

Pennine MSK Partnership Limited

Inspection report

Integrated Care Centre
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Outstanding	

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Outstanding

We carried out an announced comprehensive inspection at Pennine MSK Partnership Limited as part of our inspection programme.

Pennine MSK Partnership Limited is commissioned by NHS Oldham Clinical Commissioning Group under a standard NHS Community Contract to provide a comprehensive musculoskeletal service to the population of Oldham in rheumatology, orthopedics and persistent pain.

The finance and business director is the registered manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings were:

- There were systems and processes in place to safeguard patients from abuse and staff were able to access relevant training to keep patients safe.
- The service learned and made improvements when things went wrong.
- Regular and ongoing training was provided to ensure staff were suitably qualified for their role.
- Staff worked together and worked well with other organisations to deliver effective care and treatment.
- Staff treated patients with kindness, respect and compassion.
- Staff helped patients to be involved in decisions about care and treatment.
- The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Leaders had the capacity and skills to deliver high-quality, sustainable care.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- There were clear and effective processes for managing risks, issues and performance.

We saw the following outstanding practice:

Overall summary

- Leaders consistently demonstrated a commitment to best practice performance and risk management systems to ensure staff had the capacity and skills to deliver high quality sustainable care. There were systems in place to review all aspects of the service for ongoing improvement with identified problems being addressed quickly and openly.

There were systems to support improvement and innovative work, such as:

- There was a detailed and ongoing programme of clinical audit. This work linked to National audits and those carried out within the organisation.
- The provider was involved in ongoing research and worked closely with both Newcastle and Southampton University.
- The clinical team were involved in developing various health-related Apps for people across ethnic backgrounds.
- Systems and processes were proactively analysed and reviewed with time set aside to reflect on best practice.
- Significant events were carefully monitored with working parties set up to analyse information in detail to find solutions to ensure improvements.

This has resulted in Pennine MSK providing a high quality service that was well led and responsive to patients changing care needs.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a consultant specialist adviser.

Background to Pennine MSK Partnership Limited

Pennine MSK Partnership Limited is commissioned by NHS Oldham Clinical Commissioning Group under a standard NHS Community Contract to provide a comprehensive musculoskeletal service to the population of Oldham in rheumatology, orthopedics and persistent pain.

Pennine MSK Partnership Limited is based at:

Integrated Care Centre

New Radcliffe Street

Oldham

Lancashire

OL1 1NL

Telephone number: 0161 628 3628

Website address: www.pmsk.org

The service is registered with the CQC to provide the following regulated activities: Diagnostic and Screening Procedures, Treatment of Disease, Disorder or Injury and Surgical Procedures.

The service is open Monday to Friday 8.30 am to 5 pm.

How we inspected this service

Throughout the pandemic the CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Requesting evidence from the provider before the inspection.
- A shorter site visit.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

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

These questions therefore formed the framework for the areas we looked at during the inspection

Are services safe?

We rated safe as Good because:

Risks were well managed and the service learned and made improvements when things went wrong.

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- There was a Freedom to Speak up policy and guardians available for staff to raise concerns. A senior member of staff took responsibility for managing and overseeing safeguarding.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Safeguarding referrals were regularly audited and monitored to continuously improve the protection of patients from the risk of harm and abuse. Where issues were identified, prompt action was taken to address them.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken on recruitment and every three years. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There was an effective system to manage infection prevention and control. The infection control policy and an infection control audit were completed annually. Legionella checks were carried out in December 2021. There were daily and weekly cleaning schedules and staff were trained in good handwashing techniques.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. For example, small portable appliances and equipment used by clinicians were checked and calibrated July 2021.
- There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments. For example, the office environment, slips, trips and falls and moving and handling techniques.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. For example, staff knew how to identify and manage patients with severe infections such as sepsis, and staff were provided with guidance on how to support patients at risk of self-harm or suicide.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place for all clinical staff.
- Medical alerts were monitored daily by a pharmacist and an administrator. A record was kept of each medical alert received along with information about any action taken. This was in line with good practice and ensured staff and patient safety.

Are services safe?

- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. For example, staff were trained in basic life support procedures, there was a defibrillator and oxygen on the premises and a panic alarm was incorporated into the IT system. There was a business continuity plan to provide staff with information in the event of a disruptive incident.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, staff worked with the local authority and Oldham Clinical Commissioning Group safeguarding teams to ensure good communication and patient safety.
- The provider participated in safeguarding reviews and meetings where the 'Think Family' approach was promoted. The 'Think Family' approach means that the provider is looking to secure better outcomes for adults, children and families by coordinating the support and delivery of services from all organisations.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. For example, referrals were made to other services within Pennine MSK such as psychiatrist and psychologist services, and cognitive behaviour therapists.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service closely monitored and reviewed all activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

Are services safe?

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were good systems for reviewing and investigating when things went wrong, and detailed records were kept of investigations and reviews for the purpose of monitoring and reviewing improvements. The service identified themes from investigations and took action to improve patients' safety.
- All significant events were risk assessed to ensure serious issues were prioritised.
- Lessons learned were shared with all staff for service improvement and patient safety. For example, an incident occurred when there was a failure to deliver medication to another site within the Pennine MSK organisation. In the light of this, action was taken to review and update the medicines management policy and inform relevant staff of the changes to minimise the risk of the incident reoccurring. Another incident occurred in relation to the delay in a referral to secondary care. In the light of this, the medicines management policy was update and relevant staff were updated on this and the referral procedures.
- During the inspection we discussed a significant event relating to a patient who did not receive their care and treatment as planned. A multi-disciplinary team working group was set up to carry out a thematic analysis of the issues raised. Procedures were reviewed and information was checked which resulted in some changes being made to the systems and procedures to minimise the risk of the incident reoccurring. The incident was discussed within staff team meetings for the purpose of learning. The impact of this was that patients will now receive treatment as scheduled and in line with best practice guidelines.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional.

Are services effective?

We rated effective as Good because:

There was a continuous programme of quality improvement and staff worked with other agencies and each other to deliver effective care and treatment.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance relevant to the service.

- The provider assessed patients' needs and delivered care in line with relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. A quarterly audit was carried out to ensure clinicians were using the NICE guidelines appropriately and clinicians met regularly to discuss this area.
- There was evidence of patient pathways relating to early arthritis, disease-modifying antirheumatic drugs (DMARDs) protocols, biologics pathways (Biologic drugs are used to treat a variety of diseases and are often used to treat immune-related diseases such as rheumatoid arthritis) and fracture liaison services. All of this was in line with NICE guidelines.
- Patients' immediate and ongoing needs were fully assessed. In addition to their clinical needs, patients' mental and physical wellbeing was fully assessed to ensure a holistic package of care was provided. Staff assessed and managed patients' pain as appropriate.
- Staff held multi-disciplinary team meeting to ensure clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when clinicians made care and treatment decisions.
- Patients with early inflammatory arthritis enter a well established treat-to-target management approach which is a patient-centred approach to care and treatment. Where outcomes deviate from what is expected, the data is analysed in detail, explanations are sought, and solutions found. For example, fewer patients were started on a DMARD medicine within 6 weeks than expected. One contributory factor was typing delays highlighting the need for patients to be given DMARD education. This matter has been solved by educating new junior medical staff about the importance of flagging these patients so they can be given a nurse-led appointment as quickly as possible.
- Treatment protocols were followed by all clinical staff, having been developed and agreed by consensus, allowing a consistent approach to care across the board. Where there were difficult treatment decisions, or when a biologic medication was to be started or switched, the patients were all discussed at a multi-disciplinary team meeting attended by medical, nursing and pharmacy staff. At all times patients' wishes were considered.
- For example, one patient wished to switch their medicines which was initially against the healthcare professional's advice. After careful consideration and discussion with the patient, the health care professionals changed their minds and incorporated the patient's wishes into their future of care.
- 100% of patients with early arthritis were given the nurse-led advice line contact details in case of deterioration or queries.
- All fragility fractures were identified to the service by radiology reporting and the use of software to identify spinal fractures.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

Are services effective?

- The service used information about care and treatment to make improvements.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was a programme of ongoing clinical audit led by the Director of Service Improvement. This ensured the ongoing improvement of the service.
- There was clear evidence of action to resolve concerns and improve quality. For example, the practice was involved in the National Early Inflammatory Arthritis Audit. This is a national audit for patients seen in specialist rheumatology departments with suspected inflammatory arthritis. The aim is to improve the quality of care for patients living with inflammatory arthritis by assessing the performance of rheumatology units across England and Wales against NICE Quality Standards.
- Analysis of the National Early Inflammatory Arthritis Audit data in the 3 quarters to April 2021 showed consistently higher than average achievement of relative Quality Standards. 92% of referred patients were seen within 3 weeks, 100% of patients were provided with written information about their condition, and 82% were given advice on self-management. 100% of patients were provided with an advice line contact number.
- The service had compared its results from the National Fracture Liaison Service database between December 2020 and August 2021 on various Key Performance Indicators to the National Data. This showed significantly higher than national results for patients assessed within 90 days of a fragility fracture (89% - 97% compared to 68% - 73% nationally), the number of patients started on bone protection (59% - 66% compared to 52% - 57% nationally) and patients under 75 who were offered a bone density scan.
- The practice was involved in several different areas of research. These include recruitment of patients with inflammatory arthritis such as rheumatoid arthritis into national registries. Another study aimed to predict which patients will respond to a commonly prescribed medicine called methotrexate. Research using remote technologies included a project to track patients' arthritis symptoms using an electronic health record. Another used a smartphone App to report their pain.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. Shadowing was available for all new staff. For example, newly recruited health care assistants were encouraged to sit in on clinics so that they can understand patients' clinical journey.
- Relevant medical professionals were registered with the General Medical Council (GMC)/ Nursing and Midwifery Council and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.
- All non-medical clinical staff were highly specialised. There were three non-medical prescribers. All staff had an annual appraisal, including both directly and indirectly employed staff.
- New staff were carefully chosen by the team for their skills and anticipated value to the team.
- Occasionally new staff, for example junior medical staff, were highlighted as needing additional training and support. This was flagged by clinical leaders and education was provided.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

Are services effective?

- Patients received coordinated and person-centred care. Staff referred to and communicated effectively with other services when appropriate. For example, before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment. Also, very abnormal test results for MRI scans were telephoned to the patient's clinician and if they were not available were flagged to a senior member of the clinical team or if out of hours, to the GP Out of Hours service if necessary.
- There was a "buddy" system in place whereby staff were paired to cover each other's IT inboxes for urgent results if one of them was on leave. This meant that abnormal results could not be missed. For example, we were told about a patient's very abnormal blood result being flagged by a member of staff and telephoned to the clinician requesting the test result at home.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP.
- Care and treatment for patients in vulnerable circumstances was co-ordinated with other services. For example, patients on the pain pathway were also referred to other services to ensure they had the necessary support and treatment.
- Patients with early inflammatory arthritis enter a pathway to start disease modifying therapy as soon as the diagnosis has been made. This would usually involve an appointment with a clinical nurse specialist within a week of diagnosis. Patients were then managed on a best practice "treat-to-target" pathway and seen every 4 to 6 weeks (as per NICE guidelines) until they have achieved their treatment target.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- All clinical staff had completed motivational interviewing training and shared-decision-making training in the use of validated tools. This ensured the patient remained at the centre of their focus.
- All staff were encouraged and were proactive in the 'making every contact count' (MECC) system. This is an electronic template with links to referral forms, for example to slimming world. This electronic system was used to record MECC encounters with 470 referrals made over the past year. One of the health care assistants highlighted the importance of their role in this process, for example, in weight management when they see patients for their pre-clinic checks.
- The initial patient triage process was carried out by two experienced Extended Scope Practitioners (senior physiotherapists with additional specialist training) working together to direct patients to the service most appropriate to their needs. Once in the service, patients can then readily access other services for example, rheumatology and pain services, or pain and clinical psychology or orthopaedic services without the need for additional work from their GP.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave patients advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, patients were referred to local service providers for smoking and obesity support.

Are services effective?

- Where patient needs could not be met, staff redirected them to the appropriate service for their needs. For example, patients were directed to counselling and, psychology and psychiatric services from within Pennine MSK.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. The provider had appointed a senior member of staff as the Mental Capacity Act lead and all staff were trained on the Mental Capacity Act. The Mental Capacity Act assessment was embedded into the electronic patient records to ensure it was easy for staff to complete during consultations.

Are services caring?

We rated caring as Good because:

Patient feedback indicated that patients were treated with kindness and respect. The clinicians provided a holistic package of care to ensure patients' changing care needs were fully met.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way they were treated.
- The service sought feedback on the quality of clinical care patients received through the Friends and Family Test (FFT). The provider invited patients to complete the NHS FFT when attending the service or online. The FFT gave every patient the opportunity to feed back on the quality of care they had received.
- Patients overwhelmingly rated the service and staff at all levels very highly. Patients praised the staff for their professional attitude and kindness. They said they always had enough time to talk about their health care issue during their consultation and that appointments always ran on time. Patients commented they were given good information to manage their health care issues and added that the staff always treated them with respect.
- Staff understood patients' personal, cultural and social needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. For example, there was a clear and detailed procedure for staff to follow if they had concerns about patients at risk of suicide or self-harm.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- The team used shared decision-making tools to help patients make choices about their care and used anonymous questionnaires above and beyond Friends and Family Test to rate how involved patients felt when discussing decisions about their care. Issues about health literacy were highlighted as a local problem amongst patients. The clinical staff team were working on creating tools to help improve patient understanding, for example, a visual representation of clinical information such as a chart or diagram.
- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Carers or social workers were appropriately involved with patients with a learning disability or complex social family situations.
- We were given examples of when staff went above and beyond their contracted duties. This included working longer hours to support patients with their health care issues such as those patients who required an urgent assessment. For example, a patient came to the practice to collect a set of crutches and it was noticed that they were limping heavily. An orthopaedic appointment was immediately arranged for this patient the following day.
- Patients who did not speak English were supported by translators and this includes the pharmacy linked to the practice who provided homecare services. Pennine MSK insisted on the provision of this service following a "never" event in 2020 when an external healthcare professional failed to correctly instruct a patient who did not speak English on how to administer their medicines. This led to an overdose of their medicines, but no harm to the patient.

Privacy and Dignity

Are services caring?

The service respected patients' privacy and dignity.

- Staff recognised the importance of maintaining patients' dignity and respect during consultations.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good because:

Patients were able to access care and treatment from the service within an appropriate timescale for their needs. The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, patients' consultations were provided by the same clinician to ensure continuity of care.
- The provider worked closely with other health care professionals to ensure clinicians had current information about patients' changing care needs.
- Significant events were regularly reviewed and discussed for the purpose of learning and improving the service.
- The facilities and premises were appropriate for the services delivered. Reasonable adjustments had been made so that patients in vulnerable circumstances could access and use services on an equal basis to others. For example, there was a lift to all floors and easy access to the building. Disabled toilets were available along with baby changing and breast-feeding facilities.
- Rheumatology patients often have long-term conditions and so need long-term care. The low staff turnover meant that there was continuity of care and integrated electronic records facilitated this approach. Using the 'make every contact count' (MECC) system enabled clinicians to signpost patients to many additional support services including exercise support groups and a weight-management service.
- The team had trialled decision support tools for patients and used "Collaborate" – a simple anonymous tool with patients to assess how involved patients feel in their care after consultations. The team were using a visual representation of information such as a chart or diagram to help patients with health literacy problems.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment, and patients with the most urgent needs had their care and treatment prioritised.
- Test results were monitored closely with waiting times, delays and cancellations managed appropriately. There was a "buddy" system in place whereby staff were paired to cover each other's inboxes for urgent results if one of them was on leave. This means that abnormal results cannot be missed. For example, a very abnormal blood result was flagged by a member of staff and immediately telephoned to the clinician at home. Very abnormal test results for example MRI results, were immediately telephoned to the requesting clinician and if not available, were flagged to a senior member of the clinical team or out of hours GP if necessary.
- Test result data was continually monitored.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, we saw evidence from the National Early Inflammatory Arthritis audit which demonstrated that the vast majority of patients with suspected early

Are services responsive to people's needs?

inflammatory arthritis were seen within the target time of 3 weeks (92%). These results were consistently well above the national average. The Early Inflammatory Arthritis audit results nationally are reported every three months. However, Pennine MSK analysed their own results every month to ensure that cases were being captured and managed according to guidelines.

- During the COVID-19 pandemic lockdown, services were immediately reconfigured to allow continued face to face appointments for those most in need with the most senior members of the team including the most senior nursing and consultant staff. This was despite two of the four consultants being removed from the service to work at the acute hospital setting. During this time, telephone consultations were normally provided along with video consultations for physiotherapy.
- Referrals were triaged by two specialist physiotherapists working together to suggest a time frame within which the patient should be seen. Those patients classified as urgent were found appointments as soon as possible. If timely appointments were not available, the administration teams flagged this with the clinicians and appointments were created. The administration teams managed the clinic appointments to identify spaces daily. Patients requiring an urgent appointment could be asked to attend at very short notice, for example on the same day if necessary. There was adequate administration staffing to allow this to happen.
- As far as possible, patients were seen and assessed in one visit, including having on-site x-rays and blood tests. Patients may have to wait for a subsequent ultrasound scan or MRI scans if needed. For example, one patient with multiple problems had one appointment to address all their issues so preventing them from having to attend several appointments.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from detailed analysis of trends and patterns. It acted as a result to improve the quality of care.

Are services well-led?

We rated well-led as Outstanding because:

Leaders were knowledgeable about the priorities and challenges related to the management of the service and were innovative in delivering the service. There was a clear vision and set of values. Staff were clear on their role and responsibilities and felt respected, supported and valued. There was a strong focus on continuous learning and improvement.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders consistently demonstrated a commitment to best practice performance and risk management systems to ensure staff had the capacity and skills to deliver high quality sustainable care. There were systems in place to review all aspects of the service for ongoing improvement with identified problems being addressed quickly and openly.
- The service focused on the needs of patients. The Pennine MSK ethos was to ensure patients were at the heart of the service. This ethos was underpinned by shared decision making with patients and a culture of ongoing improvement in all aspects of service provision. Staff we had contact with were aware of this ethos in delivering the service.
- The clinical approach was based on patient-centred care. Clinicians viewed patients' care needs holistically which meant they did not look at physical causes of pain alone but considered emotional factors such as depression and social factors such as poverty/deprivation. This is in line with best practice. This model of care (biopsychosocial model) was provided by an integrated multi-disciplinary team which included clinical psychology, liaison psychiatry, rheumatology, physiotherapy, occupational therapy, podiatry and orthopaedic services.
- Shared-care records such as GP and psychiatric records, were readily available to inform decision-making. For example, ensuring patients' safety when switching biologic medication (drugs that target specific parts of the immune system to treat disease).
- Leaders at all levels were visible and approachable. They met regularly and worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.
- During the COVID-19 pandemic lockdown, clinical services were immediately reconfigured to allow continued face-to-face appointments for patients most in need. Data continued to be collected for the National Early Inflammatory Arthritis Clinical Audit even though this was not mandatory during this time.
- Directors understood the importance of administration staff to the efficient functioning of their service and robustly rejected the possibility of cutting staff at times of financial difficulty. They were actively engaged in deferring services to save money where possible, for example diverting certain injections into the community and training a radiographer in guided injection techniques which are much easier and cheaper than procedures carried out in a surgical theatre elsewhere.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

Are services well-led?

- The service developed its vision, values and strategy jointly with staff and external partners such as Oldham Clinical Commissioning Group (CCG) with whom they had developed positive working relationships.
- Oldham CCG is shortly to become a much larger organisation in Manchester and the leadership team had already negotiated a continuing contract until 2024 and are actively engaged with ideas to develop their service model more widely across the region.
- Succession planning was ongoing pending retirement of staff and new appointments had already been made.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. Staff spoken with and those that had completed the CQC staff questionnaire reported they were clear about the Pennine MSK vision for patient care and knew what was expected of them in their role. They spoke highly of senior staff, felt valued in their role and part of a cohesive team.
- All aspects of the service were monitored for ongoing progress against delivery of the strategy.
- Staff worked with Southampton and Newcastle University in their research to improve their learning experience and develop their own research.
- There were effective systems in place to review all aspects of the service for ongoing improvement with identified problems being addressed quickly and openly.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- Leaders and managers acted quickly on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. All staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. The provider encouraged staff to challenge each other on their practices and decision making to encourage good teamwork, communication, learning and personal and professional development.
- We spoke with a range of staff within the organisation. All the staff had worked in other services, for example, rheumatology in other hospitals. All the staff talked about the excellent teamworking and management and feeling valued by the service. One health care assistant said they were proud to work for Pennine MSK. All staff spoken with mentioned the vision of the service and the aim of providing excellent care.
- All staff talked about the concepts of patient-centred care and used terms such as “holistic” and “shared decision-making”. Staff were passionate about the service and their role within it. There was a strong ethos of team-working for the benefit of patients.
- Staff reported they enjoyed their work and felt well supported. They said managers were always easily accessible, even when at home or on leave.
- Managers actively encouraged incident reporting with a “no blame” culture so that lessons could be learned.

Are services well-led?

- All staff said that they felt supported. Administration staff who often have difficult conversations with patients, as part of their role, told us they felt confident and well supported by senior staff and could approach any members of the team for help at any time.
- Directors valued staff and prior to the COVID-19 pandemic lockdown an annual fun awayday with staff was provided. One staff member said they were always thanked for their work.
- Staff were actively encouraged and supported to seek out and apply for funding, which the service provided, to develop their skills. For example, training of a radiographer in ultrasound-guided injection techniques and several staff undertaking higher degrees to enhance their skills and improve patient care.
- Positive relations were encouraged between leaders and all members of staff. For example, there was a staff suggestion box and some staff members spoke of managers having an “open door” approach where all new ideas and thoughts could be aired and developed.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities. The staff spoken with on the day of the inspection told us they were very well supported in their role and attended regular team meetings where they were encouraged to talk about their ideas and views of the service. They confirmed they were provided with regular and ongoing training for their role and an annual appraisal. Staff considered Pennine MSK provide a very good service with senior staff being visible and approachable.
- Leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- Governance issues were routinely discussed at multi-disciplinary team meetings every six to eight weeks and were attended by staff from rheumatology, orthopaedics physiotherapy, management and others within Pennine MSK. If there was a serious incident or matter of concern in-between meetings, then ad-hoc updates were provided for the team. Clinical leads and directors were responsible for governance and after an incident would start a quality improvement process to make change.
- The service used performance information which was reported and monitored, and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.
- Direct patient involvement had been curtailed due to COVID-19, however the leadership were aware of possible gaps in fully using the patient voice to develop the service. They were looking at the possibility of digital solutions. For example, virtual consultations, advice sheets and links to patient groups.
- There were systems to support improvement and innovation work. For example, ongoing research and clinical audit. Clinicians worked in partnership with Newcastle and Southampton University, to identify issues and implement interventions that could result in improvements in quality.
- Team meetings were held at all levels. All team members could participate and learn from discussions held, and there was adequate staffing and time to allow for reflection. The management team encouraged openness and new ideas at all times to improve services, and several team members commented that if they had an idea it could be implemented extremely fast as the system encouraged innovation. The team regularly discussed research findings, for example best surgical management of shoulder pain.
- The service was actively involved in national audits and regular internal audits of all their services. There was an active research programme in many areas. Many of the research ideas were very innovative. For example, for patients with low health literacy, the clinical staff team were working on creating tools to help improve patient understanding, for example, a visual representation of clinical information such as a chart or diagram.
- The clinical team were involved in developing various health-related Apps. For example, The Manchester Digital Pain Manikin (MDPM). The MDPM App supports people across ethnic backgrounds with musculoskeletal conditions to report their pain quickly and accurately on their smartphone. Recruitment of people with fibromyalgia, rheumatoid arthritis or osteoarthritis to use the MDPM app to daily self-report their pain for one month. A total of 125 patients were screened within Pennine MSK and 19 consented to participate. Pennine MSK has provided feedback to the University of Manchester research team to help inform the next stage of the research. One of the barriers to recruitment has been that the App is not yet available on i-phones. Analysis is underway.

Are services well-led?

- Other development work included the development of a symptom tracking system. This enables patients to track their symptoms daily using a smartphone App, which sends the results to their electronic patient record for discussion at their next hospital appointment. Clinicians know patients and specialists like the system, but they do not know if it improves treatment planning and health outcomes. Further work is being carried out in this area.
- New research, guidelines and audits were shared at team meetings for discussion and learning.
- Staff could describe to us the systems in place to give feedback. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a strong focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

The financial structure of the organisation meant that resources were available for reinvesting in the service as well as staff development.