

University Hospital of South Manchester NHS Foundation Trust


Quality Report

Wythenshawe Hospital
Southmoor Road
Manchester
Greater Manchester
M23 9LT
Tel: 01619987070
Website: www.uhsm.nhs.uk/

Date of inspection visit: 26 - 29 January 2016
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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	Requires improvement	
Are services at this trust safe?	Requires improvement	
Are services at this trust effective?	Requires improvement	
Are services at this trust caring?	Good	
Are services at this trust responsive?	Requires improvement	
Are services at this trust well-led?	Requires improvement	

Summary of findings

Letter from the Chief Inspector of Hospitals

The University Hospital of South Manchester (UHSM) NHS Foundation Trust provides services for a population of around 570,000 people who live in the south and south west of the Greater Manchester area. Manchester is in the top quintile for deprivation in England and is ranked as the fifth most deprived out of all areas in England.

Services are provided from Wythenshawe Hospital, Withington Hospital and community services for adults are also provided including three community in-patient services from Wellington House, Ringway Mews; Buccleuch Lodge and the Dermot Murphy Centre.

The trust has 915 beds in total of which 838 are general and acute; 64 are maternity and there are 42 critical care beds. There are 5,478 (out of an establishment of 5,757) staff overall with 740 (out of an establishment of 768) being medical staff; 1,858 (out of an establishment of 2,059) being nursing staff and 2,880 (out of an establishment of 2,930) others.

We inspected the trust as part of the comprehensive inspection programme between 26 and 29 January 2016. We visited the Wythenshawe Hospital, Withington Hospital, Wellington House, Ringway Mews; Buccleuch Lodge; the Dermot Murphy Centre and community services for adults .

We rated the trust overall as requires improvement although there were areas of excellent practice. There were improvements required in both the safe and effective domains. However, care was delivered by a strong, caring and compassionate multidisciplinary team and patients regarded the staff and the care they received as good.

There was a visible leadership team

Our key findings were as follows:

Nurse and midwifery staffing

Nurse staffing vacancies rate was high as was the turnover rate. Sickness absence rates had increased since October 2015 to 4.29%. These rates were higher than the England average but had shown evidence of decreasing over the last three years.

Midwifery staffing was at a ratio of 1:31 at the time of the inspection, worse than the expected rate, but they were maintaining a 1:1 ratio in labour.

Recent changes in community services, which had resulted in the integration of community nursing services, had resulted in a reduction in senior roles and experienced staff leaving the service. We were not assured that staff that had been redeployed into new roles had the competencies to fulfil their role and at the time of our inspection the trust had not performed a training needs analysis to understand the gaps.

Medical Staffing

There was high medical locum use in medicine and urgent care.

The staff skill mix showed the proportion of consultants and junior grades was higher than the England average. There was a positive culture amongst all grades of medical staff who felt supported by managers and their seniors.

Mortality and morbidity

In the latest publication, UHSM had a SHMI value of 1.02 for the period April 2014 to March 2015. This places the Trust 76th out of 137 acute trusts in England. The Trust was within the top 56% of hospital trusts in England .

Their HSMR for the latest twelve available months was not considered significantly higher than the expected relative risk (when compared to the national average), taking into account Trust case-mix. This was an improvement on the previous performance.

However, over the last twelve months the Trust's HSMR for patients who had a non-elective admission at the weekend was significantly higher than expected for patients admitted on a Saturday and on a Sunday.

Incident reporting

The trust had a strong focus on patient safety especially in the nursing and therapy services. There was an open culture for reporting incidents and systems to support this including Duty of Candour. However, the trust had reported three Never Events in the previous 12 months.

Summary of findings

There were also concerns regarding the cross team working and robustness of the safeguarding processes and practices for young people in transition between children's and adult services.

Cleanliness and infection control

The trust locations were seen to be clean, staff adhered to infection control policies and training uptake was good. The rate of cases of Clostridium Difficile was within the expected range. However the trust had reported two cases of MRSA bacteraemia.

Nutrition and hydration

Patients 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. There was a system in place that identified patients who needed assistance with eating and drinking. Support with eating and drinking was given to patients in a sensitive and discreet way.

Patient Outcomes

There were strong multidisciplinary working practices observed within the trust. In most cases people's needs were assessed and care and treatment was delivered in line with legislation, standards and evidence based guidance. Action plans and actions taken in response to audits were generally good and learning could be seen.

In urgent care services although some improvements had been seen in the sepsis pathway we were less assured about the work done to improve audit results in other areas such as care for children suffering fits, or mental healthcare. This was because action plans shown to us did not always acknowledge requirements to improve or include deadlines for implementing changes and senior medical staff were not always aware of areas requiring improvement.

Services were delivered by caring, committed, and compassionate staff that treated people with dignity and respect. Patients and their families and carers were treated with kindness and were involved in their care and treatment.

Performance in the Friends and Family Test was better than the England average between November 2014 and May 2015 however performance fell below the average in

the next two months. The trust also performed as expected in the CQC in patient survey and in the 2013/14 Cancer Patient Experience Survey, the trust was in the top 20% of trusts in England for 15 of the 34 questions and the middle 60% for the remaining questions.

Access and flow

Bed occupancy rates were lower than the England average between July 2013 and March 2015. However, rates have increased over time and were reported to be above the England average between July and September 2015. Delayed discharges were also higher than expected and this had resulted in access and flow issues which had resulted in patients being cared for in service areas which are different to the patient requirements especially on to the surgical areas. A number of patients had also experienced numerous bed moves during their stay in hospital.

The trust did not meet the national waiting time target of 18 weeks from referral to treatment (RTT) for the period from September 2014 to August 2015. However, trust performance against the 90% target was variable across surgical specialities. The paediatric RTT was 75% and the RTT for paediatric surgery admitted pathways was 82%, both areas were not achieving the trust's RTT standards of 85%.

Providing responsive services

However, the trust performed better than the England average for cleanliness, food, hygiene and privacy/dignity/wellbeing in the Patient-led assessments of the Care Environment in 2013, 2014 and 2015. There was also a good strategy and care for patients living with Dementia.

The trust averaged around 580 complaints per year between 2010/11 and 2014/15 with only small variances each year. They were meeting targets for responding to complaints and were trying to reduce the number of formal complaints received.

Vision and Strategy

Historically there had been a number of significant senior executive changes which had limited the long term stability of the Board and had negatively affected the general morale.

Summary of findings

The trust executive team was in a phase of transition being led by an interim CEO who had only been in the organisation for a week at the time of the inspection. There were some new appointments to executive and non-executive positions and this meant the team had not had an opportunity to build cohesion.

It was acknowledged that the trust had lost the clarity of its strategic direction. Actions were being taken to regain the clarity against the backdrop of the regional changes underway within the greater Manchester area including the "Devolution Manchester" and "Healthier Together" programmes.

Governance processes were in place but there remained a disconnect between the Board Assurance framework and the Risk Register despite recent review of both.

The unsettled culture within the executive team was evident at the inspection. However staff were proud and positive about the services and staff engagement was being further developed as it had been recognised as an area requiring further input.

Fit and Proper Persons

There were formal procedures under development but the trust had a framework in place including a template to record compliance with the Fit and Proper Persons regulation. We reviewed the personnel records of relevant staff and found they contained the relevant information which was current and appropriate.

We saw several areas of outstanding practice including:

At Wythenshawe Hospital in Maternity:

- The bereavement midwife had been nominated for the national Butterfly awards two years running. These are awards celebrating survivors and champions of baby loss. The bereavement midwife was also runner up in the Royal College of Midwifery awards for her work providing bereavement support.
- A rapid access clinic had been introduced for menstrual disorders and post-menopausal bleeding to meet demand and allow for the development of innovative out-patient treatments such as microwave endometrial ablation and hysteroscopy sterilisation.

Also in Children's services:

- The cystic fibrosis team were awarded the quality improvement award by UK cystic fibrosis registry annual meeting in July 2015. The paediatric CF team won the first National Cystic Fibrosis Registry Quality Improvement Award in recognition for innovative use of the Port CF database, which provided focussed and early intervention to prevent further deterioration in their patient's condition.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must address the lack of strategic direction for the organisation in line with the changing landscape of health care within the Greater Manchester area. The executive team requires stability and needs to strengthen its leadership and engagement with staff regarding the future direction of the organisation.

The trust also needs to ensure that there are robust systems, processes and personnel to lead and support the community service through the transitional changes that are undergoing.

Importantly, at Wythenshawe Hospital the trust must:

In Urgent and Emergency Care:

- Ensure equipment checks in resuscitation areas are completed daily in line with trust requirements with a clear pathway for reporting associated concerns and actions such as missing equipment and subsequent replacement.
- Ensure staff appraisal rates consistently meet the trust target.
- Ensure the safety of reception staff at all times and take steps to mitigate current risks associated with the reception environment such as no protective screens and open desk areas.
- Ensure that the temperatures of fridges storing medicines at low temperature, are recorded in line with guidance on a daily basis, with a clear pathway for reporting associated concerns and actions such as temperatures outside of the required range.
- Ensure action is taken to remove the risk of ligature from ceiling vents in the mental health room, in line with guidance from the Royal College of Emergency Medicine (CEM6883 Mental Health in EDs toolkit February 2013)
- Consistently improve patient waiting times in line with Department of Health targets.

Summary of findings

In Medicine:

- The trust must ensure that staffing levels are appropriate to meet the needs of patients across the medical services and ensure there is an appropriate skill mix on each shift.
- The trust must ensure that all records are stored securely when not in use.
- The trust must take action to improve the bed occupancy rates across medical services to ensure the safe care and treatment of patients.

In Maternity:

- The trust must improve mandatory training for midwifery staff in terms of safeguarding level three training to ensure it is in line with the trust target.
- The trust must ensure all clinical policies are regularly reviewed and kept up to date.
- The trust must ensure incidents are investigated in a timely manner to ensure lessons are learned and recommendations implemented.

In Children and Young People:

- The service must ensure safe staffing levels are sustained in accordance with National professional standards and guidance.
- The service must ensure that staff are reporting risks and incidents to the senior leaders of the service actions being taken in a timely manner.
- The service must ensure that all treatment, assessments, diagnostics and any other care relating to the patient is recorded appropriately in patient records.

- Ensure that transition arrangements for children between 16 and 18 years meet the needs of the individuals without prejudice.

In the community services they must:

- ensure they have robust systems in place to monitor safety performance across all community services to ensure patients are receiving harm free care.
- make all reasonable efforts to recruit to staff vacancies within a timely manner.
- determine safe staffing against clinical caseloads and ensure safe staffing levels are in place.
- ensure all clinical policies are reviewed and in date.
- ensure staff are trained to operate any equipment that they use to carry out their role
- ensure staff have the essential qualifications to fulfil their role
- ensure that risk assessments are being performed as per trust policy and findings are documented in the patient record.

and within the community in patient services they must:

- ensure all services are provided in suitable environments and that monitoring systems are robust and highlight any issues and risks in a timely manner.
- ensure that the nurse call bell system is fit for purpose and are readily available for all patients in each of the units.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to University Hospital of South Manchester NHS Foundation Trust

The University Hospital of South Manchester (UHSM) NHS Foundation Trust provides services for a population of around 570,000 people who live in the south and south west of the Greater Manchester area.

Services are provided from Wythenshawe Hospital which is the main district general hospital site, located in Wythenshawe, South Manchester, which hosts the accident and emergency department and Withington Hospital which provides a range of hospital services in surgery and outpatient and diagnostic imaging services. Community services for adults are also provided.

Wythenshawe Hospital provides medical care and treatment for a wide range of medical conditions, including general medicine, cardiology, respiratory and gastroenterology. Surgical services, including vascular surgery, gastrointestinal surgery, colorectal surgery, breast surgery, ear nose and throat surgery and trauma and elective orthopaedics. Also included is the regional unit for burns and plastics and heart and lung transplants. The adult intensive care unit provides care for up to 17 patients, including nine level three (intensive care) patients and six level two (high dependency) patients. The burns unit has a separate intensive care unit for up to five patients with two intensive care beds and up to three high dependency beds.

The North West Heart Centre is located at the hospital and includes a 26-bedded cardiothoracic critical care unit that could be increased to 31 beds when required. This includes two beds funded for extracorporeal membrane oxygenation (ECMO) patients. ECMO is used when a patient has a serious condition which prevents the lungs or heart from working normally.

The maternity service has a total of 64 maternity beds and consists of an obstetric consultant-led Delivery Suite with 12 delivery rooms, ten with en-suite facilities. There are two operating theatres. The children's service offered a wide range of clinical provision; this included paediatric medicine and services in epilepsy, diabetes, cystic fibrosis, allergy, neonatal and cardiac service. There was a high dependency unit (HDU) and the surgical team

performed surgery in an array of specialities such as ear, nose and throat (ENT), orthopaedics, general surgery, plastic surgery and maxillofacial. The service also had child psychiatry services.

End of life care services included the specialist palliative care team which was an integrated hospital and community team, the trust's multi-faith chaplaincy service, the patient experience team, portage bereavement team and histopathology services were also involved in providing end of life care. There was a Macmillan care centre in the hospital and specialist palliative care outpatient support available at the Neil Cliffe centre situated in the grounds of Wythenshawe hospital.

A range of outpatient and diagnostic services are provided at Wythenshawe Hospital. A number of outpatient appointments are also offered at community locations. It is home to the North West Heart Centre and also the Nightingale Centre which is purpose built and provides a clinical service for breast cancer screening and diagnosis. The building includes the Genesis Breast Cancer Prevention Centre for research into prevention, screening and early diagnosis.

There is also a comprehensive range of diagnostic and interventional radiography services to patients including: general x-ray, computerised tomography (CT) scans, magnetic resonance imaging (MRI), ultrasound and mammography.

Withington Hospital carries out a small range of pre-operative assessments and planned surgical services for adults, on a day case basis. These services include urology pre-operative assessment and day case surgery, plastics and orthopaedic day case surgery. Ear, nose and throat (ENT) day case surgery did take place at the treatment centre but had not taken place for the past four months, due to a vacant consultant surgeon post. The treatment centre also provides some colonoscopy services for a local trust.

Outpatient services at the hospital cover a range of specialities including dermatology, urology, ear, nose and

Summary of findings

throat (ENT), diabetes, podiatry, phlebotomy, audiology and therapies. It also offers a range of diagnostic services to patients including general x-ray, ultrasound, mammography and urological investigations.

Community based health services for adults includes community nursing, podiatry, nutrition service, continence service, physiotherapy and occupational therapy services. The community nursing services are newly integrated into four patches across the community

to promote an integrated nursing care provision and include district nursing, active case management and rapid response with a single point of access for new and urgent referrals to the service.

Therapy services are also integrated into one service to promote integrated therapy care provision and include physiotherapy, occupational therapy, early supported discharge and speech and language. Services are provided across South Manchester in people's homes, residential and nursing homes, clinics and in community venues.

Our inspection team

Our inspection team was led by:

Chair: Jenny Leggott

Inspection Manager (lead): Lorraine Bolam, Care Quality Commission

The team included two CQC Inspection Managers, 13 CQC inspectors and a variety of specialists including Junior doctor, NHS Consultant, Emergency Department Doctor and Nurse, Consultant physician, Clinical Nurse Specialist: Infection Prevention & Control, Consultant Haematologist, Surgeon, Lead Specialist Nurse, Midwife, Consultant Obstetrician, Midwifery Nurse, Consultant Paediatrician and Paediatric Nurse Consultant, a Head of

Safeguarding, a Senior Governance and Risk Manager, Allied Health Professional, Senior Nurse Practitioner, Clinical Governance lead, Emergency Department nurse specialist and consultant, a Critical Care nurse, Specialist Occupational Therapist, an End of Life Nurse Specialist, a student nurse and a Health Care Assistant, Senior Nurse Practitioner, Specialist Community nurse, End of Life Care Lead and an AHP Specialist Occupational Therapist

We had two Experts by Experience on the team and held a listening event on 21 January 2016 which was attended by a number of local people who had experienced the services at the trust.

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?

The inspection team inspected the following core services at the Wythenshawe Hospital:

- Emergency Department

- Medicine
- Surgery
- Critical Care
- Maternity and Gynaecology
- Children and Young People
- End of Life
- Outpatients and Diagnostic Imaging Services

The inspection team inspected the following core services at the Withington Hospital:

- Surgery
- Outpatients and Diagnostic Imaging Services

Summary of findings

The inspection team inspected the following core services in the community services:

- Community services for Adults
- Community in-patient services

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the trust. We interviewed staff and talked with patients and staff from all the ward

areas and outpatient 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 received feedback through focus groups. 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 at University Hospitals of South Manchester.

What people who use the trust's services say

The trust performed 'about the same' as other trusts in the CQC inpatient survey 2014. However, the Friends and Family Test performance was better than the England average between November 2014 and May 2015 although the performance fell below the average in the next two months.

The trust also performed as expected in the 2013/14 Cancer Patient Experience Survey, the trust was in the top 20% of trusts in England for 15 of the 34 questions and the middle 60% for the remaining questions.

The trust also performed better than the England average for cleanliness, food, hygiene and privacy/dignity/wellbeing in the Patient-led assessments of the Care Environment in 2013, 2014 and 2015.

The trust averaged around 580 complaints per year between 2010/11 and 2014/15 with only small increases or falls each year.

Facts and data about this trust

At Wythenshawe hospital;

Between October 2014 and October 2015, the ED saw 95,487 patients. Approximately 21% of these patients were children (up to 16 years old). Thirty-one per cent of patients who attended the ED were admitted which is above the England average (22%).

Last year, within surgical services there were 33,000 episodes of care. The majority of these were day cases (44%) with 28% emergency cases and 27% elective care. Surgical services spanned 14 wards, six acute theatres, cardiac theatres and minor procedures.

The trust supported 4421 births between 1 January and 31 December 2015, with an average of 368 births a month. This represented a 4.6% increase on the year before. The maternity performance dashboard indicates that an upper limit, or cap on bookings, has been set currently at 380 births occurring on two consecutive months.

Between July 2014 and June 2015, 5,981 children aged between 0 - 17 year olds were seen by the children's service.

During 2014 -15 the end of life team saw 1453 referrals which included patients with skin cancer, pulmonary cancer and upper gastrointestinal cancer.

Hospital episode statistics data (HES) for July 2014 to June 2015 showed 606,829 outpatient appointments were offered across the trust with 492,552 offered at Wythenshawe Hospital.

At Withington Hospital;

Data provided by the trust indicate that 1,000 patients received surgical services from the treatment centre, with 100% of this care being elective day case procedures. From July 2014 to June 2015, urology was the speciality with the largest volume of cases, with this speciality

Summary of findings

accounting for 67% of the treatment centre procedures. Plastic surgery undertook 17% of procedures and ENT and other unspecified both accounted for less than 10% of procedures.

Hospital episode statistics data (HES) for July 2014 to June 2015 showed that 606,829 outpatient appointments were offered across the trust with 114,277 offered at Withington Community Hospital.


The trust also provides community services for adults including a wide range of community based health

services for adults, supporting health and wellbeing, minor ailments, and serious or long-term conditions. The services provided include: community nursing, podiatry, nutrition service, continence service, physiotherapy and occupational therapy services.

Specialist services were provided and included tissue viability, continence, and nutrition services. The specialist teams provided services in both the hospital and community settings.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Summary</p> <p>The trust had a strong focus on patient safety especially in the nursing and therapy services. There was an open culture for reporting incidents and systems to support this including Duty of Candour. Incident reporting levels were as expected however, the trust had reported three Never Events in the previous 12 months.</p> <p>There were concerns regarding the cross team working and robustness of safeguarding processes and practices for young people in transition between children's and adult services.</p> <p>The nurse staffing vacancies rate was high as was the turnover rate. Sickness absence rates had increased since October 2015 to 4.29%. These rates were higher than the England average but had shown evidence of decreasing over the last three years.</p> <p>Midwifery staffing was at a ratio of 1:31 at the time of the inspection, worse than the expected rate, but they were maintaining a 1:1 ratio in labour.</p> <p>There was also high medical locum use in medicine and urgent care.</p> <p>The adult community services had no robust systems in place to monitor safety performance other than the report to the accountability meeting for Grade 3 and 4 pressure ulcers. There was a lack of fully completed risk assessments in patient records and we were not assured that patients were receiving harm free care.</p> <p>Recent changes in community services, which had resulted in the integration of community nursing services, had resulted in a reduction in senior roles and experienced staff leaving the service. We were not assured that staff that had been redeployed into new roles had the competencies to fulfil their role and at the time of our inspection the trust had not performed a training needs analysis to understand the gaps.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• There was a standalone policy for Duty of Candour which included robust systems and processes.• Duty of candour training had been aimed at Matrons, ward managers, consultants and family liaison officers.• There was a general consensus that the organisation was open and honest in its approach when things went wrong.	<p>Requires improvement </p>

Summary of findings

- An internal audit of Duty of Candour had been included in the internal audit programme for 2016/17.

Safeguarding

- Policies and procedures were in place that outlined the trust's processes for safeguarding adults and children.
- There were concerns raised at the inspection regarding the transition arrangements for young people between the ages of 16 and 18 years. This was not clear within the policies.
- The current practice was found to be restricted to age and not dependent on the persons requirements. At 16 years all young people were managed and cared for on the adult wards and departments.
- Child and adult safeguarding teams thought the other team dealt with persons within this age bracket. There was no joined up working between the two safeguarding teams.
- Safeguarding Level 3 training uptake was low and the cohort of those requiring the training was not robust.

Incidents

- Staff knew how to report incidents however, in the community we found not all incidents were reported.
- The trust had recorded three Never Events in the previous 12 months. The trust had followed up with actions around the WHO safer surgery checklist.
- There was a clear process for medical staff to share learning from serious incidents at all levels including with trainees.
- Nursing staff expressed that there was a strong focus on safety in nursing and they felt supported by senior nurses. They received feedback from incidents to promote learning.
- Comprehensive root cause analysis processes were in place supported by policy. Clear documentation was maintained and actions arising were monitored through the divisional structures.
- There was evidence of shared learning from incidents trust wide via a newsletter and the Quality Improvement Committee.
- However, the adult community services had no robust systems in place to monitor safety performance. There was a lack of fully completed risk assessments in patient records and we were not assured that patients were receiving harm free care.

Summary of findings

Staffing

- Nurse staffing vacancies were raised at the time of inspection across both acute and the community services with 250 vacancies against an expected rate of between 100 and 150. Recruitment processes were in place. In November 2015, there were 192 WTE nursing vacancies at band 5.
- New roles to support were being developed for example advanced therapy assistants and pharmacy assistants.
- Community staffing was under change due to integration with social services staff.
- The vacancy rate was 8.8% in January 2016 although turnover rate had reduced to 18.9%.
- Bank and agency usage was 8.14% of the total pay cost.
- Sickness absence had increased since October 2015 to 4.29%. These rates were higher than the England average but had shown evidence of decreasing over the last three years.
- Midwifery staffing was at a ratio of 1:31 at the time of the inspection but they were maintaining a 1:1 ratio in labour.
- There was high medical locum use in medicine and urgent care.
- There had been recent changes in community services which had resulted in the integration of community nursing services. This had resulted in a reduction in senior roles and experienced staff leaving the service. We were not assured that staff that had been redeployed into new roles had the competencies to fulfil their role and at the time of our inspection the trust had not performed a training needs analysis to understand the gaps: however, they informed us at the time of our inspection that they were planning to complete one.
- Recruitment plans were in place but in community high vacancy levels were experienced prior to June 2015.

Cleanliness and infection control

- **MRSA bacteraemia were reported in September and October, this gave a total of two against a ‘zero tolerance’ approach as stipulated by NHS England.**
- **Between December 2014 and December 2015 there were 43 cases of Clostridium difficile attributed to the trust. This is within the designated ‘trajectory’ as stipulated by NHS England.**
- The trust locations were seen to be clean, staff adhered to infection control policies and training uptake was good.

Lone working

- There was a lack of robust systems in place in relation to lone working to keep staff safe in the integrated community nursing teams.

Summary of findings

- We accessed the lone worker policy on the trust intranet which was out of date.

Are services at this trust effective?

Summary

There were strong multidisciplinary working practices observed within the trust. In most cases peoples needs were assessed and care and treatment was delivered in line with legislation, standards and evidence based guidance.

In the latest publication, UHSM had a SHMI value of 1.02 for the period April 2014 to March 2015. This places the Trust 76th out of 137 acute trusts in England. The Trust was within the top 56% of hospital trusts in England.

Their HSMR for the latest twelve available months was 105.02 which although higher than 100 is not considered significantly higher than the expected relative risk (when compared to the national average), taking into account Trust case-mix. This was an improvement on the previous performance of 107.21.

However, over the last twelve months the Trust's HSMR for patients who had a non-elective admission at the weekend was 121 for patients admitted on a Saturday and 129 for patients admitted on a Sunday. This was significantly higher than expected.

There were also some improvements required in actions following audit in both urgent care and community services.

Evidence based care and treatment

- Patients received care in line with national and professional guidance across the trust.
- Action plans and actions taken in response to audits were generally good and learning could be seen.
- In urgent care services although some improvements had been seen in the sepsis pathway we were less assured about the work done to improve audit results in other areas such as care for children suffering fits, or mental healthcare. This was because action plans shown to us did not always acknowledge requirements to improve or include deadlines for implementing changes and senior medical staff were not always aware of areas requiring improvement.
- Re-attendance rates, in urgent care, within seven days of discharge were 7%; consistently higher than the Department of Health target of 5%.
- Care and treatment in community services did not always reflect current evidence-based guidance. Care assessments we reviewed were not fully completed and so did not consider the

Good



Summary of findings

full range of people's needs. Outcomes of people's care and treatment was not monitored regularly within the nursing services: however, there was a monitoring process in place in therapy services. There was a lack of consent to treatment documented in nursing records. We found clinical policies were not being adhered to and some were out of date.

Patient Outcomes

- In the latest publication, UHSM has a SHMI value of 1.02 for the period April 2014 to March 2015, which is a slight increase from the previous publication (1.000). This places the Trust 76th out of 137 acute trusts in England. The Trust is within the top 56% of hospital trusts in England (a SHMI value of 0.950 or lower is required to be within the top 25%).
- UHSM's HSMR for the latest twelve available months (Aug-14 to Jul-15) is 105.02 which although higher than 100 is not considered significantly higher than the expected relative risk (when compared to the national average), taking into account Trust case-mix. This is an improvement on the previous performance of 107.21.
- Over the last twelve months the Trust's HSMR for patients who have a non-elective admission at the weekend is 121 for patients admitted on a Saturday and 129 for patients admitted on a Sunday.

Multidisciplinary working

- There were strong multidisciplinary working practices observed within the trust.

Records

- The trust was investing in the IT infrastructure at the trust. This would ultimately provide a more joined up approach to record keeping and performance monitoring.
- Some concerns were raised regarding the use of duplicate records which on occasion did not get recorded in the formal patient records. The trust addressed this at the time of the inspection.
- The secure and confidential storage of patient records could have been more robust.
- Not all records were maintained within the standards set by the trust policy.

Consent, Mental capacity Act & Deprivation of Liberty safeguards

- The trust had a policy to support staff delivering care under Deprivation of Liberty Safeguards.

Summary of findings

- Deprivation of Liberty Safeguards training was provided for staff as part of the mandatory safeguarding training every three years.

Are services at this trust caring?

Summary

Services were delivered by caring, committed, and compassionate staff that treated people with dignity and respect. Patients and their families and carers were treated with kindness and were involved in their care and treatment.

Performance in the Friends and Family Test was better than the England average between November 2014 and May 2015 however performance fell below the average in the next two months. The trust also performed as expected in the CQC in patient survey and in the 2013/14 Cancer Patient Experience Survey, the trust was in the top 20% of trusts in England for 15 of the 34 questions and the middle 60% for the remaining questions.

Compassionate care

- Friends and Family Test performance was better than the England average between November 2014 and May 2015 however performance fell below the average in the next two months.
- Performance was 'about the same' as other trusts in the CQC inpatient survey 2014.
- Staff were observed to be compassionate and respectful when dealing with patients and those close to them.
- The adult community service was delivered by caring, committed, and compassionate staff that treated people with dignity and respect.

Understanding and involvement of patients and those close to them

- The Patient Experience Team came out top at the Patient Experience Network Awards.
- All core services reported that patients and those close to them were involved in their care and treatment.
- Staff in adult community services actively involved patients and their carers in all aspects of their care.

Emotional support

- Good performance was seen in the 2013/14 Cancer Patient Experience Survey, with the trust performance in the top 20% of trusts in England for 15 of the 34 questions and the middle 60% for the remaining questions.

Good



Summary of findings

- There is a full service for urgent and routine spiritual or religious needs provided by the chaplaincy service and volunteers.

Are services at this trust responsive?

Summary

Bed occupancy rates were lower than the England average between July 2013 and March 2015. However, rates have increased over time and were reported to be above the England average between July and September 2015.

Delayed discharges were higher than expected. The top three reasons for delayed transfers of care at the trust were: 'Awaiting Nursing Home Placement or availability' (34%), 'Awaiting care package in own home' (27%) and 'completion of assessment (24%) all of which were above the national average.

This had resulted in access and flow issues which had resulted in patients being cared for in service areas which are different to the patient requirements especially on to the surgical areas.(Outliers). A number of patients had also experienced numerous bed moves during their stay in hospital.

The trust did not meet the national waiting time target of 18 weeks from referral to treatment for the period from September 2014 to August 2015. However, trust performance against the 90% target was variable across surgical specialities. The paediatric referral to treatment time (RTT) was (75%) and the RTT for paediatric surgery admitted pathways was 82%, both areas were not achieving the trust's referral to treatment (RTT) standards of 85%.

However, the trust performed better than the England average for cleanliness, food, hygiene and privacy/dignity/wellbeing in the Patient-led assessments of the Care Environment in 2013, 2014 and 2015. There was also a good strategy and care for patients living with Dementia.

The trust averaged around 580 complaints per year between 2010/11 and 2014/15 with only small variances each year. They were meeting targets for responding to complaints and were trying to reduce the number of formal complaints received.

Service planning and delivery to meet the needs of local people

- The did not attend rates in outpatients were noted to be higher than expected.
- Waiting times for diagnostic tests were also noted to be higher than expected.

Requires improvement



Summary of findings

- Surgical ward bed base has been reorganised in the past year to create more day case capacity to off set the cancellation of operations. It had only been in place for two months so it is too early to establish if the actions were having the desired effect.

Meeting peoples individual needs

- There are a number of people being cared for in service areas which are different to the patient requirements especially on to the surgical areas.(Outliers)
- The top three languages for translation are Asian (Urdu and Punjabi), Polish (Eastern European) and Middle East(Arabic). The trust had a contract which started on the 1 Oct 2015 following a procurement process with Language Empire. There is a direct dial facility for telephone interpreting, or staff can fill in an on line request form or telephone the provider directly.
- The trust performed better than the England average for cleanliness, food, hygiene and privacy/dignity/wellbeing in Patient-led assessments of the Care Environment in 2013, 2014 and 2015.
- Reviewed by the National Macmillan Cancer Assessment Team, UHSM's Nightingale Breast Unit successfully retained its "Macmillan Quality Environment Mark" for the third time in a row.
- There was timely access to community services and people with the most urgent needs were prioritised. Improvements in service delivery had resulted in a significant reduction in waiting times for therapy services.

Dementia

- There were 970 patients admitted to the trust in the last year who were living with Dementia.
- There is a Dementia Strategy for 2014 - 17 which had six clear strategic aims and was based on NICE guidance.
- The trust utilised a "forget me not" logo to identify these patients.
- Staff felt there was a strong focus on care of people living with dementia. There were good support measures in place.

Access and flow

- Bed occupancy rates were lower than the England average each quarter between July 2013 and March 2015. However, rates have increased over time and were reported to be above the England average between July and September 2015.

Summary of findings

- Between October 2014 and September 2015, 585 patients had four or more ward moves during their inpatient stay at Wythenshawe hospital.
- There have been 59 occurrences of patients being nursed overnight in theatre recovery from April 2015 to October 2015 when critical care beds were unavailable.
- Referral to treatment times had been problematic for the trust. Review of the processes for data collection demonstrated inaccuracies. At Wythenshawe hospital the paediatric referral to treatment time (RTT) was (75%) and the RTT for paediatric surgery admitted pathways was 82%, both areas were not achieving the trust's referral to treatment (RTT) standards of 85%.
- In surgery the trust did not meet the national waiting time target of 18 weeks from referral to treatment for the period from September 2014 to August 2015. However, trust performance against the 90% target was variable across surgical specialities. In particular, general surgery (80%), trauma & orthopaedics (80%), ear, nose and throat (ENT) 87% were all below target. Urology, oral surgery, plastic surgery and cardiothoracic surgery all performed above target. Overall, trust performance against this target deteriorated over the past year.
- Overall, trust performance against this target deteriorated over the past year.
- Surgical services experienced difficulties with bed capacity, which prevented patients accessing planned surgery in a timely manner. These difficulties included the increased use of surgical beds for medical patients, delayed transfer of medically fit patients who require additional care and the closure of 12 surgical beds because of staffing issues. There was also a higher than anticipated demand for vascular beds. The lack of surgical bed capacity resulted in higher than average cancelled operations, failure to rearrange cancelled operations in a timely manner and an overall failure to meet referral to treatment times for planned surgical procedures.
- Delayed discharges were higher than expected. The top three reasons for delayed transfers of care at the trust were: 'Awaiting Nursing Home Placement or availability' (34%), 'Awaiting care package in own home' (27%) and 'completion of assessment' (24%) all of which were above the national average.

Learning from complaints and concerns

- The trust averaged around 580 complaints per year between 2010/11 and 2014/15 with only small variances each year.
- There was a clear process in place for senior review of all complaints.

Summary of findings

- Complaints were reviewed at a complaints panel with a non-executive director chairing the meeting.
- Timescales for complaints responses have been met over the last 12 months.
- Work was being undertaken to review the cause of formal complaints in order to develop an action plan to reduce the numbers.

Are services at this trust well-led?

Summary

Historically there had been a number of significant senior executive changes which had limited the long term stability of the Board and had negatively affected the general morale.

The trust executive team was in a phase of transition being led by an interim CEO who had only been in the organisation for a week at the time of the inspection. There were some new appointments to executive and non-executive positions and this meant the team had not had an opportunity to build cohesion.

It was acknowledged that the trust had lost the clarity of its strategic direction. Actions were being taken to regain the clarity against the backdrop of the regional changes underway within the greater Manchester area including the "Devolution Manchester" and "Healthier Together" programmes.

Governance processes were in place but there remained a disconnect between the Board Assurance framework and the Risk Register despite recent review of both.

The unsettled culture within the executive team was evident at the inspection. However staff were proud and positive about the services and staff engagement was being further developed as it had been recognised as an area requiring further input.

During the past 12 months there had been continued innovation and a number of staff had been recognised for their contributions.

Vision and Strategy

- An external review in October 2014 presented a number of concerns which the trust have addressed through Board development and increased visibility. Development of a Stakeholder Engagement Strategy. Improving risk management through refinement of the BAF and risk register and development of strategic plan (corporate objectives) and increasing the divisional accountability

Requires improvement



Summary of findings

- It was acknowledged that the trust had lost the clarity of its strategic direction. Actions were being taken to regain the clarity against the backdrop of the regional changes underway within the greater Manchester area including the "Devolution Manchester" and "Healthier Together" programmes.
- The trust faced a challenge to rebuild strong partnerships within this changing landscape in order to secure the future sustainability of the organisation.
- There was a new workforce strategy in place.
- A further external review was due to be reported on.

Governance, risk management and quality measurement

- The Board Assurance Framework had been revised 12 months ago. All risks had been reviewed at committee level.
- The risk register had been revised in November 2015 and was now automated. All risks scoring above 15 were reviewed at committee level whilst those 10 to 15 remained at operational level.
- The remit for risk and governance had recently moved from the Medical Directors portfolio to that of the Director of Nursing.
- Since the appointment of the Deputy Director of Risk and Governance in May 2015 a comprehensive review had been undertaken to ratify new policies for risk, incident management and the Duty of candour regulation.
- There was a clear disconnect between the Board Assurance Framework and the Risk register. There was limited alignment of risks between the two.
- The Quality and Assurance Committee had clear action plans in place which had been reviewed and updated regularly.
- An external review of governance had been commissioned and a report was due imminently which would inform Monitor and their risk assessment of the trust.
- The financial challenges were being addressed through the development of a recovery plan. Cost Improvement Plans were signed off by senior executives to ensure they would not have an inappropriately negative affect on the quality of care from either a nursing or medical perspective.
- The trusts performance framework had been established over the previous two years. There were monthly performance meetings within each division.
- Performance information fed in to the committee structure and ultimately to the Board.

Leadership of the trust

- The substantive Chief Executive Officer (CEO) had recently left the organisation.

Summary of findings

- An interim CEO had been employed at the request of Monitor but had only been in the trust for a week at the time of the inspection.
- The Director of Finance had only been in post for eight weeks.
- The Chair and other executive directors had all been in post for some time. However the loss of the CEO meant the executive team was reforming and at the time of the inspection this development was in its infancy.
- There had been some new appointments to NED roles immediately prior to the inspection.
- Non executive directors had been operating in a more operational role but this had been recognised and they were now taking a more assurance driven role. They were aware of the risks associated with the trust.
- There was strong nursing leadership from the Director and deputies which was voiced by the nurses on the wards and departments.
- The make up of the Board was 9% BME in the executive team and 0% in the Non executive team which was not representative of the local population. It was acknowledged that this has not been a primary focus for the trust board.
- Director portfolios were disproportionate and inequitable. This made delivery against targets in some areas a more consistent challenge.
- There did not appear to be anyone in the trust with clear oversight and accountability for the community services. This was raised with the trust as requiring immediate attention.
- The trust leaders had made some difficult decisions to address nurse staffing challenges and had even closed beds during the winter months despite bed pressures in one clinical area.

Culture within the trust

- The unsettled culture within the executive team was evident at the inspection.
- Historically the culture had been for service managers to escalate problems and concerns without local ownership. This was being addressed through recruitment to support a new style of infrastructure.
- The focus of the past couple of years has been on financial recovery.
- Equality and diversity was becoming more prominent and a lead had been recruited.

Summary of findings

- Generally good performance in the 2014 NHS Staff Survey with eight positive findings and two negative findings. Areas of good performance included quality of work-related training, low levels of work related stress and low levels of harassment or bullying reported.

Fit and Proper Persons

- There were formal procedures in place which including a template to record compliance with the Fit and Proper Persons regulation.
- We reviewed the personnel records of relevant staff and found they contained the relevant information which was current and appropriate.
- They were a couple of records where some checks were incomplete but were underway due to the fact that these appointees were new.

Public engagement

- The governors felt informed and included. Training had been offered to the governors including an induction to the trust. Governors newsletter provided up dates.
- The trust engaged with patient groups in a number of areas. For example, Age Concern and carers groups.
- The trust has a programme with some of the local schools to support activities at the hospitals.
- A carers strategy had been received at the Quality Improvement Committee in December 2015 and was to form the basis of a city wide strategy.

Staff engagement

- Clinical engagement was recognised as an area requiring revitalisation in order to progress the future plans of the organisation. The medical director was coming to the end of his term and wanted to return to clinical practice.
- Medical engagement was strong at service level but the strength of medical clinical leadership was newly developed with recruitment of all clinical directors only recently completed.
- The quarterly staff pulse survey for July to September 2015 had scored 65% for staff engagement.
- UHSM was placed in the Top 20% for staff engagement in the most recent National NHS Staff Survey.

Innovation, improvement and sustainability

- Divisional awards had been introduced to inspire staff.

Summary of findings

- UHSM won a £75k award to investigate quality improvements around tracheostomy care at UHSM and 3 neighbour hospitals in the South Sector. They developed new resources and rapidly introduced innovations from international exemplar centres, including multidisciplinary ward rounds for all tracheostomy patients. Results from nearly 300 patients over 12 months showed reductions in the frequency, nature and severity of harm and surrogates for the quality of care improved. These included patient-centred metrics such as improvements in time to first oral diet and time to speaking. They significantly reduced ICU and hospital length of stay by better co-ordination of care.
- UHSM's Severe Asthma Team being named the best in the country at the 2015 Nursing Times Awards
- A Complex Needs Facilitator within the Burns Unit, received an MBE in the Queen's Birthday Honours List in recognition of her work to help people who have endured domestic ritual and honour-based abuse.
- A team from Cardiology department were awarded the Advancing Healthcare Award for the second year in a row for inspiring the future healthcare science workforce.
- A district nursing student was awarded the QNI Philip Goodeve-Docker Memorial Prize* for Outstanding Achievement. National Cardiothoracic Transplantation Report (14/15) highlighted UHSM to have the best five year post-heart transplant survival (risk-adjusted) compared to all other units in the country.

Overview of ratings

Our ratings for Wythenshaw Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Medical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Requires improvement	N/A	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Our ratings for Withington Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	N/A	Good	Requires improvement	Good	Good
Overall	Good	Good	Good	Requires improvement	Good	Good

Overview of ratings

Community Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community health inpatient services	Requires improvement	Good	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Our ratings for University Hospital of South Manchester NHS Foundation Trust

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

Notes

Outstanding practice and areas for improvement

Outstanding practice

At Wythenshawe Hospital the following areas of outstanding practice were noted.

In Maternity:

- The bereavement midwife had been nominated for the national Butterfly awards two years running. These are awards celebrating survivors and champions of baby loss. The bereavement midwife was also runner up in the Royal College of Midwifery awards for her work providing bereavement support.
- A rapid access clinic had been introduced for menstrual disorders and post-menopausal bleeding to meet demand and allow for the development of innovative out-patient treatments such as microwave endometrial ablation and hysteroscopy sterilisation.

In Children's services:

- The cystic fibrosis team were awarded the quality improvement award by UK cystic fibrosis registry annual meeting in July 2015. The paediatric CF team won the first National Cystic Fibrosis Registry Quality Improvement Award in recognition for innovative use of the Port CF database, which provided focussed and early intervention to prevent further deterioration in their patient's condition.

Areas for improvement

Action the trust MUST take to improve

The trust must address the lack of strategic direction for the organisation in line with the changing landscape of health care within the Greater Manchester area. The executive team requires stability and needs to strengthen its leadership and engagement with staff regarding the future direction of the organisation.

The trust needs to have robust systems, processes and personnel to lead and support the community service through the transitional changes the staff are undergoing.

Importantly, at Wythenshawe Hospital the trust must:

In Medicine:

- ensure that staffing levels are appropriate to meet the needs of patients across the medical services and ensure there is an appropriate skill mix on each shift.
- ensure that all records are stored securely when not in use.
- take action to improve the bed occupancy rates across medical services to ensure the safe care and treatment of patients.

In Maternity:

- improve mandatory training for midwifery staff in terms of safeguarding level three training to ensure it is in line with the trust target.
- ensure all clinical policies are regularly reviewed and kept up to date.
- ensure incidents are investigated in a timely manner to ensure lessons are learned and recommendations implemented.

In Children and Young People:

- ensure safe staffing levels are sustained in accordance with National professional standards and guidance.
- ensure that staff are reporting risks and incidents to the senior leaders of the service actions being taken in a timely manner.
- ensure that all treatment, assessments, diagnostics and any other care relating to the patient is recorded appropriately in patient records.

Outstanding practice and areas for improvement

- ensure that transition arrangements for children between 16 and 18 years meet the needs of the individuals without prejudice.

In the community services they must:

- ensure they have robust systems in place to monitor safety performance across all community services to ensure patients are receiving harm free care.
- make all reasonable efforts to recruit to staff vacancies within a timely manner.
- determine safe staffing against clinical caseloads and ensure safe staffing levels are in place.
- ensure all clinical policies are reviewed and in date.
- ensure staff are trained to operate any equipment that they use to carry out their role

- ensure staff have the essential qualifications to fulfil their role
- ensure that risk assessments are being performed as per trust policy and findings are documented in the patient record.

and within the community in patient services they must:

- ensure all services are provided in suitable environments and that monitoring systems are robust and highlight any issues and risks in a timely manner.
- ensure that the nurse call bell system is fit for purpose and are readily available for all patients in each of the units.

This section is primarily information for the provider

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	Regulation 17(1) Systems and processes must be established and operated effectively to ensure compliance.
Maternity and midwifery services	
Nursing care	Regulation 17(2) (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.
Surgical procedures	
Treatment of disease, disorder or injury	