

Central Manchester University Hospitals NHS Foundation Trust

Quality Report

Trust Headquarters
Cobbett House
Manchester Royal Infirmary
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November 2015, Community services 11-13
November 2015
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Good 

Are services at this trust safe?

Good 

Are services at this trust effective?

Good 

Are services at this trust caring?

Good 

Are services at this trust responsive?

Requires improvement 

Are services at this trust well-led?

Good 

Summary of findings

Letter from the Chief Inspector of Hospitals

Central Manchester and Manchester Children's University Hospitals Trust was given Foundation status on the 1st January 2009 and became - Central Manchester University Hospitals NHS Foundation Trust (CMFT).

There are 6 main hospitals within the trust, four of which are registered collectively as Manchester Royal Infirmary these include: Manchester Royal Infirmary and three specialist hospitals, Manchester Royal Eye Hospital, Saint Mary's Hospital and the Royal Manchester Children's Hospital. Trafford General Hospital and Altrincham Hospital are registered as separate locations but are known collectively as the Trafford Hospitals. In addition the trust provides an extensive range of community services.

There is also the University Dental Hospital of Manchester which was not inspected as part of this inspection.

- **Manchester Royal Infirmary** - is a large teaching hospital that provides a full range of general and specialist services including emergency care, critical care, general medicine including elderly care, surgery and outpatient services. The Manchester Royal Infirmary is a specialist regional centre for kidney and pancreas transplants, vascular services, haematology and sickle cell disease. The Manchester Heart Centre is a major provider of cardiac services in the region, specialising in cardiothoracic surgery and cardiology. Located on the same site as the Manchester Royal Infirmary were the following specialist hospitals:
- **Manchester Royal Eye Hospital (MREH)** – is a large, specialist ophthalmic teaching hospital.
- **St Mary's Hospital** – is a specialist teaching hospital for women, babies and families. Genomics clinics are also provided in the Manchester centre for genomic medicine.
- **Royal Manchester Children's Hospital (RMCH)** – is a specialist children's hospital and provides regional and supra-regional specialist healthcare services for children and young people and secondary services for central Manchester.

Each of the above specialist hospitals are based on the Trust's main site on the Oxford Road campus alongside the Manchester Royal Infirmary (MRI) each with a separate, purpose-built building with its own entrance.

- **Trafford Hospital** provides a range of general hospital services, including an urgent care facility, general and specialist medicine, general and specialist surgery, a paediatric day case and outpatient services for children and young people and a range of outpatient and diagnostic services for adults and children.
- **Altrincham hospital** provides hospital services including a minor injuries facility, renal dialysis and outpatient's services to both adults and children.

We carried out this inspection as part of our comprehensive inspection programme on 3 - 6 November 2015. In addition an unannounced inspection was carried out between 3pm and 8pm on 23 November 2015 at Manchester Royal Infirmary, St Mary's Hospital and Royal Manchester Children's Hospital.

The community services provided by the trust included a wide range of community based services including supporting health and wellbeing promotion, minor ailments and serious or long-term conditions. The services provided included: district nursing, podiatry, nutrition service, active case managers, home care pathway, sickle cell and thalassaemia service, complex discharge service, continence service, physiotherapy services, home support team, falls team and occupational therapy.

The services were newly integrated into four locality hubs to promote integrated care provision. Services were provided across Manchester in people's homes, residential and nursing homes, clinics and in community venues.

We inspected community services on 11, 12 and 13 November 2015 in several different locations across Greater Manchester.

We rated Manchester Royal Infirmary as 'Good overall'. We have judged the service as 'Good' for safe, caring, effective and well-led care and noted some outstanding practice and innovation. However improvements were needed to ensure that services were responsive to people's needs. In addition:

We rated Trafford Hospital as 'Good' overall.

We rated Altrincham Hospital as 'Good' overall.

Summary of findings

We rated community end of life care services as 'Requires Improvement' overall.

We rated children and young people's community services as 'Requires Improvement' overall.

We rated community inpatient services as 'Good' overall.

We rated community services for adults as 'Good' overall.

We rated the community dental service as 'Good' overall.

We rated Child and Adolescent Mental Health Services, Community and Inpatient Services as 'Outstanding'.

We rated the Trust as 'Good' overall with 'Requires Improvement' in the responsive domain.

Our key findings were as follows:

Leadership and Culture

The trust was led and managed by a stable and visible executive team. The team were well known to staff and were regular visitors to most services. The trust had a vision and strategy with clear aims and objectives. The vision was underpinned by the trust core values: Pride, Dignity, Respect, Empathy, Consideration and Compassion. The trust's vision, values and priorities were understood by staff who were aware of their role in achieving them.

There was, in the, main, a positive culture throughout the trust. Staff felt supported, able to raise concerns, suggest improvements and develop professionally. Staff were proud of their services and proud of the trust.

There were positive levels of staff engagement. Staff were well motivated and committed to providing high quality services and experiences for patients.

There was a range of reward and recognition schemes that were valued by all staff. Staff were encouraged to be proud of their service and achievements. Successes were acknowledged and celebrated

However at Manchester Royal Infirmary and Royal Manchester Children's Hospital we found that the culture in the surgical medical workforce required improvement. We raised this issue with the trust and were provided with assurances in respect of actions taken in response.

Equality and diversity

The senior team and other staff groups reported that the trust had made good progress in this important aspect of the organisational culture, work was on-going to embed and sustain an inclusive and supportive environment throughout the trust.

The trust had made a number of key appointments at both non-executive director and executive level. The (relatively) new appointees were leading a range of work streams to raise awareness and support the comprehensive inclusion of staff from a BME background and other staff groups with protected characteristics.

The programmes were being supported by a three year Equality and Diversity strategy. This approach was seen positively by staff.

As part of the trust's Equality & Diversity week there were over 40 scheduled events including an Equality and Diversity Conference. The events were well attended and supported by staff at all grades. The events were aimed at raising awareness, encouraging and embracing diversity and promoting an inclusive work environment.

In addition, a new equality advocate initiative had been launched recently and over 110 people both from BME and other backgrounds had signed up to be advocates for diversity.

Governance and risk management

The trust had an embedded approach to governance and risk management that had developed over time.

Governance was managed and board assurance sought (through both acute and community based services) through a divisional structure supported by Corporate Services and a Research Division. There was a strong committee structure in place that supported challenge and scrutiny of performance, risk and quality.

An established ward accreditation scheme had been in place since 2010 and regular care quality assessments were carried out across all wards. These included assessments on the environment, clinical care and leadership. Each ward was assessed and awarded either a gold, silver or bronze standard. On-going improvement was underpinned by action plans following each assessment to improve standards focusing on the specific needs of the patient group.

In addition, the trust had introduced an annual quality peer review programme known as Quality Reviews using

Summary of findings

the domains of safe, caring, effective, responsive and well led. There was evidence of service and quality improvement plans across the trust, for example the emergency department at MRI had undertaken a quality improvement project in sepsis recognition and treatment.

Mortality rates

The trust's mortality rates compared with the England average. The trust had the lowest crude mortality rates in the North West of England. The trust was active in reviewing and assessing mortality. There was good medical and board oversight. It was evident deaths were reviewed and learning opportunities shared and applied to improve patient outcomes and reduce incidents of avoidable death.

Nurse Staffing

Nurse staffing levels were determined using a recognised tool and were regularly reviewed. However nurse staffing levels, although improved, remained a challenge. There were still nursing vacancies across a number of services. The trust was actively recruiting nursing staff, including nurses from abroad to address the shortfalls. In the interim, staffing levels were maintained by staff working additional shifts and the use of bank and agency staff. However, there were occasions when the staffing levels in some services and departments were below the required level.

Midwifery Staffing

There were concerns regarding staffing in the midwifery service.

The service was under significant pressure from increased demand and although there were an agreed number of midwives required in each area, there was a system of assessing the demands on the service throughout a 24-hour period. In response to emerging pressures, the midwife responsible for the service would move midwives and support workers between areas to provide cover based on need and patient complexity. This redeployment of staff (often to the delivery unit) could then lead to staffing shortages in other areas within the service. The trust had increased the establishment of

midwives and was actively recruiting additional staff to address the identified shortfalls. The trust was in discussion with the commissioners of maternity services regarding the rising demand for maternity services.

Community staffing

There was a shortfall in staffing levels across adult community services. This was particularly evident in district nursing and the out of hours' service. District nursing actual staffing was 9% below establishment. Bank staff were utilised regularly to maintain staffing levels within the service and recruitment was underway.

Staffing in the Child and Adolescent Mental Health Service (CAMHS)

At the time of our inspection senior management were conducting a review of staffing skills mix across tier 3 services. The aim was to identify where more practitioners, skilled in treating particular disorders, may be required to meet the changing needs of the local population.

Medical Staffing

There were sufficient numbers of consultants and medical staff to provide patients with appropriate care and treatment. There had been an increase of consultant cover in maternity services to support the increase in demand.

Locum doctors were used to cover existing vacancies and for staff during leave. Where locum doctors were used, they were subject to recruitment checks and induction training to ensure they understood the hospital's policies and procedures.

The trust had less foundation doctors than other trusts and therefore had increased the number of trust doctors in the junior grades to maintain rotas.

Palliative care consultant cover was below the recommended staffing levels outlined by the Association for Palliative Medicine of Great Britain and Ireland and the National Council for Palliative Care guidance.

Safeguarding

Staff in all service areas were able to identify and escalate issues of abuse and neglect. Practice was supported by regular and ongoing staff training. Staff had 24 hour access to advice and guidance so that safeguarding

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issues were escalated and managed appropriately and promptly. In children's services there was a multi-agency approach with links to local authority Child Protection Teams.

In the community services a child protection clinic was held daily by community paediatricians who would see any child where a professional had raised safeguarding concerns. The vulnerable babies' team had specialist care planners who chaired strategic partnership meetings and led on safeguarding cases. If neglect was suspected by the health visitor, the team would facilitate support and intervention. In the CAMHS service staff demonstrated a thorough understanding of safeguarding and their responsibilities in relation to identifying and reporting allegations of abuse. The care records we reviewed identified that staff were following the trust's safeguarding policy and sharing information with other agencies appropriately and in a timely manner.

However, there were opportunities for strengthening the trust's approach to alerting staff to children who may be at increased risk of abuse or neglect, particularly in the trust's emergency departments.

Access and Flow

As a result of the increased number of emergency admissions and increased demand for services there was continual pressure on the availability of beds across the hospitals, particularly the Manchester Royal Infirmary (MRI) and Royal Manchester Children's Hospital (RMCH). Consequently, the management of patient access and flow remained a significant challenge for managers.

The trust provided a number of services for patients to be seen urgently and performance across the range of urgent care services exceeded the national 95% target between March and May 2015. However, the adult emergency department at MRI regularly failed to meet national targets for time to treatment, time to discharge and ambulance handovers.

The trust had a transformation plan in place to address the impact of increased demand on its urgent care services and had work in progress to support improved access and flow. It is envisaged that the planned improvements will increase service capacity and improve patient experiences in terms of waiting times and access to a suitable clinical placement in a timely way.

The surgical services achieved the 18 week referral to treatment standards across all specialties for adults. Referral to treatment (percentage within 18 weeks) for non-admitted was better than the standard and similar to the England average from September 2013 to October 2014. From November 2014 to July 2015 the trust's performance was lower than the England average and expected standard.

The outpatient service at the RMCH did not meet national targets for referral to treatment times between April 2015 and September 2015. Waiting times for non-urgent magnetic resonance imaging (MRI) scanning, fluoroscopy and computerised tomography (CT) scanning exceeded the six week waiting time target between February 2015 and July 2015. There were also long waiting times for elective surgical treatment at RMCH with a number of specialties failing to meet the 18 week referral to treatment target.

For Incomplete pathways the trust performed in line with or better than the standard and lower than the England average from September 2013 to July 2015. All three cancer wait measures (patients seen within 2 weeks, 31 day wait and 62 day wait) were generally better than or similar to the England average from 2013/14 to 2014/15.

Although there was a strong and clear focus on discharge planning there were a number of patients who were experiencing delayed discharge and remained in hospital longer than they needed to be. This was sometimes due to the delayed provision of care packages in the community.

Bed occupancy rates in maternity services were 25% higher than the England average throughout April, May and June 2015. This meant there was insufficient capacity for the numbers of patients attending the maternity unit. A policy to divert patients to other units in the area was in place however, the threshold for the use of this policy was not clearly defined and there was no risk assessment to support the process. The lack of capacity and staffing challenges led to patients waiting to be seen in unsuitable areas, waiting for available beds and having treatment delayed.

In Trafford Hospital, theatre utilisation was 66% on average across all nine theatres between May 2015 and October 2015; this was based on high cancellation rates and the organisation of theatre lists and was similar

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across all specialities. This had been recognised by the trust and an external consultant had been commissioned to work with staff to develop options for expanding the service and increase the utilisation of the theatres and increase the number of surgical services for children and young people at the hospital.

Hydration and nutrition

Patient records included assessments of their nutritional requirements. Patients with specialist needs in relation to eating and drinking were supported by dieticians and the speech and language therapy team.

The food and drink provision had been reviewed since the last inspection in 2013; As a result, actions had been taken to improve the range of food available in all services so that it met a diverse group of patient needs. The standard of food was an identified risk on the trust's risk register and a programme of work was underway to improve both the quality and choice of food available.

Cleanliness and Hygiene

There was a good standard of cleanliness throughout the trust. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks in all services.

There were regular audits of cleanliness and infection control standards with high levels of compliance across the trust. Where audits identified shortfalls in practice, action plans were developed and implemented to secure improvement. Infection rates were within the England average.

The trust had also invested in the identification and control of an antibiotic resistant organism Carbapenemase Producing Enterobacteriaceae (CPE). In addition the trust was working with Public Health England to help generate the evidence base for national and international guidelines for controlling CPE and other antibiotic resistant organisms.

Medicines Management

Arrangements were in place to ensure that medicines incidents were reported, recorded and investigated. The trust is the highest reporter of incidents in England and we found there was an open culture around the reporting of medicine errors.

The medicines safety officer had oversight of incidents across the trust and we saw examples of learning from frequent errors being shared across the trust, for example involving insulin. Serious medication errors were reviewed by the Medication Safety Steering Group, and the minutes of these meetings demonstrated appropriate actions when improvements in practice were needed.

The trust demonstrated a deep commitment to research, innovative and active development of its services. We found many examples of innovative and outstanding practice across a range of services. Some examples are detailed below and there is a comprehensive list included in all of the services reports.

Outstanding Practice

- Staff monitored patients by using an electronic early warning score system that automatically notified medical staff and some non-medical staff (such as the surgical lead pharmacist) if there was deterioration in a patient's medical condition. This process was fully embedded across the main site and all the staff we spoke with were positive about using this system.
- The diagnostic imaging department used innovative new technology for assessing coronary artery disease which was available in only two centres in the UK. This meant that patients only required a single one hour visit rather than two visits and three hour appointments. It also meant lower radiation doses were administered to both staff and patient when compared with conventional technology.
- The neonatal unit used video technology to support women who were not well enough to visit their baby, and a bleep system for parents so that they were involved when decisions were being made by medical teams.
- The gynaecology emergency unit was locally unique in that it allowed patients to refer themselves to a specific unit for assessment and treatment of gynaecological emergencies and problems in early pregnancy.
- The development of a nationally unique service relating to developmental sexual dysfunction. This specialist clinic met the very specific needs of patients suffering a variety of sexual development issues. Patients who attended this clinic had the opportunity

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to be seen by consultant gynaecologists, endocrinologists and psychologists. Counselling services specific to the patients who attended the clinic was also available.

- Staff at St Mary's hospital participated in an extensive programme of local, national and internationally recognised research. In areas such as female genital mutilation (FGM), senior staff within St Mary's were participating in the development and implementation of national guidelines.
- The adult rheumatology ward had really thought about the feelings of young people transitioning into their department. They considered how young people would feel sitting in waiting rooms predominately designed for older patients and had developed a separate young person clinic, which was due to start in January 2016. They had involved young people in the re-design of the waiting room, using a mural of photographs of the young patients. The ward had set up a youth group who communicated via social media, which the staff monitored. They had developed their own education sessions for young people, in particular a session called 'Sex, drugs, rock and roll', to inform the young people of their condition and the impact of their life style choices.
- The baby hip clinic was the first example of a one stop assessment and treatment service for children with developmental dysplasia of the hip to be a collaboration between all consultants, rotating through the clinic, with agreed protocols and pathways, allowing standardisation of care and facilitating audit and research. This innovation placed the clinical needs of children and ease of accessing assessment and treatment for parents at the forefront of service redesign.
- Trained nurses were able to undertake eye screening for retinopathy of prematurity (ROP) using a web cam for babies in the neo-natal unit and were able to get immediate clinical review by ophthalmology consultants. The service had been evaluated as successful and was provided in other units as a result.
- The MREH was identified as a NICE exemplar (best practice) service for the management of glaucoma.
- The Divisional Director of the CAMHS service successfully placed a bid to become one of 9 CAMHS

teams nationally to gain a place on the i-Thrive accelerator programme. i-Thrive is a needs based model that enables care to be provided specifically for a population that is determined by its needs. Emphasis is placed on prevention and promotion of health. Patients are involved in decisions about their care through shared decision-making. In gaining a place on the national programme, the service will have access to national experts to further their vision in meeting the needs of the local population.

- The trust had invested in the identification and control of an antibiotic resistant organism Carbapenemase Producing Enterobacteriaceae (CPE). In addition the trust was working with Public Health England to help generate the evidence base for national and international guidelines for controlling CPE and other antibiotic resistant organisms.

However, there were also areas where the trust needed to make improvements.

Importantly, the trust must:

- Ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed in all services, particularly urgent and emergency services, medical care, surgery services and end of life care. This also includes midwives in all areas of the maternity services and sufficient doctors to provide timely review of patients when requested.
- Improve patient flow through the Manchester Royal Infirmary, St Mary's Hospital and Royal Manchester Children's Hospital, particularly in maternity services, medical care, surgery services and A&E.
- Ensure that it fully implements the national recommendations following the removal of the Liverpool Care Pathway

We also identified a number of areas where the trust should make improvements. These are detailed in the individual reports for the hospitals and services.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Central Manchester University Hospitals NHS Foundation Trust

Central Manchester and Manchester Children's University Hospitals Trust was given Foundation status on the 1st January 2009 and became - Central Manchester University Hospitals NHS Foundation Trust (CMFT).

There are 6 main hospitals within the trust, four of which are registered collectively as Manchester Royal Infirmary these include: Manchester Royal Infirmary and three specialist hospitals, Manchester Royal Eye Hospital, Saint Mary's Hospital and the Royal Manchester Children's Hospital. Trafford General Hospital and Altrincham Hospital are registered as separate locations but are known collectively as the Trafford Hospitals. There is also the University Dental Hospital of Manchester. In addition the trust provides an extensive range of community services.

Population served:

The population of Manchester is approximately 514,000. The health of the people in Manchester is generally worse than the England average. Life expectancy is 8.8 years lower for men and 7.4 years lower for women in the most deprived areas. The rate of hospital stays for alcohol related harm is worse than the England average as is the rate of smoke related deaths and sexually transmitted diseases.

Deprivation:

Deprivation in Manchester is higher than the England average and approximately 33.9% of children live in poverty.

Our inspection team

Our inspection team was led by:

Chair: Nick Hulme, Chief Executive, The Ipswich Hospital NHS Trust

Head of Hospital Inspections: Ann Ford, Care Quality Commission

Manchester Royal Infirmary: a CQC inspection manager; six CQC inspectors; a senior A&E nurse; a general nurse with experience in trauma and orthopaedics, A&E, Paediatric A&E and aero med evacuation; Consultant Congenital Cardiothoracic Surgeon; Consultant – Diabetes; Nurse Consultant; FY2 – Medicine (Junior Doctor – GP trainee); Consultant General Surgeon; Head of Theatres & Lead Nurse; Consultant Anaesthetist; Nurse Consultant Critical Care; Retired Consultant in Palliative Care; Consultant Nurse Palliative Care; Senior general nurse – Outpatients department manager; Radiology Manager – Radiographer, Expert by experience - Family carer of person with dementia/older person; Expert by experience - Family carer of adult relative who has a learning disability and high support/complex needs.

Royal Manchester Children's Hospital: A CQC inspection manager; nine CQC inspectors; Paediatric Emergency

Nurse Consultant; Lead Nurse - Paediatrics and Neonatology; Speciality Registrar; Cardiothoracic Theatre Manager; Lead Nurse children's Intensive care and transport/Critical Care Nurse in Paediatrics; Radiology Manager; Consultant Anaesthesia; Nurse Consultant Critical Care; FY4 Junior Doctor; Student nurse; Professional Lead & Designated Nurse Looked After Children; Expert by experience - Family carer of child/young person who uses health services

St Mary's Hospital: A CQC inspection manager; five CQC inspectors; Professor of Gynaecological Research with special expertise in oncology; Neonatal Nurse Practitioner; Paediatric modern matron; Band 7 Midwife / Supervisor of Midwives; Obstetrician and Gynaecologist; Acting Sister Home Birth Team.

Manchester Royal Eye Hospital: A CQC inspection manager; three CQC inspectors; Consultant Ophthalmologist; Retinal Screening Manager, ophthalmology.

In addition the team also included: A Quality Governance/Risk Management consultant; Improving

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Quality Programme Director; Improving Quality Programme Director; Head of Infection Prevention and Control; Director -WRES Implementation - NHS England; Safeguarding / Supervision Skills Trainer.

The inspection team for Trafford Hospitals was led by a CQC Inspection Manager, a consultant physician,

surgeon; surgical, medical, emergency department, senior nurses; an expert by experience (lay members who have experience of care and are able to represent the patient's voice) and a clinical governance specialist.

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held about Central Manchester University Hospitals NHS Foundation Trust and asked other organisations to share what they knew about the hospital. These included the Clinical Commissioning Groups, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held listening events in Trafford and Central Manchester on 27 October 2015 when people shared their views and experiences of the trust. Some people also shared their experiences by email or telephone.

The announced inspection of Manchester Royal Infirmary, Royal Manchester Children's Hospital, St Mary's Hospital ,

Trafford hospitals and Manchester Royal Eye Hospital took place on 3, 4, 5 and 6 November 2015. We also carried out an announced inspection at the Manchester Royal Infirmary, Royal Manchester Children's Hospital and St Mary's Hospital on 23 November 2015. The announced inspection of community services took place on 11, 12 and 13 November 2015.

We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, trainee doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and outpatients services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment provided at these services.

What people who use the trust's services say

- In the Friends and Family test the percentage of those who would recommend was below the England average from July 2014 to June 2015.
- The trust scored about the same as others for all questions in the A&E survey relating to the Effective domain.
- The trust scored about the same as others for all questions in the A&E survey relating to the Caring domain.
- The trust scored in the middle 60% for 21 out of the 34 questions in the Cancer Patient survey. 11 questions scored in the bottom 20% and two questions scored in the top 20%.

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- The trust is similar to the England average for the Patient-Led Assessments (PLACE)
- The trust scored about the same as others for all questions in the CQC In-patient survey.

Facts and data about this trust

Total number of Beds provided in the acute services: 1598

- General and acute 1080
- Maternity 462
- Critical care 56

Staff (WTE): 12,261


- Medical 1,399
- Nursing 3,896
- Other 6,966

Activity

- Outpatient (total attendances) 1,623,507
- Accident & Emergency (attendances) 300,589

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>We have rated the trust as 'Good' for Safe because;</p> <p>The trust had robust systems in place to protect patients from avoidable harm. Hospital acquired harms such as pressure ulcers and falls were below the national averages. The trust wide 'Patient Track' early warning system was an innovative tool that included electronic bedside observation and monitoring of a patient's condition so that medical staff could respond quickly to any deterioration in the patient's condition.</p> <p>There was a good standard of cleanliness throughout the trust. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks in all services. Infection rates were within the England average. The trust had also invested in the identification and control of an antibiotic resistant organism Carbapenemase Producing Enterobacteriaceae (CPE). In addition the trust was working with Public Health England to help generate the evidence base for national and international guidelines for controlling CPE and other antibiotic resistant organisms.</p> <p>Patients received their care and treatment in suitable environments however; the trust was aware of its challenges in relation to the standard of the environment in community clinic settings and accepted that many required improvement and repair.</p> <p>The trust's mortality rates were within the England average, the trust had the lowest crude mortality rate in the North West. The trust was active in reviewing and assessing mortality rates. There was good medical and board oversight of mortality. Mortality and morbidity reviews were held in accordance with trust policies and procedures. Deaths were reviewed and learning opportunities shared and applied to improve patient outcomes and reduce incidents of avoidable death.</p> <p>There was a positive incident reporting culture and staff were confident and competent in raising matters of concern, incidents were subject to investigation and feedback was used to underpin practice changes to</p> <p>avoid reoccurrence. However, there had been five 'Never Events' reported between August 2014 and July 2015. (A never event is a</p>	<p>Good </p>

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serious, wholly preventable patient safety incident that should not occur if the available preventative measures have been implemented). All of the incidents had been subject to investigation and actions planned to improve practice.

Staff in all service areas were able to identify and escalate issues of abuse and neglect. Practice was supported by regular and ongoing staff training. Staff had 24 hour access to advice and guidance so that safeguarding issues were escalated and managed appropriately and promptly. In children's services there was a multi- agency approach with links to local authority Child Protection Teams. However, there were opportunities for strengthening the trust's approach to alerting staff to children who may be at increased risk of abuse or neglect, particularly in the trust's emergency departments.

Nurse Staffing levels were determined using a recognised tool and were regularly reviewed. However nurse staffing levels, although improved, remained a challenge. There were still nursing vacancies across a number of services. The trust was actively recruiting nursing staff, including nurses from abroad to address the shortfalls. In the interim, staffing levels were maintained by staff working additional shifts and the use of bank and agency staff. However, there were occasions when the staffing levels on some wards were below the required level.

Cleanliness and Hygiene

- Wards and departments throughout the trust were visibly clean and maintained to a good standard.
- Staff were aware of and adhered to current infection prevention and control guidelines. Cleaning schedules were in place, with clearly defined roles and responsibilities for cleaning the environment and cleaning and decontaminating equipment.
- Good practice was supported by staff training.
- There were arrangements in place for the handling, storage and disposal of clinical waste, including sharps.
- There were regular audits of cleanliness and infection control standards with high levels of compliance across the trust. Where audits identified shortfalls in practice action plans were developed and implemented to secure improvement
- MRSA, MSSA and C.Difficile incidents were similar to the England average from June 2014 to July 2015.
- In community services there were community infection prevention link workers and essential champions to cascade information, complete audits, offer support and cascade training. Link worker meetings and essential steps champions meetings took place. ANTT training and information regarding audits were discussed and recorded.

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- The trust had also invested in the identification and control of an antibiotic resistant organism Carbapenemase Producing Enterobacteriaceae (CPE). In addition the trust was working with Public Health England to help generate the evidence base for national and international guidelines for controlling CPE and other antibiotic resistant organisms.

Environment

- Patients received their care and treatment in suitable environments however; the trust was aware of its challenges in relation to the standard of the environment in community clinic settings and accepted that a number of locations required improvement and repair.
- The trust recognised that the environment in Emergency Department at Manchester Royal Infirmary was no longer able to meet the demands of the service and was in the process of developing a full refurbishment plan in line with service redevelopments across NHS services in the Greater Manchester.

Incidents

- The trust had a higher rate of incident reporting than the England average based on the August 2015 data. Most of the incidents reported indicated 'no harm' indicating a positive reporting culture.
- The trust had robust systems for reporting actual and near miss incidents across all services.
- There was good evidence that staff understood their responsibilities to raise concerns and record safety incidents.
- Learning from incidents was captured, shared and applied to support improvement and prevent reoccurrence.
- There was evidence of changes in practice and policy as a result of incident investigations.
- However, there had been five 'Never Events' reported between August 2014 and July 2015. (A never event is a serious, wholly preventable patient safety incident that should not occur if the available preventative measures have been implemented). All of the incidents had been subject to investigation and actions planned to improve practice. However, the number of never events was a matter of concern.

Assessing and Monitoring of risk

- The trust wide 'Patient Track' early warning system was an innovative tool that included electronic bedside observation and monitoring of a patient's condition so that medical staff could respond quickly to any deterioration in the patient's condition.

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- In the CAMHS service a standard risk assessment screening tool was used to identify the type and severity of risk. Referrals classified as non-urgent or routine with a lower level of risk would be discussed and allocated to a member of staff in a weekly multi-disciplinary referrals meeting. The patient's level of risk would continue to be monitored and assessed using a standardised risk.
- In community settings risks were assessed on initial visit and required mitigating actions identified. Risk assessments included pressure ulcers, nutrition and hydration, moving and handling and falls.

Duty of Candour

- The trust had good systems in place to fulfil its obligations in relation to the Duty of Candour Regulations.
- The incident reporting system identified incidents that had led to serious or moderate harm to patients and prompted staff to apply duty of candour.
- Staff were aware of the duty of candour requirements. Staff showed us how to access the policy and told us about incidents where they had completed duty of candour.
- There was evidence that the trust was candid and apologetic with patients and those close to them after incidents of harm occurred.
- Actions were planned and taken to prevent reoccurrence.

Safeguarding

- Staff in all service areas were able to identify and escalate issues of abuse and neglect. There were safeguarding policies and procedures in place that covered a range of issues regarding abuse and neglect which included domestic violence and sexual abuse, female genital mutilation (FGM) and sexual exploitation. Staff had 24 hour access to and support from the safeguarding team.
- In children's services there was a multi- agency approach with links to local authority Child Protection Teams.
- In the community services a child protection clinic was held daily by community paediatricians who would see any child where a professional had raised safeguarding concerns. The vulnerable babies' team had specialist care planners who chaired strategic partnership meetings and led on safeguarding cases. If neglect was suspected by the health visitor, the team would facilitate support and intervention.
- In the CAMHS service, staff demonstrated a thorough understanding of safeguarding and their responsibilities in

Summary of findings

relation to identifying and reporting allegations of abuse. The care records we reviewed identified that staff were following the trust's safeguarding policy and sharing information with other agencies appropriately and in a timely manner.

- However, there were shortfalls in the procedure to identify safeguarding concerns relating to children in acute settings. The electronic record system in use did alert staff to patients with a history of safeguarding concerns but there was no system in place to identify children on the local child protection register. The trust had made a decision not to include this system in its safeguarding approach and offered a rationale, never the less this omission was not in line with recognised best practice guidance. However, they were working to implement the national Child Protection Information System (CP-IS), which would provide real time access to local authority-held child protection information.
- Similarly, the electronic patient record system did not have any prompts or statutory indicators to alert staff to any previous safeguarding concerns if a child was to re-present at the emergency department. In addition, triage staff in department did not routinely ask children or their families/carers questions that would highlight safeguarding concerns, such as if the patient had a social worker. Therefore a safeguarding concern may go undetected.

Mortality

- The trust's mortality rates were similar to the England average, the trust had the lowest crude mortality rate in the North West. The trust was active in reviewing and assessing mortality rates. There was good medical and board oversight of mortality.
- Mortality and morbidity reviews were held in accordance with robust policies and procedures. Deaths were reviewed and learning opportunities shared and applied to improve patient outcomes and reduce incidents of avoidable deaths.
- The trust had previously been identified as an outlier for puerperal sepsis and other infections as part of the CQC intelligent monitoring programme. On request, the trust had provided the CQC's maternity outliers panel with the requested information and could evidence that a full investigation had taken place to understand the data and identify areas for improvement. As a result the service had an action plan in place and this had reduced the rate of infection from 6.8% to 4% between April 2015 and July 2015.

Nurse Staffing

Summary of findings

- Nurse staffing levels were determined using a recognised tool and were regularly reviewed.
- The expected and actual nurse staffing levels were displayed and updated on a daily basis on notice boards in all of the areas we inspected.
- Staff escalated staffing concerns to managers in accordance with the trust wide escalation policy. Managers responded to maintain appropriate staffing levels; however this was not always possible in cases of short notice absence.
- Staffing levels were increased in accordance with changes in patient acuity or demand.
- Where there were staff vacancies, staffing levels were maintained by staff working additional shifts and the use of bank and agency staff.
- Agency staff were subject to local induction and checks were made to ensure they had the relevant knowledge and skills to care for patients.

Midwifery Staffing

- There were concerns regarding staffing in the midwifery service.
- The service was under significant pressure due to increased demand and although there were an agreed number of midwives required in each area, there was a system of assessing the demands on the service throughout a 24-hour period. In response to emerging pressures, the midwife responsible for the service would move midwives and support workers between areas to provide cover based on need and patient complexity.
- This redeployment of staff (often to the delivery unit) could then lead to staffing shortages in other areas. On one occasion, there were two midwives on the postnatal ward to care for 20 women and 16 babies. This included eight patients who were receiving additional treatment due to their clinical condition.
- It was evident from our inspection that the service required additional staffing support to meet patient demand and need.
- The trust was aware of the challenges in the maternity service and had agreed an increase in the number of midwives from 315 to 345.
- At the time of our inspection, there were 23 offers of employment made to new staff.
- However, until the midwives had commenced work and completed their induction the appropriate staffing of the maternity service remained a significant challenge.

Community staffing

Summary of findings

- There was a shortfall in staffing levels across adult community services. This was particularly evident in district nursing and the out of hours' service. District nursing actual staffing was 9% below establishment. Bank staff were utilised regularly to maintain staffing levels.
- There had been a recent school nursing review which had reduced the number of school nurses by 40%. However there had been a high turnover of school nursing staff during the review as we understand that staff had been concerned about their job security. This meant that the number of school nurses had reduced by 50% over the six months prior to the inspection. The trust was undergoing a recruitment campaign to recruit to the vacant posts.

Staffing in the Child and Adolescent Mental Health Service (CAMHS)

- Staff identified that they had heavy caseloads. The trust's CAMHS had the second highest rate of face-to-face contact with children and young people within the UK. The trust reported 3,674 per 100,000 of the population were seen by the service. Active caseloads ranged between 40 - 70 at the Winnicott and Pendleton Gateway Centres.
- Caseload size was in part determined by the practitioner's specialism. For example, referrals to practitioners specialising in the treatment of Attention Deficit and Hyperactive Disorder (ADHD), were particularly high.
- At the time of our inspection senior management were conducting a review of staffing skills mix across tier 3 services. The aim was to identify where more practitioners, skilled in treating particular disorders, may be required to meet the changing needs of the local population.

Nurse and Midwifery staffing trust wide.

- Throughout the trust nurse and midwifery staffing levels, although improved, remained a challenge.
- The trust was actively recruiting nursing staff both locally, nationally and from overseas to address the shortfalls. Nevertheless there were occasions when the staffing levels in a number of service areas that were below the required levels.

Medical Staffing

- There were sufficient numbers of consultants and medical staff to provide patients with appropriate care and treatment. There had been an increase of consultant cover in maternity services to support the increase in demand.

Summary of findings

- Locum doctors were used to cover existing vacancies and for staff during leave. Where locum doctors were used, they were subject to recruitment checks and induction training to ensure they understood the hospital's policies and procedures.
- The trust had less foundation doctors than other trusts and therefore had increased the number of trust doctors in the junior grades to maintain rotas.
- Palliative care consultant cover was below the recommended staffing levels outlined by the Association for Palliative Medicine of Great Britain and Ireland and the National Council for Palliative Care guidance.

Medicines Management

- There were robust policies and procedures in place to support good practice in relation to medicines management.
- Pharmacy staff checked (reconciled) patients' medicines on admission to wards. The ward-based clinical pharmacy service was available 24 hours a day seven days a week.
- Arrangements were in place to ensure that medicines incidents were reported, recorded and investigated. The trust is the highest reporter of incidents in England and we found there was an open culture around the reporting of medicine errors. The medicines safety officer had oversight of incidents across the trust and we saw examples of learning from frequent errors being shared across the trust, for example involving insulin.
- Serious medication errors were reviewed by the Medication Safety Steering Group, and the minutes of these meetings demonstrated appropriate actions when improvements in practice were needed.
- Patient Group Directions (PGDs) were in use in some clinical areas in the trust and there were clear procedures and policies to make sure they were prepared and used in a safe way. PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. We checked PGDs used in the accident and emergency department at Manchester Royal Infirmary and saw they were being used effectively to support patient access to medicines in a timely way.
- The trust was proactive in monitoring the use of antibiotics, and there were specialist pharmacists who attended daily antimicrobial ward rounds. Trust figures showed C Difficile infection rates were similar to the England average which is a useful indicator of appropriate antibiotic stewardship.
- We saw patients self-administering medicines on several wards but no documentation or formal assessment of their capability

Summary of findings

had been completed in line with the policy. Therefore we could not be sure patients were supported to take their medicines safely, including arrangements for risk assessment and care planning.

Are services at this trust effective?

We rated the trust as 'Good' for Effective because;

Care and treatment was evidence-based and the policies and procedures, assessment tools and pathways followed recognisable and approved guidelines such as the National Institute for Health and Care Excellence (NICE). Clinical pathways and care bundles were used to ensure appropriate and timely care for patients in accordance with nationally recognised standards.

There was good use of clinical audit to monitor and improve performance. Where audits highlighted areas for improvement the trust developed, implemented and monitored action plans to secure improvement.

Patient outcomes were, in the main, in line with or better than the England average. In those areas where performance was below the England average, for example in the management of patients suffering a stroke, the trust had developed action plans to improve its performance and secure better outcomes for patients. Similarly action plans had been developed to improve performance in the management of hip fractures as well as reducing length of stay and readmission rates in some specialties.

However in services for patients at the end of life we were not assured that sufficient progress had been made to meet national guidance following the removal of the Liverpool care pathway nationally in 2014. An approved individualised care plan document had not yet been fully implemented across the trust.

The specialist palliative care service was not available seven days a week which was not in line with national recommendations. We raised these issues with trust at the time of inspection. The trust responded to our concerns and has provided us with a training plan and an update on progress since the inspection to address these matters.

Multi-disciplinary team work was well established and focused on securing the best outcomes for patients

Staff in all disciplines and service areas worked well together for the benefit of patients in their care.

Good



Summary of findings

Staff had appropriate skills and knowledge to seek consent from patients or their representatives. There was a trust-wide safeguarding team that provided support and guidance for staff for mental capacity assessments, best interest meetings and deprivation of liberties safeguards.

Evidence based care and treatment

- Patients received care according to national guidelines such as National Institute for Health and Clinical Excellence (NICE) and Royal College guidance.
- Clinical audits included monitoring of compliance with National Institute for Health and Care Excellence (NICE) guidance.
- Emergency surgery was managed in accordance with the National Confidential Enquiries into.
- In 2014/15, the trust participated in 100% of national clinical audits and 100% of national confidential enquiries for which it was eligible.
- Findings from clinical audits were reviewed at monthly clinical effectiveness meetings and any changes to guidance and practice highlighted as a result were subject to action planning and regular review.
- Staff used a range of integrated care pathways that were based on national guidelines.
- The CAMHS service provided a range of effective, evidence based, clinical interventions that NICE identifies as being innovative practices. This included the Child and Parenting Service, (CAPS), that provides early intervention courses to parents of children with mental health difficulties. The parent child game also had a strong evidence base for improving outcomes for patients who present with severe behavioural problems and relationships difficulties. The service offers 3 half-day clinics per week in north and south Manchester and Salford. The programme helps facilitate a positive relationship between parent and child by improving parental interaction. The programme focuses on rewarding positive behaviours and supporting parents to provide clear and consistent instructions and consequences to their child's behaviour.
- However in services for patients at the end of life we were not assured that sufficient progress had been made to meet national guidance following the removal of the Liverpool care pathway in 2014. An approved individualised care plan document had not yet been fully implemented across the trust. Data provided by the trust showed that in the period January 2015 to March 2015 only 48% of patients at end of life had a completed individual plan of care.

Summary of findings

- We raised these issues with trust at the time of inspection. The trust responded to our concerns and has provided us with a training plan and an update on progress since the inspection to address these matters.

Patient outcomes

- The myocardial ischaemia national audit project (MINAP) is a national clinical audit of the management of heart attacks. The MINAP audit 2013/14, showed the number of patients diagnosed with a non-ST segment elevation myocardial infarction (N-STEMI - a type of heart attack) seen by a cardiologist prior to discharge was better than the national average at 100%. (The national average was 94%).
- However, 28% of patients with an N-STEMI were admitted to a cardiology ward. This was worse than the national average of 55%. The percentage of patients who were referred or had an angiograph (an investigation that looks into the blood vessels of the heart) was 89% which was better than the England average of 78%.
- The 2012/2013 heart failure audit showed the hospital performed better than the England average for three out of the four clinical (in hospital) indicators and in all of the seven clinical (discharge) indicators. Medical services participated in the joint advisory group on GI endoscopy (JAG) and were JAG accredited. The JAG ensures the quality and safety of patient care by defining and maintaining the standards by which endoscopy is practiced. The unit was due for reaccreditation in 2016 and there was an action plan in place to improve the quality of the patient experience. This included receiving an appointment for an endoscopy as quickly as possible.
- In the national diabetes inpatient audit 2013, the trust scored worse than the England average for 12 of the 22 indicators and better than the England average for nine of the 22 indicators (data was not available for one indicator). The trust performed better in the number of foot risk assessments completed within 24 hours and staff knowledge and emotional support offered to patients.
- Areas identified for improvement included: Percentage of patients seen by the multidisciplinary team within 24 hours and enabling patients to take control of their diabetes care.
- The Sentinel Stroke National Audit Programme (SSNAP) is a programme of work that aims to improve the quality of stroke care by auditing stroke services against evidence-based standards. This highlighted that the service had made improvements to the care and treatment of patients who had suffered a stroke. The latest audit results for October –

Summary of findings

December 2014 rated the hospital overall as a grade 'D' (with 'A' being the best score and 'E' being the lowest). This was an improvement on the grade 'E' the service had previously achieved. The trust had an action plan in place to continue to improve performance against the standards.

- The national emergency laparotomy audit (NELA) report from May 2014 showed that 19 out of the 28 standards were available at this hospital. This included having a fully staffed emergency theatre available at all times, an emergency surgical unit and a care pathway for the management of patients with sepsis. The NELA audit highlighted a number of standards that were not achieved including arrangements for medical review of elderly patients, the availability of a pathway for enhanced recovery, a policy for deferment of elective activity to prioritise emergencies, and policies that require consultant surgeons and anaesthetists formally hand over in person.
- The findings from the NELA audit had been reviewed and this concluded that the surgical services were compliant with most areas of the NELA audit and no further remedial actions were required. The review highlighted that the service was not able to fully assess morbidity, frailty and cognition in all patients aged over 70 years because the division did not have the resources for a geriatrician to regularly cover the surgical wards. This was addressed by referring patients to a geriatric consultant on an ad-hoc basis where a review was required.
- The lung cancer audit 2014 (reporting on all of 2013) showed the trust performed in line with or slightly better than the England and Wales average for all three key indicators. This included number of cases discussed at multidisciplinary meetings (97.6% compared with the average of 95.6%), the percentage of patients having a CT scan before bronchoscopy (92% compared with the average of 91.2%) and the percentage of patients receiving surgery in all cases (15.6% compared with the average of 15.1%).
- The national bowel cancer audit of 2014 showed that the trust performed better than the England average for case ascertainment rate, the number of patients that had a CT scan, the number of patients seen by a clinical nurse specialist, the number of cases discussed at multidisciplinary team meetings and the number of patients for whom major surgery was carried out as urgent or emergency.
- The national bowel cancer audit also showed that the trust was slightly worse than the England average for the number of

Summary of findings

cases discussed at multidisciplinary team meetings (98% compared with England average of 99.1%) and for patient length of stay above five days (73.7% compared with average of 69.1%).

- The bowel cancer audit action plan listed a number of improvement actions in relation to improving the quality of records and for improving the way multidisciplinary meetings were carried out. The lead clinician for colorectal surgery was responsible for implementing the planned actions and progress against agreed actions was monitored at monthly clinical effectiveness committee meetings.
- Performance reported outcomes measures (PROMs) data between April 2014 and March 2015 showed that the percentage of patients with improved outcomes following groin hernia, hip replacement, knee replacement and varicose vein procedures was better than the England average. There were also a lower proportion of patients with worsening outcomes than the England average.
- The national hip fracture audit of 2014 showed that this hospital performed similar to or better than the England average for four out of the seven indicators, including the percentage of patients admitted to orthopaedic care within four hours, the number of patients having a bone health assessment, the number of patients developing pressure ulcers and the completion of falls assessments.
- However, the hip fracture report highlighted that only 19.2% of patients had a pre-operative assessment by an orthopaedic geriatrician compared with the England average of 51.6%.
- The hip fracture report also highlighted that the hospital's performance was worse than the England average for the number of patients undergoing surgery on the day of or after the day of admission (68% compared with the England average of 73.8%) and the mean total length of patient stay (28.4 days compared with 19 days).
- The hip fracture audit action plan from November 2015 highlighted that only part-time consultant orthopaedic geriatrician cover (0.45 whole time equivalent) was available at the hospital over five days per week.
- A summary report and action plan was submitted to the divisional clinical effectiveness board during November 2015. This listed a number of remedial actions to improve compliance with the hip fracture audit. For example, service improvement workshops took place during October 2015 to improve compliance with national guidelines and improve the service.

Summary of findings

- The action plan also listed key actions to review the capability of the orthopaedic geriatrician and to identify whether additional staff were required to review patients. The action plan highlighted that increasing orthopaedic geriatrician cover at the hospital would also lead to an improvement in the length of stay. This action was planned for completion by November 2016.
- Hospital episode statistics data between January 2014 and December 2014 showed the average length of stay for elective and non-elective urology and general surgery patients was longer than the England average.
- Hospital episode statistics data between December 2013 and November 2014 showed the number of patients that underwent elective urology and general surgery and were readmitted to the MRI following discharge was worse than the England average. Similarly, the number of patients that underwent non-elective trauma and orthopaedics surgery and were readmitted to the hospital following discharge was also worse than the England average.
- The division of surgery had started a specific improvement plan (known as ERAS+) during October and November 2015 to improve patient length of stay along with a project to reduce readmissions to the hospital.
- Hospital episode statistics data between December 2013 and November 2014 showed the number of patients that underwent elective surgery that were readmitted to the MREH following discharge was worse than the England average. However, the data showed the number of patients readmitted following non-elective surgery was better than the England average.
- Records showed that between July 2014 and July 2015 the rate of emergency readmissions following 28 days of surgery at the MREH was 2.1%. This was better than the overall rate across the whole trust. The nursing and medical staff we spoke with could not attribute the patient readmission rates to any specific factors.
- Hospital episode statistics data between January 2014 and December 2014 showed the average length of stay for all elective and non-elective surgery patients at the MREH was shorter than the England average.
- The trust acknowledged that there were improvements required in its end of life service and had developed a draft strategy that would develop the service and meet national

Summary of findings

expectations. Plans were in place to support and train staff in the wider implementation of an approved individualised care plan document that would promote and secure evidence based end of life care for patients.

- Data provided by the trust showed that in the period January 2015 to March 2015 only 48% of patients at end of life had a completed individual plan of care.

Multidisciplinary working

- Multidisciplinary team work was very well established and focused on the securing good outcomes for patients in all of the services we inspected.
- Staff across all disciplines worked well together in this regard. There were robust mechanisms in place such as combined ward rounds and regular MDT meetings in all services that enabled all disciplines to positively contribute to the care and treatment of patients.
- In critical care Multi-disciplinary ward rounds took place each day that involved medical, nursing and pharmacy representation.
- There was also evidence of multi-disciplinary working around the discharge of patients involving medical, nursing and allied health professional staff.
- There was a critical care outreach follow up team that aimed to see all patients discharged from critical care within 72 hours. The service included the input of a dedicated physiotherapist who provided additional rehabilitative physiotherapy to patients who needed it. A weekly follow up clinic was also provided, to which patients were invited three months after their discharge. This was in accordance with best practice guidance.
- In children's services there was good access to child and adolescent mental health services (CAMHS) on each of the children's wards. (Reported and rated separately as part of this inspection).
- There was a strong multidisciplinary approach for children with life limiting illnesses or complex needs.
- The Specialist Palliative Care Team worked across MRI and St Marys Hospital as part of the multidisciplinary team (MDT) that also included the rapid discharge team, consultant's in individual specialities, nursing staff and community staff.
- It was evident that colleagues from all disciplines valued each other's contribution and that relationships between the disciplines were positive and productive.
- In the CAMHS service weekly multi-disciplinary team meetings took place at each locality to discuss current caseloads, new

Summary of findings

referrals and share best practice. Regular multi-agency meetings with agencies and partners external to the organisation took place across the service. Our observations of the meeting demonstrated that there was an equal voice and mutual respect between members of the team and constructive discussion was encouraged.

- In community settings Staff had been re-located to form integrated locality teams to work within a multi-disciplinary setting.
- Staff reported good access to other services and worked collectively to discuss and meet the needs of service users.
- Staff completed weekly 'huddles' to discuss cases and any complex issues. As part of the meeting, staff would agree on who the most appropriate clinician to visit would be to avoid duplication. These huddles were relatively new but staff were positive about their implementation.

Hydration and nutrition

- Inpatients had a choice of nutritious food and an ample supply of drinks during their stay in hospital. Patients with specialist needs in relation to eating and drinking were supported by dieticians and the speech and language therapy team.
- A coloured tray and jug system was in place to highlight which patients needed assistance with eating and drinking.
- Some wards had 'protected mealtimes' in place when all other activities on the wards stopped, if it was safe for them to do so. This enabled staff to help and assist patients in a discreet and sensitive way.
- The food and drink provision had been reviewed since the last inspection in 2013; As a result, actions had been taken to improve the range of food available so that it met a very diverse group of patient need. Work in this regard was ongoing. The standard of food was an identified risk on the trust's risk register and a programme of work was underway to secure improvement.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff had appropriate skills and knowledge to seek consent from patients or their representatives.
- Records confirmed that verbal or written consent had been obtained from patients or an appropriate person before delivering care and treatment.

Summary of findings

- If patients lacked the capacity to make their own decisions staff made decisions about care and treatment in the best interests of the patient and involved the patient's representatives and other healthcare professionals appropriately.
- There was a trust-wide safeguarding team that provided support and guidance for staff for mental capacity assessments, best interest meetings and deprivation of liberties safeguards.
- In children's services the principles of the Fraser and Gillick guidelines were appropriately used when making decisions about the ability of a young person to consent to procedures.
- Trust wide figures showed that 83% of staff had completed level one Mental Capacity Act/DoLS training and 76% had completed level two against the trust target of 80%. Staff understood the legal requirements of the Mental Capacity Act (2005) and Deprivation of Liberties Safeguards, however we found that on some occasions records were not completed appropriately and there were some instances in medical services where staff were unsure of their application in respect of the use of bedrails.

Are services at this trust caring?

We rated the trust as 'Good' for Caring because;

Care and treatment was delivered by caring, committed, and compassionate staff. Staff in all disciplines treated patients and those close to them with dignity and respect. Patients were positive about their interactions with staff.

Staff were open, friendly and helpful, many went out of their way to help and support patients.

We saw some very good examples of staff 'going the extra mile' for patients and staff providing care in an individualised and person centred way.

There was a positive caring culture and staff and managers worked collaboratively to review and improve the patient experience.

Staff actively involved patients and those close to them in the planning of their care and treatment. Patients felt included and valued by the staff team. There were some excellent examples of staff involving, including and responding to patients needs and preferences

Patients and those close to them understood their treatment and the choices available to them. Meeting people's emotional needs was recognised as important by staff and they were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.

Good



Summary of findings

Compassionate care

- Care and treatment was delivered by caring, committed, and compassionate staff. There were very positive examples of staff displaying a caring and compassionate approach to patients, as well as many examples of staff 'going the extra mile' for patients.
- There was a proactive and compassionate approach for patients whose condition or circumstances made them vulnerable, staff were mindful and considered in their interactions with this group of patients and delivered care in an individualised and person centred way.
- Staff at all grades in all services treated patients and those close to them with dignity and respect.
- Patients were very positive about their interactions with staff. They reported that staff were open, friendly and helpful and that many went out of their way to help and support patients.
- The NHS Friends and Family Test is a satisfaction survey that measures patients' satisfaction with the healthcare they have received. The latest data showed the trust scored above the England average in many areas of service provision, although response rates remain below the England average.
- In the cancer patient experience survey for inpatient stay 2013/2014, the trust performed in the top 20% of all trusts in five of the 58 areas. These included 'patient given the choice of different types of treatment' and 'patients given the name of the clinical nurse specialist in charge of their care'. The trust performed in the bottom 20% of all trusts in 17 of the 58 areas including 'staff did everything to control side effects of chemotherapy' and the quality of information on discharge. The trust performed the same as the other 60% of trusts in the remaining 36 areas.

Understanding and involvement of patients and those close to them

- Staff respected and understood the patients' rights to make choices about their care.
- Patients and those close to them and received information about care and treatment in a manner they understood. As a result patients and those close to them understood their treatment and the choices available to them. Patients reported that they felt actively involved the planning of their care and treatment and felt included and valued by the staff team.

Summary of findings

- Staff were skilled at building trusting relationships with patients and those close to them within a short space of time. This approach helped patients share their fears and anxieties and enable staff to offer appropriate reassurance and support.
- In children's services staff in the STAR team used a whole family approach and were aware of the needs of people that were close to the patients. Staff thought beyond the death of a patient and were proactive in arranging memory photograph books to support the family after the death of a child. Siblings of dying children were supported to attend social events and the STAR team went beyond their role to raise finances to continue to deliver this part of the service.
- Parents of children with behavioural difficulties were invited to attend a 'Riding the Rapids' initiative, which was designed to support parents and help parents to manage the child's challenging behaviours.
- In the CAMHS service patients were encouraged and supported to identify and raise awareness of issues that mattered to them. Patients at the 16-17 Emerge team produced a training DVD to raise awareness of gender dysphoria and how this affects the emotional health of young people. This was used as part of the staff-training programme across Royal Manchester Children's Hospital.
- The service also provided a patient participation group. Patients' views on how the service could improve were escalated to senior management within monthly governance meetings. Where appropriate, the service was adapted to meet their preferences.

Emotional support

- Meeting people's emotional needs was recognised as important by all staff disciplines.
- Staff were sensitive and compassionate in supporting patients and those close to them during difficult and stressful periods.
- Counselling and individualised support packages were available for patients and staff who had suffered a traumatic event.
- Multi faith spiritual leaders were available 24 hours a day for patients requiring spiritual support.
- Patients and relatives told us that they received considerable emotional support from all members of the multidisciplinary teams involved in their care.
- Patients in the maternity and children's services were particularly positive about the emotional support offered to them and their families by staff.

Summary of findings

- Chaplaincy services were available for patients 24 hours a day, seven days a week.
- Patients and those close to them were also able to access the Multi Faith Centre as a place of quiet reflection and support.

Are services at this trust responsive?

We rated the trust as 'Requires Improvement' for Responsive because;

The trust had well developed approach to strategic planning. Services were planned to meet the needs of the local population and included national initiatives and priorities. The trust was an active partner in the development and design of the Devolution Manchester scheme.

As a result of the increased number of emergency admissions and increased demand for services there was continual pressure on the availability of beds across the hospitals, particularly the Manchester Royal Infirmary (MRI) and Royal Manchester Children's Hospital (RMCH). Consequently, the management of patient access and flow remained a significant challenge for managers. The trust provided a number of services for patients to be seen urgently and performance across the range of urgent exceeded the national 95% target between March and May 2015. However, the adult emergency department at MRI regularly failed to meet national targets for time to treatment, time to discharge and ambulance handovers.

In addition, in both MRI and RMCH, patients were sometimes placed on wards that were not best suited to meet their needs (also known as outliers). However, there were very good systems in place to ensure that these patients had access to appropriate medical review.

The trust had a transformation plan in place to address the impact of increased demand on its urgent care services and had work in progress to support improved access and flow. It is envisaged that the planned improvements will increase service capacity and improve patient experiences in terms of waiting times and access to a suitable clinical placement in a timely way.

The surgical services achieved the 18 week referral to treatment standards across all specialties for adults. Referral to treatment (percentage within 18 weeks) for non-admitted was better than the standard and similar to the England average from September 13 to October 14. From November 14 to July 15 the Trust's performance was lower than the England average and expected standard.

The outpatient service at the Royal Manchester Children's Hospital (RMCH) did not meet national targets for referral to treatment times

Requires improvement



Summary of findings

between April 2015 and September 2015. Waiting times for non-urgent magnetic resonance imaging (MRI) scanning, fluroscopy and computerised tomography (CT) scanning exceeded the six week waiting time target between February 2015 and July 2015. There were also long waiting times for elective surgical treatment at RMCH with a number of specialities failing to meet the 18 week referral to treatment target.

For incomplete pathways the trust performed in line with or better than the Standard and lower than the England average from September 13 to July 15. All three cancer wait measures (patients seen within 2 weeks, 31 day wait and 62 day wait) were generally better than or similar to the England average from 2013/14 to 2014/15.

However, as a result of insufficient bed capacity in the surgical wards at the MRI, emergency patients were routinely transferred to the elective treatment centre short stay ward. Elective operations were often cancelled due to a lack of available beds. The number of patients whose operations were cancelled and were not treated within the 28 days was worse than the England average between October 2014 and June 2015 but was showing improvement by quarter 3 2015/16 (October to December)

In addition, the number of patients at the MRI whose operations were cancelled and were not treated within the 28 day target was worse than the England average between October 2014 and June 2015. The division of surgery transformation plan included actions to improve theatre efficiency and reduce cancelled operations.

Although there was a strong and clear focus on discharge planning there were a number of patients who were experiencing delayed discharge and remained in hospital longer than they needed to be. This was often due to the delayed provision of care packages in the community.

Bed occupancy rates in maternity services were 25% higher than the England average throughout April, May and June 2015. This meant there was insufficient capacity for the numbers of patients attending the maternity unit. A policy to divert patients to other units in the area was in place however, the threshold for the use of this policy was not clearly defined and there was no risk assessment to support the process. The lack of capacity and staffing challenges led to patients waiting to be seen in unsuitable areas, waiting for available beds and having treatment delayed.

In the critical care service there had been significant improvements in reducing the number of patients discharged to suitable wards out of hours. However, challenges with access and flow within the wider

Summary of findings

hospital still impacted on patients' discharge from the critical care units. Both mean length of stay and delayed discharges were worse than compared to similar units. Similarly capacity issues in the cardiac intensive care unit (and wider cardiac wards) meant beds were not always available to allow patients to be discharged onto a ward. These access and flow pressures had an impact on operational effectiveness. For the period October 2014 to September 2015 there had been 64 cancelled elective cardiac surgery cases as a consequence of there being no available bed.

In community services, data showed that between 46% (February) and 54% (July) of children received a development assessment between the required ages of two and two and a half (healthy child programme). This was significantly worse than the national average of 98%. Managers reported that this low figure was because only one appointment was offered that was sent out through the child health system. At the time of the inspection 57% of school children in Manchester were from a minority ethnic group. Appointment letters were only sent out in English. This may be a reason for the poor uptake of appointments.

The trust had implemented a number of initiatives to respond to patient's individual needs and circumstances that enabled an individualised and sensitive approach to meeting patient needs. These included the 'forget me not' initiative for patients living with dementia, a leaf symbol to identify and support patients at the risk of falls and a 'passport' document for patients who had a learning disability. The trust also provided access to interpreters for patients whose first language was not English and patient information leaflets were available in a number of languages and braille. In maternity services there was dedicated midwifery staff who could support and meet the needs of women whose circumstances made them vulnerable.

Service planning and delivery to meet the needs of local people

- The trust had well developed approach to strategic planning. Services were planned to meet the needs of the local population and included national initiatives and priorities.
- The trust was an active partner in the development and design of the Devolution Manchester scheme.

Meeting people's individual needs

- The trust had implemented a number of initiatives to respond to patient's individual needs and circumstances that enabled an individualised and sensitive approach to meeting patient needs.

Summary of findings

- These included the 'forget me not' initiative for patients living with dementia, a leaf symbol to identify and support patients at the risk of falls and a 'passport' document for patients who had a learning disability.
- The trust also provided access to interpreters for patients whose first language was not English and patient information leaflets were available in a number of languages and braille.
- There were three young people's midwives who liaised with the teenage pregnancy team to support young patients through the management of their pregnancy and after care. A part time midwife supported patients who were seeking asylum in the area. They worked closely with other agencies to ensure patients received appropriate care and support.
- The gynaecology emergency unit allowed patients to refer themselves to a specific unit for assessment and treatment of gynaecological emergencies and problems in early pregnancy. This service was highly valued by the women who used it.
- In children's services, the environment was child friendly and there were ample supplies of toys, books and games for children of all ages. However, there were opportunities for the trust to improve its recreational facilities for adolescent patients.
- In preparation for the new transition policy, RMCH sent out a self-assessment tool on 'transitional care best practice' to 17 services at Manchester Royal Infirmary. The results showed 10 out of 17 adult services had a transition key worker / designated transition lead in their speciality. However, we visited three of the adult services who had said they had a transition key worker and found there wasn't one in place.
- In adult community services, discussions with the patient in relation to the decision not to attempt cardiopulmonary resuscitation (DNACPR) were not recorded in half of the patient records reviewed as part of an internal audit. Action plans had been produced following audits but evidence of progress was limited. An EOL work plan had been developed in June 2015 that identified areas to develop within the service. However progression with the work plan had been limited at the time of our inspection. There was a plan to implement an electronic palliative care co-ordination system (EPAACs) to improve information sharing across all services involved in a patient's care however, progress to date was slow and the system had not been piloted.
- Data showed that between 46% (February) and 54% (July) of children received a development assessment between the required ages of two and two and a half (healthy child programme). This was significantly worse than the national

Summary of findings

average of 98%. Managers reported that this low figure was because only one appointment was offered that was sent out through the child health system. At the time of the inspection 57% of school children in Manchester were from a minority ethnic group. Appointment letters were only sent out in English. This may be a reason for the poor uptake of appointments. Health visitors used their own discretion as to whether the child would be appointed a further date. However, data supplied by the trust, showed the 'did not attend' (DNA) rate for the health visiting service for 2014/15 was only 4%.

- There was limited data available in terms of access to the Macmillan team in the community. We were not assured that the trust was monitoring access (and waiting times) for the specialist palliative care team. However, there was evidence to support that district nurses were responding to referrals in a timely manner.

Access and flow

- The trust provided a number of services for patients to be seen urgently including a minor injuries unit at Altrincham Hospital, an urgent care facility at Trafford Hospital, a children's Emergency department at Royal Manchester Children's Hospital, an emergency gynaecological and early pregnancy unit at St Mary's Hospital and adult emergency care at Manchester Royal Infirmary. Collective performance across all urgent care services provided by the trust exceeded the Department of Health (DH) target to assess, treat and discharge or admit 95% of patients within four hours between March and May 2015.
- However, as a result of the increased number of emergency admissions and increased demand for services there was continual pressure on the availability of beds across the Manchester Royal Infirmary (MRI) and Royal Manchester Children's Hospital (RMCH). Consequently, the management of patient access and flow in these areas was a significant challenge for managers.
- The adult emergency department at MRI regularly failed to meet national targets for time to treatment, time to discharge and ambulance handovers. For the period April and September 2015. The average proportion of patients treated within four hours for this period was 90.6%. The department had not met the 95% target for any month between August 2014 and July 2015

Summary of findings

- Records showed that between April and September 2015, 15% of patients waiting in the adult emergency department to be admitted to the MRI were waiting on a trolley for between four and 12 hours. This was worse than the England average of around 2%
- In addition, in both MRI and RMCH, patients were sometimes placed on wards that were not best suited to meet their needs (also known as outliers). However, there were very good systems in place to ensure that these patients had access to appropriate medical review.
- There were also examples of patients being moved across wards during the night and a significant number of patients experienced one or more moves during their stay in hospital.
- The trust had a transformation plan in place to address the impact of increased demand on its urgent care services and had work in progress to support improved access and flow. It is envisaged that the planned improvements will increase service capacity and improve patient experiences in terms of waiting times and access to a suitable clinical placement in a timely way.
- The surgical services achieved the 18 week referral to treatment standards across all specialties for adults. Referral to treatment (percentage within 18 weeks) for non-admitted was better than the Standard and similar to the England average from September 13 to October 14. From November 14 to July 15 the Trust's performance was lower than the England average and standard.
- The outpatient service at the Royal Manchester Children's Hospital (RMCH) did not meet national targets for referral to treatment times between April 2015 and September 2015. Waiting times for non-urgent magnetic resonance imaging (MRI) scanning, fluoroscopy and computerised tomography (CT) scanning exceeded the six week waiting time target between February 2015 and July 2015. In July 2015, 23.3% of patients waited more than 30 minutes to see a clinician. Long wait times for elective surgical treatment at RMCH remained a challenge with a number of specialities failing to meet the 18 week referral to treatment target.
- There was no overarching service planning for children and young people's end of life care.
- For Incomplete pathways the trust performed in line with or better than the standard and lower than the England average from September 13 to July 15.
- However in the RMCH divisional risk management review, May 2015 highlighted ongoing challenges in meeting the 18 week

Summary of findings

referral to treatment time standards. From June to August 2015 there were an anticipated 221 patients waiting in the region of 52 weeks across all specialities. This ranged from 57 patients in total in June 2015 to 83 patients in total in August 2015.

- All three cancer wait measures (patients seen within 2 weeks, 31 day wait and 62 day wait) were generally better than or similar to the England average from 2013/14 to 2014/15.
- The rate of cancelled elective operations was higher than the England average since July 2014. The number of patients whose operations were cancelled and were not treated within the 28 days was worse than the England average between October 2014 and June 2015 but was showing improvement by quarter 3 2015/16 (October to December).
- The division of surgery transformation plan included improvement actions to improve theatre efficiency and reduce cancelled operations.
- There was sufficient capacity in the MREH to ensure patients admitted for surgery could be seen promptly and receive the right level of care. The rate of operations cancelled at this hospital was low and within expected levels.
- Although there was a strong and clear focus on discharge planning there were a number of patients who were experiencing delayed discharge and remained in hospital longer than they needed to be. This was often due to the delayed provision of care packages in the community.
- In Trafford Hospital, theatre utilisation was 66% on average across all 9 theatres between May 2015 and October 2015; this was based on high cancellation rates and the organisation of theatre lists and was similar across all specialities. This had been recognised by the Trust and an external consultant had been commissioned to work with staff to develop options for expanding the service and increase the utilisation of the surgical services for children and young people at the hospital.
- In maternity services bed occupancy rates were 25% higher than the England average throughout April, May and June 2015. This meant there was insufficient capacity for the numbers of patients attending the maternity unit. A policy to divert patients to other units in the area was in place however, the threshold for the use of this policy was not clearly defined and there was no risk assessment to support the process. The lack of capacity and staffing challenges led to patients waiting to be seen in unsuitable areas, waiting for available beds and having treatment delayed.
- In the critical care service there had been significant improvements in reducing the number of patients discharged to suitable wards out of hours. However, challenges with access

Summary of findings

and flow within the wider hospital still impacted on patients' discharge from the critical care units. Both mean length of stay and delayed discharges were worse than compared to similar units. Similarly capacity issues in the cardiac intensive care unit (and wider cardiac wards) meant beds were not always available to allow patients to be discharged onto a ward. These access and flow pressures had an impact on operational effectiveness. For the period October 2014 to September 2015 there had been 64 cancelled elective cardiac surgery cases as a consequence of there being no available bed.

- At Trafford Hospital operation cancellation rates were high and are currently at 8%, however, these have improved from 11% in the last three months.

Learning from complaints and concerns

- There was a formal policy in place for managing concerns and complaints.
- Staff were aware of the policy and how to access it for reference purposes and guidance.
- Staff would deal with complaints informally if possible to aid timely resolution for the complainant. Where this was not possible staff referred patients to patient advice and liaison service (PALS) and the formal complaints procedure.
- Learning from complaints was shared implemented and evaluated. There were good examples of system and practice changes made in response to learning from complaints
- The trust's quality committee monitored formal and informal complaints on a quarterly and annual basis.

Are services at this trust well-led?

We rated the trust as 'Good' for Well-Led because;

The trust had a vision and strategy with clear aims and objectives. The trust's vision was 'To be recognised internationally as leading healthcare; excelling in quality, safety, patient experience, research, innovation and teaching; dedicated to improving health and well-being for our diverse population.'

The vision was underpinned by the trust core values, Pride, Dignity, Respect, Empathy, Consideration and Compassion. The trust's vision, values and priorities were well known to staff who were clear about their role in achieving them. There was a commitment to and a shared understanding of transformation programmes across all divisions and services to continuously improve clinical quality,

Good



Summary of findings

patient experience and efficiency. In addition the trust was open about its challenges and opportunities for the transformation and development of its community provision and was working closely with staff and partners to develop high quality sustainable services.

The trust was led and managed by a stable and visible executive team. The team were well known to staff and were regular visitors to services, however staff that were not centrally based felt they would benefit from the Executive Team being more visible. The trust had invested in a leadership programme to support the development of leaders and help maximise leadership potential across the organisation.

Overall there was a positive culture throughout the trust. Staff were positive about their line managers and felt supported, able to raise concerns, suggest improvements and develop professionally. Staff were proud of their services and proud of the trust.

However, there was a small group of medical staff who felt that the culture within the surgical division required improvement.

The trust had strengthened its approach to equality and diversity and had made a number of key appointments to support improvements in this important area. The trust acknowledged that there was further work to be done, however, remained committed to developing and sustaining a supportive and inclusive organisational culture.

There was a range of reward and recognition schemes that were highly valued by all staff. Staff were supported and encouraged to be proud of their service and achievements. Successes were acknowledged and celebrated.

The trust had an embedded approach to governance and risk management that had developed over time.

Governance was managed and board assurance sought (through both acute and community services) through a divisional structure supported by Corporate Services and a Research Division. There was a strong committee structure in place that supported challenge and scrutiny of performance, risk and quality.

Vision and strategy

- The trusts vision was 'To be recognised internationally as leading healthcare; excelling in quality, safety, patient experience, research, innovation and teaching; dedicated to improving health and well-being for our diverse population.'

Summary of findings

- The trusts vision was underpinned by the trust core values, Pride, Dignity, Respect, Empathy, Consideration and Compassion.

The trusts priorities were;

1. Quality and Safety

- Delivering consistently good patient experience and clinically effective, harm-free care every time

2. Services

- Developing joined up services for local people and our specialised services for patients from across the North West and beyond

3. Research

- Taking research from the laboratories to the bedside. Offering more patients the opportunity to take part in clinical trials for new ground-breaking drugs and treatments.

4. Our people

- Supporting the well-being of all our staff
- Making CMFT the employer of choice

5. Our finances

- Achieving financial stability
- Staff could articulate the vision, values and priorities and there were practical examples of implementation displayed throughout the trust.
- Staff were positive about the trust's vision and priorities and were clear about their role in achieving them.
- The Royal Manchester Children's Hospital (RMCH) clearly displayed its vision: 'To be a leading global Children's Hospital' and the hospital strategy identified developments in children's surgical services as key to the development of RMCH's global identity. We found numerous examples of where surgical services were leading international development in areas such as highly specialised neurosurgery, spinal surgery and urology.
- Senior medical and nursing staff espoused the same vision and were proud to aspire to being international leaders.
- The Manchester Royal Eye Hospital (ophthalmic) division draft strategy, August 2015 outlined the vision and strategy for the service and listed key performance objectives in relation to clinical quality and an overall strategy to provide integrated, cross geographical services that are closer to people's homes.

Summary of findings

- There was a commitment and a shared understanding of transformation programmes across all hospitals and services to improve clinical quality, patient experience and efficiency. In addition the trust was open about its challenges and opportunities for the transformation and development of its community services and was working closely with staff and partners to develop high quality sustainable services.
- It was evident that staff in all hospitals and services were aware of the strategies and plans for future development and service provision.
- Whilst some progress had been made to meet national guidance following the removal of the Liverpool care pathway in 2014, the trust acknowledged that services for patients at the end of life required improvement and had developed a draft strategy and supporting care planning documentation to support individualised person centred care.
- Plans were in place to support the strategies implementation supported by staff training. The trust was aware of the need to improve the pace of improvement in this important service area.
- In children's services there was no clearly defined policy in place for young people transitioning into adulthood. In order to address this shortfall the trust had assigned a lead nurse to create a transition policy, working together with a paediatric doctor.
- The policy was in development at the time of our inspection and was due to be in place by the end of 2015 (for implementation in early 2016). The aspiration for the trust was to develop multi-disciplinary adolescent outpatient departments and have an overarching strategy for transition. However they had yet to be implemented at the time of our inspection.

Governance, risk management and quality measurement

- The trust had an embedded approach to governance and risk management that had developed over time.
- Governance was managed and board assurance sought (through both acute and community services) through a divisional structure with 9 clinical divisions, supported by Corporate Services and a Research Division.
- There was a strong committee structure in place that supported challenge and scrutiny of performance, risk and quality.
- The Board Assurance Framework (BAF) included a set of tools used to assure the Board that organisational key risks were

Summary of findings

being managed effectively and included the Intelligent Board Tool (this had been developed in-house) and was a really useful tool for drilling down into key indicators, for example mortality and performance from Ward to Board.

- However, information for key issues, such as A&E waiting times was presented at the Board as the compliant overall figure. The Intelligent Board tool did not disaggregate this information by hospital site. This is a matter the trust may wish to reconsider.
- Other tools included the Board Assurance Framework document – a paper based document that recorded the risks against the Trust's key strategic aims and the Risk Register – an online repository for all recorded risk.
- In the Autumn of 2014 the Board of Directors commissioned an external Board Effectiveness Review; the report was shared with the Board of Directors in February 2015. The review team made number recommendations that were, in the main, accepted by the board and changes implemented, for example; Performance against the BAF was reviewed at every formal Board of Directors by reviewing the Intelligent Board metrics. Significant risks to the objectives were reviewed and reported on at the Trust Risk Management Committee and across other boards and committees dependant on the risk rating.
- The process is reviewed at the Trust Audit Committee that undertakes a detailed review of two key strategic aims on a rolling basis at each meeting. A full review of the BAF document takes place once a year at the Board of Directors; this is scheduled for March 2016.
- The trust accepted our feedback that both the BAF and the Risk Register can lack consistency of language at times and confirmed both remain under active review.
- A ward accreditation scheme was in place and services undertook regular care quality assessments across all ward areas and action plans had been put in place to improve performance. An established ward accreditation scheme had been in place since 2010 and regular care quality assessments were carried out across all wards. These included assessments on the environment, clinical care and leadership. Each ward was assessed and awarded either a gold, silver or bronze standard. On-going improvement was underpinned by action plans following each assessment to improve standards focusing on the specific needs of the patient group.
- In addition, the trust had introduced an annual quality peer review programme known as Quality Reviews using the domains of safe, caring, effective, responsive and well led.

Summary of findings

There was evidence of service and quality improvement plans across the Trust, for example the Emergency Department at MRI had undertaken a quality improvement project in sepsis recognition and treatment.

Leadership of the trust

- The senior teams at all the hospital locations and across the wider trust were visible and well known to staff.
- Senior managers were regular visitors to the wards and departments.
- Managers were seen as knowledgeable, approachable and supportive.
- Staff stated they received good support and regular communication from their line managers. Staff routinely participated in team meetings and other helpful staff forums.
- We saw some excellent examples of good leadership by individual members of the medical and nursing team who were very positive role models for staff.
- Nursing and Medical staff in the children's hospital felt their managers were visible and approachable. Doctors told us that senior medical staff were accessible and responsive and they received good leadership and support.
- The evidence gathered throughout the inspection and the quality of information provided for the public in the St Mary's Hospital 2014/2015 annual report indicated that managers understood the challenges facing the service and were able to identify and implement the actions needed to address them.
- However, nurses in the children's hospital told us they did not feel the trust board were visible or understood their service. More positively they did receive trust emails to keep them updated on board developments that they found helpful.
- The trust had invested in a leadership programme to support the development of leaders and help maximise leadership potential across the organisation.
- Staff were positive about development opportunities and felt they were supported by managers to raise concerns and present ideas in regards to innovation and service improvement.

Culture within the trust

- Staff had a strong sense of team in almost all the services and hospitals we inspected. The culture in the trust was positive staff were proud of the work they did and proud of the services they provided to patients.

Summary of findings

- Many staff described a culture of effective teamwork that promoted cooperation with other hospital services and partner agencies.
- Staff described the culture as supportive and gave them confidence to raise questions and concerns openly.
- In the maternity service, despite the pressures of increased demand and staffing challenges, staff were very focused on providing the best service they could to patients. We observed staff supporting each other across all disciplines and grades.
- Staff reported that the positive open culture promoted loyalty and strong teamwork among the medical and nursing teams.
- There was evidence of a strong ethos in ophthalmology services to drive innovation and research in order to improve patient outcomes, experience and service provision. Staff were passionate about continually improving services, and ensuring services were planned to meet the needs of the future population in the area.
- In Trafford and Altrincham Hospitals the leadership team were very well known to staff and were regular and frequent visitors to the wards and departments. The Head of Nursing was well regarded by all departments who felt supported and valued.
- Staff were engaged and committed to providing a high quality service for patients and their friends and families. Although there was additional work to be done to support staff in feeling part of the Central Manchester Foundation Trust as a whole. Overall staff morale was good with the exception of some medical staff who were concerned regarding the number and complexity of services being delivered at the hospital.
- Less positively, we received information prior to our inspection and as part of our site visit from a group of medical staff regarding what was described as a culture of 'bullying and discrimination' towards medical staff by colleagues and peers within the surgical team at MRI.
- We discussed this with the divisional director and the clinical head of division who confirmed that managers were aware of instances where bullying had been reported and felt these were isolated issues that were being addressed through the trust's human resources (HR) processes.
- In addition, a small number of medical staff raised concerns regarding the lack of response from the Executive Team when matters were raised in relation to patient safety and service quality.
- We raised both these matters with the trust and were provided with assurances in respect of actions taken in response to safety concerns and allegations of discriminatory and bullying attitudes.

Summary of findings

- The trust had eight positive findings within the NHS staff survey of 2014 and the remaining 22 questions were within expected levels when compared to other trusts.

Equality and Diversity

- As part of the new Workforce Race Equality Standard (WRES) programme we have added a review of the trusts approach to equality and diversity to our well led methodology. The WRES has 9 very specific indicators by which organisations are expected to publish and report as well as put action plans into place to improve the experiences of it Black and Minority Ethnic (BME) staff. As part of this inspection we looked into what the trust was doing to embed the WRES and race equality into the organisation as well as its work to include other staff and patient groups with protected characteristics.
- The senior team and other staff groups reported that the Trust had made good progress in this important aspect of the organisational culture, work was on-going to embed and sustain an inclusive and supportive environment throughout the Trust.
- The trust had made a number of key appointments at both non-executive director and executive level. The (relatively) new appointees were leading a range of work streams to raise awareness and support the comprehensive inclusion of staff from a BME background and other staff groups with protected characteristics. The programmes were being supported by the development of a 3 year Equality and Diversity strategy.
- The trust had included a research based approach on change development and inclusive leadership to underpin its own development programmes to ensure that the values of the organisation were fully embedded in the leadership.
- Most of the trust's senior leaders had already taken part in the programme. Clinical staff had also taken part and at the time of our inspection over 500 members of staff had completed the programme.
- Actions also included a major programme led by a member of the Executive Team to embed inclusive values and behaviours
- As part of the trust's Equality & Diversity week there were over 40 scheduled events including an Equality and Diversity Conference. The events were well attended and supported by staff at all grades. The events were aimed at raising awareness, encouraging and embracing diversity and promoting an inclusive work environment.

Summary of findings

- In addition, a new equality advocate initiative had been launched recently and over 110 people from both from BME and other backgrounds had signed up to be advocates for diversity.
- Inspection team members met with the BME, disability and LGBT networks in the Trust and found that these were vibrant and positive groups. The groups acknowledged that there had been improvements in both the trusts attitude and culture in the last 5 years. The feeling from most of the group was that the organisation was trying to become more inclusive and accepting of difference. The group said that they particularly appreciated the support and commitment from the 'top of the office' and talked positively about the reverse mentoring scheme that had been implemented and was going to be applied more widely.
- However, there were some group members who felt that there was still a glass ceiling in some departments and although the trusts approach was now more robust there was still much to do to ensure equity and inclusion within the organisation.
- The trust was registered as a Positive about Disabled People 'two ticks' employer. The trust participated in traineeships that helped young people with learning disabilities gain skills and longer term employment.

Staff Engagement

- There was positive staff engagement. The Executive Team engaged with staff via team briefs, newsletters and through other general information and correspondence that was displayed on notice boards and staff rooms throughout the trust.
- Some staff described attending a monthly "meet the executive team" event when staff could have "tea with the executives" that they found helpful, informative and an opportunity to share their views with the senior team.
- The trust issued surveys to secure the views of staff regarding their jobs, managers, health, wellbeing and safety at work, personal development and the organisation
- There was a range of reward and recognition schemes that were valued by all staff. Staff were supported and encouraged to be proud of their service and achievements. Successes were acknowledged and celebrated. One example of the reward and recognition schemes was the 'Going the Extra Mile' award. These were awards for nursing and midwifery staff with awards for each of the organisation's values: respect, dignity, compassion, consideration, empathy and pride.

Summary of findings

- The trust celebrated the achievements of staff at an annual event that was highly valued by staff.
- There were engagement events to include and inform staff on specific initiatives and issues for example a 'seven day service' engagement event was held in July 2015 for all clinical staff across the trust. The aim of the event was to support medical staff working together to further develop the provision of seven day services.

Public engagement

- Staff routinely engaged with patients and their relatives to gain feedback about their experiences and the quality of services. Feedback was used to improve practice and enhance the patient experience. For example patient feedback was sought from patients at MREH during November 2015 following the implementation of the surgical admissions lounge. The feedback was mostly positive and was used to identify areas for further improvement.
- Patient feedback was also gained through patient surveys carried out as part of the improving quality programme.
- Information on the number of incidents, complaints and performance information for the public was displayed on notice boards across the trust.
- There had been targeted patient engagement through patient focus groups for particular conditions.
- There was public engagement through the St Mary's charity that had enabled people who used the service and the wider public had taken part in numerous fund raising activities to support the hospital.
- Royal Manchester Children's Hospital also had an established charity that worked with the public to support and develop the hospital.
- The trust also provided a well-supported Youth Forum that was highly valued by the young people attending.

Fit and Proper Persons

- The trust had systems and processes in place to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are of good character and have the appropriate skills and background to carry out their roles.
- The trust policy on pre-employment checks covered criminal record, financial background, identity, employment history, professional registration and qualification checks.

Summary of findings

- It was part of the trust's approach to conduct a check with any and all relevant professional bodies and undertake due diligence checks for all senior appointments.

Innovation, improvement and sustainability

- There was a strong commitment throughout the trust to improve and sustain high quality service provision.
- The trust was proactive in seeking ways to improve and look for additional opportunities to provide high quality services for patients that improved patient outcomes and experiences.
- We found numerous examples of innovative practice that are detailed in the location reports for each of the hospitals.
- Staff were encouraged to be innovative and were supported to implement their ideas and suggestions.
- In addition there were comprehensive research programmes that were leading developments in a number of areas;
- Staff at St Mary's hospital participated in an extensive programme of local, national and internationally recognised research. In areas such as female genital mutilation (FGM), senior staff within St Marys were participating in the development and implementation of national guidelines.
- The Emergency Department at Manchester Royal Infirmary was leading on five multi-centre research trials, seven single site studies and participating in many more research projects. The EMERGING research team was named 'Research Team of the Year 2014' at the Greater Manchester Annual Research Awards.
- Staff at the Manchester Royal Eye Hospital participated in a range of clinical trials and research programmes, such as research for retinal disease and inherited disorders. The hospital was identified as a NICE exemplar (best practice) service for the management of glaucoma.
- These are some of the many examples of research and innovation we found at the trust.

Overview of ratings

Our ratings for Central Manchester University Hospitals NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	Good	Requires improvement	Good	Good

Notes

Outstanding practice and areas for improvement

Outstanding practice

- Staff monitored patients by using an electronic early warning score system that automatically notified medical staff and some non-medical staff (such as the surgical lead pharmacist) if there was deterioration in a patient's medical condition. This process was fully embedded across the main site and all the staff we spoke with were positive about using this system.
- The diagnostic imaging department used innovative new technology for assessing coronary artery disease which was available in only two centres in the UK. This meant that patients only required a single one hour visit rather than two visits and three hour appointments. It also meant lower radiation doses were administered to both staff and patient when compared with conventional technology.
- The neonatal unit used video technology to support women who were not well enough to visit their baby, and a bleep system for parents so that they were involved when decisions were being made by medical teams.
- The gynaecology emergency unit was locally unique in that it allowed patients to refer themselves to a specific unit for assessment and treatment of gynaecological emergencies and problems in early pregnancy.
- The development of a nationally unique service relating to developmental sexual dysfunction. This specialist clinic met the very specific needs of patients suffering a variety of sexual development issues. Patients who attended this clinic had the opportunity to be seen by consultant gynaecologists, endocrinologists and psychologists. Counselling services specific to the patients who attended the clinic was also available.
- Staff at St Mary's hospital participated in an extensive programme of local, national and internationally recognised research. In areas such as female genital mutilation (FGM), senior staff within St Mary's were participating in the development and implementation of national guidelines.
- The adult rheumatology ward had really thought about the feelings of young people transitioning into their department. They considered how young people would feel sitting in waiting rooms predominately designed for older patients and had developed a separate young person clinic, which was due to start in January 2016. They had involved young people in the re-design of the waiting room, using a mural of photographs of the young patients. The ward had set up a youth group who communicated via social media, which the staff monitored. They had developed their own education sessions for young people, in particular a session called 'Sex, drugs, rock and roll', to inform the young people of their condition and the impact of their life style choices.
- The baby hip clinic was the first example of a one stop assessment and treatment service for children with developmental dysplasia of the hip to be a collaboration between all consultants, rotating through the clinic, with agreed protocols and pathways, allowing standardisation of care and facilitating audit and research. This innovation placed the clinical needs of children and ease of accessing assessment and treatment for parents at the forefront of service redesign.
- Trained nurses were able to undertake eye screening for retinopathy of prematurity (ROP) using a web cam for babies in the neo-natal unit and were able to get immediate clinical review by ophthalmology consultants. The service had been evaluated as successful and was provided in other units as a result.
- The MREH was identified as a NICE exemplar (best practice) service for the management of glaucoma.
- The Divisional Director of the CAMHS service successfully placed a bid to become one of 9 CAMHS teams nationally to gain a place on the i-Thrive accelerator programme. I-Thrive is a needs based model that enables care to be provided specifically for a population that is determined by its needs. Emphasis is placed on prevention and promotion of health. Patients are involved in decisions about their care through shared decision-making. In gaining a place on the national programme, the service will have access to national experts to further their vision in meeting the needs of the local population.
- The trust had invested in the identification and control of an antibiotic resistant organism Carbapenemase Producing Enterobacteriaceae (CPE). In addition the

Outstanding practice and areas for improvement

trust was working with Public Health England to help generate the evidence base for national and international guidelines for controlling CPE and other antibiotic resistant organisms.

Areas for improvement

Action the trust **MUST** take to improve

- Ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed in all services, particularly urgent and emergency services, medical care, surgery services and end of life care. This also includes midwives in all areas of the maternity services and sufficient doctors to provide timely review of patients when requested.
- Improve patient flow through the Manchester Royal Infirmary, St Mary's Hospital and Royal Manchester Children's Hospital, particularly in maternity services, medical care, surgery services and A&E.
- Ensure that it fully implements the national recommendations following the removal of the Liverpool Care Pathway.

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>Care and treatment was not always provided in a way that met the needs of patients.</p> <p>This is because action was required to Improve patient flow through the Manchester Royal Infirmary, St Mary's Hospital and Royal Manchester Children's Hospital in response to increased demand on the services provided, particularly in maternity services and critical care. There was no clear strategy in place for end of life care and transition services. Reg 9 (1) (a) (b) HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>We were not assured that sufficient progress had been made to meet national guidance following the removal of the Liverpool care pathway in 2014. An approved individualised care plan document had not yet been fully implemented across the trust. Data provided by the trust showed that in the period January 2015 to March 2015 only 48% of patients at end of life had a completed individual plan of care.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed in all services. This is because there was a shortage of nursing staff in urgent and emergency services, medical care and surgery services. There was a shortage of midwives in all areas of the maternity services and insufficient doctors to provide timely review of maternity patients when requested. There was limited access to specialist palliative care consultant support. Reg 18 (1) and (2), HSCA 2008 (Regulated Activities) Regulations 2014</p>