dates that risks were first entered onto the risk register.
- The trust should consider what actions could be taken to improve the use of paediatric pathways and formal guidance within the department.
- The trust should consider what actions could be taken to improve and monitor the quality and completion of paediatric assessment forms.
- The trust should consider removal of potential ligature points in the toilet next to the mental health assessment room within the 'majors' area at Fairfield Hospital.
- The trust should consider how it can ensure all patients are informed of the likely waiting time for treatment.

Summary of findings

- The trust should consider what actions it can take to improve the environment within the triage room at Fairfield Hospital in order to maintain patient privacy during triage assessments.
- The trust should consider how it can improve parents' and carers' knowledge of how to alert staff to the deterioration of a child within the paediatric waiting area at Fairfield Hospital.

In Medicine

- The trust should ensure that the ambulatory unit at North Manchester General Hospital is suitable to meet the needs of patients, reduce the risk of infection and maintain patient dignity.
- The trust should ensure staff movements to different wards to fill staffing gaps are effectively monitored and evaluate the impact of this on patient care.
- The trust should continue to improve standards identified in the 2016 Lung Cancer Audit particularly around the proportion of patients seen by a Cancer Nurse Specialist.
- The trust should ensure that staff have the training and competency to undertake their job roles particularly staff working on cardiology wards.
- The trust should ensure that staff use interpreters for patients where required.
- The trust should ensure that intentional rounding is completed on time and in an effective way.
- The trust should ensure that medicines are stored at safe temperatures, in accordance with manufacturers' recommendations.
- The trust should ensure its arrangements to keep doors closed when patients are being barrier nursed in side rooms.
- The trust should ensure effective arrangements to manage records including electronic copies to allow staff to effectively manage and monitor the care of patients.

In Surgery

- The trust should ensure consistent reporting of incidents by all staff.
- The trust should ensure consistent completion of cleaning checklists.
- The trust should ensure staff compliance with patient related infection prevention and control training.
- The trust should ensure action is taken to improve compliance with best practice in the taking of consent so that patients are given sufficient time to understand the information about their care and treatment.
- The trust should ensure rates of surgical site infections are monitored.
- The trust should ensure all equipment within theatres is in date and serviced.
- The trust should ensure theatre premises are maintained and fit for purpose.
- The trust should ensure action is taken when temperature readings of medicine fridges or areas where medication is stored are recorded outside of the recommended range.
- The trust should ensure continued improvement for staff to complete sepsis six training.
- The trust should ensure staffing levels are maintained in accordance with national guidelines.
- The trust should ensure action is taken to improve compliance with the recommendations of the British Orthopaedic Association standards for trauma to prevent patients waiting longer than 36 hours before surgery for fractured neck of femur.

Summary of findings

- The trust should ensure continued improvement to review Do Not Attempt Cardiopulmonary Resuscitation decisions regularly particularly when a patients' condition and prospects change.
- The trust should ensure that assessments of mental capacity are completed appropriately and reviewed as capacity alters.
- The trust should ensure that all cleaning fluids are in locked cupboards when not in use.
- The trust should consider how patient information is consistently displayed in all areas.
- The trust should ensure that complaints are responded to in line with trust policy.

In Critical Care

- The trust should ensure that safety information displayed publicly is accurate.
- The trust should ensure that staff movements to different wards are recorded, in order that accurate staffing levels on the critical care unit are documented.

In Maternity

- The trust should ensure there is an effective system for records from community midwives to be available to other health professionals.
- The trust should ensure that systems to record the temperature of water in the birthing pools are consistent.
- The trust should ensure that the midwifery staffing rota accurately reflects the actual number of midwives working in one area at all times
- The trust should ensure that administration of intravenous fluids is accurately recorded.
- The trust should ensure that plans to introduce arrangements for safeguarding supervision for all midwives are expedited.
- The trust should ensure there are processes to show women have been asked the required questions to identify safeguarding concerns at every interaction.
- The trust should ensure that there are clear guidelines for the emergency admission of women into the maternity triage area.
- The trust should ensure that time is allocated for medical staff to attend mortality and performance management meetings.
- The trust should consider a review of systems to ensure that waiting times for women to see doctors in the triage area are reduced.
- The trust should ensure staff communicate with women to ensure that their pain is managed effectively.

In Children and Young People Services

- The trust should ensure it continues to improve its compliance in the use of the Manchester Children's Early Warning scoring system.
- The trust should ensure all staff achieve mandatory training compliance levels which have been set by the trust.
- The trust should continue to review and monitor progress to ensure compliance with Facing the Future: Standards for Acute General Paediatric Services.
- The trust should ensure staff keep appropriate records of patients' care and treatment.

Summary of findings

- The trust should improve systems for identifying risks, planning to eliminate risks or reduce risks.
- The trust should make sure that intravenous stands have 'I am clean' stickers with dates on once they have been cleaned.
- The trust should ensure the outdoor play area near the children's ward at Royal Oldham Hospital is clean and update play equipment where necessary.
- The trust should ensure arrangements to review clinical guidelines are effective.
- The trust should ensure that fridge temperatures are checked, monitored and recorded every day.
- The trust should ensure that the Paediatric Observation and Assessment Unit at Royal Oldham Hospital are not used as a holding area for children awaiting admission.
- The trust should ensure that all staff feel safe to speak up if they have concerns.
- The trust should ensure that minutes of meetings have clear actions documented, indicating who will need to complete actions and by when.
- The trust should ensure that the office in the Paediatric Observation and Assessment Unit at Royal Oldham Hospital is not accessible to unauthorised persons to safeguard data protection of clinical information.
- The trust should make sure notes trolleys are locked when not attended to by an authorised member of staff.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

This was our first review of well led at the trust under our next phase methodology. We rated well

led as good because:

- The senior leadership team had the skills, knowledge, abilities and commitment to provide high-quality services. This was being embedded through the care organisations to the different management levels in the trust; however, this was still being developed and required further work to ensure the new leadership structures were effective across all of the hospital sites.
- The non-executive directors had a variety of skills, knowledge and experience, which was relevant to their roles. Non-executive directors were positive about the effectiveness of the trust leadership team; they felt it was stronger than it previously had been.
- The trust had a clear vision and strategy, but the trust was not yet in a position to have a 'bottom up' approach to strategy development through the clinical teams, due to only just establishing clear clinical director roles.
- The leadership team demonstrated a level of awareness of the priorities and challenges facing the trust. Staffing remained a significant risk, but there had been investment in staffing across professional groups and re-basing of ward establishments. Recruitment was challenging, but there were recruitment strategies in place.
- Managers and staff embraced innovation and tried hard to improve the quality and sustainability of services.

Summary of findings

- Most staff we spoke with described a continued improvement in the culture since our last inspection and spoke positively about the leadership team. There were cultural challenges with some clinical groups, particularly surgeons at The Royal Oldham Hospital, but the senior team were fully aware of this.
- The trust engaged with staff and people who used services to design improvements to meet their needs. Engagement between the trust and external stakeholders was improving.
- Governance frameworks were being established, but this was work in progress. We were assured there was a 'line of sight', but there remained variation of managing risk and performance frameworks across the care organisations. However, given the challenges identified from the previous inspection, this would take time.
- The trust had responded to national guidance on learning from deaths and demonstrated it was prepared to learn from the death of patients, and support families and carers through any investigation process.
- There was a focus on continuous learning and improvement at all levels in the organisation, including through appropriate use of external accreditation and participation in research.

However

- The information technology infrastructure was very poor and posed potential clinical risks. There were many systems patched together, resulting in very slow systems affecting service delivery. There was an action plan and progress was being made against each of the measures.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↑ Feb 2018	Requires improvement →← Feb 2018	Good →← Feb 2018	Requires improvement →← Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
North Manchester General Hospital	Requires improvement ↑ Feb 2018	Requires improvement →↔ Feb 2018	Good →↔ Feb 2018	Requires improvement →↔ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018
The Royal Oldham Hospital	Requires improvement ↑ Feb 2018	Requires improvement →↔ Feb 2018	Good →↔ Feb 2018	Requires improvement →↔ Feb 2018	Requires improvement ↑ Feb 2018	Requires improvement ↑ Feb 2018
Fairfield General Hospital	Requires improvement →↔ Feb 2018	Good ↑ Feb 2018	Good →↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Rochdale Infirmary	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall trust	Requires improvement ↑ Feb 2018	Requires improvement →↔ Feb 2018	Good →↔ Feb 2018	Requires improvement →↔ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↑ Feb 2018	Requires improvement →↔ Feb 2018	Good →↔ Feb 2018	Requires improvement →↔ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018
Community	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall trust	Requires improvement ↑ Feb 2018	Requires improvement →↔ Feb 2018	Good →↔ Feb 2018	Requires improvement →↔ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for North Manchester General 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	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
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	Good ↑ Feb 2018	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018
End of life care	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatient and Diagnostic Imaging	Good 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	Good ↑↑ Feb 2018	Requires improvement ↑ Feb 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

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

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Fairfield General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Feb 2018	Good →↔ Feb 2018	Good →↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018
Medical care (including older people's care)	Good ↑ Feb 2018	Good ↑ Feb 2018	Outstanding ↑ Feb 2018	Outstanding ↑↑ Feb 2018	Good →↔ Feb 2018	Outstanding ↑↑ Feb 2018
Surgery	Good ↑ Feb 2018	Good ↑ Feb 2018	Good →↔ Feb 2018	Good →↔ Feb 2018	Good →↔ Feb 2018	Good ↑ Feb 2018
Critical care	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Requires improvement Aug 2016
End of life care	Requires improvement Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Requires improvement Aug 2016
Outpatient and Diagnostic Imaging	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall*	Requires improvement →↔ Feb 2018	Good ↑ Feb 2018	Good →↔ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018	Good ↑ Feb 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Rochdale Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016
Medical care (including older people's care)	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Surgery	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatient and Diagnostic Imaging	Good Aug 2016	N/A	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall*	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community health inpatient services	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community end of life care	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community Health Services for Children, Young People and Families	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Overall*	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016

*Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

The Royal Oldham Hospital

Rochdale Road
Oldham
Greater Manchester
OL1 2JH
Tel: 01616240420
www.pat.nhs.uk

Key facts and figures

The Royal Oldham Hospital serves a population of approximately 230,000 people. There are approximately 445 inpatient beds on the site. The hospital hosts an Accident and Emergency department which treats approximately 97,500 patients a year, approximately 12,000 of these were children who are treated in a separate purpose built area.

Medical care services at the hospital provide care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and gastroenterology. The surgical services at The Royal Oldham Hospital carry out a range of surgical procedures such as trauma and orthopaedics, urology, colorectal surgery, vascular surgery and general surgery (such as gastro-intestinal surgery).

The Royal Oldham Hospital has 16 critical care beds, with eight level 3 intensive therapy unit beds and eight level 2 high dependency unit beds.

Maternity and gynaecology services provided at The Royal Oldham Hospital included offering pregnant women and their families antenatal, delivery and postnatal care. The Royal Oldham Hospital is now one of three specialist regional neonatal centres providing the highest level of intensive care to the smallest and most vulnerable babies. The Neonatal Intensive Care Unit consists of 37 cots with 9 intensive care, 9 high dependency and 19 special care cots.

We inspected only urgent and emergency care, medical care, surgery, maternity and children and young people services at this visit.

Summary of services at The Royal Oldham Hospital

Requires improvement  

Our rating of services improved. We rated it then as requires improvement because:

A summary of our findings about this location appears in the overall summary.

Urgent and emergency services

Good  

Key facts and figures

Urgent and emergency services are provided at The Royal Oldham Hospital (Oldham) to adults and children primarily in the Oldham area of Greater Manchester, and compliment the urgent and emergency services provided in the region by Pennine Acute Hospitals NHS Trust at North Manchester General Hospital and Fairfield General Hospital.

Services are provided at Oldham 24 hours a day seven days a week. Between October 2016 and September 2017, there were 103,630 accident and emergency department attendances across the trust. This equates to an average of 284 patients a day.

Urgent and emergency services are provided for adults and children. The department had an orthopaedic trauma unit. The hospital also had a children's ward and a children's observation and assessment area.

The department had five adult resuscitation bays, one trauma treatment room, and one resuscitation bay specially equipped for children. There were ten curtained cubicles and two treatment rooms for patients with major injuries and eight curtained cubicles and one treatment room for patients with minor illnesses

The department had separate waiting and treatment rooms for the use of patients in the custody of police or prison staff, and for patients presenting with mental health symptoms.

Patients who go to the hospital with minor injuries or illnesses register with reception before a triage nurse assesses them.

Urgent and emergency services at this hospital were last inspected in 2016. At the last inspection, we rated two or more key questions as requires improvement so we re-inspected all five key questions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited the accident and emergency department at Royal Oldham Hospital between 18 October and 19 October 2017. We inspected the whole core service and looked at all five key questions. We spoke with 5 patients and carers and 45 staff from different disciplines, including support staff, nurses, doctors, managers and senior managers, support staff and ambulance staff. We observed daily practice and viewed 18 sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service was delivered by staff that were competent, trained and supported by their managers, and in sufficient nursing numbers, to provide safe and effective care. Staff of all disciplines and grades worked together to meet the needs of their patients.
- The service controlled infection risks, and maintained the facilities and equipment appropriately.
- A learning culture encouraged staff to recognise and report patient safety incidents and safeguarding concerns. Incidents, complaints and concerns were managed appropriately.
- The service used local and national audits to identify areas of weakness, to develop improvement plans, and to increase the effectiveness and responsiveness of the department.

Urgent and emergency services

- The service's performance on a range of measures, including clinical measures, was broadly in line with other urgent and emergency services or was improving. The number of patients waiting between four and twelve hours, or more than twelve hours, had significantly improved.
- Staff were compassionate in their delivery of care. They helped patients to understand the care being provided and included them in discussions about their care. Staff supported the emotional needs of their patients.
- The service worked with the local commissioners and other agencies to plan, deliver and further develop the urgent and emergency services offered to meet the needs of the local community.
- Leaders across the directorate, division, and hospital had a strategy for the service, were visible, and supported their staff. Leaders understood the risks and challenges to the service.

However:

- Although improving, the service did not have enough consultant medical staff to provide 16-hour cover, seven days a week.
- The service's ability to provide timely care to children was impacted, at times of high demand, by the limitations of the physical capacity of the paediatric department.
- Although improving, the service did not achieve the national four-hour decision to admit, transfer or discharge target, nor did it consistently meet its externally agreed improvement trajectory target. The service did not meet its unplanned seven-day re-attendance target.
- Children and young people were not consistently assessed in the paediatric department using the 'think family' approach. There was no designated place of safety room for children experiencing mental health related symptoms.
- Staff did not always know, or have the training in, how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training completion rates for nursing, midwifery and healthcare assistant staff were better than the trust target. Training completion rates for medical staff were below the trust's target but were on course to meet it by the end of the business year.
- Staff understood how to protect adult patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Most staff had completed the appropriate levels of safeguarding training.
- The service controlled infection risk well. Staff kept the equipment and the premises clean. They used control measures to prevent the spread of infection. Staff followed accepted infection control and hygiene procedures.
- The service had suitable premises and equipment. Equipment was tested and maintained.
- Staff identified, responded, and managed patient risks appropriately. Patients were triaged on arrival and risk assessments were carried out quickly and in line with good practice. Adults and children were monitored using age-appropriate early warning score systems and deteriorating patients were escalated appropriately.

Urgent and emergency services

- The service had enough nursing, healthcare and middle and junior grade medical staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Vacancy, turnover and sickness rates were low and improving.
- Staff kept appropriate records of patients' care and treatment. Adult records were clear, up-to-date, and available to all staff.
- The service prescribed, gave, recorded and stored medicines appropriately. Medicines were stored in locked cabinets and were appropriately checked and accounted for.
- The service managed patient safety incidents appropriately. Staff recognised incidents and reported them appropriately. Managers investigated incidents and patient deaths and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Although improving, the service did not have enough consultant medical staff to provide 16-hour cover, seven days a week.
- Adults attending the department were not routinely asked if they had regular contact with children. Practitioners working with adults did not consider if children could be affected by the adult's physical or mental ill-health. There was a reliance on professional curiosity to identify any potential safeguarding risks.
- Children and young people were not consistently assessed in the paediatric department using the paediatric assessment form. This limited the opportunities to safeguard children through the 'think family' approach.
- There was no designated place of safety room for children attending the paediatric department with mental health related symptoms.
- The paediatric department's physical capacity was challenged by an increasing demand on the service. This was particularly highlighted at peak times when patients were waiting for bed availability in the children's ward or while awaiting assessment by the child and adolescent mental health services.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment for adults based on national and professional guidance and evidence of its effectiveness.
- Staff gave patients enough food and drinks to meet their needs, and monitored those at risk of malnutrition. The service made adjustments for patients' religious, cultural, and other preferences. Patients requiring additional assistance were assisted by staff.
- Staff gave patients pain relief when required. Staff helped paediatric patients to express levels of pain using a visual scale.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. The service participated in national audits and benchmarked its performance against other local and national urgent and emergency services. The service achieved results broadly in line with or better than other trusts but had identified areas of improvement and had put actions to address these. These had yet to be re-audited.

Urgent and emergency services

- The service made sure staff were competent for their roles. Managers appraised staff's work performance. There was a competency framework and staff competencies were reviewed by line managers.
- Staff worked together effectively as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However,

- The service did not consistently meet its target for unplanned re-attendance rates. However, it was hoped this would improve following the introduction of the GP streaming service and work it was carrying out on admission avoidance with the Oldham urgent care alliance.
- Staff did not always know how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff were aware of the Mental Health Act 1983 and the Mental Capacity Act 2005 including the deprivation of liberty safeguards but commented to us they had not received formal training in these.

Is the service caring?

Good ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness and we observed kind, patient, and compassionate care in practice.
- Staff provided emotional support to patients to minimise their distress. Staff were aware of the impact on patients and carers of the care and treatment they provided.
- Staff involved adult and paediatric patients and those close to them in decisions about their care and treatment. Patients were satisfied with the information they had been given by staff on what tests or treatment would need to be undertaken and what they were waiting for.

However:

- There was a risk to the privacy and dignity of patients being transferred to, or from, the department during peak periods when demand exceeded the capacity of the services provided by the porters.

Is the service responsive?

Requires improvement ● ➡ ➡

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Although people could access the service when they needed it and triage waiting times were in line with good practice, the service did not meet the national four-hour standard for decisions to admit for treatment, transfer or discharge patients. Although improving, the department only performed better on this measure than its externally agreed improvement trajectory for three months between April and June 2017.

However:

Urgent and emergency services

- The service planned and provided care and treatment in a way that met the needs of local people. The service worked with local commissioners and the Oldham urgent care alliance network to identify opportunities for integrated therapy within the community and to avoid unnecessary admissions to hospital. The service had developed plans for meeting the increasing demands of the department, including winter pressures.
- The service took account of patients' individual needs. Patients with complex health conditions such as head injury, allergies, or who were living with dementia were identified and supported with appropriate and timely care and treatment.
- Direct referral to the rapid assessment, interface, and discharge team was available for patients presenting with mental health conditions or alcohol or substance misuse problems.
- The service worked closely with the therapy's team and Red Cross team to facilitate earlier patient discharge which meant patients could be transferred home with any equipment needed to support them at home.
- The service had reduced the number of patients waiting between four and twelve hours. Performance against the 12-hour decision to admit, transfer or discharge targets was varied but had improved.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. In the three months before the inspection, the department received the lowest number of complaints of all the trust's urgent and emergency services.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The urgent and emergency service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The departmental, divisional and directorate leaders were visible and understood the challenges facing the service.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff described a positive culture and told us they felt 'listened to', which encouraged openness and honesty. Staff felt supported to provide good quality care.
- The service used a systematic approach to continually improve the quality of its services and safeguarded high standards of care by creating an environment in which excellence in clinical care would flourish. This was seen in the improvement of a number of performance measures in the department. There was a clear governance committee structure from the department to the director team, which reviewed and challenged quality, risk, and operational performance.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Leaders at all levels of the service had oversight of, and appropriately escalated, the risks and issues affecting it.
- The service collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards. Performance information was collected, analysed and used to develop and support the services the department offered. The service participated in national audits and surveys and performance was benchmarked against other urgent and emergency services and against national standards.

Urgent and emergency services

- The service engaged with patients, staff, and the public and local organisations to plan and manage appropriate services. The department reviewed patient and public feedback to identify learning opportunities and proactively contacted patients and carers to understand concerns from negative feedback. Learning was shared with staff.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, and innovation. There was a supportive culture of learning and improvement and all managers reviewed, investigated and shared learning from complaints, issues, and concerns.

However:

- The risk register did not appear to clearly define when each risk was first entered onto the register. This meant it was not possible to accurately determine if control measures and action plans had been identified and implemented in a timely way.
- Staff did not always have access to up-to-date, accurate, and comprehensive information on patients' care and treatment as a result of poor responsiveness of the hospital's information technology system.

Outstanding practice

We found areas of outstanding practice. See the area for outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

Medical care (including older people's care) is provided at Royal Oldham Hospital, which provides care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory, and gastroenterology. The service serves a population size of approximately 230 800.

We visited Royal Oldham Hospital as part of our unannounced inspection on 17 October 2017.

As part of the inspection, we visited the acute medical unit, discharge unit, Cardiac Care Unit, ward F8 (cardiology), ward F10 (general medicine) and ward F7 (respiratory).

We reviewed the environment and staffing levels and looked at 20 care records. We spoke with 12 family members, eight patients and 25 staff of different grades, including nurses, health care assistants, doctors, ward managers, occupational therapists, physiotherapists, student nurses and the senior managers who were responsible for medical services.

We observed daily practice and reviewed management arrangements. Prior to and following our inspection, we reviewed performance information about the trust and reviewed information provided to us from the trust.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Patient records were not consistently completed in order to monitor the care provided. The records did not consistently show what care patients had received or what plans were in place to meet their individual needs.
- Risks identified for patients were not consistently recognised and addressed.
- The service did not consistently have enough staff with the right qualifications, skills, training and experience to mitigate risks to patients and to provide the right care and treatment. Staffing arrangements did not always take into account where patients required additional support from nursing staff.
- Although the majority of staff recognised and reported incidents particularly around safety, some staff we spoke with had not reported instances around staffing numbers. As a result the trust would not have all the information they needed to appropriately monitor staffing levels.
- The arrangements to ensure that patients' mental capacity were not appropriately assessed and their individual rights protected were not consistently applied in order to make sure that a valid consent was obtained for care and treatment.
- Patients waited for beds on a ward suited to their needs. Patients were delayed from discharge and bed moves at night took place on a regular basis, which was not in line with trust policy.
- Medicines were not correctly stored as storage temperatures exceed those recommended by the manufacture.
- Managers did not make sure that staff had completed training they needed as part of their job roles.
- Some staff spoke with identified that they felt the culture within the service was not supportive and they were not given the correct assistance in order to be able to safely complete their duties.

However

Medical care (including older people's care)

- The service had improved on many of the issues for action highlighted in the previous inspection. There was a clear vision and strategy, that was available throughout the service and staff were aware of.
- The medical division had governance, risk management and quality measures in place to improve patient care, safety and outcomes.
- The use of arrangements to recognise and act on changes to the patients' medical condition; such as for the use of early warning scores were effectively used. Deteriorating patients were appropriately referred for medical review in order that they received timely and appropriate treatment.
- Complaints were investigated and completed in a timely way with the learning discussed and changes to the service provided influenced by the findings of the complaints.
- Patients were cared for by staff that were observed to be kind, caring and compassionate. Patients spoke positively about the support and care that they received from staff overall.
- The discharge lounge had made a number of adaptations to meet the complex needs of patients.

There were systems and processes in place to reduce the risk of harm to patients.

Is the service safe?

Requires improvement ● ➡ ➡

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not consistently manage patient safety incidents well. Staff did not always recognise incidents and report them appropriately. Where staffing shortages had occurred staff had not reported these as an incident.
- The service did not store medicines well. Medicines were stored in the service in areas where the temperature had exceeded the manufactures recommendations.
- Staff did not keep appropriate records of patients' care and treatment. Records were not always up to date and accurate. Of the records reviewed we saw that there were risks to patients that had not consistently been assessed or actions taken to reduce those risks.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff reported that there had been little improvements since the last inspection in relation to staffing as staff were relocated to other wards to cover for staffing gaps.

However:

- Staff understood and were able to explain how to raise a safeguarding concern if they thought a patient maybe at risk of harm.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. The monitoring of resuscitation equipment had improved. All trolleys sampled contained up to date items that were checked on a daily basis.

Medical care (including older people's care)

- The service planned for emergencies and staff understood their roles if one should happen.
- The service mandatory training for key skills had improved and the majority of training rates met the trust targets.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- Patients' diet and fluids were not effectively monitored in order to make sure patients had sufficient food and drink.
- The service did not consistently make sure staff were competent for their roles. Training that staff needed to undertake their job roles was not consistently up to date.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff did not fully understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Consent was not always obtained or recorded in line with relevant guidance and legislation. There was a lack of consistency in how people's mental capacity was assessed and not all decision-making was in line with guidance and legislation.
- The management of pain for patients was not consistently recorded, monitored or actioned.
- The service did not always provide care and treatment based on national guidance and evidence of its effectiveness. Managers did not always check to make sure that staff followed guidance.

However

- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Multi-disciplinary team meetings were held daily in order that plans could be in place to deliver the most effective treatment to patients.
- The use of Deprivation of Liberty Safeguards for patients who lacked the capacity to consent to treatment and were required to remain in the service were applied for appropriately and correctly implemented.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

Staff cared for patients with compassion. Patients and relatives we spoke with gave positive feedback about the care and support they received from staff and praised them for their kindness.

- Staff provided emotional support to patients to minimise their distress and helped and supported them to meet their basic personal needs when required.
- The majority of staff were observed to directly treat patients with dignity and respect.

Medical care (including older people's care)

However;

- Staff did not consistently involve patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Requires improvement ● ➡ ➡

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The service did not consistently plan and provide services in a way that met the needs of local people. The environment was not always sufficiently adapted to assist people with complex needs or cognitive impairment to easily deliver care in a way that meets their needs and promotes equality.
- People could not consistently access the service when they needed it. Patients were moved several times during their stay in hospital between wards. Information needed to transfer patients between wards or out of the service was not consistently completed, accurate or up to date and occasionally it was not available at all.
- The service did not consistently take into account patients' individual needs. Patients with complex needs such as a learning disability, dementia or a mental health needs were not easily identified in order for staff to provide additional person centred support

However:

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. There had been a fall in the number of complaints since the last inspection.
- Patients told us they felt confident to raise any concerns and their opinions would be listened to.
- The discharge ward had made a number of adaptations to meet the complex needs of patients. This included pictures on the walls of old Oldham, a dementia garden and the development of dementia boxes which contained pictures that staff could use for discussion and social interaction with patients.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- While we found a mostly positive culture throughout the hospital, some staff we spoke with identified that they felt the culture was not supportive. Some staff also felt that they were not given the correct assistance in order to be able to safely complete their duties. Some staff reported that they were undertaking responsibilities beyond their grade and on occasions felt unsupported by managers
- Managers monitored performance and used the results to help improve care. These systems were not yet fully implemented and had not included areas identified at this inspection such as lack of appropriate record keeping and staffing levels to meet patients' needs.
- Not all staff identified risks to good care and action was not always taken to eliminate or minimise risks.

Medical care (including older people's care)

- Although staff stated there had been significant improvements in the culture that had previously been seen, it was acknowledged by managers and staff that this needed to be developed further. There were still occasions when staff said the culture could feel more blame than supportive. However, this was acknowledged as rare in comparison to previous years.

However

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community staff understood and put this into practice. The trust vision was advertised widely throughout the service.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Managers monitored performance and used the results to help improve care. The majority of staff said they felt supported and respected by colleagues at all levels and that this had improved since the last inspection.

Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Surgery

Requires improvement   

Key facts and figures

The Royal Oldham Hospital provides 24 hour surgery services for people that reside in and around the north east of Greater Manchester, North Manchester and parts of East Lancashire.

Between July 2016 and June 2017, there were 3,382 day case surgical admissions, 2,262 elective surgery admissions and 7,257 non-elective surgery admissions at the hospital.

The Royal Oldham Hospital has 143 surgical beds; 28 vascular surgery, 45 trauma and orthopaedics, 19 elective surgery, 25 colorectal surgery and 26 (+ two trolleys) surgical triage beds.

We visited, vascular surgery ward T3, trauma and Orthopaedics ward T7, elective surgery ward T6, Colorectal surgery ward T5, surgical triage ward T4, the preoperative assessment clinic and theatres.

All wards treated both men and women.

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected the hospital as part of an unannounced inspection between 30 October and 1 November 2017. During the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We looked at 15 patient records, 16 medicine prescription charts and other documentation relating to checks carried out in theatres. We spoke with six patients, one relative and 29 staff, including doctors, nurses, allied health care professionals and senior managers.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- There was a recognition by senior managers that there had been an under reporting of incidents; a trust-wide system had been implemented that was not fully embedded.
- National guidance recommends that staff in theatre are trained in advanced life support; however, staff had only received the mandatory basic life support training.
- The World Health Organisation Surgical Safety Checklist was not always completed.
- Nursing and medical staff had been recruited, however, staffing remained a concern for the trust and any shortfalls were supplemented with bank and agency.
- The ward patient boards included details of patients, however, these were not consistent and details could be seen by others visiting the wards. In addition, we observed that bedside handover of patient care included details that could be overheard by other patients.
- Senior managers acknowledged that waiting times for certain specialities was a challenge with operations being cancelled for non-clinical reasons.
- We found that the service did not investigate complaints in a timely way, although managers recognised this.

Surgery

- Staff engagement had improved however there remained some cultural challenges with surgeons, but the senior team were fully aware of this.

However:

- The trust shared information about safety, including infections and staffing, with patients and visitors on their 'open and honest' boards. All areas we visited were visibly clean and free from clutter. There were processes in place for the maintenance of equipment.
- The trust managed medication well and records of patients were secure and completed appropriately.
- Staff understood how to keep patients safe and who to contact for any safeguarding concerns.
- Staff received mandatory training and the service monitored compliance rates weekly.
- There was a major incident plan specific to this site that staff were familiar with.
- We observed staff caring for patients sensitively and appropriately to their individual needs. Feedback from patients confirmed that staff were very kind, supportive and caring. There were good processes in place for caring for patients who were vulnerable.
- The average length of stay for patients was generally similar to the England average for both elective and non-elective surgery.
- We observed supportive leadership on the wards and managers were keen to highlight good practice. Matrons were visible on the wards and monitored daily staffing requirements. The trust values were prominently displayed in corridor areas. There was a surgical strategy in place and action plans to address concerns.
- Managers promoted a positive culture across the trust and were now more visible.
- The trust was committed to improving services by learning. Information was disseminated through safety briefings and bulletins, although it was not clear if this was trust-wide.

Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not always manage patient safety incidents well. The trust-wide electronic reporting system was not fully embedded with a poor reporting culture.
- Not all staff in theatre had received advanced life support training as recommended in national guidance.
- The service did not always have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment, although the risk had been effectively reduced by use of agency and bank staff to cover shifts.
- The World Health Organisation Surgical Safety Checklist was not applied consistently.
- The service did not always securely store cleaning fluids in ward areas visited.

However:

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

Surgery

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Requires improvement ● ➡ ➡

Our rating of effective stayed the same. We rated it as requires improvement because:

- In theatres, the service did not always provide care and treatment based on national guidance, for example availability of staff with advanced life support training and verbalising the World Health Organisation Surgical Safety Checklist.
- For patients admitted for vascular surgery there was a higher than expected risk of readmission. Patients admitted for general surgery or trauma and orthopaedics had a higher than expected risk of readmission for non-elective admissions when compared to the England average.
- From the 2016 hip fracture audit, the number of patients having surgery on the day of or day after admission was worse than the national standard. The perioperative medical assessment failed to meet the national standard.
- There were no enhanced recovery programmes at the location.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service, however, the rate was lower than the trust target.
- Electronic systems were not always reliable, which meant delays in accessing results from diagnostic tests could delay patient treatment.
- Written consent prior to surgery was generally obtained on the day of surgery rather than at preoperative clinic. This was not in line with best practice with a cooling off period from initial consent to day of operation.

However:

- Staff recorded patient pain scores and managed pain well.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

Surgery

- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- People could access the service when they needed it. The service took account of patients' individual needs.
- The average length of stay for patients was generally similar or better to the England average for both elective and non-elective surgery.
- Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- The service took account of patients' individual needs. There were good systems in place to meet the needs of patients whose circumstances made them vulnerable. Ward T7 had developed a number of activities for patients and the environment was designed to be dementia friendly.

However:

- A number of operations had been cancelled for non- clinical reasons such as theatre lists running over.
- The service investigated complaints, however; the time to investigate was not always in line with the trust complaints policy.

Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

Surgery

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

However:

- There were cultural challenges with the surgical consultants; the senior management were fully aware of this.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Critical care

Requires improvement  

Key facts and figures

Adult Critical Care (CCU) is provided at The Royal Oldham Hospital.

The Royal Oldham Hospital has 16 critical care beds, with eight level 3 intensive therapy unit beds and eight level 2 high dependency unit beds. The units received patients from elective surgery and emergency admissions. Intensive Care National Audit and Research Centre (ICNARC) data for April 2016 to December 2016 shows that there were 260 admissions to the Intensive Therapy Unit (ITU) and 542 admissions to the High Dependency Unit (HDU). Both HDU and ITU have 2920 available critical care bed days per year. The service serves a population size of approximately 230,800.

We visited the units at Royal Oldham Hospital as part of our unannounced inspection on 30 and 31 October and 1 November 2017.

As part of our inspection, we visited the intensive and high dependency units. We reviewed the environment and staffing levels and we looked at eight sets of patient records. We spoke with three patients and four family members or friends. We spoke with a number of staff of different grades, including nurses, health care assistants, doctors and consultants, physiotherapists, pharmacists, practice based educators, administrative staff and the senior managers who were responsible for the critical care services at The Royal Oldham Hospital.

We observed daily practice and reviewed management arrangements. Prior to and following our inspection we reviewed performance information about the trust and reviewed information provided to us by the trust.

Summary of this service

Our rating of this service improved. We rated it as requires improvement because:

- Medical staff were not meeting trust targets for a number of mandatory training modules.
- We observed a number of lapses in infection risk control and the premises were not compliant with the minimum amount of space required per bed.
- There were staffing shortfalls, meaning that the service was not meeting a number of the core standards for critical care units.
- We observed that the time of admission to admit the patient to the unit was not consistently recorded on patient records and it was not possible to tell whether admission was within four hours of the decision to admit.
- Staff reported that they had not received appropriate training on the new incident reporting system.
- Patients did not receive input from a psychologist and did not have access to a follow-up clinic or other post-discharge support.
- There was no weekend cover of allied health professionals such as dietitians or speech and language therapists. Although there was a business case in place to increase staffing numbers, there had been little progress in this since our last inspection.
- The level of out-of-hours discharges remained a concern in the high dependency unit and had worsened.
- There was no medical leadership on the high dependency unit for 14 hours a day.

Critical care

- Staffing levels had reduced morale on the unit and staff reported that they did not feel supported and valued.
- Systems for continually improving the quality of services were not yet fully embedded and directorate meetings were not always taking place when they should be and actions identified in mortality review meetings were not followed up and completed.
- There were gaps and inconsistencies in the risk register.
- Staff reported that they received little feedback from engagement events and there was no recent evidence of patient feedback about the unit.

However:

- Staff understood how to protect patients from abuse; patients were appropriately risk assessed and the service planned for emergencies.
- Equipment was looked after well and medicines were stored and prescribed appropriately.
- Care and treatment was based on national guidance and evidence of its effectiveness and patients received adequate pain relief, nutrition and hydration.
- Staff received appraisals though appraisal rates were slightly below the trust target of 90%. Staff worked together as a team to benefit patients.
- Staff were compassionate, involved patients and those close to them in decisions and provided emotional support.
- There were few complaints against the unit. Complaints were treated seriously, investigated and lessons were learned and shared.
- Staff reported improvements since the introduction of a director management team into each care organisation and that senior managers were more visible and accessible.
- There were a set of vision and values in place and an improvement plan for the service.
- Information was collected, analysed and managed to support activities and make improvements.

Is the service safe?

Requires improvement  

Our rating of safe improved. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff, however, evidence provided showed that medical staff were not meeting the 90% target for completion in 10 of the 16 modules.
- The service controlled infection risk. They used control measures to prevent the spread of infection, although we did observe some lapses in controls on the units. There was a lack of use of available indicator stickers to show when an area or equipment had been cleaned, some curtains did not have the date they were last changed on, sharps bins were routinely left open and we saw equipment with blood splatters on.
- The service did not have suitable premises in terms of available space. The critical care units were not compliant with the Department of Health “Health Building Note 04-02” (HBN 04-02) with regards to the minimum amount of space required per bed to safely locate and utilise the necessary equipment.
- The service had staff with the right qualifications, skills, training and experience. However, there were significant staffing shortfalls meaning that the service was not meeting a number of the core standards for critical care units. For

Critical care

example, there were not enough consultants to lead the care in HDU between the hours of 6pm to 8am. Although this was an improvement since our last inspection, there were still 14 hours per day when consultant cover was not met. Similarly, there were not adequate numbers of allied health professionals to ensure that the units were compliant with core standards in meeting the needs of patients. Although there were business cases in place with proposals for staffing numbers required to meet the standards, there had been little progress in achieving the recruitment proposals since our last inspection.

- Staff kept records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care. However, in five out of the eight records examined, the time of the decision to admit the patient was not recorded in the records and consequently, we were not able to establish whether the admission to critical care was within four hours of the decision to admit them, which was in line with expected critical care core standards.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Equipment was looked after well. There was an inventory of all equipment and the electro bio-medical engineering department serviced and maintained the equipment in line with maintenance schedule targets.
- The service planned for emergencies and staff understood their roles if one should happen. Appropriate risk assessments were carried out on admission of patients and deteriorating patients were identified. Patients were seen regularly by a consultant and their care and treatment was planned by a multidisciplinary team.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time
- The service managed patient safety incidents. Staff recognised incidents, but reported that they had not been trained on the new incident reporting system and may not be reporting incidents as they should be. Managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. However, there was not always a holistic review of deaths on the unit with regard to the assessment of care delivered, multi-disciplinary team working, and quality of records or engagement with relatives and how things could have been done better. In addition, the risk adjusted hospital mortality ratio was worse than expected in both the intensive therapy unit and high dependency unit where the figure was a negative outlier.
- With regard to patient rehabilitation, there was no psychologist input, so patients were not formally assessed for conditions, such as anxiety, depression or post-traumatic stress disorder. This was not in line with relevant National Institute for Health and Care Excellence (NICE) guidelines.

Critical care

- Patients discharged from the units who had been ventilated for more than four days did not have access to a follow-up clinic or other post-discharge support and this did not meet critical care core standards.
- Although the unit provided care and treatment for seven days a week, there was no weekend cover of allied health professionals such as dieticians and speech and language therapists. There was only very limited physiotherapy cover. Although there was a business case in place to increase the staffing numbers in physiotherapy and dietetics and introduce staff in speech and language and occupational therapy, there had been little progress in this since our last inspection.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Patients received adequate pain relief and pain scores were assessed
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and support was given to new staff.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

However:

- We observed that one patient experiencing distress was spoken to inappropriately by nurses on two separate occasions.
- There was no support group for patients or their relatives and the service did not use patient diaries.

Critical care

Is the service responsive?

Requires improvement ● ➡ ➡

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The service took account of patients' individual needs. However, there were areas where they were not able to meet the needs of patients, such as by providing professional psychiatric support, both whilst the patient was in the unit and as aftercare following discharge.
- There was no follow-up clinic offered to ventilated patients following discharge and this did not meet the Guidelines for the Provision of Intensive Care Services (GPICS) Core Standards.
- The critical care outreach team did not cover all the hospital wards and did not provide a service 24 hours a day, seven days a week.
- People could access the service when they needed it. However, out of hours discharges remained a concern in the high dependency unit.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service ensured that mixed sex accommodation breaches were kept to a minimum on the high dependency unit and male and female patients were cared for on separate sides of the ward.

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. There were very few complaints against the service.

Is the service well-led?

Requires improvement ● ↑

Our rating of well-led improved. We rated it as requires improvement because:

- There remained no medical leadership on the high dependency unit from 6pm to 8am on a daily basis, although this was an improvement since our last inspection, when there was no medical leadership on the high dependency unit.
- A positive culture that supported and valued staff, creating a sense of common purpose based on shared values was not in place. Morale on the units was low and staffing levels were cited as a cause of this.
- The service had developed a systematic approach to continually improving the quality of its services. However, these systems were not yet fully implemented. Although there were planned monthly directorate meetings, it appeared that these were not always taking place. Similarly, actions identified in mortality review meetings were not always followed up and completed.
- Systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected were not consistent. The trust had systems in place for identifying risks, but the critical care unit risk register had gaps and inconsistencies.

Critical care

- The trust engaged with patients, staff and the public to plan and manage appropriate services. However, staff reported that they received little feedback from listening events and had not seen changes made as a result of their suggestions. There was no recent patient survey in the critical care unit and patients and families did not have access to any support group.

However:

- The service had managers with the right skills and abilities to run a service providing high-quality sustainable care. Staff reported improvements since the introduction of a director management team into each care organisation and that senior managers were more visible and issues could be escalated more quickly.
- The service had a vision for what it wanted to achieve. There were a set of vision and values in place along with an improvement plan that pledged to stabilise staffing, ensure there were middle-grade doctors and consultants in place on the high dependency unit and that nursing and allied health professional staffing numbers were adequate.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Maternity

Good 

Key facts and figures

The Royal Oldham Hospital provides 24 hour midwifery services for women that reside in and around the North East of Greater Manchester, North Manchester and parts of East Lancashire. Between April 2016 and March 2017 there were 8,997 deliveries at the Pennine Acute NHS Trust, which includes this hospital.

The Royal Oldham Hospital has 70 beds; 24 antenatal, 29 postnatal and 12 labour rooms on the consultant led unit including one pool room and one High Dependency Unit. The midwifery led birth centre at The Royal Oldham Hospital has five beds, including three with a birthing pool.

We visited: the triage unit; the day assessment unit; the ante-natal and postnatal wards; the labour ward and the midwifery led birth centre.

We inspected the hospital as part of an unannounced inspection between 17 and 19 October 2017. During the inspection, we reviewed information provided by the trust about staffing, training and monitoring of performance. We reviewed 20 women's records and other documentation about medicines administration and risk assessments. We spoke with six women, five doctors of all grades and midwifery staff including managers, senior managers, midwives of all bands and health care assistants.

Summary of this service

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings.

Maternity services had improved since the last inspection in several areas. We rated maternity as good overall although work was still required in some areas.

- Staff did not complete Maternity Early Warning Scores assessments within the prescribed timescale to detect deterioration in a woman's condition. This included when assessments indicated there was a risk to the woman.
- The World Health Organisations' surgical safety checklist was not always fully completed and the procedure in theatre we observed did not follow the guidance.
- Staff did not consistently follow the trust schedule for checking all equipment was present and in working order. This included resuscitation equipment for women and babies.
- Following community midwife visits, including booking, there were delays in recording patient information onto a computer system, which could be accessed by other health professionals.
- Staff did not always provide pain relief to women when they needed it on the post-natal ward.
- Complaints were not being managed within the timescales set out in the trust's policy.

However:

- The service provided mandatory and obstetric specific training in key skills to all staff and most staff had completed it.
- The service now had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Maternity

- The service managed patient safety incidents well. This had improved since the last inspection.
- Women reported good support with feeding their baby in the way they chose. Trained staff offered this support on a one to one basis when required.
- Staff worked together as a team to benefit patients.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The leadership of the maternity services had changed and improved since the last inspection.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. This was a positive change since the last inspection.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service had suitable premises and equipment.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.

Is the service safe?

Requires improvement



We rated safe in maternity services as requires improvement because:

- The Maternity Early Warning Scores assessments to detect deterioration in a woman's condition were not completed in the prescribed timescales. Women did not always receive a medical review when their assessment identified this was required. However, the trust had carried out an audit in September 2017, which indicated improvements in all areas with "observation frequency increased".
- Staff did not consistently follow the trust schedule for checking all equipment was present and in working order. This included resuscitation equipment for women and babies.
- Following community midwife visits, including booking, there were delays in recording patient information onto a computer system, which could be accessed by other health professionals.
- There was no formal system of support for midwives regarding safeguarding practice. There was no clear record to show women had been asked the required questions to identify safeguarding concerns at every interaction.

However:

- The service provided mandatory and obstetric specific training in key skills to all staff and most staff had completed it.
- The service controlled infection risk well. All areas of the maternity services were visibly clean and tidy.

Maternity

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Although staff kept appropriate records of patients' care and treatment, these were not securely stored in all areas. However, confidentiality of records had improved since the last inspection.
- Medicines were appropriately prescribed, administered, recorded and stored within the service.
- The service managed patient safety incidents well. This had improved since the last inspection.
- The service had suitable premises and equipment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Is the service effective?

Good 

We rated effective in maternity services as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- Women reported good support with feeding their baby in the way they chose. Trained staff offered this support on a one to one basis when required.
- Food and drink was available for women on the wards. This included catering for medical and cultural dietary needs.
- Staff worked together as a team to benefit patients.
- The system of support for newly qualified midwives had improved and included a mentoring system and supernumerary working.
- The service made sure the majority of their staff were competent for their roles.
- There were rare occasions when midwives had to scrub in theatres. All staff that were able to scrub had undergone a competency assessment. A theatre paper that has been submitted requested that main theatres supported the day to day running of maternity theatres. This was going through the governance of the organisation for approval.
- Written consent was obtained from women prior to surgery and recorded clearly.
- Staff knew how to support patients experiencing mental ill health.

However:

- Staff did not always effectively communicate with women to ensure they received pain relief when they needed it on the post-natal ward.

There was a lack of food and drink provision in the antenatal clinic area. Women and partners could have long waits in these clinics due to having scans and other tests.

Is the service caring?

Good 

Maternity

We rated caring in maternity services as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- We observed staff treating women and their partners with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. There were open visiting times and partners and families were welcomed onto the wards.
- Staff provided emotional support to patients to minimise their distress, including counselling.

Is the service responsive?

Good 

We rated responsive in maternity services as good because:

- The trust planned and provided services in a way that met the needs of local people.
- Women could access the service when they needed it. However there could be delays moving women between units at times of high activity.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Complaints were not being managed within the timescales set out in the trust's policy.

Is the service well-led?

Good 

We rated well-led in maternity services as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The leadership of the maternity services had changed and improved since the last inspection.
- The support for midwives out of hours and at times of high activity had improved. There was consistency in the system of management when staff escalated concerns about capacity on the unit.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. This was a positive change since the last inspection.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care was paramount.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. A new system for the management of risks in the service had been introduced since the last inspection.

Maternity

- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong and promoting training.

However:

- Action plans were not always effective in bringing about sufficient improvement, for example in the application and monitoring of early warning scores to ensure the care of deteriorating patients was safely managed.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Services for children and young people

Requires improvement  

Key facts and figures

The Royal Oldham Hospital children and young people services consist of a paediatric ward, a Paediatric Observation and Assessment Unit and a Neonatal Intensive Care Unit.

The Department of Neonatology is based on the Neonatal Intensive Care Unit at the Royal Oldham Hospital. The unit is one of three tertiary referral centres for the Greater Manchester Network, which was developed following 'Making it Better'; the reconfiguration of maternal, neonatal and paediatric services in Greater Manchester, which was completed in 2012.

The unit at the Royal Oldham Hospital developed from a local neonatal unit with two intensive care and two high dependency cots to a large neonatal intensive care unit with 37 cots: 18 intensive and high dependency cots and 19 special care cots.

The unit provides tertiary neonatal intensive care for babies born in the North West of England in addition to high dependency and special care services for the local community. The unit is a recognised cooling centre for infants with hypoxic ischaemic encephalopathy and also provides high frequency and inhaled nitric oxide. The Unit is recognised as a centre for Higher Specialist Training in Neonatology.

Most other services for children and young people under 16 are provided from the paediatric ward and in the observation and assessment unit. The ward consists of 20 inpatient beds, two of which are designated high dependency unit beds. The beds are laid out in nine individual cubicles and four four-bedded bays. The ward space has additional beds so provision can increase to 25 beds, 11 cubicles and two high dependency unit beds. At the time of our inspection the extra beds were closed.

The service is provided for children and young people 0-16 years. Referrals are received from Accident and Emergency, GPs, Community staff and Tertiary Centres for shared care. Referrals can be acute referrals for short stay assessment and observation, inpatient treatment, planned referrals for day case procedures/investigation or outpatient consultation.

The Children's service also provides assessments for children referred by Social Services for child protection (Section 47) medicals. This service is provided by Consultant Paediatricians Monday to Friday, 9am to 5pm and in the acute ward environment out of hours.

The Paediatric Observation and Assessment Unit has a waiting room and a separate observation and assessment area with six trolleys. One of the assessment trolleys is in a side room within the assessment area. This unit is open 24 hours a day, 7 days per week.

The paediatric ward has a playroom, a treatment room, a dining room, a sensory room and a teenager's room. This unit accepts referrals from GPs, accident and emergency, Health Visitors and Community Nursing teams. Children aged 16 or over, unless a paediatrician knows them, are seen within the main hospital by adult services. At The Royal Oldham Hospital Children's surgery is performed from the paediatric unit.

As part of our inspection, we visited the children's ward and paediatric observation area, as well as the neonatal unit. We reviewed the environment and staffing levels and we looked at eleven sets of patient records. We spoke with five

Services for children and young people

patients and 13 family members. We spoke with 14 staff in focus groups. We spoke with 37 staff of different grades, including nurses, health care assistants, doctors and consultants, practice based educators, administrative staff and the senior managers who were responsible for the children and young people's services at The Royal Oldham Hospital.

We observed daily practice and reviewed management arrangements. Prior to and following our inspection we reviewed performance information about the trust and reviewed information provided to us by the trust.

Summary of this service

Our rating of this service improved. We rated it as requires improvement because:

- The service did not consistently have enough staff with the right qualifications, skills, training and experience to mitigate risks to patients and to provide the right care and treatment. Staff were moved from other areas to cover gaps and staffing on the High Dependency Unit did not always meet planned staffing levels.
- The service did not have robust systems and processes in place to learn from incidents and effectively share learning and improve practices.
- The service did not always prescribe, record and give medicines well, which had resulted in 14 incidents over a six month period.
- A number of clinical guidelines were not reviewed in line with timescales.
- Systems for identifying risks, planning to eliminate or reduce them had not yet been embedded.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff cared for patients with compassion; staff treated children with kindness and reassurance.
- Managers and clinical leaders had started to engage well with patients, staff, and the public and local organisations and had introduced systems and processes to improve the service.

Is the service safe?

Requires improvement  

Our rating of safe improved. We rated it as requires improvement because:

- The service did not always manage patient safety incidents well. Although incidents were reported, we found that the investigation of serious incidents and subsequent action plans and learning were not always robust and clearly documented; therefore we were unsure that learning was effective.
- The service did not always control infection risk well. Although staff did demonstrate good hand cleansing and use of personal protective equipment to manage infection risk, the governance to monitor infection risk was not always robust.
- The service had suitable premises, but equipment was not always looked after well. Although the ward environment was generally well maintained and looked after, some areas were not and not all equipment that was used had been serviced within a specified time frame. Fridge temperatures were not always checked.

Services for children and young people

- The service did not always prescribe, record and give medicines well. Fourteen incidents involving the delayed or wrong provision of medicines to patients had been recorded over a six month period.
- Staff did not always keep appropriate records of patients' care and treatment. We observed that some nursing charts had not always been completed appropriately.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment; the service had considerable staff shortages for both nursing and medical staff. However, this had not resulted in patient safety incidents and the trust had plans to increase staffing levels. Staff had undergone appropriate training.

However:

- The service used safety monitoring results well. The service used a Safety Thermometer to record the prevalence of patient harms and to provide immediate information and analysis.
- The service stored medicines well. Medicines were stored securely and all medicines were within expiry date.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff we spoke with had a good understanding of safeguarding principles.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The service had a mandatory training programme in place and the number of staff who completed the training was above the trust target.
- The service planned for emergencies and staff understood their roles if one should happen. The children and young people service had dealt with a small number of casualties following a recent major incident.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. However, clinical guidelines staff used were not always up to date.
- Although the service monitored the effectiveness of care and treatment, we were unsure how the service used audit results to improve care and treatment.
- The service did not always make sure that staff were competent for their roles; not all staff had completed their appraisals.
- Staff did not always work together as a team to benefit patients. Although patients had access to a range of healthcare professionals, we did not observe multidisciplinary clinical team meetings or ward rounds to support patient care.
- Staff did not always have access to up-to-date, accurate and comprehensive information on patients' care and treatment, as IT systems were often very slow; this often delayed timely reviews or treatment interventions.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

Services for children and young people

Is the service caring?

Good  

Our rating of caring improved. We rated it as good because:

- Staff cared for patients with compassion; staff treated children with kindness and reassurance when they were being looked after on the children's ward, outpatient department and neonatal unit.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. We saw that staff in all areas understood the emotional impact for children and parents of their child being ill and in hospital.

Is the service responsive?

Requires improvement   

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People could access the service when they needed it. However, waiting times to admit and treat patients were not always in line with good practice. The Paediatric Observation and Assessment Unit was often used as a holding area for children awaiting admission to the children's ward, which meant that at times children were waiting for longer than eight hours on a trolley to be admitted to the ward.
- The service treated concerns and complaints seriously and investigated them, but it was not always apparent that lessons learnt from the results were shared with all staff.

However:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.

Is the service well-led?

Requires improvement  

Our rating of well-led improved. We rated it as requires improvement because:

- Although the service had new managers and clinical leaders appointed at all levels with the right skills and abilities to run the service providing high-quality sustainable care, many new systems and processes had not yet been fully embedded.
- Although the trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community, not all staff had a full understanding of this.
- The service started to use a new incident reporting system in August 2017 and the use of this was yet fully embedded. Not all staff were trained or had sufficient knowledge of what to report.

Services for children and young people

- Nursing staff told us that due to low staffing levels they often had to work long hours without a break, which affected staff morale and staff health and well-being. Staff told us that due to low staffing levels they could not always provide the best care possible and often worried that they may miss things.
- Effective systems for identifying risks, planning to eliminate or reduce them were still being embedded. Not all risks were scored or scored correctly and it was not always clear how risks were being mitigated or actioned.

However

- Managers and clinical leaders from the children and young people service had started to use a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Managers and clinical leaders had started to engage well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborate with partner organisations more effectively.
- Managers and clinical leaders were committed to improve services by learning from when things go well and when they go wrong, promoting training, research and innovation.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

North Manchester General Hospital

Delaunays Road
Crumpsall
Manchester
Greater Manchester
M8 5RB
Tel: 01616240420
www.pat.nhs.uk

Key facts and figures

North Manchester General Hospital is situated in Crumpsall Manchester. There are approximately 481 inpatient beds on the site.

The hospital hosts an Accident and Emergency department. Medical care services at the hospital provide care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and gastroenterology.

The surgical services carry out a range of surgical procedures such as trauma and orthopaedics, urology, ear, nose and throat and general surgery (such as gastro-intestinal surgery).

Maternity and gynaecology services provided at North Manchester General Hospital include offering pregnant women and their families antenatal, delivery and postnatal care.

Between April 2016 and March 2017 there were 8,997 deliveries at the Pennine Acute NHS Trust which includes this hospital.

Paediatric services provided at North Manchester General Hospital include a 19-cot neonatal unit based on the ground floor of the Women's unit. Most other services for children and young people under 16 are provided from the paediatric ward and in the Koala unit. The ward consists of 27 inpatient beds, one of which is a designated high dependency bed.

We inspected only urgent and emergency care, medical care, surgery, maternity and children and young people at this visit.

Summary of services at North Manchester General Hospital

Requires improvement  

Our rating of services improved. We rated it then as requires improvement because:

A summary of our findings about this location appears in the overall summary.

Urgent and emergency services

Good   

Key facts and figures

Urgent and Emergency Care at the North Manchester General Hospital provides a 24 hour, seven day a week service to the local population. From November 2016 to October 2017, there were 99,746 urgent and emergency care attendances at North Manchester General Hospital. This equates to an average of 274 patients a day.

Urgent and Emergency Care at North Manchester General Hospital is not a designated trauma unit, but did receive self-presenting trauma patients. More severely injured patients would routinely be taken by ambulance to their nearest major trauma centre, but if a patient self-presented at North Manchester General Hospital, they would be stabilised and staff followed a protocol to decide which patients they could treat or which patients would have to transfer.

Urgent and Emergency Care had five resuscitation bays, two of which are specially equipped for children. There are 13 cubicles to treat patients with major injuries and illnesses, six trolley spaces and seven bed spaces to treat minor injuries, a room used for patients presenting with mental ill-health, two bays for rapid assessment and two separate triage rooms. The department had a separate prisoner and police custody room for the use of prisoners from the nearby prison or patients brought in with a police escort. In the paediatric area there were five cubicles, a designated room used for infection control and high risk patients, a designated high care area, a bespoke sensory room, a triage room and a separate reception and waiting area.

Patients who go to the hospital with minor injuries or illnesses register with reception before a triage nurse assesses them. There was a GP streaming service on triage; patients who were triaged and deemed suitable were seen by a GP.

We inspected the whole core service and looked at all five key questions. In order to make our judgements, we spoke with 11 patients and carers and 17 staff from different disciplines. We observed daily practice and viewed seven sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service managed patient safety incidents well. Staff knew how to report incidents and there was an investigation process in place.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Patients were routinely reviewed in accordance with national targets.
- The service planned for emergencies and staff understood their roles if one should happen. The service had coped well with a recent major incident and staff had delivered an outstanding service to patients resulting in positive patient outcomes.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. The leadership had reviewed the way the unit was staffed and introduced new roles to alleviate some of the pressures; staff were positive about the changes and the improvement this had made.

Urgent and emergency services

- The service made sure staff were competent for their roles. Nursing appraisal numbers had improved since the last inspection.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. There were systems to ensure effective training, development and education of staff.
- Staff cared for patients with compassion, treating them with dignity and respect. Feedback from patients confirmed that staff treated them well and with kindness.
- Learning from complaints and incidents was cascaded to staff and there was a clear focus on quality and continuous improvement.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they were proud to work in the department.
- There was strong leadership at departmental, divisional and directorate level. The new leadership teams had delivered positive improvements in a short space of time. Staff were positive about the leaders and the work they had done.
- The department had a strong vision and strategy. Both the adult and paediatric urgent and emergency care service had plans and innovations to improve the quality of care.

However:

- There were still some issues with staffing; work was still needed to embed the new team and fill short notice gaps that arose in the rota.
- There was consultant presence seven days a week. Work was continuing to meet national guidelines of consultant presence for 16 hours per day.
- There were still issues with meeting national targets and standards in relation to patients waiting for treatment and admission to hospital, however, there was a positive trajectory to meet these targets and figures had significantly improved in the past 12 months.

Is the service safe?

Good   

Our rating of safe improved. We rated it as good because:

- The service managed patient safety incidents well. Staff recognised incidents and knew how to report them. Managers investigated incidents quickly and shared lessons learned and changes in practice with staff.
- The service used safety monitoring results well. Staff were able to identify and respond appropriately to patients at risk of deteriorating.
- The service controlled infection risk well. The service was clean and tidy. Staff had completed infection prevent and control core training related to their roles and staff adhered to the infection control policy and used personal protective equipment when delivering personal care.
- The service had suitable premises and equipment and looked after them well. Emergency trolleys were checked daily and equipment trolleys were clearly labelled.
- The service prescribed, gave, recorded and stored medicines well. There was a pharmacist that restocked the department's medicines and daily checks were undertaken.

Urgent and emergency services

- Staff kept appropriate records of patients' care and treatment. All notes in patient files were signed, dated and legible.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service had a system for the identification and management of adults and children at risk of abuse including domestic violence.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. At the time of our inspection we saw that nursing staff were up to date with their mandatory training.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Managers acknowledged that staffing had historically been a challenge, but there were improvements and new staff was being recruited. No one we spoke with felt that staffing was unsafe or a risk to patient safety.
- The service planned for emergencies and staff understood their roles if one should happen. Although the service was not a specific trauma unit, the A&E department had coped well with a recent major incident and we saw evidence that staff had delivered an outstanding service to patients resulting in positive patient outcomes.

However:

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment is no more than one hour. The trust did not meet this standard over the 12 month period between August 2016 and July 2017.
- There was consultant cover in the A&E department between 8am and 10pm on Monday to Friday and 9am and 5pm on Saturday and Sunday and out of hours there was an on call consultant, this did not meet the RCEM guidance of consultant presence 16 hours a day.

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. There were a range of pathways that complied with the National Institute for Health and Care Excellence guidelines and the Royal College of Emergency Medicine's clinical standards for emergency departments.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Staff used a pain score tools to assess if adult and paediatric patients had pain. We saw that the trust had participated in national audits, such as those identified by the Royal College of Emergency Medicine. The results were used to benchmark and compare with other trusts nationally.
- The service made sure staff were competent for their roles. There was a clinical nurse practice educator who coordinated all aspects of training and induction for staff. The department had development plans tailored for the staff members' banding and experience. Development plans were phased and included comprehensive objectives and development opportunities.
- Staff worked together as a team to benefit patients. We observed excellent multidisciplinary working.

Urgent and emergency services

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff were able to access patient information using an electronic system and paper records. The service used another system for test results from the pathology lab. Some members of staff told us, however, that the system was very slow.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff understood the basic principles of the Acts and were able to explain how the principles worked in practice in the A&E department.

However:

- The unplanned re-attendance rate in 7 days was higher than the trust target. The figures showed an improving trend.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion and treated them with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, families and carers gave positive feedback about their care.
- Staff provided emotional support to patients to minimise their distress.

However:

- There was no dedicated viewing room in the A&E department, but staff told us there were plans to refurbish one of the rooms in the A&E department to provide viewing facilities.

Is the service responsive?

Requires improvement ● ↑

Our rating of responsive improved. We rated it as requires improvement because:

- Although patients were triaged and assessed quickly, the service did not meet the Department of Health's target of 95% of patients admitted, transferred or discharged within four hours of arrival at the A&E department. It breached this target for 12 months from September 2016 to August 2017.
- Between September 2016 and August 2017 the trust's monthly percentage of patients waiting between four and 12 hours from the decision to admit until being admitted for this trust was worse than the England average.
- There were no leaflets on display in the department in languages other than English. This did not take in to account the demographical and language needs of the service's local population.

However:

- The trust planned and provided services in a way that met the needs of local people. The paediatric area had a bespoke sensory room for use by patients with specific conditions. This meant their time would be more comfortable and less frightening.

Urgent and emergency services

- There was a separate room to assess patients that had been brought in from police custody and prisoners from the local prison.
- The service took account of patients' individual needs. The service made reasonable adjustments for patients with learning disabilities. There were local quality champions (link nurses) that could be used as a resource when dealing with patients with individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

Is the service well-led?

Good   

Our rating of well-led improved. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a clear management structure at divisional, directorate and departmental levels. The managers knew about the quality issues, priorities and challenges and worked site-wide to try and deliver solutions and pilot new ways of working.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and key groups representing the local community.
- The service had a clear vision and strategy that was quality driven, which looked to transform patient access to urgent and emergency care; as a result, the service had governance, risk management and quality measures to improve patient care, safety and outcomes.
- The governance system supported the strategy and provided continuing assurance up to board level with the clear focus on patient safety.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff said leaders were visible and approachable. Staff described the culture within the service as open and positive. Staff could raise concerns and felt listened to.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish. Staff at all levels were encouraged and supported to explore innovative ways of working. Departmental leaders drove continuous improvement and there was a clear, proactive approach to seeking out and embedding new and more sustainable models of care.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. There was a departmental risk register, which measured the impact and likelihood of the risk and documented the controls and mitigations in place to manage the risk. Managers told us that the escalation process was effective; issues were now escalated for action rather than for information and action was taken promptly to rectify the issue.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The department submitted a monthly quality dashboard that allowed the leadership team to track the department's performance and set positive targets for improvement.

Urgent and emergency services

- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Staff told us they were able to suggest alternative ways of working and these were piloted in the department.

However:

- The service did not always meet the key national targets for caring for patients promptly. The leadership were aware of this and were working to improve these targets.
- At the time of our inspection we observed several computer stations around the unit were left unlocked and unattended, this could mean that unauthorised persons could gain access to patient records. Staff told us that they routinely locked the stations to protect patient data; however we did not see this at all times.

Outstanding practice

We found areas of outstanding practice in this service. See the area for outstanding practice above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Medical care (including older people's care)

Requires improvement  

Key facts and figures

Medical care (including older people's care) is provided at North Manchester General Hospital, which provides care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and infectious diseases. The service serves a population size of approximately 178 690. There are approximately 1191 inpatient beds across the Trust with the North Manchester General Hospital having 481 inpatient beds.

We visited the service as part of our unannounced inspection on 18 and 19 October 2017.

As part of the inspection, we visited the ambulatory care unit (Manchester treatment centre), wards H3 and H4 (acute medical unit), C4 (medical), E1 (medical), E4 (medical), I6 (respiratory unit), J3 (infectious diseases), discharge unit and Cardiac Care Unit.

We reviewed the environment and staffing levels and looked at 36 care records. We spoke with 8 family members, twelve patients and 42 staff of different grades, including nurses, health care assistants, domestic staff, doctors, ward managers, pharmacists, pharmacy technicians, student nurses and the senior managers who were responsible for medical services.

We observed daily practice and reviewed management arrangements. Prior to and following our inspection, we reviewed performance information about the trust and reviewed information provided to us from the trust.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Patient records were not consistently completed in order to monitor the care provided. The records did not consistently show what care patients had received or plans in place to meet their individual needs.
- The environment on many of the wards and areas we visited meant that they were not consistently suitable to meet the complex needs of patients and promote infection control. This was particularly noticeable on the Ambulatory Care Unit where the environment restricted the maintenance of privacy and dignity and did not assist staff to meet best practice in preventing the spread of infection.
- The service did not consistently have enough staff with the right qualifications, skills, training and experience to mitigate risks to patients and to provide the right care and treatment. Staffing arrangements did not always take into account where patients required additional support from nursing staff.
- The service did not store medicines well. Medicines were stored in areas where the temperature had exceeded the manufactures recommendations.
- The arrangements to ensure that patients' mental capacity was appropriately assessed and their individual rights protected were not consistently applied in order to make sure that a valid consent was obtained for care and treatment.
- Handovers of care, in which staff discussed patients' needs between shift changes, were not always consistent. Handovers were medically orientated and not person centred.
- Patients waited for beds on a ward suited to their needs. Patients were delayed from discharge and bed moves at night took place on a regular basis, which was not in line with trust policy.

Medical care (including older people's care)

- Managers did not always make sure that staff had completed training they needed as part of their job roles.

However

- The service had improved on many of the issues for action highlighted in the previous inspection. There was a clear vision and strategy, which was available throughout the service that staff members were aware of.
- The medical division had governance, risk management and quality measures in place to improve patient care, safety and outcomes.
- Staff recognised incidents and knew how to report them. Lessons learned were shared amongst staff.
- The use of arrangements to recognise and act on changes to the patients' medical condition was effectively used. Deteriorating patients were appropriately referred for medical review so they received timely and appropriate treatment.
- Complaints were investigated and completed in a timely way with the learning discussed and changes to the service provided influenced by the findings of the complaints.
- Many leaders at ward level and above were new in post and their leadership was continuing to develop. Staff were enthusiastic and passionate about the changes being implemented to improve the services for patients.
- Patients were cared for by staff that were observed to be kind, caring and compassionate. Patients spoke positively about the support and care that they received from staff.
- There were systems and processes in place to reduce the risk of harm to patients.

Is the service safe?

Requires improvement ● ↑

Our rating of safe improved. We rated it as requires improvement because:

- The service did not consistently manage medicines safely. Medicines were stored in areas where the temperature had exceeded the manufactures recommendations.
- Staff did not consistently keep appropriate records of patients' care and treatment. Records were not always up to date and accurate. Of the records reviewed we saw that there were risks to patients that had not consistently been assessed or actions taken to reduce those risks.
- The service did not consistently have enough staff with the right qualifications, skills, training and experience to mitigate risks to patients and to provide the right care and treatment. Staffing arrangements did not always take into account where patients required additional support from nursing staff.
- The service did not consistently control infection risk well. The ambulatory care unit did not fully manage the risks of infection.
- The service did not consistently have suitable premises. The ambulatory care unit was not suitable to meet the needs of patients.

However:

- Staff understood and were able to explain how to raise a safeguarding concern if they thought a patient may be at risk of harm.

Medical care (including older people's care)

- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service planned for emergencies and staff understood their roles if one should happen.
- The service mandatory training for key skills had improved and the majority of training rates met the trust targets.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

There were improvements since the last inspection with fewer staff being relocated to other wards to cover staffing gaps.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- Patients' diet and fluids were not effectively monitored. Best practice guidelines, such as the use of red trays and jugs to identify patients at risk of poor nutrition, were not in use.
- The service did not consistently make sure staff were competent for their roles. Training that staff needed to undertake their job roles was not always up to date.
- Staff did not fully understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Consent was not always obtained or recorded in line with relevant guidance and legislation. There was a lack of consistency in how people's mental capacity was assessed and not all decision-making was in line with guidance and legislation.
- The use of Deprivation of Liberty safeguards for patients who lacked the capacity to consent to treatment and were required to remain in the service was not consistently reported at handover, in order that staff could be aware of the patients' rights.
- The management of pain was not consistently recorded, monitored or actioned. This was particularly noted for patients with a cognitive impairment where the assessment of pain was more complex.

However;

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Multi-disciplinary team meetings were held daily in order that plans could be in place to deliver the most effective treatment to patients.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Although the service did not yet meet its own targets for appraisals, there had been improvements since the last inspection.

Medical care (including older people's care)

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Patients and relatives we spoke with gave positive feedback about the care and support they received from staff and praised them for their kindness.
- Staff we spoke with were passionate about the care and treatment they delivered and were consistently striving to make sure that they supported patients in a caring manner.
- Staff provided emotional support to patients to minimise their distress and supported them to meet their basic personal needs when required.
- The majority of staff were observed to treat patients with dignity and respect.

However;

- Staff did not consistently involve patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Requires improvement   

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The service did not consistently plan and provide services in a way that met the needs of local people. The environment was not sufficiently adapted to assist people with complex needs or cognitive impairment to easily deliver care in a way that met their needs and promoted equality. Although the service had plans to adapt the environment to be more person centred this has not yet started.
- People could not consistently access the service when they needed it. Patients were delayed from discharge and bed moves at night took place on a regular basis, which was not in line with trust policy.
- The service did not consistently take into account patients' individual needs. Patients with complex needs such as a learning disability, dementia or mental health needs were not easily identified in order for staff to provide additional person centred support.

However;

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. There had been a fall in the number of complaints since the last inspection.
- Staff and patients told us they felt confident to raise any concerns and their opinions would be listened to.

Is the service well-led?

Requires improvement  

Our rating of well-led improved. We rated it as requires improvement because:

Medical care (including older people's care)

- Managers monitored performance and used the results to help improve care. These systems were not yet fully implemented and had not identified areas ascertained at this inspection such as lack of appropriate record keeping and staffing levels to meet patients' needs.
- Where issues had been identified by the hospital such as the unsuitability of the Ambulatory Care unit there were no firm plans in place to address this.
- Not all staff identified risks to good care and action was not always taken to eliminate or minimise risks.
- Although staff stated there had been significant improvements in the culture that had previously been seen, it was acknowledged by managers and staff that this needed to be developed further. There were still occasions when staff said the culture could feel more blame than supportive. However, this was acknowledged as rare in comparison to previous years.

However;

- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community staff understood and put this into practice. The trust vision was advertised widely throughout the service.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. Managers monitored performance and used the results to help improve care. The majority of staff said they felt supported and respected by colleagues at all levels and that this had improved since the last inspection.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Surgery

Requires improvement   

Key facts and figures

North Manchester General Hospital provides a range of surgical services including general surgery, urology, breast, oral-maxilla-facial, dental, head & neck, and orthopaedic trauma and elective surgical services in a mixture of longer stay and short-stay wards. There is also a Day Surgery Unit and Surgical Triage Unit.

Between July 2016 and June 2017 there were 4,669 elective surgical admissions, 7,741 emergency surgical admissions and 7,330 day surgery at North Manchester General Hospital.

We inspected the hospital as part of an unannounced inspection between 30 October and 1 November 2017. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection, we rated three key questions for the service as requires improvement so we re-inspected all five key questions. During our inspection we visited general, urology and trauma theatre areas, the preoperative surgical service, the surgical triage ward and five inpatient wards, C3, F3, C4, F5 and I5.

During the inspection we reviewed staffing and checked equipment and storage of medicines. We reviewed 13 patient records, six prescription charts and spoke with nine patients. We spoke with 34 staff of different grades including nurses, doctors, consultants, ward managers, allied health professionals, senior managers and administrative staff. We received comments from people who contacted us to tell us about their experiences and we reviewed performance information about the trust.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Incident reporting was inconsistent across the service and learning from serious incidents was not effective across sites.
- The service did not always assess or respond to risk. Implementation of the World Health Organisation Surgical Safety Checklist was not consistently implemented in theatres.
- Medical and nurse staffing remained a challenge.
- North Manchester General Hospital had a higher than expected risk of readmission for elective admissions when compared to the England average.
- Consent for surgery was taken on the day of the procedure in the majority of cases which does not comply with accepted best practice.
- Staff did not completely understand their roles and responsibilities under the Mental Capacity Act 2005.
- Over the last two years the percentage of cancelled operations was generally higher than the England average.
- Although the trust had managers at all levels with the right skills and abilities to run a service the divisional management structure was very new and still in its infancy
- The trust collected, analysed, managed and used information to support its activities yet omissions observed in completion of the World Health Organisation Surgical Safety Checklist had not been recognised in the audit process.

However:

Surgery

- The wards and clinical areas were visibly clean and measures were in place to prevent the spread of infection.
- The service prescribed, gave and recorded medicines well. Patients received the right medication at the right dose at the right time.
- Appropriate records of patients' care and treatment were available to staff.
- Staff were competent for their roles and had opportunities to develop.
- Good multidisciplinary team working was noted in areas we visited. Healthcare professionals supported each other to provide good care to patients.
- The hospital had introduced a nursing and accreditation system to improve quality and safety on the wards.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were kept informed of their plan of care.
- People could access the service when they needed it. Between August 2016 and July 2017 the trust's referral to treatment time for admitted pathways for surgery was consistently better than the England average.

Managers promoted a positive culture that supported and valued staff.

Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not manage patient safety incidents well. We were not assured that staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team. Senior managers told us of an improving culture of incident reporting but acknowledged that sharing lessons learnt could be improved.
- The service had suitable premises and equipment.
- The service provided mandatory training in key skills to all staff. Compliance rates at the time of our inspection did not achieve the trust target in either core training or essential job related training.
- The service did not consistently assess or respond to risk. We observed the World Health Organisation Surgical Safety Checklist was not consistently completed. Managers acknowledged non-compliance and lack of staff engagement with the process. An audit completed in May 2017 showed two out of the 11 standards did not meet 100%.
- The service did not have enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staffing remained a challenge and this was recorded on the risk register. Gaps were filled with regular bank and agency staff and staff told us this had improved.

However:

- When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

Surgery

- The service prescribed, gave and recorded medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service planned for emergencies and staff understood their roles if one should happen.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them however, information showed that the intended outcomes for people were not always achieved.
- Planned surgical procedures were discussed during outpatient clinic consultations however; consent for surgery was taken on the day of the procedure in the majority of cases which did not comply with accepted best practice.
- Staff did not completely understand their roles and responsibilities under the Mental Capacity Act 2005.

However:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Staff could describe the use of evidence based guidance that underpinned care within their clinical area.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We also observed positive interactions between staff that were willing to assist each other with tasks despite high levels of activity in the department.

Surgery

- Staff involved patients and those close to them in decisions about their care and treatment. Patients we spoke with stated they felt consulted regarding their treatment and had been kept informed of their plan of care.

Staff provided emotional support to patients to minimise their distress and carers of patients with dementia were encouraged to stay throughout admission to the day surgery unit and accompany their relative to theatre.

Is the service responsive?

Good ● ➡ ➡

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. Ward I5 had developed dementia boards and boxes that provided tactile and sensory activities for patients. A Learning Disabilities Lead Nurse was available to provide advice and support to staff when caring for patients with additional needs.
- The service took account of patients' individual needs. Visits could be arranged prior to admission to the day services unit to allow vulnerable patients to become familiar with the environment and carers of patients with dementia were encouraged to stay throughout admission and accompany the patient to theatre.
- People could access the service when they needed it. Waiting times for treatment were the same or better than the England average in most specialities and arrangements to admit, treat and discharge patients were in line with good practice.

However:

- Over the last two years the percentage of cancelled operations was higher than the England average.
- The service treated concerns and complaints seriously and investigated them; however the time to investigate and close complaints was not in line with the trust complaints policy.

Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported that management at all levels were visible and spoke positively regarding new senior nurse appointments.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Managers we spoke with were aware of the risks in their clinical area.
- The service was committed to improving services and innovation.

However

- Although the trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care the divisional management structure was very new and still in its infancy. Some senior staff had only come in to post in the months preceding our inspection.

Surgery

- The trust collected, analysed, managed and used information to support its activities yet deficiencies regarding implementation of the World Health Organisation Surgical Safety Checklist had not been recognised in the audit process.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Maternity

Good 

Key facts and figures

North Manchester General Hospital provides 24 hour midwifery services for women that reside in and around the North East of Greater Manchester, North Manchester and parts of East Lancashire. Between April 2016 and March 2017 there were 8,997 deliveries at the Pennine Acute NHS Trust which includes this hospital.

The Consultant led unit has 58 beds; 18 antenatal, 28 postnatal and 12 labour rooms on the consultant unit, including a pool room, a high dependency unit room and a bereavement room

We visited the triage unit; the day assessment unit; the ante-natal and postnatal wards; the labour ward and the midwifery led birth centre.

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse. We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings.

We inspected the hospital as part of an unannounced inspection between 17 and 19 October 2017. During the inspection, we reviewed information provided by the trust about staffing, training and monitoring of performance. We reviewed 14 women's records and other documentation about medicines administration and risk assessments. We spoke with five women, six doctors of all grades and midwifery staff including managers, senior managers, midwives of all bands and health care assistants.

Summary of this service

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings.

Maternity services had improved since the last inspection in several areas. We rated maternity services as good, however further work was still needed in some areas:

- Maternity Early Warning Scores assessments were not always completed within the prescribed timescale to detect deterioration in a woman's condition. This included when assessments indicated there was a risk to the woman.
- Staff did not consistently follow the trust schedule for checking all equipment was present and in working order. This included resuscitation equipment for women and babies.
- Appropriate records of patient's care and treatment were not kept in a way in which they could be shared with other health professionals.
- The service provided care and treatment based on national guidance and evidence of its effectiveness except in one area of maternity services. There was no guideline for the admission of women into the maternity triage area despite this being an action required following a serious incident.
- There was no formal system of support for midwives regarding safeguarding practice. There was no clear record to show women had been asked the required questions to identify safeguarding concerns at every interaction.

However:

Maternity

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. There had been significant improvements in the midwifery staffing numbers since the last inspection.
- The service managed patient safety incidents well. Since the last inspection a new system for the management of incidents had been introduced. The investigations were completed within the trust's timescales and learning was shared with changes made to prevent recurrence.
- The service provided mandatory and obstetric specific training in key skills to all staff and most staff had completed it. Practice education midwives had been introduced. The mandatory training compliance had improved and was meeting the trust's target.
- Women could access the service when they needed it. Systems were in place to reduce delays in the discharge of women from the post-natal ward. This included specific staff to co-ordinate the required checks prior to discharge.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There had been changes in the leadership of the maternity services at the trust since the last inspection.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported an improvement in the culture since the last inspection.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service had suitable premises and equipment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

Is the service safe?

Requires improvement



We rated maternity services as requires improvement because:

- Maternity Early Warning Scores assessments were not always completed within the prescribed timescale to detect deterioration in a woman's condition. This included when a score indicated there was a risk to the woman.
- Following community midwife visits, including booking, there were delays in recording patient information onto a computer system, which could be accessed by other health professionals.
- Staff did not consistently follow the trust schedule for checking all equipment was present and in working order. This included resuscitation equipment for women and babies.
- There was no formal system of support for midwives regarding safeguarding practice. This did not meet with the intercollegiate guidance for governance and learning around safeguarding of children.
- The service did not use safety monitoring results well. Information for the safety thermometer was collected, but it had not been submitted for publication and was not being used to identify risks.

However:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

Maternity

- The numbers of midwives required on each ward had been re-assessed since the last inspection. The service used a risk based system to ensure there were enough staff numbers on each unit to meet the needs of women.
- Staff prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. A new system for the management of incidents meant managers had an overview of any trends and themes in their area.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service controlled infection risk well. All areas of the maternity services were visibly clean and tidy. Audits of infection control practices were completed and actions taken when these did not meet the target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service had suitable premises and equipment.

Is the service effective?

Good 

We rated maternity services as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Women were supported to feed their babies whichever method they chose. Specialist support was available if they were experiencing any difficulties or had concerns.
- Food and drink was available for women on the wards. This included catering for medical and cultural dietary needs.
- The service monitored the effectiveness of care and treatment and used the findings to improve them.
- There were systems to support newly qualified midwives and those new to the trust. This included a buddying system and training and development opportunities. Other midwives had support from peers and managers.
- Multidisciplinary practical simulation training was completed for obstetric emergencies. Protocols for emergencies were present in all delivery rooms.
- Staff worked together as a team to benefit women. Multidisciplinary handover of care took place between shifts and when women moved from one area of the maternity unit to another.
- Staff knew how to support patients experiencing mental ill health.
- The service made sure the majority of their staff were competent for their roles.

However:

- There was no clinical pathway for women who presented in maternity services, irrespective of where they presented and whether they were expected. The identification of a requirement for this was the result of an action following a serious incident. However, it had not been completed.

Is the service caring?

Good 

Maternity

We rated maternity services as good because:

- Staff cared for women with compassion. Feedback from women confirmed that staff treated them well and with kindness. We saw examples of staff spending a long time with women who needed extra support.
- We observed staff being respectful to women and their partners. They spoke to them calmly offering help and advice in a re-assuring way and treated them with dignity and respect.
- The dignity and privacy of women was protected by the use of closed doors, notices and curtains. Staff were careful not to discuss women in a non-confidential environment.
- Staff involved women and those close to them in decisions about their care and treatment.
- Staff provided emotional support for women and showed an understanding of how previous issues in pregnancy may affect them.

Is the service responsive?

Good 

We rated maternity services as good because:

- The trust planned and provided services in a way that met the needs of local people. This included access to translation services.
- Women could access the service when they needed it. The waiting time between a woman arriving at the triage unit and being assessed by a midwife had improved since the last inspection.
- The service took account of patients' individual needs. Specialist midwives attended ante-natal clinic and provided support to those women with complex medical and social needs.
- Systems were in place on the post-natal ward to reduce delays in the discharge of women.

However:

- There was no signage in any other language than English. This was both in the main hospital and maternity unit. This did not meet with the requirements of the population using the hospital service.
- The trust's timescale to investigate and close complaints was not being met although improvements had been made since the last inspection.

Is the service well-led?

Good 

We rated maternity services as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There had been significant changes to the leadership of the maternity services since the last inspection.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us this had improved since the last inspection.

Maternity

- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care. There was governance systems introduced since the last inspection which resulted in an increase in the monitoring of performance.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. This had improved since the last inspection.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and worked with partner organisations effectively.
- The service was committed to improving care and treatment by learning from when things go well and when they go wrong and promoting training. There were examples of how a culture of learning from others had been introduced.

However:

- Staff were uncertain about the vision and future strategy for the maternity unit. Senior managers were keeping staff informed of planned changes.
- Attendance at governance meetings by doctors, including senior doctors, was reduced due to timings of other work commitments. This included mortality meetings. This had been raised as a concern at the last inspection; however it continued to be unresolved.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Services for children and young people

Requires improvement  

Key facts and figures

At North Manchester Hospital, the trust provided a 19-cot neonatal unit based on the ground floor of the Women's unit. The neonatal unit was a designated level two unit (local neonatal unit). These units provide special care and high dependency care and a restricted number of intensive care cots (as agreed locally) and would expect to transfer babies who required complex or longer-term intensive care to a Neonatal Intensive Care Unit. The neonatal unit has a link tertiary unit at St Mary's hospital in Manchester. Within the unit, there are two level three cots, two level two cots and fifteen level one cots. There were two additional transitional care bedrooms. The neonatal unit operated as part of a regional neonatal managed clinical network to ensure best outcomes for babies. Most other services for children and young people under 16 are provided from the paediatric ward and in the Koala unit. The ward had 27 inpatient beds, one of which was a stabilisation bed which was managed as a high dependency bed. The Koala unit had a waiting room and a separate observation and assessment area with six trolleys.

We visited North Manchester General Hospital as part of our unannounced inspection between 17 and 19 October 2017.

We reviewed the environment and staffing levels and looked at six care records. We spoke with eight family members. We also spoke with nine different grades of staff, including nurses, health care assistants, doctors, ward managers and the senior managers who were responsible for children's services.

We observed daily practice and reviewed management arrangements. Prior to and following our inspection, we reviewed performance information about the trust and reviewed information provided to us from the trust.

Summary of this service

Our rating of this service improved. We rated it as requires improvement because:

- Nurse staffing numbers in post were less than children's services had planned for and staffing pressures were a concern. The service had to fill gaps with agency or bank staff and staff were transferred from the wards to cover gaps. Sickness levels for nursing were worse than the trust target. However we did not see any adverse impact on patient care and treatment.
- Mandatory training levels were variable for certain training modules particularly for medical staff. There were plans to improve these levels.
- Staff did not always keep appropriate records of patients' care and treatment. Audits showed the quality of record keeping was variable. The small sample of records we looked at were however, clear and available to staff providing care.
- At the last inspection the use of the Manchester Children's Early Warning scores had been identified as an area for improvement. During this inspection we found that an audit process was in place however the scores showed that more work was needed to improve compliance against standards.
- A number of clinical guidelines had not been reviewed in line with trust timescales.
- The service had not achieved all areas of compliance with Facing the Future: Standards for Acute General Paediatric Services.

Services for children and young people

- The trust target for appraisal was 90%. Staff in most services, particularly neonatal services, were lower than required.
- At times the working environment became over crowded with patients. Staff felt that waiting areas, wards and clinical spaces were sometimes cramped.

However

- The service had made improvements since our last inspection in 2016. The changes had occurred despite a management restructure and a move to a new care organisation for its staff.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Improvements had been made in the auditing of infection prevention and control.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service had recruited to medical posts. The increased medical staffing numbers had made a positive impact on patient care and the ability of wards and units to carry out their roles. There was a reduction in shifts covered by agency medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. In some cases staff took the initiative to go beyond what was expected of them in terms of ensuring management of risk.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Data showed that the service had England average outcomes in most of the national audits it participated in.
- Staff were competent for their roles.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff provided emotional support to patients to minimise their distress.
- The service planned and provided services in a way that met the needs of local people. The service reviewed data regarding its local population and took this into account when developing services.
- The service had recognised the needs of its population particularly regarding cultural diversity. It had set up a number of groups and projects to improve the service provided by them to individuals from those communities.
- The leadership, governance and culture had improved since our last inspection. The service had restructured its leadership model. We found systems were in place to identify risk and challenges in the service. We found meetings were in place where information was shared and disseminated.
- Senior managers and staff were aware of the findings of the previous CQC inspection in 2016 and many of the issues in that inspection such as medical staffing cover had been prioritised. The staff and managers showed a determination to reshape the service and improve its outcomes.

Services for children and young people

Is the service safe?

Requires improvement  

Our rating of safe improved. We rated it as requires improvement because:

- Nurse staffing numbers in post were less than children's services had planned for and staffing pressures were a concern. The service had to fill gaps with agency or bank staff and staff were transferred from the wards to cover gaps. Sickness levels for nursing were worse than the trust target.
- Mandatory training levels were variable for certain training modules particularly for medical staff. Training for safeguarding at Level 3 for adults and children was low.
- Staff did not always keep appropriate records of patients' care and treatment. Audits showed the quality of record keeping was variable. The small sample of records we looked at were however clear and available to staff providing care.
- At the last inspection the use of the Manchester Children's Early Warning scores to identify deteriorating patients had been identified as an area for improvement. During this inspection we found that an audit process was in place however the scores showed that more work was needed to improve compliance against standards.

However:

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. Improvements had been made in the auditing of infection prevention and control.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service had recruited to medical posts. The increased medical staffing numbers had made a positive impact on patient care and the ability of wards and units to carry out their roles. There was a reduction in shifts covered by agency medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. In some cases staff took the initiative to go beyond what was expected of them in terms of ensuring management of risk.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- A Paediatric Escalation and Care Quality audit was undertaken between October 2016 and January 2017 to look at the service's management of escalation of risk and the quality of care delivered by the children's ward. We found the results were not in line with the trusts target for compliance. The audit showed that target compliance rates were only achieved in three areas and the service was under 65% in seven areas of the audit.

Services for children and young people

- The service had not achieved all areas of compliance with Facing the Future: Standards for Acute General Paediatric Services.
- The first senior consultation following admission should occur within 24 hours and this occurred for only 66% of the eligible episodes in children's services. This was below the national average, where 90% of eligible episodes had the first consultation within 24 hours of admission.
- A number of clinical guidelines relating to neo natal care had not been reviewed in line with trust timescales.
- The trust target for appraisal was 90%. Staff in most services, particularly neonatal services, were lower than required.

However

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. We found that staff used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences and provided appropriate food for both patients and carers.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their roles and responsibilities to ensure they supported patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Consent to treatment was taken in line with national guidance for children.

Is the service caring?

Good  

Our rating of caring improved. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The service planned and provided services in a way that met the needs of local people. The service reviewed information regarding its local population and took this into account when developing services. The service had set up a Children and Young People Group which provided an opportunity for children and young people to develop services.

Services for children and young people

- People could access the service when they needed it. Waiting times from treatment and arrangements to admit, treat and discharge patients were in line with good practice. There were escalation processes to ensure children received treatment quickly.
- The service took account of patients' individual needs. There were specialist services to ensure children and young people received appropriate care.

However

- Complaints were logged correctly and staff knew how to register complaints but responses to complaints did not always meet trust timescales.

Is the service well-led?

Good   

Our rating of well-led improved. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Senior managers and staff were aware of the findings of the previous CQC inspection in 2016 and many of the issues in that inspection such as medical staffing cover had been addressed and tackled.
- The values of the trust were displayed in areas throughout the service.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The hospital was in a period of transition at the time of inspection. However, staff felt relatively positive about the future and focussed on changing the perception of their services, particularly after the last CQC inspection.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The service supported a programme of work which was developed to support transition of paediatric services into and transfer of services to Central Manchester Foundation Trust. The work involved active engagement between the care organisation to prepare for change and understand upcoming challenges.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- Although the service had new managers and clinical leaders appointed at all levels with the right skills and abilities to run the service providing high-quality sustainable care, many new systems and processes had not yet been fully embedded

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Fairfield General Hospital

Rochdale Old Road
Bury
Lancashire
BL9 7TD
Tel: 01616240420
www.pat.nhs.uk

Key facts and figures

Fairfield General Hospital is situated in Bury and is one of the four acute hospitals that form part of Pennine Acute Hospital Trust, which looks after a population of approximately 820,000 people. There are approximately 236 inpatient beds on the site. The hospital hosts an Accident and Emergency department. Medical care services at the hospital provide care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and gastroenterology. The surgical services carry out a range of surgical procedures such as elective day case surgery including Gynaecology and ENT. Alongside Orthopaedic and ENT elective and non-elective surgery.

The hospital is one of three primary stroke units in Greater Manchester.

Summary of services at Fairfield General Hospital

Good  

Our rating of services improved. We rated it them as good because:

A summary of our findings about this location appears in the overall summary.

Urgent and emergency services

Good  

Key facts and figures

Urgent and emergency services are provided at Fairfield General Hospital (Fairfield) to adults and children primarily in the Bury and Rochdale areas of Greater Manchester, and compliment the urgent and emergency services provided in the region by Pennine Acute Hospitals NHS Trust at North Manchester General Hospital and The Royal Oldham Hospital.

Urgent and emergency services are provided at Fairfield 24 hours a day seven days a week. Between October 2016 and October 2017, there were 68,212 urgent and emergency care department attendances at Fairfield. This equates to an average of 187 patients a day.

Urgent and emergency services are provided for adults, including hyper-acute stroke assessment. Urgent and emergency services are provided to children up to 18 years of age on a walk-in assessment basis. The hospital does not have a paediatric ward. Children requiring ambulance transport are not treated at this hospital, and those children requiring admission to a paediatric ward are transferred to other centres of care in the Greater Manchester area.

The department has an adult waiting area with a separate triage room, five spaces to treat minor illnesses and injuries, two paediatric side rooms, 16 cubicles to treat patients with major injuries and illnesses, and five resuscitation bays.

The department has a separate waiting and treatment room for the use of patients in the custody of police or prison staff. Another separate room was available for patients experiencing mental health symptoms.

The unit's strategy includes future plans to develop a doctor led fit-to-sit urgent care service co-located with streamed GP assessment services.

Patients who go to the hospital with minor injuries or illnesses register with reception before a triage nurse assesses them.

Urgent and emergency services at this hospital were last inspected in 2016. At the last inspection, we rated three or more key questions for the service as requires improvement so we re-inspected all five key questions.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We visited the accident and emergency department at Fairfield as part of our unannounced inspection between 30 October and 1 November 2017. We inspected the whole core service and looked at all five key questions. We spoke 12 patients and carers and 41 staff from different disciplines, including support and administration staff, nurses, doctors, managers and senior managers, and ambulance staff. We observed daily practice and viewed 11 sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service was delivered by staff that were competent, trained and supported by their managers, and in sufficient numbers, to provide safe and effective care.

Urgent and emergency services

- A learning culture encouraged staff to recognise and report patient safety incidents and safeguarding concerns. Complaints and concerns were managed appropriately.
- The service used local and national audits to identify areas of weakness, to develop improvement plans, and to increase the effectiveness and responsiveness of the department.
- Staff focused on what matters to their patients, their emotional needs, and included patients in their care and were compassionate in their delivery of care.
- Performance was benchmarked across the trust and against national targets. Performance across a range of measures had significantly improved and was in line with or better than the expected improvement trajectory.
- The service worked with the local commissioners and other agencies to plan, deliver and further develop the urgent and emergency services offered to meet the needs of the local community.
- Leaders across the directorate, division, and hospital had a strategy for the service, were visible, and supported their staff. Leaders understood the risks and challenges to the service.

However:

- The environment, documentation used, and quality of assessment records within the paediatric area meant there was an over-reliance on professional curiosity to identify potential signs of safeguarding concerns.
- There was a poor responsiveness of the information technology in the department which had the potential to affect the timeliness and safety of care and treatment.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training completion rates for nursing, midwifery and healthcare assistant staff were better than the trust target. Training completion rates for medical staff were on course to meet targets by the end of the business year.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Most staff had completed the appropriate levels of safeguarding training.
- The service controlled infection risk well. Staff kept the equipment and the premises clean. They used control measures to prevent the spread of infection. Staff followed accepted infection control and hygiene procedures.
- The service had suitable premises and equipment. Equipment was tested and maintained.
- Staff identified, responded, and managed patient risks appropriately. Patients were triaged on arrival and risk assessments were carried out. Adults and children were monitored using age-appropriate early warning score systems and deteriorating patients were escalated appropriately. Acuity assessments were carried out when patients transferred between areas.
- The service had enough staff with the right qualifications, skills, training, and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Vacancy, turnover and sickness rates were lower than the trust's other urgent and emergency departments.

Urgent and emergency services

- Staff kept appropriate records of patients' care and treatment. Adult records were clear, up-to-date, and available to all staff.
- The service prescribed, gave, recorded and stored medicines appropriately. Medicines were stored in locked cabinets and were appropriately checked and accounted for.
- The service planned for emergencies and staff understood their roles if one should happen. The hospital had a major incident plan and staff knew where the plan could be accessed.
- The service managed patient safety incidents appropriately. Staff recognised incidents and reported them appropriately. Managers investigated incidents and patient deaths and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety-monitoring results well.

However:

- There was high reliance on bank and agency healthcare assistant staff.
- There was no direct line of sight from the nurses' station to the paediatric waiting room, which limited the opportunities for staff to observe interaction between children and their carers and to identify any potential safeguarding risks.
- Adults attending the department and who were sent to the 'minor illnesses area' were not routinely asked if they had children or if there were children in the household as there was no prompt on the documentation. There was a reliance on professional curiosity to identify any potential safeguarding risks, which was a particular risk with adults who live in a household that included children but did not have caring responsibilities.
- There was variable quality and completeness of the paediatric records we reviewed.
- A toilet next to the mental health assessment room contained a number of fixtures and fittings that could be used as ligature points.
- The viewing room for family and carers to spend time with their deceased relatives was not conducive to supporting the emotional needs of bereaved families and carers.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service monitored the effectiveness of care and treatment and used the findings to improve them. Internal re-audit against the Royal College of Emergency Medicine standards indicated the service had made significant improvements since the college's audits in 2015 and 2017.
- The service provided care and treatment for adults based on national and professional guidance and evidence of its effectiveness. The service participated in national audits and benchmarked its performance against other local and national urgent and emergency services.
- Staff gave patients enough food and drink to meet their needs. The service made adjustments for patients' religious, cultural, and other preferences.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.

Urgent and emergency services

- Staff worked together effectively as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff were aware of the Mental Health Act 1983 and the Mental Capacity Act 2005 including the Deprivation of Liberty safeguards.

However:

- The service did not consistently meet its target for unplanned re-attendance rates.
- There was limited evidence of the use of formal written pathways, protocols, and risk assessments in the paediatric area. This was highlighted in the inconsistency of completion of the paediatric assessment tool and resulted in reliance on the understanding that all practitioners know what to do when faced with different scenarios.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness and we observed kind, patient, and compassionate care in practice.
- Senior leaders for the service promoted a positive, 'can-do' approach to support and meeting the needs of terminally ill patients and their families in whichever way possible.
- Staff provided emotional support to patients to minimise their distress. Staff were aware of the impact on patients and carers of the care and treatment they provided.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients were satisfied with the information they had been given by staff on what tests or treatment would need to be undertaken and what they were waiting for.

However:

- There was a risk to the privacy of patients undergoing triage as the door was not always kept closed during the triage assessment.

Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The service planned and provided care and treatment in a way that met the needs of local people. The service worked with local commissioners to plan and deliver physical development and services offered in the department, and with other local agencies to prevent unnecessary hospital admissions. The service matched capacity to demand.
- The service took account of patients' individual needs. The departmental culture focused on communication, what matters to each patient and how they could be supported, including the use of interpretation and translation services.

Urgent and emergency services

- Patients with complex health conditions such as head injury, allergies, or who were living with dementia were identified and supported with appropriate and timely care and treatment.
- Direct referral to the rapid assessment, interface, and discharge team was available for patients presenting with mental health conditions or alcohol or substance misuse problems.
- People could access the service when they needed it. Waiting times for triage were in line with good practice and decisions to admit, treat, and discharge patients were improving.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- The service did not meet the national four-hour standard for the decision to admit for treatment or discharge for the period October 2016 to October 2017.
- The service was not always able to meet the four-hour standard for a decision to admit or discharge patients presenting with mental health conditions. However, staff told us this was usually due to causes outside the service's control.
- There was an inconsistency in the provision of information about waiting times given to patients at triage. This, in conjunction with the department's decision not to display waiting times, meant that some patients were not aware of how long they may need to wait to be seen by a doctor or other relevant health professional.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The urgent and emergency service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. The departmental, divisional and directorate leaders were visible and understood the challenges facing the service.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff described a positive improvement in culture, which encouraged openness and honesty. Staff felt supported to provide good quality care and were proud to work for the service.
- The service used a systematic approach to continually improve the quality of its services and safeguarded high standards of care by creating an environment in which excellence in clinical care would flourish. There was a clear governance committee structure from the department to the director team, which reviewed and challenged quality, risk, and operational performance.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Leaders at all levels of the service had oversight of, and appropriately escalated, the risks and issues affecting it.

Urgent and emergency services

- The service collected, analysed, managed, and used information well to support all its activities, using secure electronic systems with security safeguards. Performance information was collected, analysed and used to develop and support the services the department offered. The service participated in national audits and surveys and performance was benchmarked against other urgent and emergency services and against national standards.
- The service engaged with patients, staff, the public and local organisations to plan and manage appropriate services. The department reviewed patient and public feedback to identify learning opportunities and proactively contacted patients and carers to understand concerns from negative feedback. Learning was shared with staff.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, and innovation. There was a supportive culture of learning and improvement and all managers reviewed, investigated and shared learning from complaints, issues, and concerns.

However:

- The risk register did not appear to clearly define when each risk was first entered onto the register. This meant it was not possible to accurately determine if control measures and action plans had been identified and implemented in a timely way.
- Staff did not always have access to up-to-date, accurate, and comprehensive information on patients' care and treatment as a result of poor responsiveness of the hospital's information technology system. Staff usage of the service's computers systems was not always compliant with the requirements of security safeguards. We observed a number of computers left logged on, and unattended, with patient identifiable information displayed.

Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above

Medical care (including older people's care)

Outstanding   

Key facts and figures

Medical care including care for older people is provided at Fairfield General Hospital. The service along with Rochdale Infirmary forms the Bury and Rochdale Care organisation.

The service provides care and treatment for a range of conditions including cardiology outpatients, inpatient and day care services are provided with cardiology interventions and diagnostic procedures being carried out in the silver heart unit. The service also provides stroke services for the trust including a hyper acute and an acute stroke unit. The service had 23,219 medical admissions in the period 01/02/2016 to 31/01/2017.

We inspected the service as part of an unannounced inspection on 17 October 2017 and we visited the stroke unit (ward 5) and the stroke rehabilitation ward (11A), the acute medical unit (ward 6 and 7), the respiratory ward (8) and a general medical ward (21).

During the inspection we reviewed staffing and checked equipment and storage of medicines. We reviewed 16 patient records and we spoke with eight patients and five carers. We spoke with a number of staff including the medical director, the director of nursing and the managing director and seven other senior managers. We also spoke with four consultants, a specialist registrar and the mortality lead. We spoke with a range of nurses including ward managers, staff nurses and allied health professionals including physiotherapists, occupational therapists and speech and language therapists. We also spoke with health care assistants and activity co-ordinators.

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

- There were systems and processes in place to reduce the risk of harm to patients. The service had introduced a nursing and accreditation system to assess and work towards improving the quality and safety of care.
- Both medical and nurse staffing had improved and the acute medical unit was fully staffed with nurses. On other wards we saw that shifts were covered by overtime and agency staff and there were new starters with starting dates.
- Infection control processes were in place and there had been a successful approach to reducing the incidence of hospital acquired infections.
- There was effective multi-disciplinary team working in place across the service between all staff including nurses and allied health professionals and consultants from different specialties.
- Staff were observed to be caring and had gone the extra mile for patients and their relatives. On a number of wards we saw that staff worked closely with patients and their relatives to improve outcomes for patients. There was involvement of families during the patient's journey through the service.
- There were activity co-ordinators on the ward for patients with dementia. There was a programme of activities and some of these involved families. Staff said that there was a positive impact on those who participated in the activities.
- Governance structures were in place and we saw that there was good communication up and down the organisation. Staff meetings were used to discuss complaints and incidents and also the introduction of any new guidance.

Medical care (including older people's care)

- The senior management team were very visible in the organisation and staff knew who they were. Staff were aware of the vision and strategy for the organisation and there had been staff participation and engagement in the development of the strategy.
- The service had appointed a mortality lead and systems and processes had been improved since the appointment. The service standardised mortality rate had consistently reduced and was now within normal range.
- There was a rapid access transient ischaemic attack (also known as mini stroke) clinic on the stroke unit.

However:

- Patient records were both paper and electronic and some paper records were not always in the correct order. The medical staff preferred to use the paper records as did the allied health professionals.
- Services were not always a seven day service. In cardiology this was because consultants were on other rotas across the health economy and in the stroke service there were not enough speech and language therapists to provide a full seven day service.
- Allied health professional did not feel that they were represented at a strategic level in the organisation.
- Staff did not always close the doors to side rooms when patients were barrier nursed.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The mandatory training compliance had improved and on some wards we were shown evidence that levels had met or exceeded the trust target.
- Although not all wards were fully staffed measures had been put in place to fill nursing shifts. Agency staff were used and staff could request overtime.
- The wards that we visited were visibly clean and tidy.
- The service controlled infection risk in most areas. Following a number of cases of hospital-acquired infections at the service actions had been put in place to address this.
- The service had effective systems in place to assess and respond to patient risk. Arrangements to recognise the development of sepsis known as “sepsis 6 bundle” was started in April 2017. The trust also started to use the national early warning scores system to help identify the deteriorating patient and the triggers to flag for sepsis.
- The service managed patient safety incidents well. Following a serious incident, the service had implemented changes to improve patient care.
- The service had suitable premises and equipment and looked after them well. We saw that equipment was checked and that wards had good access to procedure rooms.

However:

- On two of the wards we saw that patients nursed in side rooms with an infection, the doors were left open. This was an issue at the last inspection and we raised it with senior managers during the inspection.

Medical care (including older people's care)

Is the service effective?

Good ● ↑

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. New guidance was implemented, audited and shared at governance and team meetings.
- Staff gave patients enough food and drink to meet their needs. There was assurance of nutritional assessment as it was monitored through the nursing assessment and accreditation scheme.
- The trust participated in national audits. The service monitored the effectiveness of care and treatment and used the findings to improve them.
- There were systems in place to make sure staff were competent for their roles.
- Staff worked together as a team to benefit patients, they described their working relationships as excellent. This included nurses, doctors and allied health professionals.
- Staff demonstrated an understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. This was an improvement from the previous inspection.

However:

- Seven day service provision was not available in all areas.

Is the service caring?

Outstanding ☆ ↑

Our rating of caring improved. We rated it as outstanding because:

- We observed that staff were caring and compassionate to all patients and that they respected their privacy and dignity at all times.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients told us that relatives were invited to all meetings about their care.
- Staff recognised and respected the totality of people's needs. There was a strong, visible person-centred culture.
- Staff always took people's personal, cultural, social and religious needs into account. We saw evidence that staff went the extra mile for patients and their relatives.
- Feedback from patients, those close to them and stakeholders was continually positive about the way staff treat people.
- Staff provided emotional support to patients. Patient's emotional and social needs were highly valued by staff and embedded in their care and treatment. There was a psychology service and link nurses to provide this support to patients.

Medical care (including older people's care)

Is the service responsive?

Outstanding   

Our rating of responsive improved. We rated it as outstanding because:

- The hospital planned and provided services in a way that met the needs of local people. Services were clinically led and driven by staff to improve patient outcomes. The services were flexible, provided choice and ensured continuity of care.
- The service took account of patients' individual needs. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. There was support for patients living with dementia and services put in place had produced positive outcomes for patients.
- The service had taken steps to improve access and flow. This involved a redesign of a service to reduce bed moves and to discharge vulnerable patients in a timely way. For example on the acute medical ward, patients meeting certain criteria were assessed daily, patients received physiotherapy and occupational therapy support. Assessment was followed up in the patients residence following discharge.
- The service treated concerns and complaints seriously, investigated them and lessons learned were shared with all staff. The response time for the hospital to respond to complaints had significantly improved.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Managers promoted a positive culture that supported patient care. Staff said there had been an improvement since January 2017.
- There was a vision and strategy for the division with a focus on patient centred services.
- The trust engaged well with patients, staff and the public and local organisations to plan and manage appropriate services.
- The service had effective systems for identifying risks, planning to eliminate or reduce them. There was a dashboard so that senior managers could monitor safety performance and there were systems in place on the wards to improve care and the quality of care for patients.
- Governance structures were in place with ward to board communication. Quality improvement was embedded into the organisation and risk was managed across the division.
- Systems and processes had been put in place to reduce the mortality rate and there had been an investment in staffing and resources. The mortality rate had fallen significantly in the last 12 months.

However

- Allied health professionals said that their voice was not heard and that they did not have representation at a strategic level in the organisation.

Medical care (including older people's care)

Outstanding practice

We found areas of outstanding practice. See the outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

Surgery

Good  

Key facts and figures

Fairfield General Hospital provides 24 hour surgery services for people that reside in and around the north east of Greater Manchester, North Manchester and parts of East Lancashire.

Between July 2016 and June 2017, there were 5,744 day case surgical admissions, 1,633 elective surgery admissions and 880 non-elective surgery admissions at this hospital. Fairfield General Hospital has 64 surgical beds; 23 day case, 28 elective orthopaedic and 13 Ear, Nose and Throat beds. All wards treat both men and women.

We visited the day surgery and admissions unit, ward 12, the elective orthopaedic surgery ward 9, the ear nose and throat ward 14 and theatres.

We plan our inspections based on everything we know about services including whether they appear to be getting better or worse.

We inspected the hospital as part of an unannounced (staff did not know we were coming) inspection between 30 October and 1 November 2017. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We reviewed two patient records and other documentation relating to checks carried out in theatre. We spoke with 10 patients and 14 members of staff including doctors, nurses, allied health care professionals and senior managers.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service had a good record of reporting patient safety incidents.
- The trust's 'open and honest' boards displayed information about staff and safety issues for patients and visitors.
- All areas we visited were visibly clean and free from clutter.
- Medicines were managed well and patient records were securely stored and completed appropriately.
- Staff understood how to manage any safeguarding concerns and this was part of mandatory training requirements that were monitored by managers weekly.
- The trust had recruited both nursing and medical staff and staffing was identified on department risk registers. Staffing was monitored daily and any shortfalls were supplemented with bank and agency staff to ensure sufficient numbers of suitably qualified staff.
- There was a site-specific major incident plan and staff were familiar with this.
- Ward managers were supportive of staff and proud of services provided.
- The trust values were displayed in public areas and there was a strategy in place that included action plans to improve services. There was a positive culture where managers valued staff.
- Risk registers were in place across the surgical departments with control measures in place. The trust collected data to monitor and drive improvement.

However

Surgery

- National guidance recommends that staff in theatre receive training in advanced life support training. However; training provided was for basic life support only.
- The theatre environment was not fit for purpose and it was not clear when proposed refurbishment would take place.
- Patient information boards displayed patient details visible to others.
- Senior managers acknowledged that waiting times for certain specialities was a challenge with operations being cancelled for non-clinical reasons.
- We found that the service did not investigate complaints in a timely manner, although managers recognised this.
- The surgical safety checklist compliance figures had been supplied but we observed some gaps in the process.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service had a good record of reporting patient safety incidents.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service planned for emergencies and staff understood their roles if one should happen.

However:

- The surgical safety checklist compliance figures had been supplied but we observed some gaps in the process.
- Not all staff in theatre had received advanced life support training as recommended in national guidance.
- At the time of the inspection the theatre environment was not fit for purpose and it was not clear when proposed refurbishment would take place.
- The service did not always securely store cleaning fluids.

Surgery

Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The care and treatment on the wards was based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff recorded patient pain scores and managed pain well.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Data provided by the trust showed readmission following elective orthopaedic procedures were either much better or as expected compared to other organisations.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However

- Staff told us that electronic systems were not always reliable, which meant delays in accessing results from diagnostic tests, such as blood tests, could delay patient treatment.
- Written consent prior to surgery was generally obtained on the day of surgery rather than at preoperative clinic. This was not in line with best practice with a cooling off period from initial consent to day of operation.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- We observed staff interacting positively with patients and those close to them throughout the wards. Staff spoke to patients sensitively and appropriately dependent on individual need.

Surgery

- Staff treated patient's, and those close to them, with respect and dignity. They were aware of patients care needs and communicated in an appropriate and professional manner.
- Staff involved patients and those close to them in decisions about their care and treatment.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- People could access surgical services when they needed it. Waiting times for treatment and arrangements to admit treat and discharge patients were mostly in line with the England average.
- The average length of stay for all non-elective patients at Fairfield General Hospital was lower (better) than the England average.
- The service took account of patients' individual needs. There were good systems in place to meet the needs of patients whose circumstances made them vulnerable.

However:

- A number of operations were cancelled for non-clinical reasons such as the lists overrunning or patients not attending preoperative assessment clinic.
- The service did not always investigate complaints in a timely way.

Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

Surgery

Areas for improvement

We found areas for improvement in this service. See the areas for improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Amanda Stanford, Deputy Chief Inspector led it. An executive reviewer, John Quinn, Chief Operating Officer, supported our inspection of well-led for the trust overall.

The team included further inspectors, 18 specialist advisers, and two experts by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.