



# Summary Quality Report 2013/14

# Welcome

We are committed to continually improving the quality of the services we provide to our patients.

Our quality report gives an account of how well we are doing against national and local quality targets, comparing our performance year on year to demonstrate continuous improvement; how we benchmark our outcomes against other healthcare providers and where we need to improve. The report also sets out our priorities for the coming year.

We have carefully considered the findings of Sir Robert Francis's public enquiry into the Mid Staffordshire NHS Foundation Trust, the reviews and findings of a number of NHS Trusts led by Sir Bruce Keogh, the national review of patient safety led by Donald Berwick and the national complaints review led by Ann Clwyd and Patricia Hart. In addition, we have considered the guidance on nurse staffing set out by the National Quality Board. As a result, we have made a number of changes to the way we deliver, monitor and manage care and importantly how we provide assurance to the Board of Directors on the quality of care for patients and families who use our services.

As an organisation, we always seek to improve the quality of care we deliver and as such, our Board of Directors commissioned an internal Quality Review. The purpose of the review was to ensure that as an organisation we can be fully assured of the quality of care being delivered and that it can identify quickly and respond effectively where improvement is required.

We were visited in the summer by Ann Clwyd MP as part of the national review of complaints. We were proud to be mentioned as an area of best practice for our introduction of the role of critical friend and the complaints scrutiny group, which is led by one of our non-executive directors and focuses on lessons learnt from complaints. In January 2014 we began a review of our complaints and PALS service to ensure they are accessible, responsive and patient focused.

In November we received the excellent news that our Academic Health Science Centre (MAHSC) had received re-designation as one of only six elite accredited partnerships in the country. Manchester is the only one outside the South-East of England. We were also recently successful in being designated as the host for the National Institute for Health Research (NIHR), Greater Manchester Clinical Research Network (CRN).

As with previous years we continue to grow and expand services and our challenge is to ensure that alongside growth we always continue to focus on quality, safety and patient experience putting patients and service users at the centre of all that we do.

We recognise where we need to improve our services and the importance of delivering consistently great care every day. We have been inspected by the CQC three times during 2013/14 against the delivery of the essential



standards. Although the Trust was found to meet most of these standards and most services received positive comments, concerns were raised in respect of nutrition in the Royal Manchester Children's Hospital and in clinical record keeping. The concerns in respect to nutrition were related to the choice of food that patients have.

The Trust has taken the comments from the CQC very seriously and is taking necessary actions to improve the choice of nutritious food and is also working hard to develop a bespoke electronic clinical record system.

We also had two unannounced inspections by the Central Manchester Clinical Commissioning Group in February 2014 who reported both as 'hugely positive' visits.

Our challenge for 2014/15 will be to continue to maintain and improve the quality of care while becoming more efficient.

Finally in March this year we celebrated our staff's contribution to patient care at our annual Proud of You awards ceremony. This ceremony has become the highlight of our year as it provides the opportunity to celebrate

the many achievements of our staff across all of our services.

Each year I am humbled by the lengths that staff go to in order to improve the care and treatment of our patients at home, in schools, in the community and in our hospitals.

I am pleased to confirm that the Board of Directors have reviewed the full 2013/14 Quality Account and confirm that it is a true and accurate reflection of our performance.

**Mike Deegan**  
Chief Executive



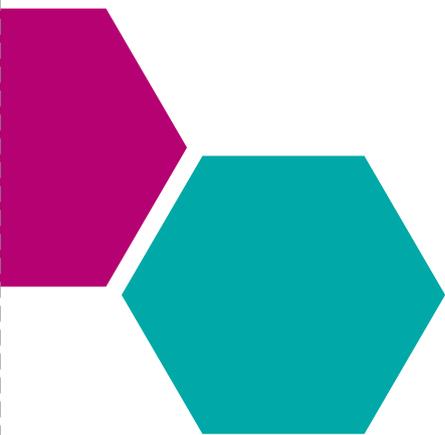
# The Challenges

The NHS has had a difficult year. Reports arising out of inquiries such as the Mid Staffordshire Hospitals and Winterbourne View remind us all again that the patient must be absolutely at the heart of everything we do. Here in Central Manchester, we again set out at the beginning of the year, to make improvements across many areas of care. Some of the key achievements are listed below:

- ◆ Increased performance on venous thromboembolism risk assessment to 96.58% at year end of 2013/14.
- ◆ Maintained low levels of serious harm and reduced the number of 'Never Events' reported.
- ◆ A further improvement with a 4% increase on the number of incidents reported by staff. We continue to be the highest reporter of incidents to the National Patient Safety Agency (NPSA) when compared to similar Trusts. This indicates that staff are confident to report and willing to learn when things go wrong.
- ◆ Successfully accredited all wards using the Improving Quality framework assessment.
- ◆ Reduced serious harm from medication incidents whilst maintaining a strong reporting culture.
- ◆ Trained more staff in Patient Safety (Human Factors) techniques.
- ◆ Implemented an assessment process and electronic flagging system to identify patients who have dementia or cognitive impairment.
- ◆ We had many staff/teams win awards across the year. These are detailed in our Annual Report which can be found at: <http://www.cmft.nhs.uk/media/1049407/annual%20report%202014.pdf> (pages 38-40).

## Quality Review

As an organisation we constantly seek to improve the quality of care being delivered. Our Board of Directors drive quality of care by fully understanding clinical outcomes and addressing problems as soon as they arise. With this purpose in mind, the Board of Directors commissioned an internal Quality Review to strengthen clinical quality assurance information.



The purpose of the Quality Review is first to ensure that the organisation can be fully assured of the quality of care being delivered and that it can identify, quickly, and respond effectively where improvement is required. This review has been led by the Medical Director and Chief Nurse/Deputy Chief Executive.

The CQC has helpfully set out five questions against which they intend to review clinical care going forward:

- is care **safe**?
- is care **effective**?
- are staff **caring**?
- is the organisation **responsive**?
- is the organisation **well led**?

The process for the Quality Review was aligned with those questions and sought to provide organisational assurance on quality of care. The Quality Review was also designed utilising our values and behaviours framework.

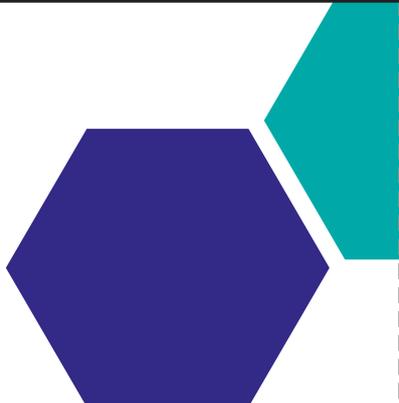
Most importantly, the findings and resulting action provides confidence going forward to

all patients and service users that they will receive the best experience and the best care at the right time.

The visits were completed during October 2013 - January 2014 and the findings will inform our work plans for 2014/15.

## Board of Directors Key Priorities for 2014/15

In 2013/14 we set out our three key clinical priorities as Mortality, Harm Free Care and Dementia Care. We have worked with staff and patient groups to identify these as our priorities and have chosen them to reflect both national and local issues of importance. Our priorities for 2014/15 are Mortality, Harm Free Care, Dementia Care and Sepsis.



# Patient Safety

## The Acutely Unwell Patient

We continue to focus on ensuring that the care of our patients is safe and that patients who experience deterioration in their condition are promptly recognised and treated to ensure the best clinical outcome.

We are implementing an electronic system 'Patienttrack', which allows ward staff to input clinical observations into an electronic system, alerting the appropriate staff where the patient requires review or treatment based on their Early Warning Score (EWS). EWS is a 'track and trigger' tool which allows staff to recognise from patients clinical observations changes that indicate the patients clinical condition is deteriorating.

## Patient Harm Events/Learning from incidents

Our aim for this year was to increase reporting of Patient Safety Incidents by at least 5%.

We have succeeded in achieving a 4.5% increase in Patient Safety Incident reporting this year. This shows that we have continued to raise the importance of reporting incidents and near misses, which has resulted in increased reporting this year.

We increased our patient safety incident reporting by 4.5% and, although not 5% our originally set target, this is still an achievement as we remain the highest reporter of incidents to the National Patients Safety Agency (NPSA) when compared to similar Trusts.

## Actual Harm level 4/5 incidents

Whilst our aim is to increase incident reporting it is also to reduce the levels of serious actual harm. All actual harm incidents at level 4 and 5 are the most serious incidents and we have had a reduction of these levels of incidents over the last year.

## Learning from Incidents

We undertake Patient Safety Training to help staff understand how errors can occur and after every incident we review what happened and where possible, make changes to prevent the same thing from happening again.

## Comparison with other Trusts

We report all our Patient Safety Incidents to NHS England and they use this information to compare us with other Trusts which are similar to ourselves. The figures show that we are the highest reporter of incidents when compared to similar NHS Trusts.

## Never Events

A 'Never Event' is a serious largely preventable Patient Safety Incident that should not occur if the available preventative measures have been implemented. There are 25 national 'Never Events' and we have risk assessments and measures in place to prevent these, however despite these measures we had three in 2013/14 all of which were related to safe surgery interventional procedures.

Following these events full investigations were undertaken and actions completed which



included changes to style of site marking, implementation of checking procedures and checklists for procedures undertaken in out-patient areas.

### Being Open

Being Open refers to communicating honestly and sympathetically with patients and their families when things have gone wrong. Our policy is that where there has been an incident resulting in harm, information must be given to the patient and or their relatives as soon as possible after the event including the investigation findings and actions planned. This year we have implemented a new monitoring process to ensure this process is completed in a timely manner.

### Medication Safety

The organisation has worked hard to improve all areas of patient safety over the last few years and medication safety is no exception.

We set out to reduce serious harm (level 4 and 5) and maintain a strong culture of reporting medication safety incidents and this has been achieved.

We have seen a reduction in overall reported serious harm from medication safety incidents in 2013/14. If serious incidents occur they are fully investigated and measures put in place to prevent similar incidents occurring again and we continue to strive to prevent all such incidents.

There were no medication-related Never Events reported in 2013/14.

### Harm Free Care

We have been committed to the national Harm Free Care (HFC) campaign since 2012 when the NHS Safety Thermometer was introduced. The NHS Safety Thermometer provides information about harms and the proportion of patients that are 'harm free' during their period of care. National requirements involve collecting the data once a month from patients in the hospital and within community settings.

We implemented an electronic recording system within the nursing handover in 2012 to enable collection of this information on all patients, every day within the hospitals.

As part of our Harm Free Care campaign a launch event took place in July with a specific focus on reducing both the incidence and prevalence of pressure ulcers (grade 2-4) and falls with harm (Grade 2-5).

We continue to submit monthly data via NHS Safety Thermometer as required for the three specified harms: falls with harm, pressure ulcers (category 2-4), and catheter acquired urinary tract infections (CaUTI). Further details can be found here: [www.hscic.gov.uk/thermometer](http://www.hscic.gov.uk/thermometer)



# Clinical Effectiveness

## Hospital Mortality

There are two key mortality indicators used to measure a hospital's mortality rate. These are Hospital Standardised Mortality Ratio rating (HSMR) and Summary Hospital-level Mortality Indicator (SHMI). Both of these indicators have a standard expected of 100 or below.

Our current figures are: HSMR – 93.10 and SHMI – 103.90. Our HSMR figure for this year show that we have a lower than expected crude mortality rate and although our SHMI is slightly above a 100, we have seen an improvement from last year's figure of 110.5.

Our aim is to continue to reduce both the HSMR and SHMI scores to below the national average. To help achieve this goal, the Trust has various processes and systems to review mortality across the organisation.

The key differences between HSMR and SHMI are:

- ◆ SHMI includes all deaths, while HSMR includes only a compilation of 56 diagnoses (which account for around 85% of deaths)
- ◆ SHMI includes post-discharge deaths while HSMR relates only to in-hospital deaths

Patients, the public and ourselves need to be assured through SHMI/HSMR of less than 100 that clinical quality is high and that mortality is at the expected rate.

It is of critical importance to appreciate that information about mortality comes from many different sources. These include internal mechanisms such as our Emergency Bleep Review Meeting and processes, clinical

incidents, high level investigations, complaints analysis and clinical audit and mortality review.

There are a number of key mortality measures and these are reported publicly [www.hscic.gov.uk/SHMI](http://www.hscic.gov.uk/SHMI)

## Infection Prevention and Control

Infection prevention and control remains a high priority. Protecting our patients against infection is a key priority and one which we consider to be the responsibility of all staff. We have a highly experienced Infection Prevention and Control Team including specialist doctors and nurses who provide support and education.

## Methicillin Resistant Staphylococcus aureus (MRSA)

Healthcare associated infection presents a huge problem to hospitals and contributes significantly to patient morbidity and mortality. It is estimated that 3% of the population carry MRSA harmlessly on their skin, but for our patients the risk of infection caused by MRSA may be increased due to the presence of wounds, or invasive treatments. MRSA may result in blood stream infections (bacteraemia).

Our target is, and continues to be, to have zero avoidable infections. During 2013/14 the total number of reportable MRSA bacteraemia is eight. It was disappointing that four of these were judged to be avoidable infections by the review panel.

These cases are investigated with all staff involved and we aim to learn from these



situations and share the lessons learnt through the Infection Control Committee.

### ***Clostridium difficile* Infection (CDI)**

*Clostridium difficile* infection can cause serious illness. It usually affects elderly and very unwell patients who have received antibiotics. We are pleased to be able to report that we have achieved a further continued reduction in the number of cases of *Clostridium difficile* infection.

This year we had 54 cases as compared to 74 cases in the last year. All cases are investigated and reviewed weekly at a multi-disciplinary meeting. The themes identified from the weekly reviews have demonstrated that antibiotics have been appropriately prescribed and there has been no evidence of cross transmission.

All patients with *Clostridium difficile* infection are seen on a weekly ward round by a microbiologist and the antibiotic pharmacist.

For all our suspected and confirmed cases strict infection control measures are put in to place to minimise the risk of spread of infection to other patients.

### **Carbapenemase-producing Enterobacteriaceae (CPE)**

Carbapenemase-producing Enterobacteriaceae (CPE) is the name given to bacteria in the gut

which have developed resistance to a group of antibiotics called carbapenems. Infections caused by CPE bacteria can usually still be treated with antibiotics. However, treatment is more difficult and may require combinations of drugs to be effective.

The first CPE was identified at the Trust during 2009/10, however despite strenuous efforts the numbers have increased since then. We have worked closely with experts at Public Health England both nationally and locally to develop policies to overcome this emerging problem.

Our screening programme is broader than any other UK organisation and we actively screen patients for CPE in order to identify those who may be at risk of a clinical infection in a timely fashion so that if necessary they can be treated with appropriate antibiotics.

The majority of patients that we find are carrying CPE do not require further treatment. However, we isolate all cases in either single rooms or in cohort bays.

### **Staff Flu Vaccination Campaign**

Our recent campaign to vaccinate as many staff as possible against winter seasonal flu has been very successful, resulting in the Trust being nominated in the most improved category of the NHS Employers Flu Fighter Awards 2013/14.

This year's Flu Campaign saw the highest uptake rate we have ever achieved with 75.4% of frontline healthcare workers coming forward to be vaccinated.

## Advancing Quality

Advancing Quality (AQ) is a North-West quality initiative introduced in 2008. AQ aims to improve and reduce variation in the standards of healthcare provided in the NHS hospitals across the North West of England. Every NHS acute and mental health trust across the North West of England participates in Advancing Quality (AQ) -

[www.advancingqualitynw.nhs.uk](http://www.advancingqualitynw.nhs.uk)

AQ focuses on several clinical areas which affect many patients in the region – acute myocardial infarction (heart attack), coronary artery bypass graft (heart bypass surgery), heart failure, hip and knee replacement surgery, pneumonia, and stroke. Advancing Quality works with clinicians to provide NHS trusts with a set of quality standards which define and measure good clinical practice.

We are pleased to report that we are performing well in these areas.

## Urgent Care

The Living Longer Living Better (Healthier Manchester) project describes an ambitious programme of work aimed at ensuring that local people receive high quality, personalised services which support them to manage their own health and well-being as effectively as possible. This will be implemented by the organisations responsible for improving health and well-being in the city working together to develop and deliver integrated out of hospital services with the capacity and expertise to offer support closer to home.

## Accident & Emergency

The standard for patients attending Accident & Emergency Departments is that 95% are seen, treated and discharged within four hours.

We are pleased to report that we achieved this standard for each quarter of 2013/14 and for the year as a whole.

## Friends and Family Test

The introduction of the Friends and Family Test (FFT) was announced by the Prime Minister in May 2012. It is a way for patients to give feedback on the care and treatment they receive, and the feedback we receive will help us improve our services.

Patients are asked a question when discharged from either an in-patient stay or A&E/Assessment. The question asked is: *"How likely are you to recommend our ward/A&E department to friends and family if they needed similar care or treatment?"*

A similar question is asked within maternity services, however the Friends and Family Test (FFT) question is asked of each woman at four separate touch points 1) at 36 weeks, 2) after delivery, 3) at discharge from post natal ward (if applicable) and 4) on discharge from community post-natal care.

The results for each Trust can be found here: [www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/](http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/)

## Commissioning for Quality and Innovation (CQUINs)

The CQUIN framework is a national framework for quality improvement schemes. The framework was set up in 2009 to reward excellence in quality by linking a proportion

of the Trust's income to achievement of various quality improvement indicators. The framework has grown over the years, demonstrating the increasing emphasis being placed on quality.

CQUINs are important to us and for patients as they are designed to improve patient experience, drive improved clinical outcomes and generally improve the quality of our services.

A proportion of our income in 2013//14 was conditional on achieving quality improvement and innovation goals.

Examples of some of the goals for 2013/14 were:

- Friends and Family Test
- NHS Safety Thermometer
- Dementia, and VTE (blood clot) Prevention, all of which are national priorities

Some of the local and regional CQUINs focused on:

- Reducing avoidable short stay admissions of less than 24 hours
- the quality of care patients receive at the end of their life
- reducing alcohol abuse
- improving communication at ward rounds
- improving the continuity of care and communication at discharge

Other schemes looked at providing maternity care closer to home, and improving the continuity of care for patients with both heart failure and diabetes.

Because we offer a high proportion of specialist services there was also concerted focus on a number of these areas with improvement schemes involving:

- Bone Marrow Transplant
- Cardiac Surgery
- Renal Dialysis
- Children's and Adolescent Mental Health Services (CAMHS) and
- Neo-natal Intensive Care Unit amongst others

Further details of the agreed goals for 2013/14 and for the following 12 month period are available at [www.cmft.nhs.uk/your-trust/cquins](http://www.cmft.nhs.uk/your-trust/cquins)

Some CQUIN schemes are agreed nationally and others are agreed regionally or locally with Commissioners and Clinical Commissioning Groups.

In 2013/14 we achieved 99% of our CQUIN targets.

At year end 2012/13, we were successful in achieving a total of £14.5 million of CQUIN linked funding.

In 2013/14 we are projected to achieve £16.4 million of funding available, approximately 99% of the total amount available.

## Single Sex Accommodation

All our patients receive care in single sex accommodation in line with the provision of same sex accommodation national guidance.

Since March 2011 we have been able to declare annual compliance with the required national standards within our clinical areas.

We continue with our commitment to go beyond the requirements of the guidance and where clinically possible have moved to providing single sex wards. We currently have 51% of our clinical areas as single sex wards, with the remaining wards all providing single

sex bays with identified single sex bathroom and toilet facilities.

We continue to monitor patient feedback in relation to provision of single sex accommodation in order to identify areas where patient perception indicates that they do not feel they have been cared for in single sex accommodation.

Results during the year demonstrate 98% of patients surveyed believe they did not share a room or bay with patients of the opposite sex. Where sharing took place this was within a critical care environment where the guidance acknowledges that a patient's clinical need takes priority over the provision of same sex accommodation.

## Brilliant Basics

Brilliant Basics is an annual process where every three months nurses and midwives take a specific focus on practice to improve the 'fundamentals of care' that we provide to our patients.

Our areas of focus are:

- ◆ Communication
- ◆ Harm Free Care
- ◆ Leaving our Care and Care & Compassion.

Our final quarter of the year focused on the healing nature of rest and sleep. We have focused on understanding why patients tell us some wards are noisy at night and have put in place simple actions to make the environment conducive to sleep. We believe that in providing the right environment and practice that is conducive to sleep, patients will be rested and recover faster.

## Safeguarding (Vulnerable Adults)

'Vulnerable adults' are defined as those aged

18 years and over who are, or may be, in need of community services because of illness or a mental or physical disability, or individuals who are, or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

We, and other NHS organisations, have a duty to ensure that vulnerable adults are protected from harm and abuse.

We need to ensure that all staff working within the NHS have the skills to safeguard the needs of vulnerable adults, with access to appropriate training and specialist support. This ensures that the safeguarding principles of empowerment, protection, prevention, proportionality, partnerships and accountability are embedded in clinical practice and Trust structures.

The Safeguarding Team have established a safeguarding 'Champions' network of over 80 members of staff ensuring they have access to specialist support and training in order to provide additional safeguarding support to staff within their areas.

## Safeguarding Children & Young People

Safeguarding practice has developed considerably in recent years and the review of Child Protection has initiated a number of changes in how professionals work with children and families and how they respond to safeguarding concerns.

Over the year the focus of Safeguarding activities have included key subject areas such as neglect, child sexual exploitation and the Manchester Common Assessment Framework.

With the support of the Safeguarding team, each Division within the organisation has been

assisted to establish safeguarding operational groups to ensure information is disseminated appropriately.

## Compliments, Concerns and Complaints

We take the views of our patients and visitors very seriously and the vast majority of people who use our services are happy with the quality of the treatment and services they receive. However, sometimes things do not go as well as expected. In these cases, we encourage our staff to deal with issues or concerns immediately, but when they cannot be resolved the Patient Advice and Liaison Service (PALS) can independently help staff and patients to resolve simple issues of concern or help to deal with complex problems.

There has been a steady increase in complaints in previous years but this increase appears to have levelled out during 2013/14. The main complaint themes over recent years have been around clinical assessment and access to diagnostic investigations such as scans, treatment and procedures together with concerns about consent, communication and confidentiality. These themes have appeared consistently, but have changed position in prominence through each quarter.

Over the last year we received around 3,432 PALS enquiries (a 4% increase on the previous year) and 1,185 formal complaints (a 9% increase on the previous year). The Trust also received 21 new requests for information from the Parliamentary and Health Service Ombudsman (PHSO).

Of the total number of PHSO cases previously received, eight cases are currently under

investigation. Two cases have been partially upheld which means that the Ombudsman believes an aspect of the concern, care or treatment fell below the standard expected. One of these cases related to delays in the complaints process and the remaining one related to a delay in providing medical records to the family.

The Ombudsman's office has also informed us that they propose to fully uphold two further complaints. We will act on the Ombudsman's recommendations when we receive the report.

The Ombudsman's office did not uphold eight other remaining cases because they found that our response was either appropriate, or the Trust was not at fault, or the Trust recognised its failings and had made the necessary steps to address a service shortfall.

We are confident that our complaint processes are designed to support our patients and service users and were delighted to be mentioned as an area of good practice in the Anne Clwyd MP and Professor Tricia Hart report 'Putting Patients back in the picture'.

The introduction of the role of Critical Friend - an independent Director or Deputy Director is provided to support families through a very complex complaint which may also involve a high level incident acting as a single point of contact for the family.

The Complaints Scrutiny Group, which is led by a Non-executive Director focuses on learning lessons from complaints and holding staff to account for their actions.

We recognise the need to continually improve and have started a comprehensive review of the complaints process. We aim to simplify the process for patients and carers and

enable them to have faster access to resolve immediate concerns.

We are also looking at how we can improve our complaints handling, response times and share complaints data across the Trust with our staff.

## The Quality Campaign

### Ward Accreditation - Our Ward

Accreditation process, which was established in 2011, is a way of assessing our wards to assure the Board that we are delivering high quality care. It involves all in-patient wards and day-case areas being assessed each year and focuses across four key areas:

- Culture of continuous improvement, including leadership, team culture and use of evidence based practice.
- Environment of care including infection control and safety standards.
- Communication about and with patients, including team communication, documentation and patient feedback.
- Nursing processes specifically focused on medications and meals.

Wards are accredited as achieving Gold, Silver, Bronze or White based on the following definitions:

- Gold** Achieving highest standards with evidence in the data (11 wards achieved)
- Silver** Achieving minimum standards or above with evidence in improvement data (35 wards achieved)
- Bronze** Achieving minimum standards, or below with active improvement work underway (18 wards achieved)

**White** Ward not achieving minimum standards in at least one category and no evidence of active improvement work (0 wards)

All 64 wards underwent accreditation.

## Clinical Audits

Clinical audits are carried out by doctors, nurses and other hospital staff. It's a way of ensuring that what should be done is being done, and if not, a plan is put in place to improve things.

Audits can be carried out by collecting information from a patient's health records or asking for feedback from the patient.

Audits can also be carried out by observing staff as they perform their duties. For example, a Hand Hygiene audit involves watching staff to see if they wash their hands before touching a patient. If the results are poor, changes are made to help improve patient care and ensure a better service. When the changes have been put into place there are further checks to confirm that any improvements have been made; this is called a re-audit.

We undertook 532 clinical audits in 2013/14.

## National Clinical Audit

During 2013/14 we participated in a number of the national clinical audits identified by the Healthcare Quality Improvement Partnership (HQIP). National clinical audit is designed to improve patient outcomes across a wide range of conditions. Its purpose is to engage all healthcare professionals in a systematic evaluation of their clinical practice against approved standards. It aims to support and encourage improvement and deliver better outcomes in the quality of treatment and care.



National audit can be done in two ways: snapshot audits (patient data collected over a short, predetermined period) and those audits where data on every patient with a particular condition or undergoing specific treatment is included.

A total of 49 audits are listed on the HQIP database, however, we do not participate in all because some of the audits are related to services we do not provide for example adult mental health disorders.

During the year, 45 national clinical audits and 5 national confidential enquiries covered relevant health services we provide.

We participated in 100% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which we were eligible to participate in.

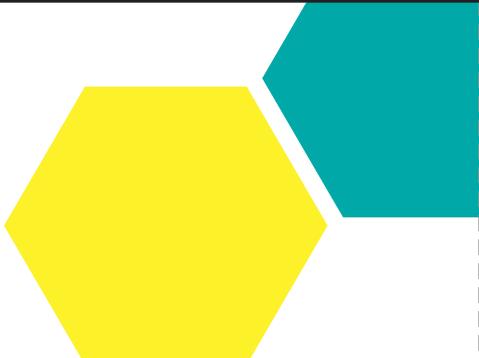
## National Confidential Enquiries (NCE)

In 2013/14 there were five National Confidential Enquiries (NCE) and we participated in all of the relevant studies.

The purpose of NCE is to assist in maintaining and improving standards of medical and surgical care by reviewing the management of patients through undertaking confidential surveys.

The national confidential enquiries that we were eligible to participate in are as follows:

- Tracheostomy Care
- Lower Limb Amputation
- Subarachnoid Haemorrhage
- Alcohol Liver Disease



# Research and Innovation

## Greater Manchester Research Landscape

Research and innovation is a continuous cycle of discovering, translating and implementing new treatments and methods of care to improve the health of our patients.

During the year we have developed and strengthened new and existing partnerships to improve the bench to bedside journey of research translation to improved healthcare for our patients.

## Greater Manchester Academic Health Science Network (GM AHSN)

In May the GMAHSN was officially launched with the aim of improving the health of Greater Manchester through adopting effective methods of the NHS, implementing the most innovative and promising best practice in healthcare.

GM AHSN is a network providing a unique opportunity to make a real difference to people's lives bringing together healthcare and academic organisations in partnership with industry, local authorities and other agencies.

The network aims to get the NHS working differently and think about a regional approach to enable change in healthcare and wealth. [www.gmahsn.org](http://www.gmahsn.org)

## NIHR Clinical Research Network: Greater Manchester

In September the Department of Health announced that we had been chosen as one of 15 Trusts nationally to host a NIHR Local Clinical Research Network (CRN). The CRN is the clinical research delivery arm of the NHS. It provides infrastructure funding to hospitals and surgeries for research nurses, scans and other costs associated with carrying out academic clinical research in the NHS and staff with appropriate expertise for recruiting to commercial clinical research.

As host, we will help set the level of ambition for clinical research delivery across the network locally and ensure it occupies the place it deserves in the day-to-day work of the NHS. [www.crn.nihr.ac.uk](http://www.crn.nihr.ac.uk)

## Manchester Academic Health Science Centre (MAHSC)

In December, Manchester was awarded the only Academic Health Science Centre (AHSC) outside of the South East. MAHSC is a partnership between The University of Manchester and six NHS organisations. The aim is to increase strategic alignment of NHS providers and the university, specifically in world-class research, health education and patient care.

MAHSC acts as a beacon within the health system, providing clinical and research leadership and helping health care organisations reap the benefits of research and innovation to drive improvements in care. [www.mahsc.ac.uk](http://www.mahsc.ac.uk)



## Excellence in research

In July 2013 it was announced that the Trust had achieved an all-time high in research activity during 2012/13. During this period over 20,000 patients were recruited to clinical studies, meaning we were the second highest recruiting Trust in the UK.

We are committed to giving patients the choice to take part in clinical trials and have run several successful communication campaigns, including International Clinical Trials Day, to raise the awareness of research and its benefits, amongst staff and patients.

In 2013/14:

- 15,583 patients were recruited to participate in research approved by a research ethics committee within our organisation.
- 720 research studies were open to recruitment or in the follow up phase.
- 278 new studies were approved with set-up times and recruitment of the first patient quicker than ever.
- 88 new external researchers enabled to conduct research in our organisation via research passports

If you want to get involved in research learn more here:

[www.cmft.nhs.uk/research-and-innovation/get-involved-in-research.aspx](http://www.cmft.nhs.uk/research-and-innovation/get-involved-in-research.aspx)

## Medical Revalidation

The law requires any doctor who treats patients to be registered with the General Medical Council (GMC). The GMC introduced Medical Revalidation across the UK on 3rd December 2012 to improve the way it regulates doctors who practise medicine in the UK. The GMC is doing this by working with healthcare employers, such as ours to ensure we use our appraisal systems to regularly check that our doctors are up to date and fit to practise.

Revalidation ensures that doctors are constantly checked against the professional standards that the GMC sets and those that patients expect their doctor to meet. Over time, we believe Revalidation will improve the care that patients receive from doctors and will mean that they are safer when they receive treatment from them.

We believe that patients have an important role to play in the appraisal and Revalidation of doctors. Patients will have an opportunity to be actively involved in the process by providing feedback to doctors about their practice. Some doctors already ask their patients for feedback about their practice and now that Revalidation has begun, all doctors will do this regularly.

# External Regulation

We are required to register with the Care Quality Commission (CQC) and our current registration status is fully registered with no conditions. We have had no conditions on our registration. The CQC has not taken enforcement action against us during 2013/14. We have not participated in any special reviews or investigations by the CQC and are not subject to periodic reviews.

We work closely with the CQC on maintaining high quality services. This year they visited a number of areas including the Manchester Royal Infirmary, the Royal Manchester Children's Hospital (RMCH), Salford Child and Adolescent Mental Health Services and Trafford Hospital.

In relation to RMCH there were concerns regarding nutrition relating to the choice of food that patients have. We will continue to strive to ensure that a choice of nutritious food is available to all patients across all our hospitals.

There were also concerns raised about clinical record keeping. This was something that we were already aware of and which is reviewed each month at Board level. We have invested a huge amount in the management of risks associated with the fact that the records are still, largely, paper based and we are working hard to develop an electronic record which will meet the needs of patient care for all our specialties.

It is important to note that the CQC have judged the findings in respect of these points as having a "minor impact on people who use the service".

Our Commissioners have started a programme of quality review and we are working with them to ensure they have all the information they need to come to a view on the care we provide. The first of these unannounced inspections by the Central Manchester Clinical Commissioning Group took place in February and March 2014. The CCG reported that the visits to the Trust were a positive experience on the whole. It highlighted the fact that staff were engaged and positive about the environment they worked in. There were no major concerns identified in relation to the quality or safety of services. As with any visit, recommendations were made and these will be addressed by us.

Other external bodies such as the Human Tissue Authority visit our premises regularly and their findings are reported at Board level. This year they visited the Manchester Royal Eye Hospital Eye Bank and were very impressed with everything they saw. No compliance issues were identified.

We continue to work closely with all external regulators and inspection bodies. We will use their findings to make improvements where needed and as an assurance of quality.



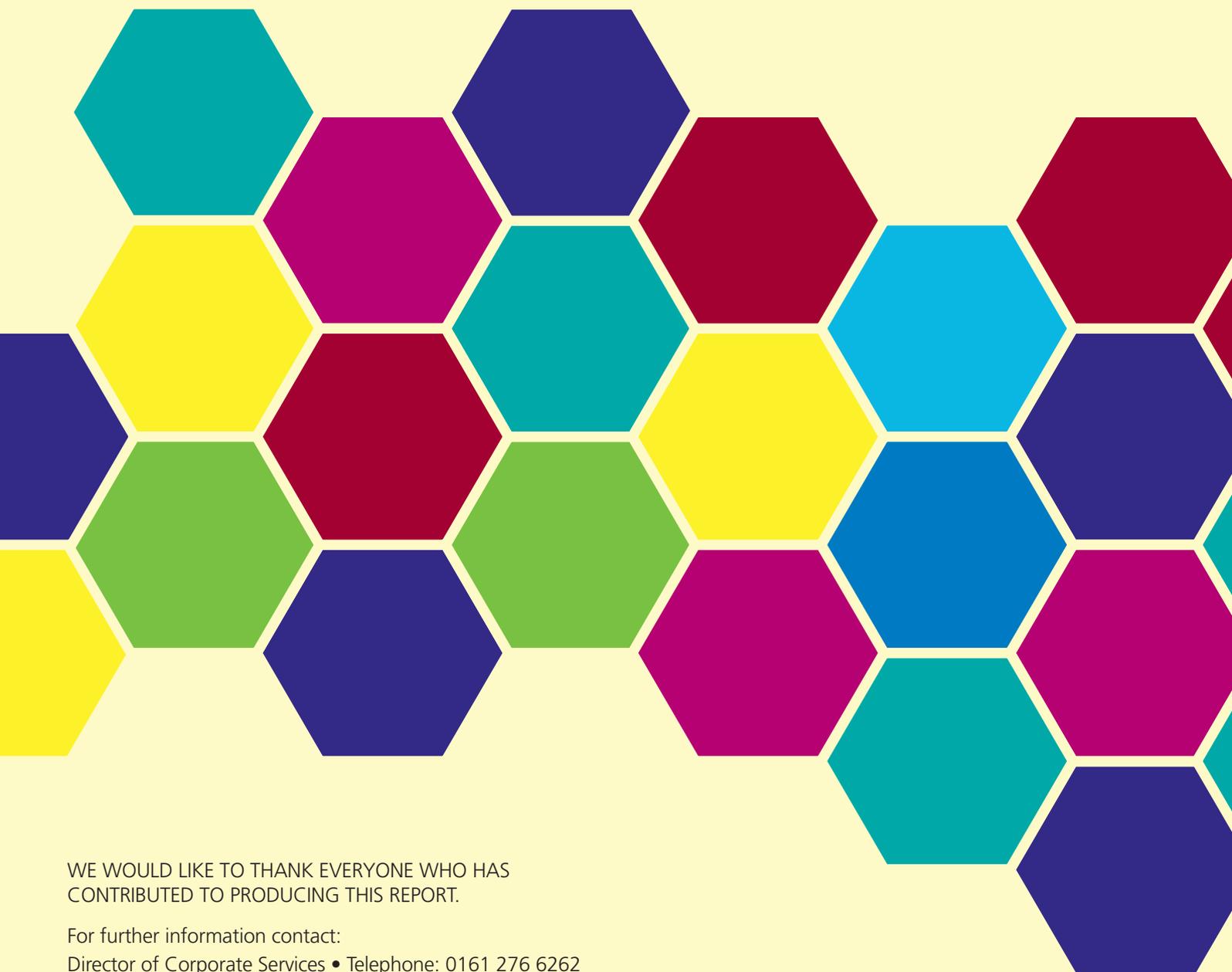
Our full Quality Report has been reviewed and commented on by:

- Governors
- Central Manchester Clinical Commissioning Group
- Health and Wellbeing Overview and Scrutiny Committee
- Healthwatch, Trafford
- Healthwatch, Manchester

A copy of the full Quality Report can be found at:

[www.nhs.uk/services/trusts/overview/defaultview.aspx?id=1087](http://www.nhs.uk/services/trusts/overview/defaultview.aspx?id=1087)





WE WOULD LIKE TO THANK EVERYONE WHO HAS CONTRIBUTED TO PRODUCING THIS REPORT.

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