

Tameside Hospital NHS Foundation Trust

Quality Report

Tameside Hospital NHS Foundation Trust,
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Tameside Hospital NHS Foundation Trust is a major provider of hospital services in Tameside and Glossop, providing care to a population of approximately 250,000. Care was provided from a single acute hospital site situated in Ashton-under-Lyne.

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.

The trust was inspected by CQC under its comprehensive methodology in April 2014. Significant concerns remained over the trust's ability to assure safe services and to respond to people's needs. CQC was specifically concerned about the critical care services, but also about medical care, surgical and outpatient services. In publishing our report in July 2014; we recommended the trust remain in special measures and be reviewed within 12 months.

This inspection was designed to review that position.

We inspected Tameside NHS FT on 28-29 April 2015.

We inspected

- Urgent and Emergency Care Services
- Medical Care (including Frail Elderly)
- Surgical Services
- Critical Care Services.
- Outpatient and Diagnostic Imaging Services.

During our 2014 inspection we rated critical care as 'Inadequate', medical care and outpatient services as 'Requires Improvement' with inadequate ratings within them, and surgery as 'Requires Improvement' for four of the five domains.

In our 2014 inspection we rated urgent and emergency care services as good; but since that visit the CQC A&E survey showed the services as having the worst response in the country. We visited this service during this inspection to understand the reason for this change and to provide an assurance on the current position.

At our previous inspection, maternity and children's services achieved a 'Good' rating and were not reviewed this time. We saw no evidence during our inspection to challenge our decision on this.

Our key findings were as follows:

- We found that Tameside NHS FT has made significant progress in all the areas we identified in our 2014 inspection visit.
- We were particularly impressed with the level of progress in critical care services which have now moved from an Inadequate rating to a Good rating.
- Overall the trust has made excellent progress in dealing with governance and complaints. The evidence we reviewed suggested that the trust was improving their response to these issues in a better and more sustainable way.
- We saw a strong culture of patients and safety first.
- There were a number of issues we identified in the safe domain (medication checks and safeguarding); in the effective domain (improved outcomes against national benchmarks) and the responsive domain (improved compliance on access targets) where additional progress was required; however it is our view this is entirely in the trust's grasp and additional progress is already being made. We can see the systems the trust has in place will support this progress.
- Overall, the concerns we had in our 2014 visit were being resolved and the organisation was in a stronger position.

We saw several areas of outstanding practice including:

- The trust has made significant progress in duty of candour. It shares external reviews of incidents with

Summary of findings

patients; it encourages (and trains) its staff in difficult conversations. The trust demonstrates both the fundamental principles but also the underlying values of duty of candour.

- There had been a strong leadership response from the trust executive and senior management team to the issues we identified last year and saw significant progress.
- There was an enhanced culture of “this is how we do things round here now” and “the Tameside journey”; both of these engaged staff and have contributed to sustainable improvement.
- There was clear staff ownership of their future in the trust and engagement in the trust values and vision.
- There were good responses to patients’ needs such as moving ward rounds to slightly later in the day to allow nursing staff to complete patients’ personal care needs before clinical care rounds began.

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

Importantly, the trust must:

- Ensure that medical staffing is sufficient and appropriate to meet the needs of patients at all times including out of hours.
- Improve patient flow throughout the hospital to reduce the number of patients transferred at night and ensure timely access to the service best suited to meet the patient’s needs, particularly in A&E and medical care services.
- Improve the completion levels of mandatory training and appraisals for nursing and medical staff.
- Ensure that medicines, particularly controlled drugs are stored, checked and disposed of in line with best practice in all areas but particularly in A&E and Outpatients.

For a list of the actions the trust SHOULD take please see the location report for Tameside General Hospital.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to Tameside Hospital NHS Foundation Trust

Tameside Hospital NHS Foundation Trust is a major provider of hospital services in Tameside and Glossop, providing care to a population of approximately 250,000. The trust had approximately 2,300 staff and 528 beds (including 53 day case beds).

Care was provided from a single acute hospital site situated in Ashton-under-Lyne.

In 2013/14, the trust saw 51,031 inpatients, 252,074 outpatients, and 77,459 people attending Accident and Emergency.

Tameside Hospital NHS FT sits within both Tameside Metropolitan Borough Council and Derbyshire Council. Tameside is an urban area with 9% 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.

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.

The trust was inspected by CQC under its comprehensive methodology in April 2014. Significant concerns remained over the trust's ability to assure safe services and to respond to people's needs. CQC was specifically concerned about the critical care services, but also about medical care, surgical and outpatient services. In publishing our report in July 2014; the Chief Inspector of Hospitals recommended the trust remain in special measures and be reviewed within 12 months.

This inspection was designed to review that position.

Our inspection team

Our inspection team was led by:

Chair: Elaine Jeffers, Independent Specialist Clinical Advisor.

Head of Hospital Inspections: Tim Cooper, Care Quality Commission

The team included a CQC inspection manager, four CQC inspectors, a CQC analyst, a CQC inspection planner and a variety of specialists including: Director of Clinical Service Development and former Medical Director; Director of Nursing, Clinical Services and MD of

Community Health Services; Physician & Gastroenterologist; Matron trauma and orthopaedics; Clinical Director, Division of Emergency Medicine; Head of Nursing, Emergency Department / Acute Admissions; Consultant colorectal surgeon and former Medical Director; Theatre Co-ordinator; Consultant in anaesthesia and intensive care; Critical care Nurse; Consultant in clinical oncology; Outpatients nurse; Head of Outpatients; two experts by experience (lay members who have experience of care and are able to represent the patients voice).

Summary of findings

How we carried out this inspection

This inspection was a focused inspection in response to the 2014 comprehensive trust inspection, and the subsequent recommendation for the trust to stay in special measures. At the 2014 inspection, the overall rating for the trust was 'Inadequate'.

An announced inspection took place from 28 – 29 April 2015, an unannounced inspection also took place on the 14 May 2015.

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

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

- Is it well led?

During our inspection we interviewed the chairman, chief executive, executive directors and senior managers of the trust. We met with staff at all grades through focus groups and individual meetings. We spoke to patients and relatives of patients who were in the hospital at the time of our visit.

The inspection team inspected the following core services :

- Urgent and emergency care services (A&E)
- Medical care (including older people's care)
- Surgical services
- Critical care
- Outpatients and diagnostic imaging services

What people who use the trust's services say

The trust performed as well as other trusts on the CQC inpatients survey which asks patients a number of questions about their experience of care. The trust's position had improved slightly from the previous year.

The Friends and Family Test (FFT) is a measure of how likely users of the service are to recommend this hospital and its services to others. The Inpatient score has shown a steady decline since December 2013, falling from 96.5% of people recommending the trust, to 92.1% of people in Nov 2014. This has now risen again at 96.2% for June 2015.

The Patient Led Assessment of the Care Environment (PLACE) has shown an increase (improved) score of each of the four domains: Cleanliness, Food, Privacy & Dignity, and Environment between 2013 and 2014.

In the 2013/14 Cancer Patient Experience Survey, the trust scored in the top 20% in the country for 13 questions and in the bottom 20% for 8 questions. Patients were worried about managing side-effects of their treatment and who to contact. Cancer patients were most pleased by response times, choice of treatment and confidence in their doctor.

The number of written complaints made to the trust has gone up slightly over the past 4 years. We also note that the trust has actively encouraged patients to use its complaints procedure and this may account for a large part of this increase.

Facts and data about this trust

At Tameside Hospital NHS Foundation Trust there are 475 Beds (plus 53 day case):

- 431 General and acute (plus 42 day case)
- 36 Maternity (plus 11 day case)

- 8 Critical care

The trust employs 2,244.76 WTE staff

- Medical 216.22
- Nursing 775.87

Summary of findings

- Other 1,252.67

In the 2013/14 financial year


- Revenue: £161,215,000
- Full Cost: £164,813,000
- Surplus (deficit): (£3,616,000)

In the 2013/14 financial year the trust saw

- Inpatient admissions 51,031
- Outpatient (total attendances) 252,074
- Accident & Emergency (attendances) 77,459

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Systems in the trust for protecting patients from avoidable harm were more robust than at our last visit, but there still remained some work to be done. Safeguarding was largely well done across the trust; however we saw two examples in one service where the trust did not make appropriate safeguarding referrals.</p> <p>We saw omissions in medication checks. Staff in outpatients were unfamiliar with the contents of emergency boxes. Not all staff were fully conversant with the Duty of Candour policy, nor had all staff yet received training. However we did note positive work in the executive team in this area, setting out the policy and processes. We noted that the executive team followed duty of candour well. We saw that training of staff was underway.</p> <p>There had been positive progress in the area of incident reporting and learning. 98.6% of all reported incidents were zero or low harm. This demonstrates a strong reporting culture. The trust had done considerable work in all areas since the 2014 CQC inspection. Specifically the trust had worked on the areas of medical care, critical care and outpatient services identified in the previous CQC report. We saw that this work, although still in progress, was having a positive impact on the safety of services.</p> <p>The medical director described how the trust focused on patients' safety first and concentrated on quality of care. Our review of services saw this work had been effective.</p> <p>Duty of Candour</p> <ul style="list-style-type: none">• There was an improved team within the management structure looking at patient complaints and Duty of Candour.• The team had developed new policies on incident reporting which encompassed duty of candour• When an external review was undertaken that related to an incident; the trust arranged to meet with the patient and they received a full copy of the report.• Not all staff were fully conversant with the policy, nor had all staff received training.• The trust policy encouraged staff to talk to patients about incidents.• The trust had begun 'difficult conversation' training to support staff in having open conversations with patients about harm and risk of harm.	<p>Requires improvement </p>

Summary of findings

- The chairman identified that more training for staff would improve the process.
- All incidents were collated weekly and reported to the Service Quality Group. This group reported to the board and identified if duty of candour should be applied.
- The trust had received positive feedback from patients thanking them for their candour.
- 200 duty of candour meetings had been held with patients in the last 12 months.
- A patient story (from Ward 41) was shared with the board to understand the impact on people when things go wrong.

Safeguarding

- In ED, when reviewing care records we found two cases where vulnerable patients should have been referred to the safeguarding team and were not.
- However, staff were largely aware of how to identify abuse and report safeguarding concerns.
- Information on how to report adult and children's safeguarding concerns was clearly displayed in the areas we inspected in the trust where both staff and visitors could see them. In staff areas this information was displayed with a procedure flow chart.
- Each area we inspected also had safeguarding link nurses in place.
- We noted that the contact details for the safeguarding adult's manager were prominently displayed on wards.
- Safeguarding incidents were reviewed by the departmental managers and also by the hospital's internal safeguarding board, which held meetings every two months.

Incidents

- Staff told us they were actively encouraged to report incidents and the system was easy to use.
- Managers told us there had been an increase in staff reporting incidents as they had received training about what constituted an incident and had more confidence.
- Training on incidents and how to report and respond was now part of mandatory training.
- All incidents reported were reviewed daily. There was a dedicated phone line for people who may be unable to access IT.
- The severity of harm was examined and may be changed (upgraded) if the team saw this was needed.
- Reports to NRLS and STEIS were examined and considered by the management team weekly.

Summary of findings

- Where incidents were reported, they were assessed for severity. If the case was complex, the trust would seek external review. We were able to see examples of this. Funding for this was agreed within the budget, so special permission to fund it was not required. Timescales were set for response.
- Consultants were prevented from investigating their own incidents or complaints.
- The trust had seen an increase in the number of low/zero harm incidents and a decrease in incidents with harm.
- In a February 2015 extract from the NRLS (National Reporting and Learning System) data of the 5,969 incidents reported by the trust; 83.6% were no harm and 15% were graded low harm. This was indicative of a strong (positive) reporting culture in the trust.
- The trust had identified a problem with their outpatients booking when transferring from one system to another. This meant a significant number of patients were delayed in getting the appropriate outpatient appointment (for example some oncology patients were delayed by up to 2 months). The trust undertook a clinical review of all these cases to see if any harm had been caused; where the trust felt it was borderline they sent the case for external review to confirm if actual harm may have occurred.
- The trust had begun to undertake Human Factors training. This is a specific programme looking at environmental, organisational and job factors, along with human and individual characteristics which influence behaviour at work in a way which can affect health and safety.
- The trust had encouraged secondment posts for staff to join the patient safety team to ensure sharing of expertise.
- Data from the Safety Thermometer was reported and used in clinical areas to improve care and safety.

Medication

- In the paediatric and 'resuscitation' areas of the emergency department we noted multiple omissions in daily stock check records of controlled medicines.
- During the announced inspection we identified concerns that in some outpatient clinics, staff had not seen inside some of the boxes on the emergency equipment trolleys (particularly for paediatric patients) and no drills with this equipment had taken place. We note that the trust had addressed this at the time of our unannounced visit.

Staffing

Summary of findings

- Staffing levels had improved on all the wards we visited. Where a nurse manager post was vacant for a ward, two other senior nursing grades were acting up to provide the relevant cover.
- Staffing levels were planned to ensure an appropriate skill mix to provide care and treatment for patients.
- However, nurse staffing levels, although improved, remained a challenge in some areas. This was particularly the case in medical care services and critical care. Staffing levels were maintained by staff regularly working overtime and with the use of bank or agency staff. Where possible, regular agency and bank staff were used which meant they were familiar with policies and procedures. Any new agency staff received an induction prior to working on the wards.
- The trust had implemented a number of initiatives to address shortages in nurse staffing including: monthly assessment centres, actively recruiting nursing staff from overseas and linking with local university
- The expected and actual staffing levels were displayed on notice boards in each area we inspected and these were updated on a daily basis.
- In medical care services, the quality safety round conducted by a band 7 nurse each evening included an assessment of the staffing levels required for the patients that were admitted. We saw examples of where 1:1 care was provided to patients that required this level of support.
- The use of bank and agency staff had reduced in recent months in medical care wards. Nurses in charge were supernumerary.
- At the last inspection nursing staff told us they were often moved around between clinics in the outpatient department which led to them not having an adequate knowledge of the preparation required or specifics of the clinical specialism. Staff told us this was now resolved and they worked in teams in specific clinics. This meant they were more skilled when working in their area.
- Despite ongoing recruitment campaigns, the overall numbers of medical staff had only increased marginally in 12 months. Difficulties remained in recruiting medical staff particularly in urgent and emergency services, acute medicine and radiology.
- Agency medical staff were used to cover vacant shifts caused by leave or other absence.
- In haematology, there was only one consultant, which led to some delays.
- The trust recognised there was still more work to do for an effective recruitment strategy.

Summary of findings

- We noted that the medical director does not have a deputy support role. This may leave the trust vulnerable with insufficient medical leadership if the medical director were unavailable.

Are services at this trust effective?

The trust routinely collected and monitored information about people's care and treatment and participated in national clinical outcome audits. However data showed that in medical care services, the trust performed almost consistently worse than the English national average when compared against other trusts across a number of outcome indicators during 2014. This meant that outcomes for people were below expectations compared with similar services. Our intelligent monitoring report highlighted the trust as being either a risk or an elevated risk for several mortality outliers and in-hospital mortality indicators including the Summary Hospital-level Mortality Indicator. On request, the trust had provided the Care Quality Commission's outliers panel with the relevant information requested and could evidence that a full investigation had taken place to understand the mortality data and identify areas for improvement.

Pain scores and analgesia in the emergency department were not prescribed in a timely way. National early warning scores systems (NEWS) were not well understood by all in the department.

People's care and treatment was planned and delivered in line with current evidence based guidelines. Patients had comprehensive assessments of their needs and these were regularly reviewed. There were examples of good systems of local audit in practice. We observed good, constructive, professional relationships between nursing and medical staff during our visits.

In outpatients, most staff had received training about the management of patients with reduced mental capacity. However not all staff had received this training which led to some being unclear how this may impact on their role in providing care and support. Patients told us that they were kept informed about their treatment plans and doctors explained to them what the options were.

Evidence based care and treatment

- The trust's clinical services were provided in line with National Institute for Health and Care Excellence (NICE) guidelines.
- There were examples of good systems of local audit in practice. Local managers confirmed that they were expected to complete a range of weekly audits.

Requires improvement



Summary of findings

- We noted the National Early Warning System (NEWS) was in use. This recently replaced a different system and staff told us it was therefore too early to audit its effectiveness. We saw areas where this was not well understood.

Patient outcomes

- Our intelligent monitoring report highlighted the trust as being either a risk or an elevated risk for the following mortality outliers and in-hospital mortality indicators: Summary Hospital-level Mortality Indicator, gastroenterological and hepatological conditions and procedures, infectious diseases, conditions associated with mental health, nephrological conditions, vascular conditions and procedures. On request, the trust had provided the Care Quality Commission's outliers panel with the relevant information requested and could evidence that a full investigation had taken place to understand the mortality data and identify areas for improvement.
- The medical director was clear that the work undertaken would lead to improvements in the mortality; but was unable to predict exactly when that would show in the data.
- During our inspection, we found that patient deaths were reviewed by individual consultants within their specialty area. These were also presented and reviewed at monthly mortality meetings, attended by multidisciplinary staff. The meetings identified the circumstances of the patient, the initial and follow-up care and treatment they had received and the circumstances of the death. We saw evidence of how learning from such situations was shared with teams.
- Since February 2014 a systematic review of all inpatient adult deaths had been completed. There was a Commissioning for Quality and Innovation (CQUIN) target for all eligible deceased case notes to be triaged by senior nurses and clinicians in the Quality and Governance Unit, and a mortality review to be completed within two weeks of the initial triage by a senior nurse/consultant/staff grade doctor. These cases were checked for coding accuracy with a senior coder. The clinical director for medicine told us the coding system was under scrutiny at the time of our inspection as the trust believed it was over estimating the numbers.
- The trust had a clinical audit policy and clinical audit primary and secondary action plans.
- A clinical audit and effectiveness group met regularly and included the medicine divisional governance lead and we noted minutes from a sample of meetings.

Summary of findings

- There were good examples of robust systems in place for consistently auditing and checking back for improvement on the delivery and quality of care on wards through senior nurses, ward managers and matrons.
- However data showed that in medical care services, the trust performed almost consistently worse than the English national average when compared against other trusts across a number of outcome indicators during 2014. This meant that outcomes for people were below expectations compared with similar services.

Pain Relief

- Pain scores in the ED had not been recorded and analgesia had not been prescribed and/or administered in a timely manner in 10 out of the 20 records we reviewed. During our previous inspection we found similar issues in that pain assessment and pain scores were not routinely carried out and recorded.
- There was a dedicated pain team within the trust and staff knew how to contact them for advice and treatment when required.
- In ED, two records, the national early warning scores (NEWS) had been underscored. This could result in patients not being monitored or reviewed appropriately. Again the monitoring and recording of observations was identified as an area for improvement during the previous inspection.
- A maternal early warning system (MEWS) had been introduced but not all staff were aware of the form or had received training in its use.

Multidisciplinary working

- We observed good, constructive, professional relationships between nursing and medical staff during our visits.
- There were routine team meetings that involved staff from the different specialties. The patient records we looked at showed that there was routine input from nursing and medical staff and allied health professionals.
- Ward managers said they felt well supported by consultants and junior medical staff.
- Junior medical staff told us they had a good relationship with nursing staff.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

Summary of findings

- There was a trust-wide safeguarding lead that provided support and guidance for staff for mental capacity assessments, best interest meetings and deprivation of liberties safeguards applications.
- Staff were able to explain how they sought informed verbal and written consent from patients before providing care or treatment.
- Patient records showed that consent had been obtained from patients or their representatives and that planned care was delivered with their agreement.
- Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards.
- Patients told us that they were kept informed about their treatment plans and doctors explained to them what the options were.

Are services at this trust caring?

We saw a caring approach across the trust by all members of staff. There was a highly dedicated workforce committed to caring for their patients.

We received many positive comments from patients about their care and about the staff. Staff responded compassionately when people needed support to meet their basic personal needs with dignity.

All patients and family members that we spoke with told us they felt well looked after and staff understood their needs.

Compassionate care

- The friends and family test results were visible and accessible to patients and relatives on the wall in wards
- The response rates from the friends and family test for wards that specialised in caring for people living with dementia was more than three times higher than the national average.
- We observed that staff showed great interest in their patients and generally interacted with patients with kindness.
- All the patients we spoke with said they thought staff were kind and caring.
- The areas we inspected were compliant with same-sex accommodation guidelines.
- We saw that patients' bed curtains were drawn and staff spoke with patients in private to maintain confidentiality. Patients could also be transferred to side rooms to provide privacy and to respect their dignity.

Understanding and involvement of patients and those close to them

Good



Summary of findings

- All patients and family members that we spoke with told us they felt well looked after and staff understood their needs.
- Staff respected patients' rights to make choices about their care. We observed staff speaking with patients clearly in a way they could understand. Patients told us the medical staff fully explained the treatment options to them and allowed them to make informed decisions.
- The trust was piloting a scheme of open visiting in some wards . We noted for example that for one patient that their spouse was supported to stay overnight to help the patient cope with the unfamiliar environment of a hospital room.

Emotional support

- There were good examples during our inspection of staff interaction with patients and relatives where emotional support combined with practical help was offered.
- Guidance was available to provide patients and their relatives with information about chaplaincy services and bereavement or counselling services.

Are services at this trust responsive?

The emergency department was failing to meet many of the national quality targets. For example, the unplanned readmission rates and total time within the emergency department. Surgical services failed to meet 18 week referral to treatment standards for ear, nose and throat (ENT) surgery and for trauma and orthopaedics during the past year.

There were 550 operations cancelled between May 2014 and April 2015, including 331 operations that were cancelled on the day of surgery. Theatre sessions were frequently delayed and started more than 15 minutes late due to patient management and surgeon or anaesthetist delays.

Patient flow through and out of the medical care services had improved, however outliers were still common place and patients were being transferred from the medical assessment unit (MAU) at night. We found there was no specific policy in place for transfers at night

Learning from complaints was discussed at governance meetings and disseminated to staff by their team meetings

Service planning and delivery to meet the needs of local people

Requires improvement



Summary of findings

- Greater Manchester Integrated Stroke Service (GMISS) was being introduced to provide a streamlined pathway of care to allow early admittance into specialist services for patients with suspected stroke.
- Ward rounds had been moved from 9am on some wards so that that patients' personal care could be carried out first. This meant that patients could be clean and ready for the day before they saw their doctors and medical students.
- There were arrangements in place with neighbouring trusts to allow the transfer of patients for surgical specialties not provided by the hospital, such as vascular surgery, maxillofacial surgery, ophthalmology and urology. The arrangements included on-call cover and support from neighbouring trusts for patients that self-presented in the emergency department.

Meeting people's individual needs

- There was a system in place for nurses to book relatives into consultant's diary slots for meetings about their family member.
- The trust was piloting a scheme of open visiting in some wards; this was starting with ward 44.
- The trust used a pre-referral screening tool for patients with a learning disability to aid awareness. This had been developed with a multiagency partnership.
- The trust had access to a Learning Disability Hospital Liaison Nurse.
- Patients with a learning disability may be known to departments, (e.g. in ED) and an alert was put on their notes to notify staff of their specific needs.
- Staff explained that they would use patient passports which contained specific information about how the individual would like to be cared for.

Dementia

- There were two wards that were particularly adapted to meet the needs of patients living with dementia. For example, rooms were clearly labelled with pictures including toilets, there were large clocks strategically placed on walls and there was information for relatives and visitors to the ward including a film running about dementia on a monitor in the ward entrance.
- Medical care services had a dementia care specialist nurse in post. They were very positive about improvements on the wards for people with dementia since our last inspection. Other staff told us they highly valued the support of this specialist.

Summary of findings

- During mid-May 2015, the trust were planning a dementia day event, encouraging local members of the community living with dementia or their families to join them for information and informal support.
- The trust used the 'forget me not' scheme to identify patients living with dementia.
- Information (in a number of languages) was available to signpost people to services they could access.

Access and flow

- The number of theatre sessions that started more than 15 minutes late was approximately 83% between May 2014 and April 2015, compared to the hospital's target of no more than 10% late starts.
- Records showed theatre utilisation (efficiency) ranged between 79.1% and 87.3% between May 2014 and April 2015, which was below the hospital's target of 87.5%. The data showed the number of theatre sessions that started more than 15 minutes late was approximately 83% during this period, compared to the hospital's target of no more than 10% late starts. The most frequent reasons for theatre delays between November 2014 and April 2015 were patient management (30.8%), surgeon delay (12.6%) and anaesthetist delay (9.6%).
- Access and flow in the emergency department was a continuous challenge. The trust had a mixed performance against the four hour target over the year. Performance declined over the winter period, and they had regularly missed the standard since September 2014.
- Between July 2013 to January 2015 there were 32 black breaches at the hospital. 'Black breach' refers to failure to hand over a patient from the ambulance within 60 minutes of arrival at the emergency department. In the majority of cases, no reason was given for the breach.
- The total time in the emergency department per patient was worse than the England average over the period January 2013 to September 2014,
- Patient flow through the hospital and discharge had improved but improvements were still needed. Due to continual bed pressures there were occasions when patients had been transferred from the MAU during the night and medical outliers were still common place. This meant that some patients were not placed in the area best suited to their needs. In such instances, the hospital had systems in place to ensure the timely review of these patients.

Summary of findings

- Local leaders told us that patient flow through the hospital and discharge had improved but they were aware of improvements that still needed to be made. For example, in medical care services they said they still needed to move toward a consultant review each day; it was currently twice a week.
- We saw key meetings taking place to manage bed capacity across the trust. In attendance at these meetings were doctors, matrons and ward managers.
- We observed a medical ward round and noted that the SHOP (sickest, home, other patients) model was applied. Local leaders told us this had been recently introduced and it improved patient flow through and out of the hospital.
- There was an additional medical registrar for overseeing the care of medical outliers and also a specific named consultant responsible for a patient depending on which ward the patient was placed. Junior doctors told us this was a good system to ensure medical outliers received appropriate care.
- Patient records showed that discharge planning took place at an early stage; and that this involved input from a multidisciplinary team.
- In theatres, the trust was falling below its targets for utilisation of theatres and also for theatre sessions starting more than 15 minutes late (83% vs 10% target).
- NHS England data showed that between October 2012 and September 2014 the hospital performed worse than the England average for the number of patients whose operations were cancelled and were not rebooked within the 28 days. A total of 52 patients were not treated within 28 days during this period.
- The trust was failing to meet its referral to treatment targets (RTT) for some elective surgery patients, particularly ENT, Oral and T&O surgery.
- The System Resilience Group (SRG) involving representatives from the Clinical Commissioning Group (CCG), Council, the hospital and the ambulance service met to discuss admission avoidance schemes, patients who regularly attended, plans for winter pressures and how to cope with seasonal fluctuations.
- In critical care the number of patients that were admitted within four hours of referral ranged between 29.4% and 78.6% between April 2014 and March 2015. This meant the trust's target to admit 95% of patients within four hours of referral had not been achieved. During this period, a total of 46 patients had been discharged during out-of-hours. The hospital's target was for zero out-of-hours patient discharges. The service

Summary of findings

reconfiguration (planned for June 2015) aimed to improve capacity by separating the intensive care and high dependency into two separate units, with each unit having six allocated beds.

Learning from complaints and concerns

- Historically, the trust has had a backlog of complaints. These had been resolved at the time of our inspection.
- The governance team led on complaints in the trust.
- The Chairman described the top theme of complaints as communication. His view was clear that if the trust improves communication, patient satisfaction would also improve.
- The complaints lead told us that along with communication, other themes included clinical care, outpatient appointments and staff attitude.
- They told us that in response to staff attitude a number of workshops had been set up in the last 12 months to support staff in communication and understanding the impact of attitude and approach.
- The trust held a governance meeting where all themes of complaints were reviewed. Three non-executive directors sat on this committee.
- The individual details of complaints were reviewed in the private session of the board meeting to allow the board members to reflect if the trust needed to take further actions.
- Information was available for patients on how to make complaints and the PALS service. Patients we spoke to were aware of this.
- Complaints feedback was on display on wards in a 'you said; we did' display.
- 100 staff had received complaints handling training in the last 12 months.
- 75 staff had received training in root cause analysis.

Are services at this trust well-led?

We saw good leadership across the trust at all levels. We were impressed by the executive team's progress since our last visit. Staff we spoke to were highly engaged with the trust's vision and could articulate their personal role in delivering the vision.

Staff told us that the trust executive team was very visible and had a lot of contact with staff. We heard from staff that it was common place to see the chief executive in clinical areas.

Good



Summary of findings

We saw strong governance arrangements that were effective. We reviewed the trust's fit and proper person requirement processes and found them to be compliant. We saw programmes that showed the trust was engaging with its local community.

Vision and strategy

- The trust had a mission statement; At Tameside Hospital 'Everyone Matters'. They told us 'our aim is to deliver, with our partners, safe, effective and personal care, which you can trust'. This was underpinned by a set of values and behaviours that were based on safety, care, respect, communication and learning.
- The corporate objectives 2015/16 listed seven key objectives, including providing harm free care, to improve the patient experience and to develop a continuous quality improvement culture.
- The corporate objectives had been incorporated into key priorities within the surgical services. The surgical services strategy 2015/16 listed a number of key objectives based on providing safe and high quality clinical services for patients, to achieve financial stability, to enhance patient experience and quality of care and to work effectively with strategic partners.
- The trust vision, values and objectives had been cascaded to staff across the wards and theatre areas we inspected and staff had a good understanding of these.
- The Chairman described a clear strategy for the hospital as part of the health and social care system. He described good working relations with local authority and other care providers. As evidence he described ongoing discussions to have a base room in the ED for a local police officer so cases of abuse can be reported and self-reported
- The Chairman was invited to and attended the Clinical Commissioning Group (CCG) meetings. He described how issues identified at CCG board meetings were shared back via the trust management for action and consideration.
- The Medical Director now attended the GP area team meetings to improve communications.
- Staff we spoke to understood the vision and purpose of the trust.

Governance, risk management and quality measurement

- The Chairman described the 'temperature test' by non-executive directors during walkabouts. They used this process to seek assurance of the formal messages they had heard in board and committees.

Summary of findings

- Risk registers were in place, and they reflected the issues identified in clinical areas.
- In service areas, regular staff meetings were held which discussed challenges in delivery and also shared information on complaints, incidents and audit results.
- Clinical dashboards were in use to demonstrate monitoring and awareness of these data.
- Dashboard data was available to all managers for other wards. This allowed local leaders to monitor progress against others and benchmark their own position.
- The trust had adopted a strong approach to governance and management of risk. The trust had a governance team that showed strong leadership in the management of risk and governance processes.
- The director of governance was clearly sighted on complaints, issues in the services and processes for responding to concerns. There was a clear line of sight to the board and regular and detailed discussions were held to ensure the board were focused on the challenges that required their input. We saw that the CEO and the director of governance had a good working relationship to ensure these issues were openly discussed.
- We observed that following our last inspection, the trust had taken clear action on the issues we had raised. An action plan was prepared and had become a focus in the organisation.
- The trust set high standards of staff performance and expectations. We saw that the trust upheld these standards. Staff respected this and valued the clarity. Many saw the 'raising standards' as 'the way we do things round here now' and attributed progress to this change in quality.

Leadership of the trust

- The trust executive described, and we saw in practice, that the staff were sighted on the new model of working. The leadership of the organisation was strong in promoting engagement in new models of working.
- Staff reported that leadership in clinical areas was good. Local leaders were clear on what was required and staff felt well supported.
- We saw evidence of clear oversight from local leaders on the quality of the service provided to patients.
- Local managers told us that the trust executive team was very visible and had a lot of contact with staff when changes were planned.

Summary of findings

- When we asked the Chairman what he was proud of, he replied that: “now people tell me what is right with the hospital; not what is wrong with it”.
- Staff told us that the culture is no longer ‘us and them’ now it’s ‘we’.

Culture within the trust

- Local managers told us that the trust executive team was very visible and had a lot of contact with staff when changes were planned.
- Staff at all levels and roles said that everyone was helpful and staff were supportive of each other for the benefit of patients.
- Medical staff reported a positive change in culture.
- Newly appointed staff told us that Tameside hospital was more personal than larger hospitals they had worked in.
- We saw a genuine passion for improvement within individuals and teams across the organisation. People recognised there was still much work to do; but expressed solidarity in their efforts to achieve it.
- We saw that this strong culture to improve extended from the board through to the patient interface and amongst non-clinical staff too.

Fit and Proper Persons

- We reviewed the trusts processes and found them to be complaint.
- The process for preparing for the FPPR had begun in July 2014.
- The Chair had written (February 2015), to all existing Executive and Non-Executive Directors and asked them to complete a self-declaration. This covered all the appropriate points of the fit and proper persons requirement (FPPR). In all 18 individuals were asked to complete the declaration and 18 responses (including the date returned) were logged. We looked at examples of these and saw they were well completed.
- We saw that the company secretary had (on behalf of the Chairman) undertaken a companies house search of each individual to see they were not barred from holding office. The results of these were well recorded.
- We saw that this process would be repeated every year with a full review every three years.
- We reviewed the files of two directors selected at random (one non-executive and one executive). We found the checks to be fully completed and fully documented. Where members had started employment since fit and proper persons requirement was identified; this was also written in to their contract of employment.

Summary of findings

- A full DBS check was undertaken for all staff.

Public engagement

- On 9 May 2015 the first in a series of new community events was hosted by the trust. The aim of the event was to bring the hospital's consultants, nurses and healthcare professionals into the heart of the Tameside community to discuss and educate the public on specific conditions
- We saw evidence of a number of community events reaching out to the public with information and support. One planned for just after our inspection visit was for people living with dementia.
- In Surgery, staff sought feedback from patients by asking them to complete a feedback survey. The survey covered key areas such as staff courtesy, privacy and dignity, cleanliness, medication and discharge processes. The information was used to look for possible improvements to the service.

Staff engagement

- Staff at all levels were committed to improving the service and felt engaged with the changes that had been made and what still needed to be achieved.
- Staff told us they received good support and regular communication from their line managers.

Innovation, improvement and sustainability

- One member of staff said she had previously felt like a "Jack-in-the-box; speak up with a new idea and the lid was pushed down". Now they told us that they felt they can offer innovation, speak out and they would be listened to. They told us they felt empowered.
- In surgical services plans were made to open a surgical assessment unit (SAU) within the surgical unit that would contain six patient trolleys and an eight recliner chair area to accommodate patients. The services planned for all GP and emergency patients to be admitted via the SAU to reduce emergency admission and streamline them to a 'hot' clinic for management. The hot clinic was scheduled to commence during July 2015 and the SAU was due to open during September 2015.
- In ED, the department had introduced a nurse led REACT service to try and reduce handover times from the ambulance service.
- Partnership working with the local police force had produced a range of initiatives to ensure that complex cases with a mental

Summary of findings

health condition or high-risk cases were appropriately and safely managed. A 'Missing Patients Guidance' had been produced to reduce the number of missing patients leaving the hospital.

- In ED, a librarian attended the board rounds. They accessed evidence-based research to feedback to questions posed by the trainee doctors. This information was then published on the ED webpage

Overview of ratings

Our ratings for Tameside Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Requires improvement	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement

Our ratings for Tameside Hospital NHS Foundation Trust

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

Notes

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

Outstanding practice and areas for improvement

Outstanding practice

- The trust had made significant progress in duty of candour. It shared external reviews of incidents with patients; it encouraged (and trained) its staff in difficult conversations. The trust demonstrated both the fundamental principles but also the underlying values of duty of candour.
- We saw a strong leadership response from the trust executive and senior management team to the issues we identified last year and that significant progress had been made.
- We saw an enhanced culture of “this is how we do things round here now” and “the Tameside journey”; both of these engaged staff and have contributed to sustainable improvement.
- We saw staff ownership in their future in the trust and engagement in the trust values and vision.
- We saw good response to patients needs such as moving ward rounds to slightly later in the day to allow nursing staff to complete patients personal care needs before clinical care rounds began.

Areas for improvement

Action the trust **MUST** take to improve

Importantly, the trust must:

- Ensure that medical staffing is sufficient and appropriate to meet the needs of patients at all times including out of hours.
- Improve patient flow throughout the hospital to reduce the number of patients transferred at night and ensure timely access to the service best suited to meet the patient’s needs, particularly in A&E and medical care services.
- Improve the completion levels of mandatory training and appraisals for nursing and medical staff.
- Ensure that medicines, particularly controlled drugs are stored, checked and disposed of in line with best practice in all areas but particularly in A&E and Outpatients.

For a list of the actions the trust **SHOULD** take please see the location report for Tameside General Hospital.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way in that the risks to the health and safety of patients was not always assessed and mitigated.</p> <p>This is because patient flow throughout the hospital was an ongoing challenge, particularly in A&E and medical care. Due to continual bed pressures there were occasions when patients had been transferred from the Acute Medical Unit during the night and medical outliers were still common place. This meant that some patients were not placed in the area best suited to their needs. There were also long delays in A&E.</p> <p>HSCA 2008 (Regulated Activities) Regulations 2014, Regulation 12, (2) (a) (b)</p>