Mid Staffs NHS Foundation Trust
Tuesday, 7 October 2014
5.00 pm
Council Chamber - County Buildings

John Tradewell
Director of Law, Democracy and Transformation
29 September 2014

A G E N D A

1. **Apologies**

2. **Declarations of Interest**

3. **Mid Staffordshire NHS Foundation Trust**

   Self-assessment report attached

   a) Focus on: Staffing issues - the impact on services

   b) Trust introduction (20 minutes)

   Maggie Oldham, Chief Executive and colleagues to attend

   The Chairman has the right to control questions to avoid disruption repetition and to make best use of the meeting time

   c) Questions from the public

   Members of the public are welcome to attend this meeting
   A total of 30 minutes will be allowed for questions from the public to the Trust representatives

   d) Questions from the Health Scrutiny members (30 minutes)

   Members please submit questions by 5pm 29 September 2014 to Tony Jackson 01785 277868 or tony.jackson2@staffordshire.gov.uk

   e) Summary and way forward
4. **Exclusion of the Public**

The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of except information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

<table>
<thead>
<tr>
<th>Healthy Staffordshire Select Committee Membership</th>
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<tbody>
<tr>
<td>Kath Perry (Chairman)</td>
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<tr>
<td>David Loades (Vice-Chairman)</td>
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<tr>
<td>Charlotte Atkins</td>
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<td>Chris Cooke</td>
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<td>Bob Fraser</td>
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<td>Philip Jones</td>
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<td>Robert Marshall</td>
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<td>Shelagh McKiernan</td>
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<tr>
<td>Christine Mitchell</td>
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<tr>
<td>Sheree Peaple</td>
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<tr>
<td>Trish Rowlands</td>
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<th>Other Council Representatives</th>
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<tbody>
<tr>
<td><strong>To be confirmed:</strong></td>
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<tr>
<td>Stafford B C</td>
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<tr>
<td>Cannock Chase D C</td>
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<td>South Staffs DC</td>
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**Scrutiny and Support Manager:** Nick Pountney Tel: (01785) 276153
Introduction

Managing Director Appointment

Chris Bown has been appointed by University Hospital of North Staffordshire (UHNS), as Managing Director of Stafford Hospital. He will join Executive Directors from UHNS in supporting the Trust’s Directors in the run up to integration from Day 1.

Safety of Services

The Trust continues to operate and manage significant risks in maintaining the quality of care to our patients. In particular, issues regarding available nurse and medical staffing and the impact on the number of beds that the Trust can safely maintain with adequate and appropriate staffing levels have been a particular focus.

Ambulance divert arrangements to reduce demand having played an important part in the Trust being able to continue to provide safe care to our patients, in addition to arrangements with both University Hospital of North Staffordshire (UHNS) and The Royal Wolverhampton Hospital (RWT) regarding the provision of nursing and medical staffing cover in a number of specialties at Stafford Hospital.

The issues around staffing at Mid Staffordshire NHS FT (MSFT) and their impact on services will be set out in a slide presentation as an introduction to this report.

Care Quality Commission

The Care Quality Commission (CQC) has not yet published its report of the visit by a team of inspectors to Stafford Hospital in June.

The initial informal feedback was given at the end of the visit by Professor Sir Mike Richards, Chief Inspector of Hospitals. On behalf of the Inspection Team, Sir Mike said he was pleased that he had found services to be currently safe - just, but that he acknowledged the fragility of services and the
challenges being dealt with during this transition period. The Inspectors recognised the need for the Trust to develop plans to ensure the safety of services over the coming months.

**1 Patient Safety and Quality of Care**

A detailed report on all aspects of quality and safety at MSFT is presented each month to the Senior Management Team. These reports can be found on the Trust’s website:

http://www.midstaffs.nhs.uk/About-Us/Trust-Board/Senior-Management-Team-Meeting.aspx

Below is more information and detailed updates on some of the key indicators.

**a) Learning from Experience Group**

Following the publication of the Care Quality Commission responsive review report (April 2014) the Trust set up a Learning from Experience Group (LEG). This new group has through an integrated governance approach, taken a lead role on behalf of the Quality Committee to identify lessons learned from Serious Incident (SI), Adverse Incidents, Complaints & Patient Experience and Claims. The group ensures that lessons learned are adequately communicated throughout the Trust and Divisions are able to demonstrate effective communications and changes in clinical practice.

The LEG is the main forum within the Trust to review serious incident investigations reports and oversee the process of management of serious incidents.

The LEG liaises with the Divisional Performance Review meetings to ensure that the requirements to ensure investigation reports / action plans within agreed timeframes is delivered. The accountability for the delivery of investigation reports will rest with the Divisional Performance Review Group.

The LEG monitors the use of “Making it Better” Alerts and instruct on circulation of such media when immediate changes to practice are required.

The LEG has now been in existence for four months and has demonstrated that it does provide a forum to discuss changes to practice as a result of identifying lessons learned from incidents, claims and complaints. There are standing agenda items to discuss issues which arise from complaints, Coroner’s Inquest and claims summaries. The Clinical Governance Department is now reviewing a random selection of previous medical negligence claims to identify if there are any patterns and trends / lessons learned. This review will be presented to a later LEG meeting. In addition there are standing agenda items covering infection control and pressure ulcer care. In terms of pressure ulcers, an RCA is carried out following which Wards and Departments are invited six weeks later to confirm what actions have been implemented.

The LEG will not close an investigation until the responsible division can demonstrate the action plan has been completed and the closure report from the division is robust – this should include evidence of how changes have been made and embedded. The clinical audit forward plan includes allocated time to audit the implementation of SI action plans across a randomly selected group of previously reported SIs.
There is a number of communication channels used to disseminate lessons learned, for example, via the Divisional Governance meetings, governance newsletters via the alert system. Information is also discussed at the medical ‘Grand Rounds’.

There are a number of examples of changes which have been made as a result of SI investigations including:

- Introduction of a direct referral to test pathway and protocol
- Review of guidelines for medical termination of pregnancy / annual GROW training for all community Midwives
- Changes to medication labelling system
- Production of Standard Operating Procedure for the transfer of patients from A&E to Wards and departments
- Review and changes to the Root Cause Analysis process for grade 3 and 4 pressure ulcers
- Introduction of monthly x-ray discrepancy meetings
- Implementation of SBAR (Situation, Background, Assessment, Recommendation) for nurse handovers from shifts to shifts and wards to wards
- Importance of ensuring the sticky label from the cannula pack is inserted into the medical notes, documenting the time, date and location of insertion.

The Trust welcomes the involvement of representation from the local Clinical Commissioning Group (CCG) and the Staffordshire and Lancashire Commissioning Support Unit (CSU) at the LEG. These representatives offer a challenge into the process and are encouraged by the trust to participate in investigation report and action plan sign off. There have been numerous occasions whereby representatives of the CCG and the CSU have commented on the robustness of the approach taken by the trust when compared to other healthcare providers. On occasions, external review of serious incidents has been requested in addition to the internal investigation undertaken to confirm / challenge the initial report findings.

b) Safety Thermometer

The Trust continues to collect and submit the Safety Thermometer data on the middle Wednesday of every month. The Safety Thermometer is a point prevalence audit which gives an overview of the “harm free care” and the types of harm i.e. pressure ulcers, falls. VTE and catheter associated UTI. The Safety Thermometer does not provide the overall incidence of these harms.

The figures for the last 12 months are shown below. During July 2014, 94.04% of patients cared for by the Trust received no harm whilst in its care.
The types of harm and prevalence of these reported via the Safety Thermometer are shown below. The largest category is Pressure Ulcers (both admitted with and hospital acquired).

### Types of Harm: patients with each type of Harm

**MID STAFFORDSHIRE NHS FOUNDATION TRUST, All Wards and Teams, All Settings, All**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcers</td>
<td>5.56</td>
<td>7.62</td>
<td>5.88</td>
<td>4.86</td>
<td>5.52</td>
<td>4.15</td>
<td>4.28</td>
<td>4.76</td>
<td>5.28</td>
<td>4.49</td>
<td>3.73</td>
<td>3.79</td>
<td>3.42</td>
</tr>
<tr>
<td>Falls</td>
<td>0.62</td>
<td>0.63</td>
<td>0.29</td>
<td>0</td>
<td>0.92</td>
<td>0.89</td>
<td>0.99</td>
<td>0.95</td>
<td>0.93</td>
<td>1.28</td>
<td>0.93</td>
<td>0.32</td>
<td>0</td>
</tr>
<tr>
<td>Catheter &amp; UTI</td>
<td>2.16</td>
<td>2.54</td>
<td>2.94</td>
<td>1.82</td>
<td>2.15</td>
<td>3.86</td>
<td>3.62</td>
<td>3.49</td>
<td>1.55</td>
<td>1.92</td>
<td>1.24</td>
<td>1.26</td>
<td>2.74</td>
</tr>
<tr>
<td>New VTE</td>
<td>0.93</td>
<td>0.63</td>
<td>0.88</td>
<td>1.22</td>
<td>0.61</td>
<td>0</td>
<td>0</td>
<td>0.63</td>
<td>1.24</td>
<td>0.96</td>
<td>1.24</td>
<td>0</td>
<td>1.03</td>
</tr>
<tr>
<td>Patients</td>
<td>324</td>
<td>315</td>
<td>340</td>
<td>329</td>
<td>326</td>
<td>337</td>
<td>304</td>
<td>315</td>
<td>322</td>
<td>312</td>
<td>322</td>
<td>317</td>
<td>292</td>
</tr>
</tbody>
</table>
c) Pressure Ulcers

The graph below captures the number of pressure ulcers and the number of avoidable hospital acquired pressure ulcers per 10,000 bed days.

![Graph](image)

<table>
<thead>
<tr>
<th>Month</th>
<th>Avoidable</th>
<th>Unavoidable</th>
<th>Trajectory Target</th>
<th>Bed Days by 10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-14</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>9.57</td>
</tr>
<tr>
<td>May-14</td>
<td>4</td>
<td>0</td>
<td>3</td>
<td>4.27</td>
</tr>
<tr>
<td>Jun-14</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>5.74</td>
</tr>
<tr>
<td>Jul-14</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2.36</td>
</tr>
</tbody>
</table>

d) Falls

The Trust has set a locally agreed target for falls to sustain no more than 5.6 per 1,000 bed days throughout the year in line with the National Patient Safety Agency recommendations.

The table below shows the number of falls by 1000 bed days against the set Key Performance Indicator trajectory.

<table>
<thead>
<tr>
<th>Month</th>
<th>YTD Target</th>
<th>Actual</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 14</td>
<td>5.6</td>
<td>4.96</td>
<td>4.72</td>
</tr>
</tbody>
</table>

![Graph](image)
There were no serious incidents related to a fall during July.

The Health and Safety Executive actions which involve each area developing a procedure manual containing procedures relating to Falls, documentation and handover are on track to be completed at the end of August with an education plan during September.

e) Infection Control

**Clostridium Difficile on or after the 4th Day of Admission**

<table>
<thead>
<tr>
<th>Month</th>
<th>KPI Name</th>
<th>Maximum</th>
<th>Actual</th>
<th>Maximum</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>July-14</td>
<td>C.Diff Positive Samples On Or After 4th Day Of Admission</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
</tbody>
</table>

There were five Trust apportioned Clostridium difficile cases were reported during July 2014. All are subject to root cause analysis. A period of increased incidence was raised for ward 2 as two patients tested positive within a 28 day period. Both patients had risk factors including appropriate antibiotic use. Ribotypes proved to be different therefore person to person transmission is unlikely.

f) Patient Experience

(i) **Net promoter scores**

Maybe the best quality indicator to triangulate against the complaints data is the patient experience data. This is evaluated in a number of ways; The Friends and Family Test (the net promoter score) and the on-going monthly patient surveys.

The net promoter question is ‘How likely it is that you would recommend our hospital to a friend or colleague?’ Respondents indicate this likelihood on a rating scale. Those scoring services ‘Extremely likely’ and ‘Likely’ are promoters, those scoring ‘Unlikely’ and “Extremely unlikely’ are detractors and those between ‘Neither’ are passively satisfied or neutral. The NPS is the difference between the percentages of users who would recommend the Trust’s services minus the percentage of those who would not. A score of 75% or above is considered quite high.

The Trust does not have a defined net promoter score target. On the assumption that 75 per cent is considered quite high from a national perspective, it is assumed that a Trust
target of 70 is reasonable. On that assumption the trend dipped below target in October 2013 and remained below target until February 2014, following the deteriorating staffing position that materialised in July – September 2013. As this is a new perspective that the NHS has adopted to measure overall patient satisfaction, the deterioration between October 2013 and February 2014 may be an effect of seasonality and may not be a direct effect of the deteriorating staffing position and in and of itself may not be particularly worrying. Further time series analysis will answer this question, and will be incorporated into the next Patient Experience Report.

Overall, there does not appear to be a significant issue in the net promoter score for the Trust. Benchmarking nationally the position of the Trust in June 2014 shows that the Trust in ranked 128 out of a total 171 Trusts on the inpatient friends and family test. Whilst this is not an excellent position the data reveals that if trended as a bell curve, the bell curve would be long and flat and the difference between this Trust and the majority of other Trust’s the difference not as large as the Trust’s relative position might appear. Given that the Net Promoter Score has achieved broadly the assumed Trust target since February, this might support the view that there is no worrying trend that can be identified at this point in time.

g) Complaints

<table>
<thead>
<tr>
<th>Complaints by month</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>2013 / 2014</strong></td>
</tr>
<tr>
<td>Quarter 1</td>
</tr>
<tr>
<td>23</td>
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</table>
Although it was disappointing to see that the number of complaints that the Trust had received during May and June had increased from previous months, in July there were 20 complaints and this equates to about the average received per month during the past 12 months.

Complaint Themes

<table>
<thead>
<tr>
<th>Top</th>
<th>May 2014</th>
<th>June 2014</th>
<th>July 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Communication (24)</td>
<td>Communication (26)</td>
<td>Attitude of Staff (10)</td>
</tr>
<tr>
<td>2</td>
<td>Attitude of Staff (11)</td>
<td>Diagnosis – Delayed / Missed / Not investigated (12)</td>
<td>Communication (7)</td>
</tr>
<tr>
<td>3</td>
<td>Medical Care (6)</td>
<td>Nursing care and Discharge Arrangements (10)</td>
<td>Diagnosis – Delayed / Missed / Not investigated (5)</td>
</tr>
<tr>
<td>4</td>
<td>Out-patient Appointments,</td>
<td>Delay in treatment (8)</td>
<td>Delay in Treatment, Discharge / Admission Arrangements, Medical Care, Nursing Care and Medication Error – Delay / Dosage (4)</td>
</tr>
<tr>
<td></td>
<td>Delay in Treatment, Diagnosis –</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delayed / Missed / Not investigated and Medication Error – Route / Dosage / Insulin Delay (5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Discharge / Admission Arrangements and Nursing Care (4)</td>
<td>Staff Attitude (7)</td>
<td></td>
</tr>
</tbody>
</table>

(N.B. Some complaints have more than one theme, therefore the numbers will not always correlate to the total number of complaints.)

h) Serious Incidents

![Serious Incidents, Aug 12 to Jul 14, with six-month smoothing average](chart.png)
All incidents are thoroughly investigated and presented to the Learning From Experience Group chaired by the Medical Director, where lessons are learned, action plan written and implemented and the wider lessons shared. (See section a) above.)

i) Mortality Rates

Hospital Standardised Mortality Ratio (HSMR)

All Diagnosis Groups Monthly Trends - April 2013 to March 2014

![Graph showing Hospital Standardised Mortality Ratio](image)

The Trust’s HSMR, a measure of the safety of services, remains excellent.

2 Performance

A detailed report on MSFT’s performance targets is presented each month to the Senior Management Team. These reports can be found on the Trust’s website: [http://www.midstaffs.nhs.uk/About-Us/Trust-Board/Senior-Management-Team-Meeting/2014](http://www.midstaffs.nhs.uk/About-Us/Trust-Board/Senior-Management-Team-Meeting/2014)

Reported improvements and achievements in operational performance include:

a) 18 weeks RTT

The Trust has achieved all of the 18 week Referral To Treatment (RTT) indicators for July (Non-Admitted, Admitted and Incomplete pathways) for the second consecutive month. Delivery of this indicator continues to be a challenge specifically for Oral Surgery and Plastic Surgery. Full delivery of the Admitted pathway is expected in September 2014.

There were two over 52 week breaches reported in July, these patients have now been treated or discharged and been the subject of robust Root Cause Analysis (RCA).

As part of the on-going recovery plan, validation of pathways continues and is being actively performance managed.
b) Cancer access targets
All cancer targets were achieved in July to maintain the very strong performance in recent months. The Trust is on course to deliver all the cancer targets for Quarter 2. Activity is reviewed weekly to ensure that the current focus and good performance is sustained.

c) Diagnostic 6 week waits
The Trust continued to achieve this target in July (99.06%, against the 99% target).

d) Stroke
The Trust has achieved the target in July with 95% of patients spending 90% or more of their time on the Stroke Unit.

e) Delayed Transfers of Care
The Trust has achieved this target again in July (3.33%, against 5% target), which is the 10th consecutive month of delivery.

Reported areas where improvement is required include:

a) A&E
Achievement of the four hour access target continues to remain a challenging target for the Trust. This is due primarily to the fragility of the services and staffing issues across the whole pathway. There was no significant improvement in this situation through July.

In addition, demand continues to increase with July 2014 seeing very high demand, although eased somewhat by the introduction of ambulance divers. Unfortunately there was an unavoidable A&E trolley wait of over 12 Hours and a Root Cause Analysis has been undertaken. The focus remains on the delivery of safe services for patients whilst striving to improve timely access.

b) Daily Discharges
This is still proving very difficult to achieve this performance measure mainly due to the high number of Agency nurses and Locum doctors. We continue to work with the Emergency Care Intensive Support Team (ECIST) on the implementation of the safer care bundle and hope that this will see some improvements in this area.

3 Workforce

Below is a summary of workforce performance for July 2014:

a) Appraisals: Amber
The amber rating – 86.16% in July remains below the 90% target. Despite receiving assurances in the worse performing areas there has been a deteriorating position across the board. All divisions will be asked to provide details of a recovery plan.

b) Mandatory Training: Green
The Trust was green with an overall compliance of 90.14%. The Surgical and Facilities Division are above the 90% target with the other Divisions performance being just below. Despite a deteriorating position, the Trust is maintaining a good level of performance and has been above 90% for the last ten months.
c) Sickness: Red
The early estimate for July is showing an in-month increase in the overall sickness absence rate, giving a pre-payroll cut off of 4.53%. The 12 month underlying figure is 4.35%. There continues to be a focus on the sickness absence rates across the Trust.

d) Turnover: Red
The in-month figure was 1.25% and the 12 month figure increased to 13.13%.
Both the in-month figure and the year to-date turnover rates were red, both showing an increase when compared to the performance in June.

e) Leavers: Red
Trust-wide leavers in July numbered 35 (29.82 whole time equivalents (wte)), this being higher than previous months performance of circa 23wte. Early indicators for August is showing a similar number of leavers, this being 29wte.

Turnover by staff group in July represented; nursing 6.40wte, estates/ancillary 3.71wte, additional clinical services 3.28wte, healthcare scientists 2.00wte, admin & clerical 6.80wte, allied health professionals 2.64wte and medical & dental 5.00wte.

f) Vacancies: Red
Vacancies increased to 8.32% for the month of July. Nursing stood at 11.06% and there were 26.70% wte substantive consultant vacancies
The ledger outturn for July showed a vacancy rate of 11.06wte. The gap in the ledger remains consistent, being around 80 wte each month. This figure continues to be monitored.

Within the Divisions, Medicine had a vacancy rate of 11.03% (up by 0.40%), with Surgery at 9.74% (up by 0.89%), Clinical Support Services being at 7.75% (down by 2.03%) and Corporate Services being at 9.88%. Checks have been made against the increases and this is not due to significant vacancies but rather low nursing establishments.

In terms of the recruitment pipeline, there are 22 individuals who are being processed for commencement and undergoing pre-employment checks with a further 18 having confirmed start dates over the next few months.

g) Starters and Leavers
In July, the number decreased by 18.14wte (11.68wte starters and 29.82wte leavers).

h) Recruitment Open Day
The Trust hosted a second open day on 15th September for the recruitment of qualified nurses and healthcare support workers. One the day, prospective candidates heard about the exciting opportunities available across the Stafford and Stoke sites, as well as on-the-day interviews being available. Structured support including preceptorship for qualified nurses will be offered to successful candidates.

i) Feedback from Foundation Doctors - Summer 2014
The most recent Foundation Doctors have given feedback on their experience of working in the Trust in the JEST (Job Evaluation Survey Tool) Returns. This relates to the April – July cohort and covered
the end of year feedback which is seen as the most valuable, as the Trust has had time to listen to and address concerns raised during their placement.

As with previous feedback, the Trust has in the main received good ratings. The average rate of an ‘Unsatisfactory’ comment has fallen from about 3.75% in 2010 to 0.7% this year (2011 - 2.13%; 2012 - 1.19%; 2013 – 0.6%). With the rate of the ‘Needs attention’ comment is 4.3% compared to 7.22% in 2010 (2011 - 5.03%; 2012 - 5.67%; 2013 - 3.4%). Although this result is slightly higher than last year, the current circumstances the Trust is in needs to be taken into account.

4 Finance

The 2014/15 financial plan gives an I&E deficit of £29.516m for the year.

a) Income and Expenditure
At the end of Month 4 – July 2014 – the Trust has an actual deficit of £17.28m. This includes £4.77m to support transaction and integration costs with UHNS and RWT. The Trust’s trading deficit is £12.51m, a negative variance of £0.88m against the planned deficit of £11.63m.

The trading in month negative variance of £0.95m against plan is mainly due to overspends on clinical staffing in support of service stability, off-set by an over recovery of income.

b) Cost Improvement Programme (CIP)
The CIP delivery is £0.12m ahead of plan, making savings of £0.54m at the end of month 4. The Trust expects to deliver £2.6m CIPs against the annual requirement of £7.49m.

c) Capital
At the end of Month 4 the Trust had spent £2.95m on capital schemes. This is £1.74m below the planned £4.69m. The funding for the Trust’s 2014/15 capital plan has been confirmed by Monitor and the Department of Health and a further £3m will now be spent / committed before 31st October and includes schemes to improve fire safety, patient environments and new equipment. A new £6m Endoscopy Unit is due to be opened in October, which will vastly improve patient experience and environment.