

Review of Tameside Hospital



Personal and Health Services
Scrutiny Panel

July 2012

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Introduction by the Chair

I am pleased to present this report of a further review undertaken by the Personal and Health Services Scrutiny Panel into Tameside Hospital following our previous report published in February 2011.

Tameside Hospital has recently received negative media attention and criticism following the publication of two reports focussed on the care and services provided. The reports from the Care Quality Commission (CQC) and Tameside's Local Involvement Network (LINK) both identified serious areas for concern.

Members were deeply concerned with the outcome of the two reports especially in light of the more positive report produced by this Panel in February 2011 looking at the Provision of Acute Services in Tameside Hospital.

The Panel reviewed the recent reports published by the CQC and the Local Involvement Network as well as hearing from the Chief Executive of Tameside Hospital Mrs Green and Chair of the Board for Tameside Hospital, Mr Connellan. The Panel also received information from Peter Denton of LINK regarding the most recent Enter and View visits of Tameside Hospital undertaken in December 2011 and January 2012.

The Panel have made varying recommendations within this report based on the information detailed in the CQC, LINK reports and information provided by the representatives of Tameside Hospital. The Panel recognises that some of the recommendations it previously made in it's February 2011 report of Acute Services in Tameside Hospital have not been achieved.

The Panel acknowledges that further improvements must be made by the Hospital and the recommendations identified in this report and the Panel's previous report need to be addressed for improvements to be achieved. It is noted that a considerable amount of work has already been undertaken by the Hospital to address historic areas of concern and that improvements to standards have been implemented and policies and procedures have been developed and introduced.

The Panel notes the intended actions set out by the Hospital in response to the warning letter received from the CQC and looks forward to receiving an update in the future from the Hospital following the implementation of their action plan. On Behalf of the Scrutiny Panel I would like to thank the individuals and organisations that have contributed to this review.



Councillor Brenda Warrington
Chair of the Personal and Health Services Scrutiny Panel

2. Summary

Following this Panel's previous report published in February 2011, Tameside Hospital has come under increased media attention following the release of two high profile reports criticising care provided at the Hospital.

The Scrutiny Panel recognises that there is much work that needs to be undertaken by the Hospital to address the concerns and areas identified in the two reports, however, the panel hope the detailed action plan provided by the Hospital will bring about improvements and change where required.

This review focuses on the reports published by the CQC, Tameside's LINK and the actions that Tameside Hospital will put into place to address the issues identified. The report also focuses on the previous recommendations made by the Personal and Health Services Scrutiny Panel in their February 2011 review of the Provision of Acute Services in Tameside. During the Panel's undertaking of this review it also received a financial update from the Hospital which is contained in this review.

The Panel acknowledges the action plan of the Hospital needs to be implemented for improvements to be achieved and made sustainable within the Hospital.

An overarching theme throughout the Hospital's action plan is the greater need for ownership of issues amongst staff within the Hospital. The Hospital seeks to address the issues identified within the reports, by achieving a cultural change amongst staff at the Hospital and developing ownership and accountability amongst colleagues, for clinical level issues.

The Panel want the residents of Tameside and its communities to be proud of the services their Hospital provides and feel through the intended improvements being implemented and the recommendations of the Panel being addressed this can be achieved.

3. Membership of the Scrutiny Panel

(2011-2012)

Councillor B Warrington (Chair), Councillor D Cartwright (Deputy Chair) Councillors R Ambler, M Bailey, J Bowerman, W Bray, J Brazil, D Buckley, M Downs, J Middleton, E Shorrocks.

4. Terms of Reference

Aim of the Review:

To review the services and response from Tameside Hospital in light of the recent CQC and Tameside's Local Involvement Network reports.

Objectives:

To examine the issues relating to the reports produced by the CQC and LINK on Tameside Hospital.

1. To identify areas for improvement and development needed within the Hospital and how the Hospital intends to achieve these improvements.
2. To examine the concerns and issues identified within the CQC and LINK Enter and View reports.
3. To meet with representatives of Tameside Hospital.
4. To produce workable and achievable recommendations for the Hospital to work towards to ensure improvement and development is made and to ensure compliance with future CQC visits.

Value for Money/use of Resources:

This review looks at the concerns raised by reports into Tameside Hospital published by the CQC and Tameside's Local Involvement Network. The review will receive information from representatives of the Hospital identifying how they will be addressing the issues the reports have identified, as well as outlining the action plan that will be implemented to resolve the concerns raised by the reports. Continued improvement and meeting the standards expected in both reports will ensure the services are operating as efficiently and effectively as possible.

Equalities issues:

Improvements in the services and care provided by Tameside Hospital will benefit all residents of Tameside and ensure that the best possible care to those resident that need the services provided by the Hospital.

Tameside Area Agreements:

Healthy Tameside	
Mortality rate	All age all cause- Male/Female
Mortality rate	Cardio Vascular Disease/Cancer

5. Methodology

- 5.1 The Panel reviewed the report by the Care Quality Commission (CQC) which was published in December 2011.
- 5.2 The Panel reviewed the Local Involvement Network (LINK) report following the Enter and View visits undertaken in August 2011.
- 5.3 The Panel met with Mrs Green, Chief Executive of Tameside Hospital detailing the Hospital's action plan in response to the CQC and Local Involvement Network reports.
- 5.4 The Panel met with Mr Connellan, the Chairman of the Board for Tameside Hospital detailing the Hospital's action plan in response to the CQC and Local Involvement Network reports.
- 5.5 The Panel also met with David Jago, Director of Finance for Tameside Hospital and Philip Dylak, Director of Nursing, as part of the Hospitals financial update to the Panel.

6. Background of the Review

- 6.1 Tameside Hospital serves a population of approximately 250,000 residents whilst employing around 2,300 members of staff. The Hospital provides a range of acute services including emergency services and critical care, elective services, diagnostic, therapeutic along with women and children's services.
- 6.2 Tameside Hospital has historically come under criticism from the media and public for services provided to the residents of Tameside and Glossop. The Personal and Health Services Scrutiny Panel undertook a review of acute services at Tameside Hospital in February 2011 identifying many improvements and developments that had been made

within the Hospital. Further work is necessary to address outstanding areas of concern, the Panel recognises that on-going improvements have been made by the Hospital and acknowledge that positive comments and praise from patients and their families is received on a regular basis.

- 6.3 The CQC undertook a visit on 9th March 2011 at Tameside Hospital and a further follow-up visit on 20th October 2011 in order to identify improvements and changes that had taken place within the Hospital over that particular period of time. The report was published in December 2011 and this review focuses on that report. The Panel's review also made several recommendations to the Hospital to further improve services.
- 6.4 In addition to the CQC's report, Enter and View visits were undertaken by Tameside's Local Involvement Network (LINK). This review will also look into those reports detailing the visits that were undertaken by LINK during Summer 2011.
- 6.5 LINK is hosted by Tameside's Third Sector Coalition (T3SC) "LINK exists to help local people in Tameside to understand and make their voices heard in the planning, management and delivery of health and adult social care services. Established in 2008, LINK boasts a membership of approximately 900 local people and more than 80 local voluntary and community groups. Its work is governed by an independent board whose members are elected by LINK's membership."¹

7. Review Findings

7.1 The Care Quality Commission (CQC) Report

The Care Quality Commission (CQC) is an independent regulator of all health and social care services in the UK. The role of the CQC is to ensure care provided by hospitals, dentists, care homes and in people's own homes meets government standards of quality and safety. The CQC inspect services and where necessary enforce standards of care.

- 7.1.1 The CQC visit to Tameside Hospital in October 2011 reviewed six areas in order to identify whether improvements had been made since their previous visit.
- 7.1.2 Table One, details the areas reviewed within the report and the rating that each particular outcome (area inspected) was awarded by the CQC. For each of the six areas reviewed the CQC could grant one of five ratings these ratings are:
- **Compliant-** meaning that people who use services are experiencing the outcomes in relation to the essential standard.
 - **Minor Concern-** meaning that people who use the services are safe but not always experiencing the outcome relating to this essential standard.
 - **Moderate Concern-** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

¹ <http://t3sc.org/LINK>

- **Major Concern-** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

<u>Outcome</u>	<u>CQC Rating</u>
Care and welfare of people who use the services	Minor Concern
Meeting nutritional needs	Minor Concern
Management of medicines	Minor Concern
Staffing	Minor Concern
Assessing and Monitoring the quality of service provision	Moderate Concern
Records.	Minor Concern

Table One CQC areas of outcome and ratings for Tameside Hospital

- 7.1.3 Of the six areas identified within the report; five received a judgement of minor concern, whilst one received a judgement of moderate concern as shown in Table One.
- 7.1.4 The CQC served a warning notice to the Hospital on 9th December 2011 based on their concerns following the outcome of their judgment of the Assessing and Monitoring the Quality of Service Provision which had not been resolved following their previous report.
- 7.1.5 The CQC report breaks down the six areas covered within the visit to the Hospital and details the CQC's judgement along with the findings and evidence as well as detailing how the specific judgement for each section has been reached.
- 7.1.6 The CQC's judgement of **Care and Welfare of People who use the Services** identified a minor concern. The response from patients that were spoken to was positive regarding both staff and the Hospital. The CQC identified nurses and staff interacting with patients in a kind and professional manner.
- 7.1.7 The CQC visits looked at thirteen patients across three wards and the review highlighted a number of inconsistencies and inaccuracies in the records held for those patients. An example provided by the report identified one patient's risk assessment records as not using aids when in fact the patient used a walking stick for mobility.
- 7.1.8 A minor concern was raised by CQC regarding the **Meeting Nutritional Needs**. This was due to up-to-date records of how people ate and drank not always being kept. Staff that the CQC spoke to, were unable to confirm the nutritional risks which would trigger a referral to a dietician. The Hospital had previously introduced a standard nutrition form to improve consistency across the Hospital, with unannounced audits of nutritional screening tools. Accurate and up to date records of how much people ate and drank were not always kept for patients records the CQC looked at.
- 7.1.9 The Hospital promotes an appropriate blame culture of medicine management errors however the CQC noted a minor concern around the area of **Management of medicines**. Evidence showed that the forms used for reporting these errors were being completed and

showed staff recording the errors accordingly along with action being taken to assess staff competency where errors had occurred. However, during the visit by the CQC, observations were made of a nurse leaving an unlocked drugs trolley unattended. In addition to this an out of date biannually produced guide for the dispensing, administering and prescribing of drugs was found on a nurses work station.

- 7.1.10 The Hospital provided a report showing the number of shifts where there were less nurses on duty than planned. The Hospital has undertaken a nurse staffing benchmark in conjunction with the Audit Commission; this involved comparing the staffing levels of the Hospital with an average ward, derived from participating Hospitals. During the visit however the CQC identified that there were more beds within one ward than there should have been in comparison to the staffing benchmark and therefore identified **Staffing** as a minor concern. In addition to this staff advised the CQC they often did not have time to take breaks.
- 7.1.11 The Hospital provided the CQC details of work streams being implemented to reduce staffing numbers, within this the Hospital had identified key risks associated with the implementation. It was not clear to the CQC how these risks were being monitored or managed by the Hospital even though they had been identified as risks.
- 7.1.12 The CQC served a Warning Notice to the Hospital on 09th December 2011 based on concerns around the **Assessing and Monitoring of the Quality of Service Provision**. The CQC report identified that the Hospital's audit and monitoring systems were insufficient to identify and escalate risk issues. The CQC noted that, had the audit and monitoring systems the Hospital already had in place been effective, the issues identified in the CQC's review would have been escalated to risk management committees for action and resolution at a much earlier stage.
- 7.1.13 The CQC visit reviewed the records of thirteen patients across three wards, of the thirteen reviewed 50% of falls assessment documentation and 32% of the nutritional information assessments were incomplete, inconsistent or incorrect.
- 7.1.14 The Hospital had procedures in place to deal with breaches of confidentiality and data protection which were documented in the Hospitals corporate risk register. The CQC identified a number of inconsistencies in the completion of these documents. The CQC found medical records not stored securely in two of the areas visited.
- 7.1.15 Due to the issue of staffing levels at the Hospital, staff advised the CQC that they found it difficult to identify time for team meetings to discuss and share learning or best practice from incidents.
- 7.1.16 Although procedures had been put in place the CQC visit identified medical records that were not being stored securely.
- 7.1.17 The CQC identified that risks had not been monitored or escalated effectively. The Hospital provided a report detailing the Hospital's financial recovery plan, the CQC reviewed the A&E redesign programme. The Hospital carried out an assessment of the changes before their implementation which identified a number of negative impacts, it was unclear from documents provided by the Hospital how these changes would be monitored and reviewed.

7.1.18 Case notes on all wards visited by the CQC were reviewed and a small number of records had not been signed and dated along with risks of falling and nutrition assessment tools not being completed. As a result of this the CQC recorded a minor concern in relation to **Records** within the Hospital. This was also identified in previous areas of concern. The CQC report also identified medical records not stored securely in two areas visited.

Conclusions

1. Of the six areas assessed within the report; five received a judgement of minor concern, whilst one received a judgement of moderate concern.
2. The CQC served a Warning Notice to the Hospital on 09th December 2011 based on concerns around the assessing and monitoring of the quality of service provision.
3. Staff advised the CQC that they found it difficult to identify time for team meetings to discuss and share learning or best practice from incidents.
4. The CQC visits looked at thirteen patients across three wards and the review highlighted a number of inconsistencies and inaccuracies in the records held for those patients.
5. The CQC identified that risks had not been monitored or escalated effectively.

Recommendations

1. The Tameside Foundation Trust must put in to place measures to ensure correct annotation of notes and must ensure risks are recorded and escalated appropriately.
2. That the Hospital looks at the CQC concerns around staffing levels within the Hospital and address these concerns accordingly.
3. The Hospital must ensure medical records and documentation is secured appropriately and in line with data protection legislation.

7.2 Tameside's Local Involvement Network (LINK) Report

7.2.1 LINK is an independent network set up to give local people, residents, groups and the voluntary sector a say in their local health and social care services. LINK undertook Enter and View visits of the Hospital during Winter 2010/11, Summer 2011 and Winter 2011/12. This review will look at the findings from those reports and identify any trends and comparable analyses from that can be gained from patterns within the reports from an annual basis.

7.2.2 Within its summer 2011 report LINK asked 20 detailed structured questions of 191 patients and/or their relatives who were on the specific wards selected for LINK's visits. The visits also involved speaking to staff on the wards when the visits took place. The Hospital had no advanced notice of the visits, only that they would take place within a specific two month period.

7.2.3 Standard recording forms were used to collect the data and the LINK judgement was provided by considering two basic factors a) If the issue being considered goes wrong, how

serious will the adverse effect be for each individual? b) How many people do we think were experiencing a problem with this at the time period covered by the visits?

7.2.4 The report identified a “Traffic Light Indicator”. The indicator meanings are:-

Red- This is a serious concern which we think can have a major impact on patient care and wellbeing and/or is affecting a significant number of people at the time of visit.

Amber- This is an area of concern where improvement is also required. LINK, think this is having a negative impact on a number of patients at the time of the visit.

Green- Either LINK are happy with the topic or feel that the impact it is having on patients is less significant than the Red and Amber rated topics.

7.2.5 The overall total rating score is calculated using the following method:

$$\text{Severity}^2 \times \text{The number of people affected}^3 = \text{Total Score}$$

<u>Rating</u>	<u>Score</u>	<u>Comments</u>
Red	15+	Exception: a total score of 10 with the impact score of 5 will also be rated as red
Amber	9 to 14	Exception: a total score of 8 with the numbers affected of 4 will be rated as amber
Green	8 or less	

7.2.6 The overall rating for a domain was identified by looking at the ratings for the indicators within that individual domain and combining them to reach an overall rating which that specific area is then awarded. Tameside Hospital has acknowledged that they welcome the findings from LINK however on several occasions it has asked LINK to review its scoring system, which it believes could be misleading for a reader who does not understand how it is constructed.

7.2.7 The report has grouped questions and observations within the report into five specific domains. These domains are:-

<u>Domain</u>	<u>Status</u>	<u>Change</u>
Communication and Information	Red	<i>Small Improvement</i>
Felling well cared for	Red	<i>Small deterioration</i>
Getting the right care at the right time	Red	<i>No overall change</i>
Infection	Red	<i>Small Improvement</i>
Leadership and complaints	Red	<i>Some improvement but also some deterioration</i>

7.2.8 For each domain there is an overall rating of red, amber or green, each individual indicator i.e. question or observation is also judged red, amber or green. With each individual rating

² This is the adverse Impact on an individual ranked on a five point scale, five points being serious harm, injury or death one point being minimal impact

³ The number of people affected ranked on a five point scale, 5 being nearly all patients are affected eg more than 80% with one point being a one off incident observed and not likely to affect others.

there is a description of how that judgement indicator has been reached. Of the five domains identified within the report the overall rating for all domains was Red.

7.2.9 Of the 35 questions and observations made:

12 Questions/observations were identified as being red

11 Questions/observations were identified as being Amber

12 Questions/observations were identified as being Green

Of the 35 questions and observations made rated Red, Amber or Green; 27 of these had not changed since the previous visit.

7.2.10 In each of the five different domains the report identifies specific questions and observations that were made by LINK in order to reach those judgements for more detailed information please refer to LINK report at http://t3sc.org/LINK/LINK_news_and_events.

7.2.11

<u>Domain</u>	<u>Observation</u>
Communication and Information	The ten questions and observations raised within the particular domain two sections showed an improvement from the previous winter 2010/11 report whilst the remaining 8 questions and observations were judged as remaining at the same level as previously identified in LINK's 2010/11 report.
Feeling well cared for	The six questions and observations in this section one question had shown an improvement whilst two questions showed a deterioration
Getting the right care at the right time	The nine questions and observations covered within this section, one observation had identified an improvement whilst the other areas remained static or were not covered in the most recent visit.
Infection	The eight questions and observations made covering this section, two sections showed an improvement, whilst one showed a deterioration and another could not be rated due to clarification being required by LINK. The remaining areas within this domain remained unchanged since the previous visit.
Leadership and Complaints	The five questions and observations made within this section there were three noted improvements and one deterioration whilst the remaining question and observations remained static compared to the previous report.

7.2.12 The report asked an additional question which had not been previously made as to whether the patient or family member has fallen whilst being in Hospital. Of those asked (191) 9% advised yes, 90% no and 1% did not answer the question, (NB this is representative of the patients asked during the visit).

7.2.13 The key recommendations within the report undertaken by LINK are to ensure the eight recommendations made in the 2010 report are still addressed to ensure improvement and progress.

7.2.14 At the time this report was produced Tameside's Local Involvement Network (LINK) were finalising the report of their most recent Enter and View visits conducted at Tameside Hospital in December 2011 and January 2012. Due to the time constraints the Panel were unable to hear of the findings from those visits. However the Panel will receive an update from LINK in the future following the publication of their final report.

Conclusions

6. Within its summer 2011 report LINK asked 20 detailed structured questions of 191 patients and/or their relatives.
7. Of the five domains identified within the report the overall rating for all domains was Red.
8. The Panel were extremely concerned following these reports and the recommendations the Panel made in February 2011 surrounding the Hospital.
9. Of the 35 questions and observations made rated Red, Amber or Green 27 of these had not changed since the previous visit.
10. The key recommendations within the report undertaken by LINK are to ensure the eight recommendations made in the 2010 report are still addressed.

Recommendations

4. The Hospital reviews the areas of concern raised by LINK and through working in conjunction with LINK is able to improve the areas of concern identified within their report.

7.3 Tameside Hospital Action Plan

7.3.1 Tameside Hospital responded to the CQC warning letter, producing an action plan the Hospital will implement in order to address the key issues identified. The action plan sets out five key areas detailing the objectives of the specific area, the actions needed along with the Responsible Officer who will oversee the implementation and progress of that action.

7.3.2 The five specific areas identified within the action plan are:

- Assuring the quality of the nursing record, to ensure patient risk is properly identified and acted upon
- Ensuring audit accurately reflects compliance and provides a realistic view of the level compliance
- Ensuring medicines are safely and appropriately stored
- Ensuring healthcare records are accessible but secure in the clinical area

- Matching workload and staffing on the Medical Assessment and Admissions Unit

- 7.3.3 Tameside Hospital obtained external professional input to assist in the implementation of this action. External sources have been used as part of the process to address the specific issues of compliance identified by the CQC. Four Senior Nurses from University Hospital South Manchester reviewed patient documentation to ensure assessment is carried out correctly and any patient risks identified. Focus groups were also scheduled between UHSM nurses and nurses from Tameside Hospital to discuss best practice and share ideas.
- 7.3.4 One key focus of the action plan of the Hospital is the education programmes for Ward Managers, which will enable the managers to cascade messages to other members of the ward teams. The education programme ensures there is no lack of clarity about the leadership role, assists in achieving a cultural change of ownership for issues and identifies clear accountability for staff where necessary. The Hospital have also given equal weighting to all concerns and actions.
- 7.3.5 Daily audits of nursing records which have now been changed to weekly audits have been initiated in all areas undertaken by ward managers focussing on quality and logic of records. This has been implemented to ensure that the nursing records accurately identify and respond to patient's needs. Where risks are not followed up, the member of staff will be educated by their manager and undergo retraining/disciplinary action if necessary.
- 7.3.6 Additional external perspectives regarding processes of care and compliance in line with the CQC outcomes will be provided by LINK who will undertake future formal visits to the Hospital to help assess compliance in line with CQC standards regarding processes of care and compliance.
- 7.3.7 Following a meeting between the Director of Nursing of Tameside Hospital and the Director of Nursing from Liverpool Heart and Chest Hospital, Tameside Hospital is using a tool based on the CQC's Essential Standards of Quality and Safety Framework, adapted from a model already in use at Liverpool Heart and Chest Hospital. This will enable the Hospital to reinforce accountability amongst staff. This will replace the existing system which is currently in place within the Hospital.
- 7.3.8 The Director of Nursing for Tameside Hospital has also met with the Hospitals Internal Audit department to agree processes which will provide an early view of the effectiveness of changes.
- 7.3.9 The Hospital is implementing a zero tolerance approach to unlocked drug trolleys and also emphasising to staff that leaving a drug trolley unlocked is a disciplinary offence. Medicine security measure checks have been undertaken and additional measures put in place where needed. All staff including managers have been advised they will be held fully accountable for any breaches of policy within the Hospital.
- 7.3.10 Ensuring records are accessible to staff whilst also being kept secure is of paramount importance to the Hospital. Checks have been undertaken in the Hospital and additional measures have been put into place where required.
- 7.3.11 The Hospital's Time to Care Programme is accelerating the plans to redesignate Tameside Medical Admissions Assessment Unit (MAAU) as an Acute Admissions Unit increasing the

bed complement to 52 from 39. The nursing and medical staffing levels will be adjusted to accommodate the change. The action plan stipulated there will be a zero tolerance approach towards expansion from a bed capacity of 52. The Time to Care programme will also ensure the level of detail recorded in nursing records is consistent with the length of time patients spend in the unit.

Conclusions

11. Education programmes for Ward Managers will enable the managers to cascade messages to other members of the ward teams.
12. External sources have been used as part of the process to address the specific issues of compliance identified by the CQC
13. Ensuring records are accessible to staff whilst also being kept secure is of paramount importance to the Hospital.
14. Medicine security measure checks have been undertaken and additional measures put in place where needed
15. The Time to Care programme will also ensure the level of detail recorded in nursing records is consistent with the length of time patients spend on the unit.

Recommendations

5. Increased accountability is necessary at the Hospital amongst staff and a change in culture is required.
6. That money provided to the Hospital is delivered on a consistent basis to ensure the Hospital can strategically plan for longevity.

7.4 Tameside Hospital Response

7.4.1 LINK and CQC have identified specific areas where improvements have to be made at the Hospital, it is noted that the concerns raised by the CQC appear to have been around for quite some time. The Hospital aims to improve and develop by looking carefully at the findings and recommendations of both reports.

7.4.2 The CQC's report did not identify issues with the standards of clinical care being delivered, and noted positive feedback from all patients to whom they spoke, as the following extract illustrates. *"people we spoke to were happy with the care that they were receiving at the Hospital. They told us that they were well looked after and that they didn't have to wait for staff to help. Comments included, 'the staff are lovely', 'the foods really nice', 'my care here has been excellent', 'staff are so very kind'".* The report also notes *"we observed care being delivered at the Hospital. All the nurses and support workers we observed talked to patients in a kind and professional manner. We noted spontaneous interaction occurring between staff and patients. All of the patients we saw were well groomed and their clothing was clean and appropriate".*

- 7.4.3 The Hospital recognises it has to address the concerns and the reasons behind the warning issued by the CQC. The warning originated due to concerns previously raised by the CQC not being fully addressed. The CQC found incomplete and erroneous documentation at ward level which was not identified on the Hospital's own internal audits.
- 7.4.5 The Hospital acknowledges that there is a need for a cultural change and the ownership of 'shop floor' level issues needs, to be addressed. The CQC has no doubt the Executive Board expressed ownership and accountability, but that this accountability needed to be extended to shop floor level. The Hospital wants to see greater professional pride and professional approaches to the management of risks.
- 7.4.6 Daily ward audits had been undertaken where patient's records were scrutinised by ward managers on a daily basis. By utilising continued monitoring and development, it is planned that this will lead to the elimination of errors on patient records. Immediately following receipt of the CQC report a process of daily audits was implemented which was then changed to weekly audits following external peer advice.
- 7.4.7 The representatives of SMUH provided feedback to the Director of Nursing for Tameside Hospital and staff. They recommended reducing the daily audits to weekly audits as there was the threat they could actually become counterproductive. The Strategic Health Authority (SHA) were asked for support and they suggested contacting Liverpool Heart and Chest Hospital who had developed their own audit tool that was proving successful. The audit tool has been adopted as a new method of monitoring and has been helpful in achieving consistency within Tameside Hospital.
- 7.4.8 The Hospital has been working in partnership with other hospitals in order to provide support and challenge, as well as providing ideas for improvement. Representatives of South Manchester University Hospital(SMUH) were invited to walk the floor of the Hospital and they sent a team of four people for one day to look through the Hospital.
- 7.4.9 As of Friday 24th February 2012 there were 73 medically fit patients within Tameside Hospital. In some of these cases assessments or external care was pending and it was acknowledged that the medically fit patients were causing undue stress on the Hospital resources. See chart one for details of average number of medically fit patients on Tameside Hospital wards.

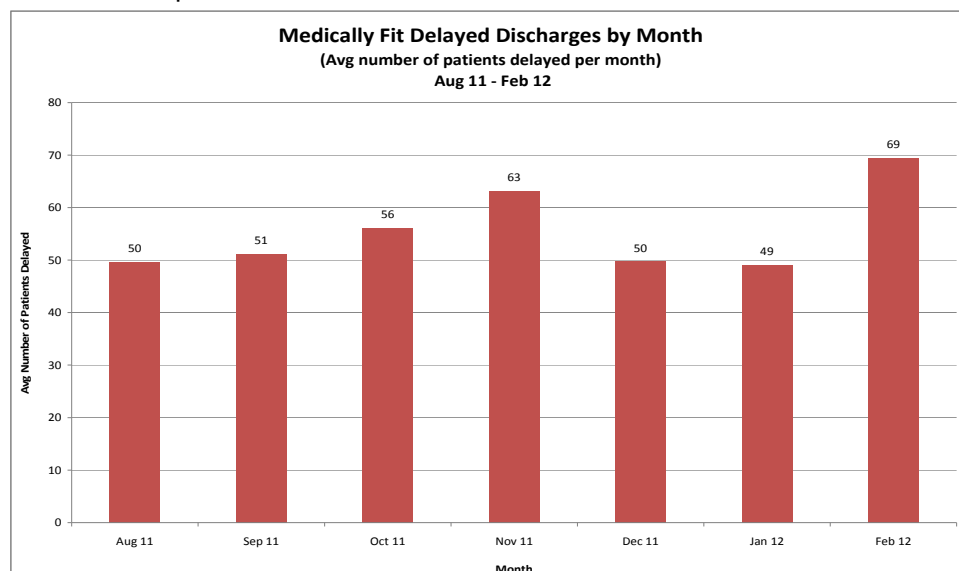


Chart 1 Medically Fit delayed discharges by week Aug11-Feb12

7.4.10 The Hospital acknowledges that there are many changes that need to be made but the actions the Hospital have taken so far are important steps to change the culture of the Hospital.

7.4.11 The report identified issues with nutrition and falls, and the monitoring of these falls. The Hospital was concerned that the CQC looked at only a handful of patient's records and found errors that had not previously been identified by the Hospital's own auditing methods. The Hospital's objective is to raise overall standards and ensure a good service is provided. Staffs at all levels and all departments have been advised of the expectations the Hospital has. The amount of scrutiny taking place in the Hospital at present is unprecedented.

Conclusions

16. The Hospital acknowledges that LINK and CQC identified specific areas within the Hospital where improvements have to be made.

17. The Hospital is concerned that the CQC looked at a small number of patient records and found so many errors.

18. The Hospital aims to improve and develop by looking carefully at all reports undertaken on the Hospital.

19. The Hospital acknowledges there is a need for a cultural change and ownership of 'shop floor' level issues.

20. Action needs to be taken by the Hospital whenever an error is found or disciplinary action taken if required.

Recommendations

7. Hospital staff who are not conforming to the required procedures are monitored and dealt with appropriately.

8. The Hospital continues to work in partnership with other Hospitals to share best practice, peer discussions and knowledge sharing.

7.5 Tameside Hospital Financial Position 2011/12

7.5.1 The Financial plan for the Hospital is currently on target, however, the end of the financial year brings a significant challenge for the Foundation Trust as well as all other NHS and public sector organisations. The Trust has been developing efficiency and change programmes to implement within the Hospital. The 11/12 period had a savings target of £10.6m for the Hospital, this accounted for 9% of turnover which is a considerable saving.

7.5.2 The deficit for the Hospital is also better than expected; the Hospital holds a cash balance of circa £7.0m. The financial performance for the Hospital for 2011/12 the planned income for 2011/12 was £140.5m against a forecast of £142.7m.

7.5.3 The need for enhancements in bed capacity has been a challenge to the Hospital. Over the past year the Hospital contract has ensured the increased bed capacity can continue into 2012/13. The Foundation Trust is restricted by financial signifier levels of the 2008/09

period. This means that for every patient the Hospital admits over the amount received from 2008/09 they only receive 30% funding for that patient from the Primary Care Trust, this unfortunately means the Hospital suffers disproportionately from this tariff allocation.

- 7.5.4 The implementation and delivery of Cost Improvement Programmes (CIPs) within the Hospital have taken place, with a three year financial plan within the service strategy being implemented, along with identification benchmarking, efficiency reviews and service developments. Benchmarking has been introduced to ensure better care and increased value, regarding the length of stay for out patients. This gives the Hospital the opportunity to make a change and how they can improve patient pathways. Every scheme the Hospital introduces, has a project plan, identifying the needs of the plan which is subject to scrutiny at various stages.
- 7.5.5 There has been considerable savings within the Hospital, due to a reduction of staffing levels from 128 full time equivalent staff. Eighty of these have been through posts being deleted, redesigned or through mutually agreed resignation. The Hospital's quality impact assessment has ensured there is no conflict or impact with patient safety. The Hospital is working to find efficiencies in the Hospital and in clinical practice with the implementation of changes and development. The Hospital will continue to provide a range of acute services to the population of Tameside and Glossop, but recognises that, in line with the rest of the NHS, it will need to constantly review how services are provided and configures so that they are delivered in the safest, most efficient and most cost effective way.
- 7.5.6 The Hospital has been successful in recruiting middle tier staff within A&E which has shown a substantive saving from using agency staff. This alone has saved the Hospital £1m. A similar saving has also been made against nursing staff within the Hospital. There has been investment in an electronic timetabling system for nursing staff. This ensures efficient cover is provided across Hospital wards and there is the optimum number of nursing staff available at key times.
- 7.5.7 All departments of the Hospital have been supportive in ensuring the most effective outcomes are achieved with the structure and tools available. Through utilising the expensive resources available to the Hospital savings and efficiencies can be made. There has been a high percentage of engagement and support from intelligence and key individuals making the process more streamlined and productive. This process will also be repeated in the coming financial year.
- 7.5.8 The Hospital has received additional funding from the Primary Care Trust from 1st April 2012, which it will use to fund 31 beds for an interim period of twelve months, so that actions can then be made above the levels of beds the Hospital needs to provide. The funding ensures the staffing levels are right, which should lead to benefits for the Hospital and its patients.
- 7.5.9 One of the biggest challenges currently facing the Hospital is ensuring patients who are medically fit are discharged when they are ready to leave hospital. The Hospital recognises it has had a lack of bed capacity which should now be resolved with additional funding from the PCT coupled with jointly implemented demand management measures. Payments are made to the Hospital based on a patient's condition and expected time of stay at the Hospital. Where a patient stays at the Hospital for longer than expected, a loss is made by the Hospital in these circumstances.

- 7.5.10 The funding which the Hospital receives is based on a tariff system. For emergency patients, the payments are based on the number of such patients admitted during 2008/09. If a Hospital admits more emergency patients than in 2008/09, the Hospital only receives 30% of the tariff payment for the additional patients.
- 7.5.11 The Hospital is under increasing pressure from the number of medically fit patients within Tameside Hospital. There is a need for the three key public authorities (The Trust, the PCT/CCG and the local authority) to work together to find a solution, so that patients who are medically fit for discharge do not remain in hospital longer than they need to.

Conclusions

21. The Financial plan for the Hospital is currently on target, however, the end of the financial year brings a significant challenge for the Foundation Trust.
22. There has been considerable savings within the Hospital, due to a reduction of staffing levels of 128 full time equivalent staff.
23. One of the challenges currently facing the Hospital is ensuring patients who are medically fit are discharged quickly.

Recommendations

9. That public authorities work together to find a solution for the appropriate discharge of medically fit patients.
10. Following the NHS reforms, that the Hospital, PCT, CCG and LA review how the money provided to the Tameside Health Economy is used and allocated.

7.6 Previous recommendations made by Tameside's Personal and Health Services Scrutiny Panel

- 7.6.1 The report published by the Personal and Health Services Scrutiny Panel in February 2011 regarding the provision of acute care within Tameside, set out to examine the reports published by the CQC and the Strategic Health Authority as well as the joint report commissioned by Monitor and Tameside Hospital. The report examined the effectiveness of steps Tameside Hospital and the PCT were taking to address performance issues and consider the implications for delivery of services.
- 7.6.2 The Panel recognised that the Hospital needed to make further improvements to address the concerns registered by the CQC. As a result of the CQC and LINK reports the Personal and Health Services Scrutiny Panel are concerned that the initial recommendations have not been achieved by the Hospital.
- 7.6.3 Although the Hospital had established new policies and procedures, these policies and procedures were not monitored effectively via internal governance systems and it is felt that this issue needs to be urgently addressed by the Hospital.
- 7.6.4 The Panel also feels that the Hospital must ensure that the further recommendations and the previous recommendations made by the CQC, LINK and Tameside Council's Personal and Health Services Scrutiny Panel are implemented.

- 7.6.5 The Hospital must maintain, monitor and address staffing levels at the Hospital and recent improvements regarding staff rosters need to be sustainable.
- 7.6.6 The Hospital must ensure that action plans are implemented and continued monitoring and achievement of those plans is maintained.
- 7.6.7 The Panel made a recommendation in their February 2011 report that where improvements have been made in relation to nutrition and hydration that these continue to be monitored to have an ongoing and long term impact on the patient. The CQC report identified concerns around the recording and monitoring of patients nutritional needs.
- 7.6.8 Through implementing the Hospital action plan and the developments and changes proposed, improvements and changes can be achievable within the Hospital. The Personal and Health Services Scrutiny Panel will monitor the changes and developments within the Hospital and look forward to hearing from the Hospital in the future regarding the implementation of the recommendations and changes within the Hospital.

Conclusions

24. The Panel recognises that the Hospital needs to make further progress to ensure that no concerns are registered by the CQC.
25. The Hospital has established new policies and procedures and it is felt that these changes will bring about the required improvements and change needed within the hospital.
26. The Hospital must ensure that recommendations made by the CQC, LINK and Tameside Council's Personal and Health Services Scrutiny Panel are fully and sustainably implemented.

Recommendations

11. The Hospital review the previous recommendations made by this panel in February 2011 to ensure long term adherence and improvements in standards of care.
12. The Hospital continues to work to address the recommendations and issues raised by LINK, the CQC and the Personal and Health Services Scrutiny Panel of Tameside MBC.

8. Conclusions

1. Of the six areas identified within the report; five received a judgement of minor concern, whilst one received a judgement of moderate concern.
2. The CQC served a warning notice to the Hospital on 9th December 2011 based on their concerns following the outcome of their judgment of the Assessing and Monitoring the Quality of Service Provision which had not been resolved from their previous report.
3. Staff advised the CQC that they found it difficult to identify time for team meetings to discuss and share learning or best practice from incidents.
4. The CQC visits looked at thirteen patients across three wards and the review highlighted a number of inconsistencies and inaccuracies in the records held for those patients.
5. The CQC identified that risks had not been monitored or escalated effectively.
6. Within its summer 2011 report LINK asked 20 detailed structured questions of 191 patients and/or their relatives.
7. Of the five domains identified within the report the overall rating for all domains was Red.
8. The Panel were extremely concerned following these reports and the recommendations the Panel made in February 2011 surrounding the Hospital.
9. Of the 35 questions and observations made rated Red, Amber or Green 27 of these had not changed since the previous visit made by LINK.
10. The key recommendations within the report undertaken by LINK are to ensure the eight recommendations made in LINK's August 2010 report are still addressed (NB The Hospital disputed much of the report on the grounds that its content could not be substantiated).
11. Education programmes for Ward Managers will enable them to cascade key principles to other members of the ward teams.
12. External sources have been used as part of the process to address the specific issues of compliance identified by the CQC.
13. Ensuring records are accessible to staff whilst also being kept secure is of paramount importance to the Hospital.
14. Medicine security measure checks have been undertaken and additional measures put in place where needed.
15. The Time to Care programme will also ensure the level of detail recorded in nursing records is consistent with the length of time patients spend on the unit.

16. The Hospital acknowledges that LINK and CQC identified specific areas within the Hospital where improvements have to be made.
17. The Hospital is concerned that the CQC looked at a small number of patient records and found so many errors.
18. The Hospital aims to improve and develop by looking carefully at all reports undertaken on the Hospital.
19. The Hospital acknowledges there is a need for a cultural change and ownership of 'shop floor' level issues.
20. Action needs to be taken by the Hospital whenever an error is found or disciplinary action taken if required.
21. The Financial plan 2011/12 for the Hospital was on target, however, the end of the financial year brings a significant challenge for the Foundation Trust as it does for all other public organisations.
22. There has been considerable savings within the Hospital, due to a reduction of staffing levels from 128 full time equivalent staff.
23. One of the challenges currently facing the Hospital is ensuring patients who are medically fit are discharged quickly.
24. The Panel recognises that the Hospital needs to make further progress to ensure that no concerns are registered by the CQC.
25. The Hospital has established new policies and procedures and it is felt that these changes will bring about the required improvements and change needed within the hospital, though some aspects such as cultural change will take longer to achieve than others.
26. The Hospital must ensure that recommendations made by the CQC, LINK and Tameside Council's Personal and Health Services Scrutiny Panel are fully and sustainably implemented.

9. Recommendations

1. The Tameside Foundation Trust must put in to place measures to ensure correct annotation of notes and must ensure risks are recorded and escalated appropriately.
2. That the Hospital should look at the CQC concerns around staffing levels within the Hospital and address these concerns accordingly.
3. The Hospital must ensure medical records and documentation is secured appropriately and in line with data protection legislation.

4. The Hospital reviews the areas of concern raised by LINK and through working in conjunction with LINK is able to improve the areas of concern identified within their report.
5. Increased accountability is necessary at the Hospital amongst staff and a change in culture is required.
6. That money provided to the Hospital is delivered on a consistent basis to ensure the Hospital can strategically plan for longevity.
7. Hospital staff that are not conforming to the required procedures are monitored and dealt with appropriately.
8. The Hospital continues to work in partnership with other Hospitals and colleague organisations to share best practice, peer discussions and knowledge sharing.
9. That public authorities work together to find a solution for the appropriate discharge of medically fit patients.
10. Following the NHS reforms, that the Hospital, PCT, CCG and LA review how the money provided to the Tameside Health Economy is used and allocated.
11. The Hospital review the previous recommendations made by this panel in February 2011 to ensure long term adherence and improvements in standards of care.
12. The Hospital continues to work to address the recommendations and issues raised by LINK, the CQC and the Personal and Health Services Scrutiny Panel of Tameside MBC.

10. Borough Treasurer's Comments

There are no direct financial implications to Tameside MBC as a result of this report. However the performance of the hospital can have a significant impact on the costs incurred by the council and work is on-going to ensure that no unnecessary costs are incurred.

11. Borough Solicitor's Comments

The legislation places a duty on the council to scrutinise the core activities of NHS provision within the borough to ensure it is effective. This report looks at all areas of health where Tameside is performing worse than comparative neighbours and provides actions that should be implemented for positive outcomes. It is important that when the Chief Executive and Chair of the Trust attend the meeting, that appropriate responses are sought to ensure that the recommendations are being

implemented and monitored to ensure progress and action taken if this is not having meaning and desired effect.