

# Provision of Acute Services in Tameside

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## Personal and Health Services Scrutiny Panel

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# 1. Introduction by the Chair

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I am pleased to present this report which follows the review carried out by the Personal and Health Services Scrutiny Panel into the provision of acute services provided by Tameside Hospital NHS Foundation Trust.

The Foundation Trust has been the focus of significant adverse media attention for a number of reasons in recent years, particularly regarding the quality of basic patient care and their hospital standardised mortality ratio.

The Scrutiny Panel decided to undertake this review following the publication of reports into the performance of the Foundation Trust in June 2010 by the Care Quality Commission and NHS North West (the Strategic Health Authority); and following the report jointly commissioned by the Foundation Trust and Monitor (and undertaken by Korn-Ferry Whitehead-Mann). Members wanted to find out how the Foundation Trust had responded to the recommendations of these regulatory bodies.



Members were pleased to hear that the Trust's hospital standardised mortality ratio for 2009-10, as calculated by the Dr Foster organisation, had significantly reduced and was now within the expected range. Members were particularly pleased to learn that additional staff had been employed and that the organisation of staffing had been improved, as evidenced by the Care Quality Commission in their June review.

In October 2010, Members of the Scrutiny Panel undertook a site visit to the new clinical building at Tameside Hospital, which opened to patients in November 2010. Although this was not part of the Scrutiny Panel's review, Members valued the opportunity to see the new facilities for the on-going delivery of acute care in Tameside. The Trust would be expected to use this major investment as a catalyst for further improvement and organisational change.

The Members of the Panel have made a number of recommendations in this report which are based on the evidence received from NHS regulatory bodies, the Tameside Local Involvement Network, and our local NHS trusts. These recommendations recognise the progress that the Foundation Trust has made but also acknowledge that Members would expect to see continued further improvements, in the expectation that this would greatly assist to further restore public confidence in the Trust.

I know that senior managers at the Foundation Trust are striving to achieve this and the Panel looks forward to receiving progress reports relating to the on-going improvements. The Panel will continue to monitor progress and will be inviting the Trust to respond to the recommendations in this report.

On behalf of the Scrutiny Panel, I would like to thank the individuals and organisations that have contributed to this review. Their time and assistance has been greatly appreciated.

A handwritten signature in black ink that reads "Brenda Warrington".

**Councillor Brenda Warrington**  
**Chair and Lead Member, Health and External Relations**

## 2. Summary

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The performance of Tameside Hospital NHS Foundation Trust has been reviewed by a range of regulators during 2010 following public and media interest in their standards of care and particularly their hospital standardised mortality ratio. The Scrutiny Panel has undertaken a review of the progress made by the Foundation Trust following the publication of these reviews.

The Scrutiny Panel is pleased that the Care Quality Commission, Monitor, the Strategic Health Authority and Tameside Local Involvement Network have all recently agreed that the Foundation Trust is making progress. Members believe that this is the start of an improvement process and look forward to further improvements being made.

The Scrutiny Panel acknowledges that the Foundation Trust is working hard to restore public confidence and improve the reputation of the Trust. Members believe that the opening of the new hospital building provides an opportunity to further improve public confidence in the hospital. Members welcome the actions the Trust has taken to date to increase staffing numbers and believe it is essential that this be maintained.

The Panel welcomes the improved relationship that has been developed with senior managers from the Foundation Trust during this review and look forward to continuing to constructively scrutinise the performance of the Trust in the future.

Members of the Scrutiny Panel want the community to have high regard for, and confidence in, the local hospital and this report makes a number of recommendations that the Scrutiny Panel felt would help to improve services.

## 3. Membership of the Scrutiny Panel

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Councillor Warrington (Chair), Councillor Brazil (Deputy Chair).  
Councillors Ambler, Bowerman, Cartwright, Downs, Fairfoull, Middleton and Shorrock.  
Dr Cropper (co-opted advisor).

## 4. Terms of Reference

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### Aim of the Review:

To consider the provision of NHS acute services in Tameside in relation to the following reports which were published on 30 June 2010:

- (a) 'Review of Compliance' published by the Care Quality Commission;
- (b) 'NHS Tameside & Glossop Review: Commissioning for Quality and Safety' published by NHS North West (the Strategic Health Authority);
- (c) 'Review of Integrated Governance' which was undertaken by the independent company Korn-Ferry Whitehead-Mann; and commissioned by Monitor and Tameside Hospital NHS Foundation Trust; and

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To consider the response of Tameside Hospital NHS Foundation Trust to the reports, including their strategies for improvement and joint work with other stakeholders.

## Objectives:

- (a) To examine the reports published by the Care Quality Commission and the Strategic Health Authority; and the report jointly commissioned by Monitor and Tameside Hospital NHS Foundation Trust; and consider their implications for the delivery of NHS acute services in Tameside;
- (b) To examine and consider the effectiveness of the steps taken by Tameside Hospital NHS Foundation Trust and NHS Tameside and Glossop (the primary care trust) to address performance issues which have been highlighted in the reports; and
- (c) To examine opportunities for joint working between partners to support performance improvement for NHS acute services in Tameside.

## Value for Money/Use of Resources:

This review will look at the steps taken by NHS acute services in Tameside to address issues raised in the reports published by the Care Quality Commission, the Strategic Health Authority and jointly commissioned by Monitor and Tameside Hospital NHS Foundation Trust, to consider their implications for the delivery of health services in Tameside. Improvements in NHS acute services in Tameside will help to reduce the burden on the council and the NHS by helping to ensure that services are operating as effectively and efficiently as possible.

## Equalities Issues:

Improvements in NHS acute services will benefit the whole of the population of Tameside and in particular more vulnerable individuals that are more likely to use and need the support of health services.

## Local Area Agreement Targets:

Reducing health inequalities is the key focus of the Local Area Agreement. In particular this would contribute to the following indicators:

- (a) NIS 120: Mortality rate - all age all cause;
- (b) NIS 121: Mortality rate - from Cardio Vascular Disease under 75 years; and
- (c) Local 8: Mortality rate - inequalities between males and females.

## 5. Methodology

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During the course of this review Members met:

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- (a) The Health Care Assessor and Compliance Manager for Tameside from the Care Quality Commission (CQC);
  - (b) Representatives from Tameside Hospital NHS Foundation Trust, including the Chief Executive; the Director of Planning and Performance, the Nursing Director and the Medical Director;
  - (c) The Tameside Local Involvement Network (LINK) Co-ordinator;
  - (d) The Chief Executive of NHS Tameside and Glossop (the Primary Care Trust); and
  - (e) The Executive Director, Community Services, Tameside Council.

## 6. Background to the Review

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6.1 The Scrutiny Panel has had a long standing interest in the services provided by Tameside Hospital NHS Foundation Trust. In 2006 – 2007 the Panel undertook a review on standardised mortality rates at the hospital, which included consideration of standards of care. Since the review, the Scrutiny Panel has regularly monitored the Trust's progress regarding improving dignity in care for elderly and vulnerable patients.

### 6.2 Dr Foster Hospital Guide

6.2.1 In November 2009 the Dr Foster organisation published their annual hospital guide<sup>1</sup> which assessed the performance of NHS hospital trusts in England, focusing on measures of patient safety, clinical effectiveness and patient experience. Dr Foster analysed routinely available NHS statistics. For each NHS hospital trust in England they produced:

- A patient safety score (from 0 to 100), and
- A patient safety band (from 1 to 5).

6.2.2 In both categories, a higher score represented better performance. In 2008-2009 Tameside Hospital NHS Foundation Trust was given a score of 4.79 for patient safety (the seventh lowest in the country) and was placed in band 1 for patient safety (amongst the 12 lowest performing trusts in the country). However, the Foundation Trust had concerns with the methodology behind the patient safety score and believe it was weighted against trusts with high mortality. The Foundation Trust also highlighted that Dr Foster had significantly revised their methodology for the 2010 version of the Hospital Guide.

6.2.3 The Dr Foster organisation also developed a 'hospital standardised mortality ratio' (HSMR) for each acute trust in England. This compares the actual number of deaths in a trust against the expected number. A HSMR of 100 represents the national average. This means that the same number of in-hospital deaths has

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<sup>1</sup> The Dr Foster Hospital Guide 2009: How Safe is Your Hospital, Dr Foster Intelligence, (November 2009)

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occurred as predicted. A score that is lower than 100 reflects better than expected performance and correspondingly, a score that is higher represents poorer performance. Dr Foster accounts for a range variables that could affect the mortality ratio of each trust, for example, having a large elderly population, having high levels of deprivation and the age of patients admitted to hospital. In 2008-2009 Tameside Hospital NHS Foundation Trust was assessed by Dr Foster as having a HSMR of 119.25. This was the third highest hospital mortality ratio in the country.

## 6.3 Regulatory Assessments in 2008 - 2009

- 6.3.1 In 2008-9 two independent regulators, the Care Quality Commission and Monitor, assessed the performance of Tameside Hospital NHS Foundation Trust. The Care Quality Commission (CQC) is the independent regulator of health and social care in England. They assess care provided by the NHS, local authorities, private companies and voluntary organisations. In 2008-9, the CQC used the Annual Health Checks process to regulate healthcare services. Tameside Hospital NHS Foundation Trust achieved a rating of 'good' for quality of services and 'good' for the standard of financial management.
- 6.3.2 This was a very different assessment regime from the Dr Foster process. The CQC examined a wide range of factors regarding standards of service delivery and financial management; whereas Dr Foster focused solely on patient safety, clinical effectiveness and patient experience.
- 6.3.3 Monitor is the independent regulator of NHS Foundation Trusts. They ensure that organisations operate effectively, efficiently and economically; meet healthcare targets; and cooperate with other NHS organisations. Monitor publishes two risk ratings for each NHS foundation trust, on governance (rated red, amber-red, amber, amber-green or green); and finance (rated 1-5, where 1 represents the highest risk and 5 the lowest).
- 6.3.4 At the end of 2008/09, Monitor rated Tameside Hospital NHS Foundation Trust as scoring 3 out of 5 for financial management and amber for governance arrangements.

## 6.4 Local Health Accountability Conference

- 6.4.1 The Scrutiny Panel held a conference on 22 January 2010, supported by the Tameside Local Involvement Network (LINK), to discuss the underlying reasons for the performance of Tameside Hospital NHS Foundation Trust with representatives from the organisation. The conference also provided an opportunity to engage with NHS Tameside and Glossop (the Primary Care Trust), as the commissioner of services, regarding how they intended to support the Foundation Trust to improve their services and the local health economy. The conference attracted local and national media attention. It also illustrated that there was strong public concern regarding some aspects of care at the hospital.
- 6.4.2 Following the conference, the Chair wrote to the CQC with the unanimous support of the Scrutiny Panel to request that, in the interests of helping to restore the

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confidence of the community of Tameside that they would receive safe and quality services from Tameside General Hospital, the Care Quality Commission undertake a full unannounced on site inspection of the hospital. The Chair of the Scrutiny Panel also wrote to the Secretary of State for Health to make him aware of the actions of the Panel and to request his support for the Panel's request.

## 6.5 Rationale for this Review

- 6.5.1 Following the conference the CQC, Monitor and the SHA agreed to place increased scrutiny on the Foundation Trust. Consequently, in 2010, Monitor and the Foundation Trust commissioned an independent company to carry out an assessment of the organisation. The CQC undertook a review of the Foundation Trust and the SHA reviewed the PCT.
- 6.5.2 On 30 June 2010 the following three reports were published:
- Review of Compliance: Tameside Hospital NHS Foundation Trust (Care Quality Commission);
  - Review of Integrated Governance: Tameside Hospital Foundation Trust (jointly commissioned by Monitor and Tameside Hospitals NHS Foundation Trust); and
  - NHS Tameside and Glossop Review: Commissioning for Quality and Safety (NHS North West).
- 6.5.3 At the Scrutiny Panel meeting on 12 July 2010, Members agreed to undertake a review of the progress made by Tameside Hospital NHS Foundation Trust, following the publication of the above reports.

## 7. Review Findings

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### 7.1 Care Quality Commission

#### 7.1.1 Regulatory Regime

- 7.1.2 The Health and Social Care Act 2008 introduced a new regulatory regime for health and social care in England from 1 April 2010. All providers of health care are required to register with the CQC to provide services and must meet sixteen minimum essential standards of quality and safety.
- 7.1.3 The CQC undertakes regular planned reviews of each provider Trust to assess whether these standards are being met. The CQC uses a framework to ensure all judgements are consistent and there is enough evidence to demonstrate compliance.
- 7.1.4 CQC also continuously monitors all providers by reviewing information from a range of sources, including evidence from Scrutiny Panels and Local Involvement Networks (LINKs). If the CQC has concerns about a Trust, they carry out

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‘responsive reviews’ of compliance to determine if minimum standards are still being met.

7.1.5 The CQC can take the following actions:

- Informal regulatory action
- Formal regulatory action
- Compliance action
- Enforcement action

#### **7.1.6 CQC Assessments of Tameside Foundation Hospital**

7.1.7 In January 2010, Tameside Hospital NHS Foundation Trust applied to the CQC to be registered as a health care provider. The CQC assessed the Trust application and carried out a site visit to the hospital in March 2010 as part of this process.

7.1.8 The CQC found that the Foundation Trust did not meet all the minimum standards and imposed two ‘conditions’ on the Trust, which required the organisation to take urgent action to ensure:

- There were a sufficient number of qualified and experienced staff to meet the needs of patients admitted to Tameside General Hospital (regulation 9); and
- Systems were in place to manage and co-ordinate staff so that all wards have enough qualified staff to care for patients (regulation 22).

7.1.9 The Trust was required to make improvements by 30 April 2010 and to provide the CQC with information about how this had been done by 31 May 2010.

7.1.10 In June 2010 the CQC carried out a ‘responsive review’ of the Foundation Trust to determine if improvements had been made. This involved assessing information from various sources, including evidence submitted by the Trust, the Scrutiny Panel, the Tameside LINK and local interest groups. The CQC also carried out an unannounced site visit to the hospital on 16 June 2010. The CQC assessors visited four wards and identified eleven patients that were particularly vulnerable to speak to regarding their care. This included individuals that were elderly and did not have relatives to care for them after they were discharged from hospital. The team were on the hospital premises for one day.

7.1.11 The CQC found that the Foundation Trust had made progress and met all minimum standards. Consequently, they removed all compliance conditions on the Trust. The CQC assessed the Trust against five outcomes, as follows:

<b>Outcome</b>	<b>CQC Rating</b>
Outcome 4: Care and welfare of people who use services	Moderate concern
Outcome 5: Meeting nutritional needs	Minor concern
Outcome 13: Staffing	Minor concern
Outcome 14: Supporting workers	Compliant
Outcome 21: Records	Minor concern

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As a result of using this methodology, the CQC gave the Foundation Trust an overall rating of 'moderate concern'.

- 7.1.12 The CQC concluded the Trust had a sufficient number of staff with the skills to meet the needs of patients. Staff were deployed more effectively and morale had improved. There was better continuity of care. A permanent cohort of bank staff had been established. This enabled individuals to be deployed on wards where they had previously worked. However, enhanced staff rosters had not yet been implemented. Overall, staffing was now assessed as a 'minor concern'.
- 7.1.13 Care, treatment and support had improved. The patients that the CQC assessors spoke to were satisfied with the overall care they had received and were generally satisfied with the choice of food and drinks, and the assistance they received at mealtimes. The number of delayed discharges had declined, but some patients still did not have a discharge plan. Completion of required screening, assessments and care plans had improved but were not all completed adequately and some aspects of care were still variable. Overall, the CQC assessed care, treatment and support as a 'moderate/ minor concern'.

## 7.2 Monitor

- 7.2.1 Monitor and Tameside Hospital NHS Foundation Trust jointly commissioned a review of governance arrangements at the hospital by the independent company Korn, Ferry, Whitehead Mann. The Foundation Trust Board was assessed against best practices in the public and private sector (for FTSE 250 indexed organisations) in relation to leadership, capability, interaction and processes.
- 7.2.2 Representatives from Monitor were asked to participate in this review regarding the findings but declined the invitation. The Scrutiny Panel is disappointed that they chose not to engage and believes that Monitor could have added value to the review.
- 7.2.3 Assessment of Governance at Tameside Hospital NHS Foundation Trust**
- 7.2.4 It is apparent from the report, that the Foundation Trust has clear strengths in financial management and meeting targets, but there are areas where improvements can be made in relation to:

**(a) Leadership**

The Board could increase the impact of their leadership, particularly internally; communicate their vision; and set clear expectations to achieve performance improvements by adopting a "zero tolerance" approach to all procedures that did not reflect best practice. The Chair could effect stronger leadership by setting higher aspirations for the Board and supporting Non Executive Directors to undertake a more strategic role. The Board could identify the requirements of key stakeholders and develop relationships with them to build confidence in the Board's governance. The Board needed to instil a culture of individuals owning their own performance and of holding Executive Directors to account.

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**(b) Capability**

The Board could undertake a development programme to improve the collective and individual skills; enable Non Executive Directors to debate and challenge issues; ensure succession plans exist; make sure there is capability at all levels of leadership; and that learning from incidents and complaints is embedded.

**(c) Interaction**

The Board should rigorously challenge senior managers, debate issues and decisions, and follow up lines of questioning; particularly with regard to action plans.

**(d) Processes**

The Board should clarify the focus of committees; embed collective responsibility and team working consistently at all levels; and ensure they lead and monitor change and obtain clarity over whether results are being achieved. In order for the Board to provide strategic direction, engage in debate and challenge, and manage the Trust, they need to be provided with accurate, concise information and receive assurance that the top ten organisational risks are being managed.

## Conclusions

1. That the Scrutiny Panel felt that Monitor could have engaged further with the review, despite the fact that they had commissioned the report to another organisation.

## Recommendations

1. That Monitor engage with and utilise the knowledge and experience of the Scrutiny Panel prior to future inspection work.

## 7.3 The Strategic Health Authority (SHA)

- 7.3.1 The SHA assessed the systems and processes that the Primary Care Trust (PCT) have in place to ensure the quality and safety of services that they commission from the Foundation Trust. The SHA reviewed the use of data and local information, governance and accountability, patient and public involvement and clinical leadership. They interviewed senior managers from the PCT and Foundation Trust, reviewed documentary evidence, and met with representatives from the Local Medical Committee, Tameside Local Involvement Network (LINK) and the Scrutiny Panel.

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## 7.3.2 The Assessment of the PCT

7.3.3 The SHA's main findings were as follows:

### (a) Use of Data and Information Management

The PCT faced a number of challenges regarding obtaining and using quality information. More local data could be used to influence commissioning decisions, particularly regarding patient experience and complaints; but the organisation had experienced difficulty gaining this from the Foundation Trust. Tensions at corporate levels between the PCT and the Foundation Trust had affected the effectiveness of information sharing between the two organisations.

### (b) Corporate Leadership, Governance and Accountability

The PCT's governance structures are too complicated. The committees and reporting lines should be reviewed to ensure the PCT Board receives broader intelligence to enable it to consider risks and be assured across the spectrum of quality. It was unclear how issues moved through the governance structure and, in some areas, assurance processes for services commissioned from the Foundation Trust appeared to be limited.

The corporate relationship between the PCT and the Foundation Trust was a potential barrier to partnership working and improving quality across the whole health economy.

The SHA highlighted that progress had already been made due to the introduction of Board to Board meetings between the Foundation Trust and PCT, which would provide greater opportunity to share information between the two organisations.

### (c) Patient and Public Involvement

The SHA found that the PCT had effective systems in place for consulting and engaging patients and the public. However, this was focused on primary and community care.

### (d) Clinical and Corporate Leadership

The local health economy lacks the systems which would enable the PCT to intervene when problems arise. There is no clear process for the escalation of concerns and seeking assurance beyond contract meetings. However, the SHA found evidence that positive changes were being implemented to address this.

## 7.3.4 SHA Recommendations for the PCT

7.3.5 The SHA developed recommendations for the PCT to improve their systems and processes in relation to:

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- Improving the governance structure by clarifying the approach to quality issues and broadening it out by considering patient experience and complaints;
  - Obtaining better patient experience data, particularly from the Foundation Trust;
  - Extending patient and public involvement in relation to secondary care;
  - Improving clinical and corporate leadership by adopting a more collaborative approach to addressing quality and reputation issues.

## 7.4 Tameside Local Involvement Network (LINK)

7.4.1 The LINK held a public event on 12 May 2010 to provide the local community with an opportunity to share their experiences of patient care and services at Tameside General Hospital and provide their practical ideas for improvement. They invited anyone with experience of hospital services in the last two years to the event.

7.4.2 The LINK collected 70 patient stories from over 100 people that attended the event. It was clear that the Foundation Trust delivered some good services and had made progress, but there were still issues to address in relation to staffing capacity, leadership, consistency of care and communication.

### 7.4.3 LINK Recommendations

7.4.4 The LINK believed that the additional staff that had been recruited by the Trust should improve the quality and consistency of patient care, and patient satisfaction. However, the LINK recommended that improvements in staffing levels and planning should continue to be monitored for effectiveness.

7.4.5 Two patient stories collected by the LINK featured falls in hospital that had not been recorded. As a result of this, and other information, the LINK recommended that where falls and accidents occurred, they should always be recorded in patient notes and reported to relatives as well as recorded in statutory accident recording mechanisms; and that referral to relevant clinicians should always take place following an accident or fall.

7.4.6 In the 2009 Patients' Survey 31% of patients said they were not as involved as they wanted to be in decisions about their care. As a result of this, and other information, the LINK recommended that patients and their families should be more effectively involved in decisions about their care.

7.4.7 The LINK was concerned that patients did not seem to be aware of the Patients' Handbook and that the information contained in the document did not reflect patients' experiences of care. The LINK recommended that every patient and their family should be given clear, accessible and effective information about their diagnosis, treatment and how to manage their ongoing care.

7.4.8 The LINK believed it was important for the Trust to engage the local community to improve the public perception of the hospital. This could be achieved by improving leadership to ensure:

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- The Trust is seen to drive improvements and engage with the local community; and
  - Leadership at a ward level focuses on ensuring standards of care are consistent.

7.4.9 LINK recommended that the effectiveness of the hospital's systems for ensuring that everyone had sufficient food and drink should be reviewed.

7.4.10 One patient story collected by the LINK related to a fall that had happened due to insufficient support to help the patient with their toileting needs. As a result of this, and other information, the LINK recommended that all patients should have the help and support they need, when they need it, to meet their toileting and bathing needs.

#### **7.4.11 LINK Assessment of the Foundation Trust's Progress**

7.4.12 The LINK will continue to monitor the progress of the Foundation Trust. This will involve carrying out 'enter and view' visits between September 2010 and March 2011 to assess whether improvements have been made.

### **Conclusions**

2. That the Panel welcomes the work carried out by the Tameside Local Involvement Network (LINK) and the Foundation Trust's response to actioning their recommendations.

## **7.5 Tameside Hospital NHS Foundation Trust**

### **7.5.1 Mortality Ratios**

7.5.2 The Scrutiny Panel was informed that the Foundation Trust had already addressed the issues regarding the high hospital standardised mortality ratio (HSMR) for 2008/09 prior to the recent reviews. The HSMR for 2008/09 was calculated at 119.25.

7.5.3 The Dr Foster organisation altered their method of assessing patient safety in acute trusts for 2009/10. The revised model contained a wider range of mortality indicators and was more balanced. Dr Foster calculated HSMR rates based on the 56 most common conditions that caused 85% of deaths across the NHS.

7.5.4 The Foundation Trust's HSMR for 2009/10 was 103.5, which came within the expected range. The mortality ratio has declined for 15 consecutive months. This makes the organisation one of the most improved Trusts nationally, but senior managers recognise that further progress still had to be made.

7.5.5 Dr Foster's assessment of the Foundation Trust for 2009/10 showed that:

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- Mortality ratios for all conditions came within the expected limits.
  - All patient safety indicators came within the expected range, with the exception of performance in relation to pulmonary embolism which was better than the national average.
  - Four indicators regarding stroke care came within the expected range. The Trust were still in discussion with Dr Foster regarding other stroke indicators where there was a lack of data, as a result of the PCT's private sector contract to provide stroke rehabilitation services.
  - All orthopaedic indicators came within the expected range.
  - All indicators regarding obstetrics tears all came within the expected range.
  - The Trust's HSMR ratio for deaths in low mortality groups (ie. the 15% of deaths that were not due to the most common causes) were also within the expected range.

7.5.6 The Foundation Trust had been working hard particularly over the last year to reduce mortality rates and improve care. The approach focused on:

- Improving the accuracy of clinical documentation;
- Improving and investing in clinical services;
- Working with partners to improve End of Life Care; and
- Ensuring the Trust's systems and processes were safe.

7.5.7 Staff had learned about the importance of accurately recording all primary and secondary conditions for each patient so they could be recorded in patient notes and included in the Dr Foster model for calculating the HSMR. If all conditions were not included it could adversely affect mortality rates.

7.5.8 Senior managers had taken time to inform the local population about this to help develop a better understanding of HSMR and improve relationships with the local community.

7.5.9 The Foundation Trust's raw death rate had also reduced and had been steadily declining every year since 2004. This was due to improvements in clinical care, particularly employing extra nurses and consultants. This should be seen in the context of increasing numbers of patients being seen each year.

#### **7.5.10 The Response to the CQC Review**

7.5.11 The Trust is undertaking two stages of improvement actions to address issues raised by the CQC.

##### **(a) Stage One**

In stage one the Foundation Trust:

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- Opened an additional ward, in line with the Trust's Annual Plan, to meet the increased demand for hospital services. This ward has a team of permanent staff;
  - Increased staff numbers on medical wards, in line with the Trust's Annual Plan. The need to increase staffing levels had been recognised by the Trust at the end of 2009. Additional nurses had been employed to enhance ward staffing levels. This had improved the staff-to-patient ratio and reduced the use of bank and agency staff. The Dr Foster organisation reported that Tameside Hospital staffing levels were in the middle of the range for North West hospitals. These actions enabled Ward Managers to become supernumerary and ensured they were responsible for maintaining standards twenty four hours a day, seven days a week;
  - Reduced the number of medically fit patients in hospital by working collaboratively with the PCT and social services. In winter 2009/10 the Trust had up to 120 medically fit patients occupying hospital beds on a daily basis. This has now been reduced to approximately 50; and
  - Invited the Department of Health Intensive Support Team to review the performance of the health economy. The Team provided the Foundation Trust, Tameside Council's social services department, and the PCT with individual action plans to reduce delayed discharges.

**(b) Stage Two**

In stage two the Foundation Trust:

- Carried out comparative audits to determine whether introducing organisational changes had produced improvements in care since February 2010. The audits were undertaken on bank staff, complaints regarding nursing care, care planning and documentation, and unplanned nurse movements;
- Improved the monitoring of patients' BMI, fluid and food intake to ensure this is completed universally throughout the hospital for all patients;
- Introduced monthly 'dip check' audits of nursing records which are carried out by Ward Leaders;
- Included nutrition and record keeping audit results in the Nursing Director's quarterly Dignity in Care reports to the Foundation Trust Board. The Panel was informed that record keeping is of fundamental importance to the Trust. Every nurse, doctor and clinician is bound by a code of conduct to complete records. Due to time pressures, staff may have experienced difficulties maintaining patient notes in the past; but the appointment of additional nursing staff had alleviated this pressure; and

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- Committed to delivering the Tameside LINK's recommendations. The Trust had already implemented many of the suggestions for improvement and would action the outstanding recommendations regarding communication and recording of falls and accidents, involvement of patients and families in decisions regarding their care, and ensuring appropriate help with personal care.

#### **7.5.12 The Response to the Review of Governance**

7.5.13 The Scrutiny Panel was informed that governance at all levels of the Foundation Trust was sound. Monitor was satisfied with the review findings and confirmed that the organisation had retained its green governance rating.

7.5.14 The Trust developed five work streams in an action plan to further improve governance and support the Board to become an exemplar of good practice, in line with FTSE 250 companies. They are:

- i. To implement stakeholder engagement and communications strategies through the Trust's "Everyone Matters" programme. A working group had been established to drive this forward;
- ii. To enhance performance management arrangements to reflect a 'zero tolerance' approach to under performance;
- iii. To create a development programme for the Board to improve their collective skills and effectiveness;
- iv. To introduce new protocols to improve the effectiveness of Board meetings; and
- v. To review the management of key corporate risks.

#### **7.5.15 Chairman and Non Executive Directors of Tameside Hospital NHS Foundation Trust**

7.5.16 The Chairman and Non Executive Directors of Tameside Hospital NHS Foundation Trust were invited to participate in this review regarding the recommendations in relation to governance and particularly the effectiveness of the Trust Board. The Scrutiny Panel is disappointed that they declined the invitation and believes that the Chairman and Non Executive Directors could have added value to this piece of work.

#### **7.5.17 The Response to the SHA Review**

7.5.18 The Scrutiny Panel was informed that the SHA's review highlighted the natural tensions between commissioners and providers in the NHS. The relationship between the Foundation Trust and the PCT was not 'difficult'. The PCT had made more use of the formal contractual relationship with the hospital rather than a more informal, partnership approach.

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## 7.5.19 The Response to the LINK Review

7.5.20 The Foundation Trust had produced an action plan to address the recommendations in the LINK report. It included the following:

- **Staffing**

The Trust had already employed over 80 staff and would evaluate how effective this was in improving patient care. All nursing staff were undertaking a bespoke training programme. The Trust was performing “dip test” samples of nursing records each month to evaluate the effectiveness of staff.

- **Falls and accidents**

Guidelines on reporting falls had been re-issued to all staff. They were encouraged to maintain high compliance with the reporting of slips, trips and falls. An additional element had been introduced into the falls reporting system. It required a senior manager or Matron receiving an incident form to ensure a record had been made in the patient’s notes, relatives had been informed, and a referral to a relevant clinician had been completed.

- **Involving patients and families in decisions**

The Trust will expand the “Patient and Relative Involvement in Care” policy, implement a training programme for senior medical staff to improve staff communication, and provide more information in the clinical area regarding how patients and relatives can become more involved in the patient’s care plan. The Trust had already implemented a “discharge document” which provides patients with a summary of important information they need to know when they return home. This is working well.

- **Information for patients and families**

The Trust would review the Patient Handbook and ensure all patients had access to it; review their systems for giving “technical” information to patients and families; make it clear to all patients and relatives how to access translation services; enhance nursing assessments to ensure they are better focused on identifying patient needs; promote the “Information Centre” where patients can get details about their conditions; and continue to ensure patients receive a copy of the discharge letter sent to their GP.

- **Leadership at the highest levels**

The Trust had implemented an “Everyone Matters” programme to improve engagement with staff. The programme of public meetings with Foundation Trust Members was on-going and all opportunities were being taken to encourage the public to become members of the Trust. The organisation was taking a more proactive approach to press and public relations.

- **Leadership at a ward level**

Staff on the wards devoted more time to meeting and greeting patients and relatives; all ward leaders acted as role models in implementing a “zero tolerance” approach to non compassionate care; and the Trust had developed a “Standards for Behaviour and Attitude at Work Code of Practice”.

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- **Food and drink**

Patients were weighed at prescribed intervals and their food and fluid intake was recorded; nutrition records were monitored on each shift; the “red tray” system which identifies patients that needed additional support at mealtimes will be reviewed and a “red jug” system to promote fluid intake will be introduced. The Trust also promoted the involvement of relatives at mealtimes in appropriate circumstances.

- **Toileting and bathing**

The Trust had implemented actions to support patients in all their toileting and bathing needs. Ward Leaders would monitor how effectively this was being carried out.

7.5.21 An Oversight Group, which included representatives from the LINK, and clinical and managerial Foundation Trust staff, monitored the implementation of the action plan.

### **7.5.22 The NHS White Paper**

7.5.23 The Scrutiny Panel was informed that, in response to the NHS White Paper, the Foundation Trust would be looking to work with the new GP commissioning consortia and make the most of their understanding of patient needs to improve the local health economy.

## **Conclusions**

3. That the Panel notes the improvements that have been made in respect of the complaints process and Patient Advice and Liaison Services (PALs).
4. That the Panel is disappointed that the Chairman and Non Executive Directors chose not to engage in the review as Members feel that this would have added value and a different dimension to understanding the issues detailed in the report commissioned by Monitor and the Foundation Trust.
5. That the Panel notes the improved mortality rate, as reported by the Dr Foster organisation, for 2009-10.

## **Recommendations**

2. That the Panel acknowledges that the CQC, SHA, Monitor and the LINK have all seen improvements in the performance of the Foundation Trust and also acknowledges the efforts of the Trust to respond to their recommendations. However, the organisation needs to make further progress to ensure that no concerns are registered by the CQC.
3. That the Panel acknowledges that the Foundation Trust has established new policies and procedures. These must continue to be monitored and enforced via effective internal governance systems in order to embed sustained changes into the culture of the organisation.

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4. That further work be done to ensure members of the public are clear about the complaints and PALs processes.
  5. That complaints and PALs feedback continue to be used as a driver for improvement.
  6. That the LINK recommendations are fully and sustainably implemented.
  7. That the Foundation Trust continues the recent improvements to ensure mortality rates continue to decrease.
  8. That the staffing levels at the Foundation Trust, and recent improvements regarding staff rosters, be sustained.
  9. That the Foundation Trust continues to engage in partnership working to improve and considers the use of peer challenge to ensure high standards in relation to leadership, capability, interaction and processes, as highlighted in the report commissioned by Monitor and the Foundation Trust.
  10. That the Panel notes that care, treatment and difficulties relating to language barriers have improved; and would like to see this sustained.
  11. That where improvements have been made in relation to nutrition and hydration (with the red tray system) these continue to be monitored to have an ongoing and long term impact on patient care.
  12. That the Foundation Trust should ensure that where action plans have been implemented there is transparency in the monitoring and achievement of those plans.

## 7.6 NHS Tameside and Glossop

- 7.6.1 The PCT developed an action plan to address the SHA recommendations. The organisation had implemented a range of improvements.
- 7.6.2 The PCT had revised their governance arrangements incorporating more clinical engagement. A new Quality Committee will monitor patient safety, clinical governance, complaints, and the concerns registered with the Patient Advice and Liaison Service (PALs) to enable trends to be identified.
- 7.6.3 Senior management posts had been changed. The Deputy Chief Executive was now responsible for quality issues and monitoring improvements. A Medical Director had been appointed to provide a link between senior managers and frontline staff.
- 7.6.4 The PCT had agreed financial incentives for the Foundation Trust to improve performance on standards of care (with a Commissioning for Quality and

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Innovation performance measure). This would be independently assessed by the Tameside LINK.

7.6.5 Emergency admissions and intermediate care services had been improved by working in partnership with the Foundation Trust. The PCT will also spend more resources on stroke care in community services.

7.6.6 The PCT had improved engagement with other organisations by introducing regular meetings of:

- Chief Executives from all local NHS Trusts and the council.
- All members of the PCT and Foundation Trust Boards.
- A new Quality Committee which involved the entire health economy.
- A new clinical congress involving primary and secondary care providers.
- The PCT, the Foundation Trust and the Chair of this Scrutiny Panel.

7.6.7 The PCT was surprised by the emphasis the SHA review placed on the relationship between the PCT and the Foundation Trust. The Scrutiny Panel was informed that the PCT had a positive relationship with the Foundation Trust and that staff were in daily contact, but tensions between commissioners and providers were inevitable.

7.6.8 If the PCT had concerns about whether the Trust delivered the standards specified in their contracts, this would be discussed at monthly contract meetings and the PCT would support the hospital to improve.

7.6.9 In response to the SHA's comments regarding corporate relationships, the PCT had taken every opportunity to celebrate achievements in the local health economy.

#### **7.6.10 The NHS White Paper**

7.6.11 The PCT had a good dialogue with local GPs and had already engaged with them regarding the changes that could be introduced to the NHS as a result of the recent White Paper. It was clear GPs, as the future commissioners of acute services for Tameside residents, wanted a strong relationship with the Foundation Trust and more transparency over how the hospital operated.

### **Conclusions**

6. That the Scrutiny Panel notes the improvements recommended by the SHA and the actions taken by the PCT to address these areas.

### **Recommendations**

13. That the recommendations made by the SHA in relation to performance management, effective consultation and engagement, and governance of the PCT informs the plans for how GP Consortia operate in Tameside and Glossop.

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14. That the Panel look forward to reviewing progress on the recommendations, in summer 2011, with relevant partners.

## 7.7 Tameside Council Community Services

- 7.7.1 The Scrutiny Panel was informed that the Council was working with the Foundation Trust to improve governance arrangements and services in a range of ways.
- 7.7.2 Joint seminars take place with the Trust's Council of Members and Board. The Chair of the Scrutiny Panel is the local authority's representative on the Council of Members and participates in these seminars.
- 7.7.3 The council and PCT have worked collaboratively to assist the Foundation Trust to fill the vacant Non-Executive Director post.
- 7.7.4 All partners have been working to reduce delayed discharges and improve information provided to patients, for example, by issuing expected discharge dates. Recently, senior managers from the PCT, Foundation Trust and council received a daily list of medically fit patients. The list had been averaging 30 - 35 each day. The reasons for delayed discharges change on a daily basis, but tend to be because patients are waiting for further health interventions or a social care package. Some patients do not want to be discharged, for example, if they are waiting for a place in a care home of their choice. The Council has purchased additional transitional beds to alleviate this pressure.
- 7.7.5 If all partners agreed that delayed discharges needed to be reduced further still, this will require a reduction in hospital admissions by supporting more people in the community.

## 8. Conclusions

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1. That the Scrutiny Panel felt that Monitor could have engaged further with the review, despite the fact that they had commissioned the report to another organisation.
2. That the Panel welcomes the work carried out by the Tameside Local Involvement Network (LINK) and the Foundation Trust's response to actioning their recommendations.
3. That the Panel notes the improvements that have been made in respect of the complaints process and Patient Advice and Liaison Services (PALs).
4. That the Panel is disappointed that the Chairman and Non Executive Directors chose not to engage in the review as Members feel that this would have added

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value and a different dimension to understanding the issues detailed in the report commissioned by Monitor and the Foundation Trust.

5. That the Panel notes the improved mortality rate, as reported by the Dr Foster organisation, for 2009-10.
6. That the Scrutiny Panel notes the improvements recommended by the SHA and the actions taken by the PCT to address these areas.

## 9. Recommendations

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1. That Monitor engage with and utilise the knowledge and experience of the Scrutiny Panel prior to future inspection work.
2. That the Panel acknowledges that the CQC, SHA, Monitor and the LINK have all seen improvements in the performance of the Foundation Trust and also acknowledges the efforts of the Trust to respond to their recommendations. However, the organisation needs to make further progress to ensure that no concerns are registered by the CQC.
3. That the Panel acknowledges that the Foundation Trust has established new policies and procedures. These must continue to be monitored and enforced via effective internal governance systems in order to embed sustained changes into the culture of the organisation.
4. That further work be done to ensure members of the public are clear about the complaints and PALs processes.
5. That complaints and PALs feedback continue to be used as a driver for improvement.
6. That the LINK recommendations are fully and sustainably implemented.
7. That the Foundation Trust continues the recent improvements to ensure mortality rates continue to decrease.
8. That the staffing levels at the Foundation Trust, and recent improvements regarding staff rosters, be sustained.
9. That the Foundation Trust continues to engage in partnership working to improve and considers the use of peer challenge to ensure high standards in relation to leadership, capability, interaction and processes, as highlighted in the report commissioned by Monitor and the Foundation Trust.
10. That the Panel notes that care, treatment and difficulties relating to language barriers have improved; and would like to see this sustained.

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11. That where improvements have been made in relation to nutrition and hydration (with the red tray system) these continue to be monitored to have an ongoing and long term impact on patient care.
  12. That the Foundation Trust should ensure that where action plans have been implemented there is transparency in the monitoring and achievement of those plans.
  13. That the recommendations made by the SHA in relation to performance management, effective consultation and engagement, and governance of the PCT informs the plans for how GP Consortia operate in Tameside and Glossop.
  14. That the Panel look forward to reviewing progress on the recommendations, in summer 2011, with relevant partners.

## 10. Borough Treasurer's Comments

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There are no direct financial implications to the Council.

## 11. Borough Solicitor's Comments

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There are no significant legal issues arising from this report, except to acknowledge that whilst the Scrutiny Panel are not medically qualified they are charged by law to act as an independent body to analyse trends and understand the why and the how - with a view to challenging so that greater understanding and improvement can be facilitated in an open and transparent way.