

## **CMA investigation – planned merger between CMFT and UHSM**

### **Introduction**

The Care Quality Commission (CQC) welcomes this opportunity to provide comment on the Competition and Market Authority's (CMA) investigation into the establishment of a new NHS Trust between Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM).

To ensure the transition process is seamless and safe, CQC are part of a working group to manage the deregistration of the two trusts and re-registration of the new trust. The membership of this working group includes CQC registration colleagues, hospital inspection colleagues, representatives of both trusts and Peter Blythin (Support Director at NHSI). We will closely monitor the governance of the transition during our usual engagement processes. We can provide an update on this activity at a later date if that would be helpful.

Following our last inspections, CMFT was given a Good overall rating and UHSM given a Requires Improvement rating. We have received action plans from both trusts and we are monitoring their progress through our regular engagement meetings. In addition UHSM have made significant changes to its Executive Team who are leading the actions to address the identified regulatory shortfalls. CQC believes that the establishment of the new trust has the potential to have a positive effect on the provision of health care services in the city of Manchester. We are reasonably confident that improvements have been made. However, the improvements will be confirmed at our inspection of the newly formed Trust in 17/18, which will include a full review of the Well-led domain.

### **Key findings from CQC's inspection of CMFT**

CMFT was given an overall rating of Good by CQC in our most recent report, published on 13 June 2016. The ratings for the five key questions were;

- Safe was rated Good
- Effective was rated Good
- Caring was rated Good
- Responsive was rated Required Improvement
- Well-led was rated Good

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.

#### **Details of the CQC inspection of CMFT**

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.
- 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.

#### **Areas of Outstanding practice at CMFT**

- 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 Marys 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.

### **Areas for improvement at CMFT**

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.

### **Key findings from CQC's inspection of UHSM**

UHSM was given the overall rating of Requires Improvement by CQC in our most recent report, published on 30 June 2016. The ratings for the five key questions were;

- Safe was rated Requires Improvement
- Effective was rated Good
- Caring was rated Good
- Responsive was rated Required Improvement
- Well-led was rated Requires Improvement

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 caring and compassionate multidisciplinary team and patients regarded the staff and the care they received as good. There was a visible leadership team.

### **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.

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 improvements made.

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.

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.

### **Areas of outstanding practice at UHSM**



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.

### **Areas for improvement at UHSM**

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.

**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.