Provision of Acute Services in Tameside Summary

Personal and Health Services Scrutiny Panel

February 2011
Summary

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.

The full Hospital Review can be found at: www.tameside.gov.uk/scrutiny/personal/hospital.pdf

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.

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 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.

**Recommendations**

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.

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.