

CQC Inspection Results

Date of Inspection: 8th – 11th August 2016

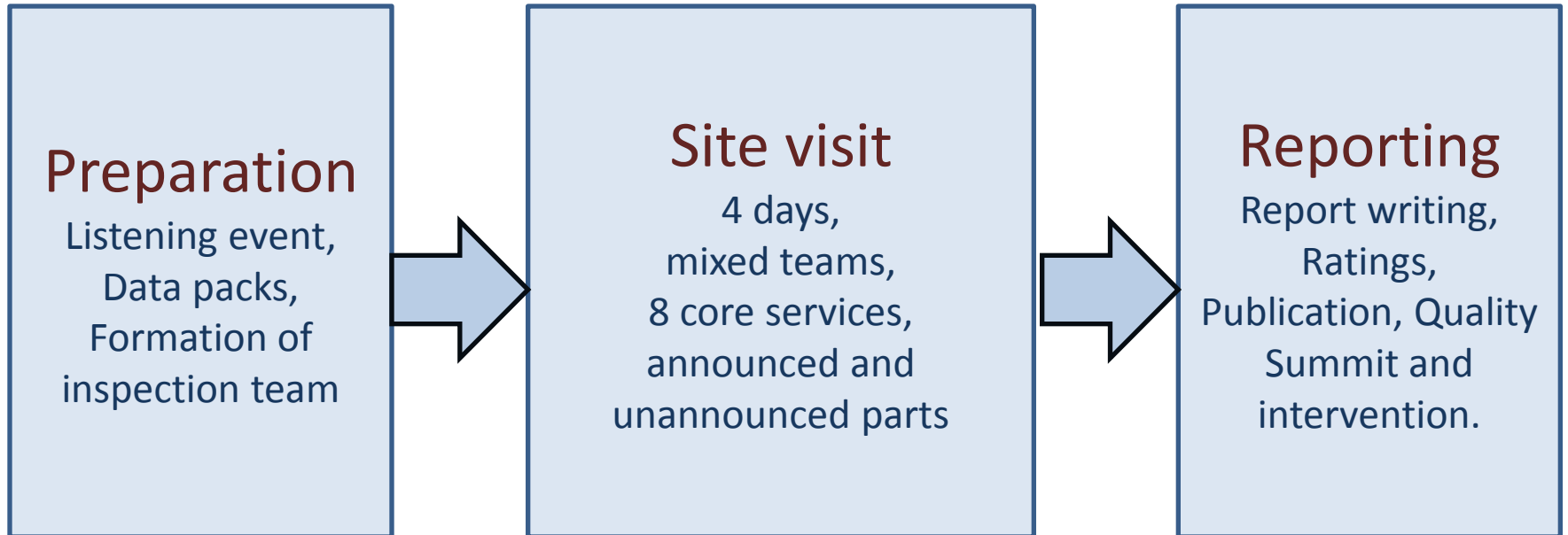
Feedback Quality Summit: 10th February 2017

CQC's Approach

CQC asks these questions of all services:

- Is it safe?
- Is it effective?
- Is it responsive?
- Is it caring?
- Is it well-led?

CQC's Approach



CQC Inspection 8th – 11th August 2016



Tameside and Glossop
Integrated Care
NHS Foundation Trust

CQC inspected eight core services of the Tameside and Glossop Integrated Care NHS Trust across two sites:

Tameside General Hospital

- Urgent and emergency care;
- Medical care (including older people's care);
- Surgery;
- Critical Care;
- Maternity
- Children and Young People
- End of life care;
- Outpatients and diagnostic imaging.

Stamford Unit

- Medical care (including older people's care) (To early to rate)

Ratings

CQC's ratings for Tameside General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Good	Good	Requires improvement	Good	Good
Medical care	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Requires improvement	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Requires improvement	Good	Good	Good	Good

Staff Survey Results 2016

2016 results were really positive. For 29 of the 32 key indicators the Trust was better than the national average and the best in Greater Manchester

Overall

Trust Score 2015	Trust Score 2016	National Average for Combined Acute and Community Trusts
3.94	3.95	3.80

This puts us ***Above better than average***

Staff Survey Results 2016

TOP FIVE RANKING SCORES	Trust Score 2016	National Average for Combined Acute and Community Trusts
KF8. Staff satisfaction with level of responsibility and involvement (Higher score the better)	4.08	3.92
KF9. Effective team working (Higher score the better)	3.94	3.78
KF31. Staff confidence and security in reporting unsafe clinical practice (Higher score the better)	3.87	3.68
KF24. Percentage of staff / colleagues reporting most recent experience of violence (Higher score the better)	83%	67%
KF4. Staff motivation at work (Higher score the better)	4.06	3.94

Key Findings of the Inspection

Vision Leadership and Culture

- Visible and accessible executive team.
- Senior team focused on service quality and positive patient experience.
- Values and behaviours were based on safety, care, respect, communication and learning.
- Values and behaviours were well understood and adopted by all staff groups.
- A very positive culture throughout the trust.
- Staff of all grades were committed to the continuous improvement regarding the quality of care and treatment delivered to patients.
- Staff felt comfortable and confident in respect of raising matters of concern.

Key Findings of the Inspection

Governance risk management and Mortality rates

- Robust governance arrangements, with each division reporting to the board through a committee structure.
- Mechanisms were in place so that performance was challenged and understood.
- Robust challenge and scrutiny by non-executive directors in respect of quality and risk.
- Staff had access to management information to support good performance and identify poor performance
- **Mortality rates**
- All deaths were reviewed and key learning points cascaded to staff.
- Monitoring at board level ensured learning and improvement

Key Challenges and Risks

Nurse staffing

- Nurse staffing levels, although improved remained a challenge in a number of areas particularly in the medical directorate.
- Availability of a nurse on duty on the children's ward who were up to date in Advanced Paediatric Life Support. (Two new starters had yet to attend the appropriate training, although Trust Doctor cover was available)

Medical Staffing

- The number of consultants was below the England average (37% compared with England average 42%) also the number of registrars was below the England (27% against England average 36%)
- A&E was better than average
- Improvement in numbers from last year

Access and Flow

- Patient being seen within 4 hours of arrival in ED not being met consistently
- Patients waiting 4 to 12 hours to be admitted once seen in ED over England average. Patients leaving ED before being seen over the England average. Relatively high number of medical outliers .
- Delays in the rapid discharge of end of life care patients to their preferred place of care

Key Challenges and Risks

Individual Plan of Care (IPOC).

- Low up take of IPOC for patients on the end of life pathway

Equipment and Environment

- Equipment used to provide care for children's care and treatment not always properly maintained (maintenance dates on some pieces of equipment had lapsed)
- Further work to continue on ward 27 to ensure infection control and prevention standards met. (This related to bedside tables and chairs etc not conforming to infection prevention standards)

Regulation 12: Safe care and treatment:

- 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. 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.

In response to this we are implementing the best practice guidance from NHS Improvement and NHS England and working with partners using a whole systems model to address patient flow

- Embed 'home first: discharge to assess' ways of working
- Embed 'trusted assessor' ways of working
- Implement policy on supporting patients' choices to avoid long hospital stays (if existing policy not in use)
- Reduce the number of NHS CHC screenings and full assessments taking place in an acute location
- Working with the LA to reduce the number of DTOC
- Increase proportion of patients receiving RRR (rehabilitation, recovery and reablement) care in home or community settings
- Focus on simple discharge. Expediting routine (simple) discharges can be more effective in releasing beds than only concentrating on complex discharges
- Transforming community services and integrated working

CQC Assurance Plan in response to “Must do” recommendations arising from the August 2016 Inspection - Tameside Hospital



Tameside and Glossop Integrated Care
NHS Foundation Trust

ID	Primary area identified	Requirement	Action	Divisional / Director Lead	Operational lead(s)	Group to which assurance and monitoring is assigned	Assurance Review frequency
TGH M16.1	Urgent care	Ensure that patients can access emergency care in a timely way.	Continue to implement the plans and actions agreed via the health economy A&E delivery board; Continue to fully engage with GM wide initiatives intended to improve access and flow.	Divisional Director of Operations Clinical Director	Directorate Manager	Daily Bed meetings Executive Management Team Directorate Meetings, Divisional Operations Group, Trust Operations Group, Service Quality Operational Governance Group	Daily Weekly Monthly Bi Monthly Quarterly
TGH M16.2	Urgent care	Ensure all staff receive mandatory training at the required level and within the appropriate time frame.	Continue to deliver local implementation plans in place across the directorate. These continue to be monitored at Directorate and Divisional Level in order to achieve the Trust trajectory.	Divisional Director of Operations Clinical Director	Directorate Manager	Directorate Meeting Executive Management Team Divisional Operations group Trust Operations Group Service Quality Operational Governance Group	Monthly Bi Monthly Quarterly
TGH M16.3	Urgent care	Ensure that fridges used to store medications are kept at the required temperatures and checks are completed on these fridges as per the trusts own policy.	Revised Fridge temperature monitoring system implemented. Continue to implement Trust wide the Medicines Safety Improvement plan across all services with audit and systematic monitoring of practice.	Directors of Operations Chief Nurse Medical Director	Chief Pharmacist, Assistant Chief Nurses and Clinical Directors	Medicines safety Group , Patient Safety Programme Service Quality Operational Governance Group	Monthly Bi Monthly Quarterly
TGH M16.4	Medical Services Including Older People	Ensure there are appropriate numbers of nursing staff deployed to meet the needs of patients	Trust wide and local recruitment plans are in place. These continue to be enacted and progressed with the support of Senior Nursing and HR colleagues. Workforce planning and transformational working	Divisional Director of Operations Assistant Chief Nurse	Directorate Manager Matron	Daily Bed meetings Executive Management Team Directorate Meetings Divisional Operations Group Trust Operations Group Service Quality Operational Governance Group Trust Board	Daily Weekly Monthly Quarterly
TGH M16.5	Children and Young People	Ensure all equipment used to provide care or treatment to a service user is properly maintained.	Medical Equipment Service Dept. (MESD) have carried out a sweep of all equipment in Maternity and NNU to check it is registered, and has been serviced/ tested/ checked as appropriate. MESD have revised their equipment assurance programme and are developing an annual report to be shared with local managers Ongoing checks being carried out by ward/unit managers and Directorate/ Divisional management teams	Divisional Director of Operations	MESD Manager Directorate Managers	Paediatric Governance Divisional Quality and Safety Group Service Quality and Operational Group	Monthly Monthly Quarterly
TGH M16.6	Children and Young People	Ensure that there is one nurse on duty on the children's ward trained and up to date in Advanced Paediatric Life Support on each shift.	The remaining 4 sisters are booked on APLS training in April 17 at which point the ward will achieve 100% compliance. Until training completed, shifts which do not have an APLS trained nurse on duty are flagged to the Consultant on call for the ward to mitigate this. Plans in place to train all band 5 nurses in APLS to reduce reliance on sisters.	Divisional Director of Operations Assistant Chief Nurse	Matron	Paediatric Governance Divisional Quality and Safety Group Service Quality and Operational Group	Monthly Monthly Quarterly

CQC Assurance Plan in response to the “Should do” recommendations arising from the August 2016 Inspection - Tameside Hospital -1



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust

ID	Primary area identified	Requirement	Action	Divisional / Director Lead	Operational lead	Committee to which assurance and monitoring of the action is assigned	Assurance Review frequency
TGH \$16.1	Urgent care	Ensure that staff receive their annual appraisal.	Continue to deliver local implementation plans in place across the directorate. These continue to be monitored at Directorate and Divisional Level in order to achieve the Trust trajectory.	Divisional Director of Operations Clinical Director	Directorate Manager	Directorate Meeting Executive Management Team Divisional Operations group Trust Operations Group Service Quality Operational Governance Group	Monthly Bi Monthly Quarterly
TGH \$16.2	Medical services including Older people	Ensure children's safeguarding training across all professions within the medical directorate is up to date.	Continue to deliver local implementation plans in place across the directorate. These continue to be monitored at Directorate and Divisional Level in order to achieve the Trust trajectory.	Divisional Director of Operations Clinical Director	Directorate Manager	Directorate Meeting Executive Management Team Divisional Operations group Trust Operations Group Service Quality Operational Governance Group	Daily Weekly Monthly
TGH \$16.3	Medical services including Older people	Look to reduce the number of medical patients being cared for on surgical wards.	Trust wide programme of work in place to improve flow and reduce requirement to care for patients outside speciality beds. This work is fully supported by external partners with whom the ICFT works in collaboration.	Divisional Director of Operations Clinical Director Assistant Chief Nurse	Directorate Managers	Directorate Meetings Divisional Operations Group Service Improvement Group	Monthly Bi Monthly Quarterly
TGH \$16.4	Medical services including Older people	Continue to monitor staffing arrangements on wards.	Trust wide and local recruitment plans are in place for medical and nursing staff. These continue to be enacted and progressed with the support of Senior Nursing and HR colleagues.	Divisional Director of Operations Clinical Director Assistant Chief Nurse	Directorate Managers	Bed meeting Executive Management Team Directorate Meetings, Divisional Operations group, Service Quality Operational Governance Group Trust Board	Daily Weekly Monthly
TGH \$16.5	Children and Young People	Ensure recording of fridge checks include the maximum and minimum temperatures in accordance with national guidance.	Revised Fridge temperature monitoring system implemented. Continue to implement Trust wide the Medicines Safety Improvement plan across all services with audit and systematic monitoring of practice.	Directors of Operations Chief Nurse Medical Director	Chief Pharmacist, Assistant Chief Nurses and Clinical Directors	Medicines Safety Group Patient Safety Programme Group Service Quality Operational Governance Group	Monthly Bi Monthly
TGH \$16.6	Children and Young People	Ensure dates of cleaning and safety checks are legible on equipment.	Equipment cleaning checks are recorded using appropriate disposable labels. Estates department reviewing electrical safety check labelling with the subcontractor. MESD have introduced new service/ test/ check labels with transparent protective cover for dates. Routinely monitored through divisional walk rounds.	Divisional Director of Operations	Estates manager Directorate Managers	Paediatric Governance Divisional Quality and Safety Group Service Quality Operational Governance Group	Monthly Monthly Quarterly

CQC Assurance Plan in response to the “Should do” recommendations arising from the August 2016 Inspection - Tameside Hospital -2



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust

ID	Primary area identified	Requirement	Action	Divisional / Director Lead	Operational lead	Committee to which assurance and monitoring of the action is assigned	Assurance Review frequency
TGH S16.7	Children and Young People	Review documentation for infants when intervention is reduced to high dependency or special care.	Use of Neonatal Intensive Care Chart for all level babies was introduced last year. Chart offers flexibility to record the details of each baby's individualised care plan Ongoing review of this chart in place.	Divisional Director of Operations	Lead clinicians Matron	Paediatric Governance Divisional Quality and Safety Group Service Quality and Operational Group	Monthly Monthly
TGH S16.8	Children and Young People	Ensure the security and confidentiality of medical records in the paediatric outpatients department.	Revised system and processes implemented - During clinics, medical records for upcoming patients are placed inside the clinic room. Routinely monitored through divisional walk rounds.	Divisional Director of Operations	Matron	Paediatric Governance Divisional Quality and Safety Group Service Quality and Operational Group	Monthly Monthly Quarterly
TGH S16.9	Children and Young People	Ensure PEWS documentation is completed and audited to improve compliance.	New combined ED/Children's Unit PEWS introduced in Nov. 2016. Audit planned for completion in March 2017	Chief nurse supported by Director of Operations	Matron	Divisional Operations Group through to Operational Group Patient Safety Group to SQOGG	Monthly Quarterly
TGH S16.10	Children and Young People	Ensure the neonatal unit consistently collect patient feedback using the NHS Friends and Family Test.	Feedback system reviewed additional electronic capture device procured to improve feedback rates. Until this is available staff are actively promoting the use of FFT postcard feedback in interim. Routinely monitored through divisional walk rounds and in reports to divisional forums	Divisional Director of Operations	Matron	Paediatric Governance Divisional Quality and Safety group	Monthly Quarterly
TGH S16.11	Children and Young People	Ensure inpatient discharge summaries and outpatient clinic letters are sent in a timely way.	Review of current process by consultant group Revised SOP to planned for February Paediatric Clinical Governance meeting for approval. Ongoing compliance to be monitored through governance forum.	Divisional Director of Operations	Lead clinicians Directorate manager	Paediatric Governance Divisional Quality and Safety group	Monthly Quarterly
TGH S16.12	Children and Young People	Ensure regular staff meetings take place on the neonatal unit.	Identified as a key objective for the interim and new NNU manager who are being actively supported by the Matron who will be regularly attending, Monitoring through Specialty Governance group	Divisional Director of Operations	Matron	Paediatric Governance Divisional Quality and Safety group	Monthly Quarterly
TGH S16.13	Surgical Services	Take appropriate actions to improve mandatory training compliance rates.	Continue to deliver local implementation plans in place across the directorate. These continue to be monitored at Directorate and Divisional Level in order to achieve the Trust trajectory.	Divisional Director of Operations Clinical Director	Directorate Manager	Directorate Meeting Executive Management Team Divisional Operations group Trust Operations Group Service Quality Operational Governance Group	Monthly Quarterly
TGH S16.14	Surgical Services	Take appropriate actions to reduce the number of cancelled elective operations.	Continue to implement the Service improvement work being implemented and progressed through Theatre Service Improvement Group and Pre-Op Improvement Group	Divisional Director of Operations	Directorate managers	Divisional Operational Group Service Improvement Group	Monthly Quarterly

CQC Assurance Plan in response to the “Should do” recommendations arising from the August 2016 Inspection - Tameside Hospital -3



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust

ID	Primary area identified	Requirement	Action	Divisional / Director Lead	Operational lead	Committee to which assurance and monitoring of the action is assigned	Assurance Review frequency
TGH S16.15	Maternity and gynaecology	Ensure the improvements in the infection prevention and control measures and the environment on ward 27 should continue.	Assertive workplan implemented and progressed. Actions from infection prevention audit completed and remedial estates work being progressed. Ongoing local monitoring by maternity & Divisional management teams	Divisional Director of Operations	Matron	O&G Governance Divisional Quality and Safety group Service Quality Operational Governance Group	Monthly Quarterly
TGH S16.16	Maternity and gynaecology	Emergency medicines should be safely stored in the obstetric theatre in line with trust's policy for the safe use of emergency medicines.	Specific policy developed for the storage and use of emergency medications with pre-filled syringes now readily available. Chief Pharmacist to include in the Trust Wide Policy Assurance being provided through routine monitoring and audit to assure consistent implementation.	Divisional Director of Operations	Directorate manager	Anaesthetic Directorate O&G Governance Divisional Quality and Safety group Service Quality Operational Governance Group	Monthly Quarterly
TGH S16.17	Maternity and gynaecology	Records should be securely stored in the ward areas.	Review of ward records storage undertaken. Revised process implemented and remedial work planned where required. Health Records manager undertakes spot audits and ongoing local monitoring by Maternity & Divisional management teams.	Divisional Director of Operations	Directorate manager Head of Midwifery	O&G Governance Divisional Quality and Safety meeting	Monthly Quarterly
TGH S16.18	Maternity and gynaecology	Appropriate actions should be taken to improve the mandatory training compliance rates including the safeguarding training.	Continue to deliver local implementation plans in place across the directorate. These continue to be monitored at Directorate and Divisional Level in order to achieve the Trust trajectory.	Divisional Director of Operations Clinical Director	Directorate Manager	Directorate Meeting Executive Management Team Divisional Operations group Trust Operations Group Service Quality Operational Governance Group	Monthly Quarterly
TGH S16.19	Maternity and gynaecology	Ensure that a deteriorating patient's care was managed in line with the trust's policy.	Revised MEWS chart developed. Guideline due to be ratified at February O&G Governance meeting. Ongoing regular audit of MEWS charts on maternity ward to ensure compliance	Divisional Director of Operations	Head of Midwifery	O&G Governance Patient Safety Programme Divisional Quality and Safety meeting	Monthly Bi monthly Quarterly
TGH S16.20	Maternity and gynaecology	Continue to make improvements in the completion of the safer surgery checklists.	WHO Checklist is completed by the whole Theatre Team Maternity processes reviewed to ensure they are consistent with other Theatres. Agreed in January 17. Use of Out of Theatre (OOT) checklist in Sept 2016 audited and presented at LOCSIPPs forum. Maternity staff reminded of requirement for OOT checklist for fetal blood sampling OOT checklist usage to be re-audited Feb 2017	Divisional Director of Operations	Directorate manager Head of Midwifery	Divisional Quality and Safety meeting Service Quality and Operation Governance group	Monthly Quarterly

CQC Assurance Plan in response to the “Should do” recommendations arising from the August 2016 Inspection - Tameside Hospital -4



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust

ID	Primary area identified	Requirement	Action	Divisional / Director Lead	Operational lead	Committee to which assurance and monitoring of the action is assigned	Assurance Review frequency
TGH \$16.21	Maternity and gynaecology	Develop a system to ensure patients received required home visits by the community midwives.	Processes reviewed and revised management team in place Draft SOP in place, for ratification at February O&G governance meeting Ongoing monitoring of incidents to ensure downward trend of missed visits continues	Divisional Director of Operations	Matron	O&G Governance Divisional Quality and Safety meeting Service Quality and Operation Governance group	Monthly Quarterly
TGH \$16.22	End of life care	Consider how it can increase uptake of the use of the individual care plan for end of life care patients.	Continuous reinforcement of Trust wide and Local communications regarding individual care plans for end of life care patients.	Medical Director Chief Nurse	Clinical Directors Assistant Chief Nurse	End of Life Service Group Meetings Mortality Meetings	Monthly Quarterly
TGH \$16.23	End of life care	Consider how it can encourage improvement in the accuracy and completeness of DNACPR forms, including the undertaking and recording of mental capacity act assessments, the recording of best interest's decisions, and discussions with patients and their relatives.	Continue implementation with Trust programme of education and audit in relation to use of DNACPR forms.	Medical Director Chief Nurse	Clinical Directors Assistant Chief Nurse	Patient Safety Programme Service Quality Operational Governance Group	Bi monthly Quarterly
TGH \$16.24	End of life care	Consider reviewing information held within the palliative rapid discharge link nurse files held in wards and units across the trust to ensure the information held is accurate, up to date, and in line with prescribing and dosage guidelines for anticipatory medicines.	Full review of discharge services underway, to include review of palliative rapid discharge (including associated documentation at ward level). An improvement plan will be developed following review.	Divisional Director of Operations	Head of Patient flow	Divisional Operations Group Service Improvement Group	Monthly
TGH \$16.25	End of life care	Consider what actions it could take to further increase the proportion of end of life care patients dying in their preferred place of care.	Full review of discharge services being undertaken. Improvements anticipated ensuring appropriate preferred place of care offered and facilitated for patients receiving end of life care.	Divisional Director of Operations	Head of Patient flow	Divisional Operations Group Service Improvement Group End of Life service group meetings	Monthly
TGH \$16.26	End of life care	Consider what actions it can take, within its control and where requested, to increase the percentage of end of life care patients discharged within the timescales of the rapid and fast discharge process.	Full review of discharge services being undertaken. Improvements anticipated in ensuring appropriate preferred place of care offered and facilitated for patients receiving end of life care.	Divisional Director of Operations	Head of Patient flow	Divisional Operations group Service Improvement group End of Life service group meetings	Monthly
TGH \$16.27	Outpatients and Diagnostics	Continue the active recruitment of Radiologists to meet actual WTE requirements and maintain safe staffing levels.	Continue with current recruitment plan (Nationally and Internationally with a view to substantive recruitment. Intermediate measures for service continuity in place, including Greater Manchester wide support	Clinical Director	Directorate Manager	Directorate Meeting Divisional Operations Group Trust Operations Group Service Quality Operational Governance Group	Monthly

CQC Assurance Plan in response to the “Should do” recommendations arising from the August 2016 Inspection - Tameside Hospital -5



**Tameside and Glossop
Integrated Care**
NHS Foundation Trust

ID	Primary area identified	Requirement	Action	Divisional / Director Lead	Operational lead	Committee to which assurance and monitoring of the action is assigned	Assurance Review frequency
TGH S16.28	Outpatients and Diagnostics	Resolve the issue of Allied Health Professionals being unable to accurately record mandatory training levels.	Local manual recording arrangements now in place to ensure accurate records are available to facilitate appropriate monitoring of compliance.	Clinical Director	Directorate Manager	Directorate Meeting Divisional Operations Group	Monthly
TGH S16.29	Outpatients and Diagnostics	Carry out an infection control risk review of positioning aids foam pads in Radiology, to ensure that the risk of infection is minimised.	Local risk review undertaken and monitoring process in place. Monthly audit performed by Modality leads to ensure compliance. Any damaged pads immediately removed from use.	Assistant Chief Nurse	Directorate Manager	Radiology Quality Group Directorate Governance Meeting Divisional Quality and Safety Meeting	Monthly
TGH S16.30	Outpatients and Diagnostics	Ensure that all entries on patient notes are signed and dated.	Trust Policy to be reinforced to ensure compliance in relation to documentation both electronic and handwritten. Local monitoring will now take place in conjunction with Chaperone audit. Trust wide record keeping audit is part of the annual Audit programme	Clinical Director	Directorate Manager	Directorate Governance Meeting Divisional Quality and Safety Meeting Service Quality and Operational Governance group	Monthly
TGH S16.31	Outpatients and Diagnostics	Continue to increase the numbers of staff who have undertaken Child Safeguarding training to meet trust targets.	Continue to deliver local implementation plans in place across the directorate. These continue to be monitored at Directorate and Divisional Level in order to achieve the Trust trajectory.	Divisional Director of Operations Clinical Director	Directorate Manager	Directorate Meeting Executive Management Team Divisional Operations group Trust Operations Group Service Quality Operational Governance Group	Monthly
TGH S16.32	Outpatients and Diagnostics	Review version controls on Local Rules for Radiation Protection and ensure that all staff have signed them to indicate that they have read and understood them.	Review of current local rules being progressed with Radiation Protection Advisor. Staff will be required to read and sign to confirm acknowledgement and understanding of these rules. Documentary evidence will be available for audit purposes.	Divisional Director of Operations Clinical Director	Directorate Manager Assistant Chief Nurse	Directorate Meeting Executive Management Team Divisional Operations Group Trust Operations Group	Monthly
TGH S16.33	Outpatients and Diagnostics	Continue to seek a solution to the lack of an electronic system that interfaces with local GP surgeries.	Implementation of the Trust IM&T strategy will enable this. The Trust is deploying EMIS into community which is the same product suite as GP EMIS and working with other providers to enable this as part of the Transformation work being undertaken.	Director of Performance & Information	Chief Information Officer	Executive management team IM&T group Health Records Group	Monthly
TGH S16.34	Outpatients and Diagnostics	Continue to seek viable solutions to reduce “Did Not Attend” (DNA) rates.	Continue with Outpatient Service Improvement workstream plans which includes initiatives to support attendance at clinic/OPD appointments, e.g. text reminder service Routine monitoring through systematic reporting processes	Divisional Directors of Operations Clinical Directors	Directorate Managers (Diagnostics & outpatients)	Directorate meeting Reporting Service Improvement Group OPD Business Meeting	Monthly

CQC Assurance Plan in response to the “Should do” recommendations arising from the August 2016 Inspection - Tameside Hospital -6



**Tameside and Glossop
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NHS Foundation Trust

ID	Primary area identified	Requirement	Action	Divisional / Director Lead	Operational lead	Committee to which assurance and monitoring of the action is assigned	Assurance Review frequency
TGH S16.35	Outpatients and Diagnostics	Continue to seek solutions to improve “Referral to Treatment” (RTT) times so that all clinical pathways met national standards.	Continue to monitor waiting times across all modalities / specialties and develop/enact action plans to mitigate. Early and proactive escalation for Executive level support if/where required. Routine monitoring through systematic reporting processes	Clinical Directors	Directorate Managers	Directorate meeting Divisional Operations group Referral to Treatment meeting Waiting List Steering group	Monthly / weekly (WLSG)
TGH S16.36	Outpatients and Diagnostics	Review the consultation room in Clinic 9 where the door opens outwards to improve privacy and dignity for patients.	A review of the consultation room has been undertaken and modifications made to ensure maintenance of Patient Privacy and dignity.	Clinical Director	Directorate Manager	Directorate meeting Divisional Quality and Safety Group Service Quality and Operational Governance group	Monthly
TGH S16.37	Outpatients and Diagnostics	Review the children’s play area in outpatients clinics 6-9 to see whether this could be better located or children observed and kept safer.	Review of service provision being undertaken in conjunction with planned redesign of Outpatient suite.	Divisional Director of Operations	Directorate Managers	Directorate meetings Divisional Quality and Safety Group Service Quality and Operational Governance group	Monthly
TGH S16.38	Outpatients and Diagnostics	Improve patient knowledge of how to access PALS should they need to do so.	Review of all OPD areas to ensure PALS leaflets and posters in plain sight for patients Monitoring through routine reviews and walkrounds	Divisional Director of Operations	Directorate Managers and Matrons	OPD Governance Divisional Quality and Safety Group Service Quality and Operational Governance group	Monthly

CQC ratings 2014

Inadequate

	Safe	Effective	Caring	Responsive	Well-led		Overall
Urgent and emergency services	Requires Improvement	Not Rated	Good	Good	Good		Good
Medical care (including older people's 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 and gynaecology	Requires Improvement	Good	Good	Good	Good		Good
Services for children and young people	Requires Improvement	Good	Good	Good	Good		Good
End of life care	Requires Improvement	Requires Improvement	Good	Good	Good		Requires Improvement
Outpatients and diagnostic imaging	Requires Improvement	Not Rated	Good	Inadequate	Requires Improvement		Requires Improvement
Overall	Inadequate	Requires improvement	Good	Inadequate	Requires Improvement		Inadequate

CQC ratings 2015

Requires
improvement

	Safe	Effective	Caring	Responsive	Well-led		Overall
Urgent and emergency services	Good	Requires Improvement	Good	Requires Improvement	Good		Requires Improvement
Medical care (including older people's care)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement		Requires Improvement
Surgery	Good	Good	Good	Requires Improvement	Good		Good
Critical care	Good	Good	Good	Requires Improvement	Good		Good
Maternity and gynaecology	Requires Improvement	Good	Good	Good	Good		Good
Services for children and young people	Requires Improvement	Good	Good	Good	Good		Good
End of life care	Requires Improvement	Requires Improvement	Good	Good	Good		Requires Improvement
Outpatients and diagnostic imaging	Good	Not Rated	Good	Good	Good		Good
Overall	Requires Improvement	Requires improvement	Good	Requires Improvement	Good		Requires Improvement

CQC ratings 2016

Good

	Safe	Effective	Caring	Responsive	Well-led		Overall
Urgent and emergency services	Good	Good	Good	Requires Improvement	Good		Good
Medical care (including older people's care)	Requires Improvement	Requires Improvement	Good	Good	Good		Requires Improvement
Surgery	Good	Good	Good	Good	Good		Good
Critical care	Good	Good	Good	Good	Good		Good
Maternity and gynaecology	Requires Improvement	Good	Good	Good	Good		Good
Services for children and young people	Good	Good	Good	Good	Good		Good
End of life care	Good	Requires Improvement	Good	Good	Good		Good
Outpatients and diagnostic imaging	Good	Not Rated	Good	Good	Good		Good
Overall	Requires Improvement	Requires improvement	Good	Good	Good		Good

Any Questions?