

Tameside General Hospital NHS Foundation Trust

Quality Report

Tameside General Hospital,
Fountain Street,
Ashton Under Lyne,
Lancashire,
OL6 9RW

Tel: 0161 922 6000

Website: <http://www.tamesidehospital.nhs.uk/>

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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

Inadequate



Are services at this trust safe?

Inadequate



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Inadequate



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

In 2013, the trust was identified nationally as having high mortality rates and it was one of 14 hospital trusts to be investigated by Sir Bruce Keogh (the Medical Director for NHS England) as part of the Keogh Mortality Review in July that year. After that review, the trust entered special measures because there were concerns about the care of emergency patients and those whose condition might deteriorate. There were also concerns about staffing levels (particularly of senior medical staff at night and weekends), patients' experiences of care and, more generally, that the Trust Board was too reliant on reassurance rather than explicit assurance about levels of care and safety.

We inspected Tameside NHS Foundation Trust in May 2014 and visited the trust on five separate days both announced and unannounced visits.

The announced visits were 7 and 8 May and the unannounced visits were 13, 16 and 17 May 2014.

This was a full comprehensive inspection.

The inspection team inspected the following core services :

- Accident and Emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive / Critical care
- Maternity and Family Planning
- Children and young people's care
- End of life care
- Outpatients

This inspection was a comprehensive inspection, which took note of the previous inspection in January 2014, to monitor the trust's improvements in meeting the regulations.

We saw Tameside trust at an early point on their journey of improvement. The Trust is showing its ability to respond to and manage the improvement challenges it faces. The ratings and this report reflect the early stages in this journey. The trust service managers and executive teams are working strongly together to address the issues already raised in this report.

We saw good leadership from the new executive team. We saw that the executive team were beginning to exert strong processes with the organisation and manage systems.

We saw that the executive team were beginning to create a strong culture within the trust. We heard from staff in the focus groups of their ability to see change within the trust leadership and of their recognition of a stronger future for the trust.

We also saw some areas of good leadership in some clinical services, with the formation of a good culture.

However whilst we saw that there was a growing opportunity for change and improvement, overall we found that the services provided by the trust were inadequate.

Our key findings were as follows:

- We found a service improved from the assessment made at the time of the Keogh Review
- We found that caring was good across all areas of the organisation.
- We found staff to be committed to making improvements.
- We found a strong and visible Executive Team providing leadership to the organisation and driving delivery of the improvement plan.
- We found that A&E, maternity services and childrens/ young people's services were good.
- We found that critical care services were inadequate including: lack of availability of national audit (ICNARC) data, incident reporting and feedback, record keeping, equipment and patient monitoring.
- We found that parts of medical care services required improvement were including: aspects of medication processes, record keeping and medical staffing.
- We found some elements of surgical care requires improvement including monitoring and management of preoperative patients.
- Despite many improvements already made we found that elements of outpatient care required

Summary of findings

improvement including clinic organisation and efficiency of booking processes. The implementation of the new Lorenzo record system was of most concern.

We saw several areas of outstanding practice including:

- The children's unit development that included significant user and community involvement in its design.
 - The trust had an outside garden area for patients which was dementia-friendly.
 - The trust welcomed visits by patient groups, such as Healthwatch or Tameside Hospital Action Group, to see for themselves how the hospital was performing.
 - Patients were assessed regarding their rehabilitation needs and the physiotherapy team were available seven days a week to contribute to meeting the goals for each patient's recovery. The physiotherapy team was led by a consultant in physiotherapy so that a senior person was available regarding complex issues.
 - One of the hospital's community midwives had recently won the British Journal of Midwifery's Community Midwife of the Year Award. This midwife had been recognised for recently supporting four women with cancer during their pregnancies and reportedly, "Continually goes that extra mile to support women and their families", said the head of midwifery.
 - In 2012, the maternity unit launched a fundraising campaign called the Bright Start appeal. This highly successful campaign had funded the development of the birthing pool room and would fund the future development of the midwifery-led birth room.
 - The maternity service actively participated in national research and audit projects. This included: "The Healthy Eating and Lifestyle in Pregnancy Study" which was being undertaken with Cardiff University and Slimming World; "The Building Blocks: A trial of Home Visits for first time mothers" in partnership with University Hospital South Manchester and "The Bumpes Trial" which was being undertaken by the University College London.
 - The facilities for bereaved parents included a private room, garden and en suite bathroom. The room contained a television, lounge, kitchen and hot beverage facilities. A midwife, usually bereavement trained, was allocated to the family whilst in hospital.
- After being discharged from hospital, the nurse visited the family at home or contacted them by telephone. The trust held an annual forget-me-not remembrance service.
- The maternity service had developed a teenage pregnancy reduction initiative in response to local need which had a positive impact in reducing the number of teenagers who were expecting their second child. The trust appointed a specialist teenage pregnancy midwife, created a more teen friendly environment, improved the continuity of care from staff.
 - The trust worked creatively with commissioners and other trusts to plan new ways of meeting the needs of children and young people. Together, they developed integrated pathways of care, particularly for children and young people with multiple or complex needs.
 - The trust had a dedicated children's safeguarding team which evidenced proactive outreach programmes and service adaptations aimed at meeting the needs of people in vulnerable circumstances.
 - The trust developed an observation and assessment unit and community nursing team for children and young people, which significantly reduced hospital admissions and accident and emergency department attendance.
 - The trust raised the profile of end of life care by appointing an end of life care facilitator who worked with other staff and external agencies to implement best practice in the mortuary and chaplaincy service, improve care on the wards and facilitate rapid discharge.
 - The trust had adapted the equipment used for transporting deceased patients to resemble an empty bed. This was discreet and made for a dignified journey through the hospital to the mortuary.
 - The trust had three syringe drivers available for the sole purpose of facilitating a rapid discharge for any patient who required this equipment, which was normally supplied by community services.
 - The trust's paediatric outpatient department provided a stimulating and interesting environment in the waiting, consultation and treatment areas. This environment had been designed as a result of consultation with a local primary school so that it appealed to children and young people. This included

Summary of findings

small details, such as a glass cabinet in the reception desk where a toy replica of a hospital was placed to reduce the boredom of children when they were waiting at the desk.

- The trust had an electronic system for logging and identifying patient records, which resulted in improved access to records for outpatient clinics.

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

Importantly, the trust must:

- ensure there are at all times, enough appropriately skilled staff in all areas or on call to meet people's needs.
- take action to ensure that care and treatment reflects published research evidence and guidance issued by the appropriate professional and expert bodies.
- take action to ensure staff are adequately trained and regularly appraised.
- take action to ensure they adequately safeguard patient information.
- take action to ensure that staff continue to report and learn from incidents.
- take action to ensure that they learn from complaints and concerns.
- take action to ensure that suitable infection prevention and control measures are in place, to reduce the number of surgical site infections.

- take action to ensure that they appropriately prioritise patients waiting for surgery.
- take action to ensure that they seek and have regard for appropriate professional and expert advice when planning their critical care services.

In addition the trust should:

- ensure that they regularly update policies and procedures.
- ensure there is a robust system for disseminating information, such as learning from complaints or incidents, amongst all staff.
- ensure they share accurate information in a timely way with patients or people acting on their behalf.
- ensure there are robust systems in place to safeguard staff who handle patient records against workplace injury.
- ensure they adequately monitor the quality of their bed management.
- consider how they work together with the local community to facilitate safe and prompt discharges.
- consider how they promote patient engagement methods, such as the inpatient survey or the Friends and Family Test, in wards or units with low response rates, such as the day case or endoscopy unit.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Tameside General Hospital NHS FT

Tameside Hospital NHS Foundation Trust is a major provider of community and hospital services in Tameside and Glossop, providing care to a population of 250,000. The trust had approximately 2,300 staff and 524 beds in total in one acute hospital site situated in Ashton-under-Lyne. In 2012/13, the trust saw 52,452 inpatients, 241,040 outpatients, and 78,118 people attending Accident and Emergency.

Tameside is Tameside Metropolitan Borough Council and Derbyshire Council). Tameside is an urban area with 9.1% non-white minorities, according to the 2011 Census for England and Wales. It ranked 42nd out of 326 local authorities in terms of deprivation and people living in Tameside have a worse than average life expectancy.

Tameside Hospital NHS Foundation Trust was established on 1 February 2008. Previously, the trust operated as Tameside and Glossop Acute Services NHS Trust since 1994. It became a foundation trust in 2010.

The inspection team inspected the following core services :

- Accident and Emergency (A&E)
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In 2013, the trust was identified nationally as having high mortality rates and it was one of 14 hospital trusts to be investigated by Sir Bruce Keogh (the Medical Director for NHS England) as part of the Keogh Mortality Review in July that year. After that review, the trust entered special measures because there were concerns about the care of emergency patients and those whose condition might deteriorate. There were also concerns about staffing levels (particularly of senior medical staff at night and weekends), patients' experiences of care and, more generally, that the Trust Board was too reliant on reassurance rather than explicit assurance about levels of care and safety.

This inspection was a comprehensive inspection, which took note of the previous inspection in January 2014, to monitor the trust's improvements in meeting the regulations.

Our inspection team

Our inspection team was led by:

Chair: Peter Blythin, Director of Nursing, NHS Trust Development Authority

Head of Hospital Inspections: Tim Cooper, Care Quality Commission (CQC)

The team of over 30 people included CQC inspectors, doctors and nurses with specialist skills and interests in the areas we inspected. There were people with skills and experience to look at safeguarding and care of vulnerable

adults. There were at least two members of the team who also held board level roles in other trusts and therefore were experienced in the wider organisational issues. We had both a junior doctor and a student nurse. Additionally we had two experts by experience (people with experience of services who are able to represent the patients voice). Two Mental Health Act commissioners also visited the hospital, to review how the trust supported staff to meet the requirements of the Mental Health Act 1983.

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?

Summary of findings

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

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group (CCG), NHS Trust Development Authority, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council, the royal colleges and the local Healthwatch.

We also held an off-site listening event in Ashton-under-Lyne on 6 May 2014 which was attended by twelve people. We also met with five governors of the hospital.

We carried out an announced inspection visit on 7 and 8 May 2014. We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses,

administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually as requested.

We talked with patients and staff from all the ward areas and 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 carried out unannounced inspections on Monday 12 May 2014, Friday 17 May 2014 and Saturday 18 May 2014. This included an out-of-hours inspection. We looked at how the hospital was run at night, the levels and type of staff available, and how they cared for patients.

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 Tameside General Hospital.

What people who use the trust's services say

Overall, 95% of inpatients, 72% of patients in accident and emergency, and 88% of maternity patients who responded to the Friends and Family Test in February 2014 said they were extremely likely or likely to recommend the service. The trust reported that the percentages ranged from 41.8% (accident and emergency/medical assessment and admissions unit) to 100% (Ward 44).

The CQC adult inpatient survey (September 2013 to January 2014) showed that the trust had patient response scores that were about the same as other trusts, for most questions relating to patient experience. The trust fell below average for questions relating to advice post-discharge, medication management, and information provided to family/friends.

We spoke to twelve people at our listening event. People shared a mix of positive and negative recent experiences. Those people who had used services at the Trust over several years spoke positively about the improvements.

The Tameside Hospital Action Group (THAG) and the Campaign for Change at Tameside Hospital visited the hospital between 7 March and 9 April 2014 and wrote a

report about their findings, which they shared with us. A representative of THAG told us that the hospital had a greater openness and transparency, but had a culture which still tolerated sub-optimal care.

In the past year, Healthwatch Tameside, an independent consumer champion, held several events for local people and managed a network of volunteers who visit local venues to gather feedback about local health and care services. The Healthwatch manager represented the views of the public at the hospital by sitting on the trust's improvement board.

The trust had 39 reviews on the NHS Choices website posted between January 2014 to May 2014. Overall, it scored 3 out of 5 stars (98 reviews). The lowest rating was for staff co-operation.

The CQC survey of women's experiences of birth (2013) showed that the trust had patient response scores between 8 and 8.5 out of 10, which was about the same as other trusts, on all questions on care, treatment and information during labour, birth and care after birth.

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During our inspection, people spoke positively about staff, saying they worked hard and cared for people. Some people raised concerns about the responsiveness of staff and the lack of information they had received about their treatment.

We also collected 48 comment cards from patients and relatives which were analysed to contain 121 comments,

78% of which were positive. Only one comment card contained only negative feedback; all other comment cards which contained negative feedback also included positive comments. Around 10-15% of the comments made by patients and relatives were highly positive.

Facts and data about this trust

Tameside Hospital NHS Foundation Trust has only one location, Tameside General Hospital, currently registered with the Care Quality Commission which has been inspected nine times since 2010, with the last inspection in January 2014. The location was found to be non-compliant on eight regulations out of the 11 regulations inspected.

The trust board is accountable for setting the strategic direction, monitoring of performance against objectives and ensuring high standards of corporate governance as well as helping to promote links between trust and the local community. The trust chairman was Paul Connellan. The trust interim chief executive was Karen James. Other executive directors included: Barbara Herring (director of finance), Brendan Ryan (interim medical director), John Goodenough (director of nursing), and Paul Williams (chief operating officer).

Bed occupancy is defined as the percentage of available beds occupied overnight. Prior to July 2013, Tameside General Hospital's bed occupancy percentages (between 85% and 90%) were consistently above England average (around 85%). However, the hospital had 85% bed occupancy between October and December 2013. The percentage of adult critical care beds occupied (88%) was above the England average for this period (83%).

Tameside General Hospital is located within ten miles of four other acute hospitals.

Tameside is a metropolitan borough in Greater Manchester, North West England. Tameside is bordered by the metropolitan boroughs of Stockport and Oldham, the city of Manchester and the borough of High Peak in Derbyshire. The 2010 Indices of Deprivation showed that Tameside was the 42nd most deprived local authority (out of 326 local authorities, with 1st being the most

deprived). Between 2007 and 2010 the deprivation score for Tameside increased meaning that the level of deprivation worsened. Census data shows an increasing population and a lower than average proportion of Black, Asian and Minority Ethnic (BAME) residents. In Tameside, 9.1% belong to non-White minorities. Of these, Asian constitutes the largest ethnic group with 6.6% of the population.

Life expectancy was 10.4 years lower for men and 8.8 years lower for women in the most deprived areas of Tameside than in the least deprived areas. Over the years, all causes of mortality rates have fallen such as early death rates from cancer and from heart disease and stroke have fallen but remain worse than the England average.

The GP registration data shows that 98.9% of the population of Tameside are registered with a GP. According to health profiles, the health of people in Tameside was generally worse than the England average. In Year 6, 19.7% of children were classified as obese and estimated levels of adult 'healthy eating', smoking, physical activity and obesity were worse than the England average. Rates of smoking related deaths and hospital stays for alcohol related harm were worse than the England average. But the rate of road injuries and deaths was better than the England average.

The trust completed its Health Investment in Tameside (HIT) project in December 2010 which involved the comprehensive restructuring of the hospital site. Most of the older buildings have been demolished and replaced with new, state-of-the-art facilities. These facilities include new wards, new inpatient and day case theatres, new outpatient clinics, new diagnostic departments (including new x-ray facilities), a new pharmacy and a new integrated children's unit.

Summary of findings

The trust provides a wide array of services associated with a general hospital. These services include general and specialist medicine, general and specialist surgery and full consultant led obstetric and paediatric hospital services for women, children and babies.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? The trust did not always have enough staff to safely meet people's needs. This impacted on patient experience and outcome throughout the hospital, although trust's track record on safety was improving. The trust learned when things went wrong and improved safety standards as a result, although more work was needed to ensure staff reported incidents. Staff did not accurately and consistently check equipment, such as resuscitation trolleys. Patient records, such as nursing assessments, procedure books, patient group directives or discharge letters, were not accurate or fit for purpose. Some staff did not adequately safeguard patient information, which was displayed on boards in public areas. There were reliable systems, processes and practices in place to keep people safe and safeguarded from abuse. The trust was in the process of developing and implementing systems to assess and monitor safety in real-time and to react to changes in risk levels in the service or for individuals. Some staff did not always adequately assess, monitor or manage risks to the patient or manage care or treatment, such as medications, in a safe way. Patients did not always have timely access to assessments by relevant medical professionals. The trust did not have suitable infection prevention and control measures in place in some areas, to reduce the number of new hospital-acquired infections or surgical site infections.	Inadequate 
Are services at this trust effective? Staff, particularly in critical care services, did not assess patients' needs or deliver care and treatment in line with current standards, and national or internationally recognised evidence-based guidance. The outcomes for patients, in some clinical areas, were poor compared to other services. The trust had taken steps to ensure that staff, equipment and facilities enabled the effective delivery of care and treatment. However, some staff in some areas did not always have the necessary competencies to treat patients admitted to their wards or units. This was mitigated somewhat by shared learning among staff and the presence of cross-cutting staff, such as the outreach team and specialist nurses. The trust supported and enabled multidisciplinary working within and between services across the organisation, as well as with external organisations.	Requires improvement 

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Are services at this trust caring?

Although 'staff attitude' was still a significant theme within trust complaints, most people spoke positively about their recent experiences at the hospital, giving examples of how staff treated people with kindness, dignity, respect, compassion and empathy while providing care and treatment. The trust involved people who used the service and those close to them as 'partners' in their care and treatment. Some new employees said they risked their own reputation to join the trust, as they, like most of the staff who had worked at the trust for years, were committed to being a part of the trust's success. Patients recognised and praised this effort, and so did the trust's senior managers. One staff member wrote: "The staff at Tameside Hospital are working so hard to put right years of neglect and you can see this all the time in the experiences of patients. Such a transformation in such a short space of time is truly amazing."

The trust had improved how it supported people to make informed decisions, although some work was needed to ensure patients and those close to them received the information relevant to their care and treatment. Staff provided patients and relatives/carers the support they needed to cope emotionally with the care and treatment. In some areas of the hospital, such as services for children and young people, this support was outstanding.

In the 2012/13 Cancer Patient Experience Survey, the trust performed better than other trusts nationally for 34 of the 69 questions. They performed worse than other trusts for five questions in the survey, including those relating to: "taking part in cancer research discussed with patient" and "patients given written information about side effects".

Good



Are services at this trust responsive?

The trust had implemented a new electronic records system in October 2013, which introduced new significant delays across the hospital but particularly in outpatients. They were still in the process of managing these delays to ensure that people accessed its services in a timely way.

Although they had made some changes to their bed management process, the trust still did not plan or deliver its services to meet the needs of different people. The trust's critical care service was regularly working above capacity.

Although the trust demonstrated improvements, and whilst some services showed they responded to patient's needs, in some service areas staff still did not always take account of people's needs and wishes throughout their care and treatment, including at referral, admission, discharge and at transitions.

Inadequate



Summary of findings

Although they were still in the process of improving their complaints management, the trust could demonstrate that they routinely listened to and learned from people's concerns and complaints, to improve the quality of care.

Are services at this trust well-led?

The trust had a clear vision and credible strategy to deliver high-quality care and promote good outcomes for people. As part of their integrated action plan, the trust was implementing new clinical governance arrangements to ensure that staff were clear about their responsibilities, staff regularly considered quality and performance, and staff identified, understood and managed risks. These arrangements, however, had not been fully implemented within all services, which meant that some services provided care and treatment that was less effective, safe or responsive.

We saw good leadership from the new executive team. We saw that the new executive team were beginning to exert strong processes with the organisation and manage systems.

The leadership and culture within the trust senior management reflected its vision and values, encouraged openness and transparency and promoted the delivery of high-quality care across teams and pathways.

Most trust senior managers engaged well with people who used the service, public and staff, seeking and acting on their feedback. As a result, many staff had worked exceptionally hard to drive improvements throughout the trust. More work was needed, however, to embed and sustain the positive culture changes, as there were still pockets of negative culture or leadership.

Vision and strategy for this service

- The trust mission statement was “At Tameside Hospital ‘Everyone Matters.’ Our aim is to deliver, with our partners, safe, effective and personal care, which you can trust.”
- The trust had recently redecorated public areas of the hospital to promote the trust vision.
- Staff were familiar with the mission. One staff member wrote to us: “During the days of [previous trust managers] we used to laugh about the term ‘Everyone Matters’, but now I can tell you that [our mission] is really true. [Our interim chief executive] cares so much about every single patient and every member of staff. I’m now so proud of this leadership team and the hospital and feel so fortunate to work here.”
- The corporate objectives for 2014/15 included improving the quality and safety of patient care through implementing their quality strategy and patient safety programmes.

Requires improvement



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- The trust was working with Monitor, clinical commissioning groups, external consultants and other providers to develop a strategic service plan which would “secure clinical and financial sustainability”.

Governance, risk management and quality measurement

- The trust’s recently appointed Director of Quality and Governance said strengthening governance and improving patient safety were priorities for the trust. They described their role as being part of the ‘turnaround team’. The new arrangements included the appointment of three patient safety officers and governance leads for each division within the trust.
- The trust implemented a new process for reviewing all deaths at the trust (mortality reviews). The mortality reviews consisted of multi-disciplinary working between clinical coders, senior nurses, and doctors. The team participated in a daily mortality review panel to identify and disseminate learnings, as well as trigger additional investigations such as serious incident reviews.
- The board received monthly reports which summarised complaints, PALS contacts, claims, incidents, safeguarding concerns, and Friends and Family Test comments.
- In most cases, both ward and trust managers were aware of concerns and had plans in place to address them.
- When we or other external stakeholders raised concerns, the trust responded immediately by taking action. As the governance systems and actions were still new, it was too early to judge whether their investigations had resulted in robust and proportionate plans of action.
- The trust had identified a need to establish more definitive governance and risk management strategies at the hospital. They confirmed that there were currently no service level key performance indicators (KPIs) to provide objective measures of improvement within the critical care service. The trust was working on these as part of their governance agenda.
- Junior doctors spoke positively about the “junior doctor engagement project,” when the medical director met directly with junior doctors, stating this had resulted in changes to incident reporting at the trust.
- The trust collected and maintained data regarding their human resources procedures (such as grievance or disciplinary). They were in the process of developing a dashboard to analyse and report on this data.
- The trust human resources data showed that staff involved in disciplinary procedures experienced considerable delays in receiving an outcome to their investigation. Although the trust

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assigned human resources staff to each case, in order to provide support and guidance to the lead investigator (usually a line manager), there was no system in place to quantify these delays or escalate them to trust management. This meant that some vulnerable staff were disadvantaged as a result of these delays, because they spent long periods of time without maintaining their clinical skills.

Leadership of service

- Overall, we saw that the trust executive team, which were in interim posts, were beginning to be effective. We saw they were beginning to take control of the challenges.
- The trust executive directors regularly visited the wards, working in uniform along clinical teams, to observe clinical care and promote staff engagement. Junior doctors spoke positively about the interim medical director, saying he was regularly “on the shop floor.”
- Staff said they “knew who to go to” for help and “no one is out-of-bounds.” One ward manager said they were confident in the new senior management.
- Prior to the inspection, we received complaints from members of the public about two specific senior managers. They said it was “hard to pin down” these senior managers, to find out what the trust was doing about their concerns. Staff had mixed opinions about these senior managers. One manager said that staff felt better supported since the trust senior manager had joined the trust. Other staff felt that these senior managers did not always engage in a positive way with staff nor consistently provide open and transparent feedback about their concerns.
- Staff were exceptionally positive about the interim chief executive officer. One trust manager said the chief executive officer was “genuinely interested” in their concerns. Junior nurses said the new senior management team has had a positive impact on the trust. During the inspection, the chief executive led a hand-washing event for the hospital, to promote and reinforce good hand-washing techniques.
- People spoke positively about the new interim chief executive officer and interim medical director, stating “they should stay and become permanent” as they had “credibility and trust”.
- The trust conducted a leadership skills assessment on band seven and eight nurses in 2013. From that band seven nurses registered on a change management course at a nearby university. Band eight nurses enrolled on a leadership development programme. A range of medical staff also confirmed that they were enrolled on this.

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Culture within the service

- We observed that most staff were open and transparent about their work. Most staff were highly motivated to improve the quality and safety of care. Some staff had worked hard, at considerable personal expense, to implement the new governance structure throughout the trust.
- Staff said people were friendly, knew your name and said hello. One manager, who recently joined the trust, said “the culture is changing. More openness and transparency.” Another staff member said the trust had “no pretence for the CQC visit.”
- Staff said that “things are improving trust-wide”: “things are changing,” “times are getting good,” and the trust was on an “upward trajectory”. One staff member praised the camaraderie amongst staff. Several staff members cried when talking about how much people have personally invested in the trust’s improvement journey. One staff member explained how sensitive and caring staff were, when their relative was recently admitted to hospital.
- The trust’s human resources data showed an increase in the number of staff on sick leave for work-related stress. One staff member said they had shared information about their increased stress with a supervisor that they had particularly trusted; this resulted in decreased rather than increased support, with the supervisor testing the staff member’s coping strategies and blaming the staff member’s increased stress on their mental health condition. The staff member said that although they now had their mental health condition under control, they felt they were in a “horrible situation” as they had no one at the trust to talk to.
- The trust’s occupational health service was managed by the trust. Staff who had accessed this service spoke negatively about the support they received. One staff member said: “Tameside is not good for a person with anxiety.”
- Staff were aware that a significant portion of staff did not recommend the trust, in the last staff survey; however some staff felt this was because of the amount of pressure staff were under.
- Staff said that, under the new management, “people have time to address issues.”
- Staff on some wards received weekly hospitality (such as snacks) or end of rotation gifts from their supervising doctors. Some staff said they felt this was oppressive rather than supportive, as some of these supervising doctors did not let trainee doctors speak openly or had actively discouraged staff from raising concerns.

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- Some junior doctors said that specific consultants pressured trainees not to raise concerns and this behaviour was sometimes shared by the specialist registrars, who “had a lot of influence” in the trust.
- We spoke with some staff who did not feel able to raise concerns with senior management because of a fear of retaliation. One staff member alleged that a senior manager criticised staff to a third party, which could amount to harassment. Two whistle-blowing staff members gave examples of how they were disadvantaged as a result of raising concerns. In both cases, the staff members said their managers did not respond to their concerns but instead raised concerns about the whistle-blower’s capability or fitness to practice. Staff felt that they could no longer trust these managers to act appropriately on concerns and keep people, including staff, safe.
- Despite staff across the trust sharing historic or recent examples of a negative work culture, the trust had recorded very few formal grievances about bullying and harassment. Some staff were not aware of the trust’s grievance policy; most staff said they would not use it if they had concerns. Those staff who had concerns about recent experiences which amounted to bullying and harassment said they would rather leave the trust than raise a grievance, as they did not feel it would help.
- Staff in human resources did not demonstrate an adequate understanding of the protection offered to whistle-blowers under the Public Interest Disclosure Act. This meant that they may not have provided adequate support to staff who wanted to raise concerns.

Public and staff engagement

- Staff said they had “a name, not a number”.
- The trust told us they had launched an initiative called ‘Tameside Listens’ in August 2013. The aim of the initiative was to develop a patient and public engagement strategy. The update for improvement paper dated 14 November 2013 detailed four new listening channels such as iPhone app, android app, survey monkey survey tool and meridian questionnaire.
- According to trust procedure, if a patient or relative wanted to make an informal complaint they would speak to the shift coordinator. If the shift coordinator was not able to deal with the concern satisfactorily, the patient would be directed to the

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Patient Advice and Liaison Service (PALS). If the patient still had concerns following this, PALS would support them to make a formal complaint to the trust. This process was outlined in leaflets available throughout the wards.

- Following an internal review the trust's complaints management, the trust integrated the PALS and complaints teams into a single team which was co-located with inquests, claims and incident teams. They developed a single point of contact for the teams and a triage system, which included review by senior managers, to ensure information was received and escalated in a timely way within the organisation. In April, the trust appointed a new complaints manager. These changes contributed to the reduced the PALS average response time from 15 – 20 days to 0 – 5 days.
- The trust's review of the Patient Advice and Liaison Service (PALS) and complaints between April 2013 and March 2014 stated the trust had received 450 complaints, a small but significant increase from the previous year. Of these complaints, 63% were upheld. The themes were: clinical treatment; attitude of staff; admissions, discharge and transfer arrangements; and communication and information provided to patients (written and oral). PALS received 2229 enquiries; the proportion of PALS enquiries to patient contact had decreased over the last two years.
- The trust monitored complaints 'comebacks' as a measure of quality in their responses to complainants. The rolling average had decreased from 11 in July 2013 to October 2013 to six in December 2013 to March 2014.
- The trust's procedure was to agree a response date with each complainant, as some complaints required more lengthy investigations than others. They monitored the percentage of responses that met these agreed timescales. The rolling average had increases from 50% from April 2013 to July 2013 to 80% in September 2013 to December 2013.
- The interim chief executive officer invited members of the Tameside Hospital Action Group (THAG) and the Campaign for Change at Tameside Hospital to visit the hospital wards and talk to staff and patients, to form their own view of the trust's improvement progress.
- Friends and Family Test results were displayed in each ward area. This included overall results, a range of comments, and what the trust did in response.

Innovation, improvement and sustainability

- The trust was one of the first hospitals in England to implement their specific electronic records system in October 2013 – a

Summary of findings

contract that was put in place by the previous executive team. The implementation of this new system contributed to poor patient experience in certain services, such as outpatients, and increased costs to manage the risks created by the electronic records system. The trust continues to work with the providers of the electronic records system to adapt it to meet the needs of the trust.

- A management report outlined a proposal for the development of a discharge lounge at the trust. Staff felt a discharge lounge would ease some of the bed management issues.

Overview of ratings

Our ratings for Tameside General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Good	Good	Good
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Inadequate	Requires improvement	Good	Inadequate	Inadequate	Inadequate
Maternity & Family planning	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Outpatients	Requires improvement	Not rated	Good	Inadequate	Requires improvement	Requires improvement
Overall	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate

Our ratings for the trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- Some staff had worked hard, at considerable personal expense, to implement the new governance structure throughout the trust.
- The trust had an outside garden area for patients which was dementia-friendly.
- The trust welcomed visits by patient groups, such as Healthwatch or Tameside Hospital Action Group, to see for themselves how the hospital was performing.
- Patients were assessed regarding their rehabilitation needs and the physiotherapy team were available seven days a week to contribute to meeting the goals for each patient's recovery. The physiotherapy team was led by a consultant in physiotherapy so that a senior person was available regarding complex issues.
- One of the hospital's community midwives had recently won the British Journal of Midwifery's Community Midwife of the Year Award. This midwife had been recognised for recently supporting four women with cancer during their pregnancies and reportedly, "Continually goes that extra mile to support women and their families", said the head of midwifery.
- In 2012, the maternity unit launched a fundraising campaign called the Bright Start appeal. This highly successful campaign had funded the development of the birthing pool room and would fund the future development of the midwifery-led birth room.
- The maternity service actively participated in national research and audit projects. This included: "The Healthy Eating and Lifestyle in Pregnancy Study" which was being undertaken with Cardiff University and Slimming World; "The Building Blocks: A trial of Home Visits for first time mothers" in partnership with University Hospital South Manchester and "The Bumpes Trial" which was being undertaken by the University College London.
- The facilities for bereaved parents included a private room, garden and en suite bathroom. The room contained a television, lounge, kitchen and hot beverage facilities. A midwife, usually bereavement trained, was allocated to the family whilst in hospital. After being discharged from hospital, the nurse visited the family at home or contacted them by telephone. The trust held an annual forget-me-not remembrance service.
- The maternity service had developed a teenage pregnancy reduction initiative in response to local need which had a positive impact in reducing the number of teenagers who were expecting their second child. The trust appointed a specialist teenage pregnancy midwife, created a more teen friendly environment, improved the continuity of care from staff.
- The trust worked creatively with commissioners and other trusts to plan new ways of meeting the needs of children and young people. Together, they developed integrated pathways of care, particularly for children and young people with multiple or complex needs.
- The trust had a dedicated children's safeguarding team which evidenced proactive outreach programmes and service adaptations aimed at meeting the needs of people in vulnerable circumstances.
- The trust developed an observation and assessment unit and community nursing team for children and young people, which significantly reduced hospital admissions and accident and emergency department attendance.
- The trust raised the profile of end of life care by appointing an end of life care facilitator who worked with other staff and external agencies to implement best practice in the mortuary and chaplaincy service, improve care on the wards and facilitate rapid discharge.
- The trust had adapted the equipment used for transporting deceased patients to resemble an empty bed. This was discreet and made for a dignified journey through the hospital to the mortuary.
- The trust had three syringe drivers available for the sole purpose of facilitating a rapid discharge for any patient who required this equipment, which was normally supplied by community services.
- The trust's paediatric outpatient department provided a stimulating and interesting environment in the waiting, consultation and treatment areas. This environment had been designed as a result of consultation with a local primary school so that it appealed to children and young people. This included

Outstanding practice and areas for improvement

small details, such as a glass cabinet in the reception desk where a toy replica of a hospital was placed to reduce the boredom of children when they were waiting at the desk.

- The trust had an electronic system for logging and identifying patient records, which resulted in improved access to records for outpatient clinics.

Areas for improvement

Action the trust **MUST** take to improve

- ensure there are at all times, enough appropriately skilled staff in all areas or on call to meet people's needs.
- take action to ensure that care and treatment reflects published research evidence and guidance issued by the appropriate professional and expert bodies.
- take action to ensure staff are adequately trained and regularly appraised.
- take action to ensure they adequately safeguard patient information.
- take action to ensure that staff continue to report and learn from incidents.
- take action to ensure that they learn from complaints and concerns.
- take action to ensure that suitable infection prevention and control measures are in place, to reduce the number of surgical site infections.
- take action to ensure that they appropriately prioritise patients waiting for surgery.
- take action to ensure that they seek and have regard for appropriate professional and expert advice when planning their critical care services.

In addition the trust **should**:

- ensure that they regularly update policies and procedures.
- ensure there is a robust system for disseminating information, such as learning from complaints or incidents, amongst all staff.
- ensure they share accurate information in a timely way with patients or people acting on their behalf.
- ensure there are robust systems in place to safeguard staff who handle patient records against workplace injury.
- ensure they adequately monitor the quality of their bed management.
- consider how they work together with the local community to facilitate safe and prompt discharges.
- consider how they promote patient engagement methods, such as the inpatient survey or the Friends and Family Test, in wards or units with low response rates, such as the day case or endoscopy unit.