

Report to: Joint Health Scrutiny Accountability Session - 27 June 2012

Report of: Lyn Hill-Tout – Chief Executive, Mid Staffordshire NHS Foundation Trust

Date: 13 June 2012

Subject: Mid Staffordshire NHS Foundation Trust (MSFT)

Purpose of the report: To brief Health Scrutiny Members on progress at MSFT

Introduction

Accident and Emergency (A&E)

Our senior Emergency Medicine Doctors were concerned about the fragility of arrangements underpinning the June reopening of A&E overnight, particularly as some staff were due to start in June and were new to the team and department. Therefore when our clinical team presented to the Clinical Commissioning Board on the 8 May it was jointly agreed that reopening should be deferred until the autumn, when all staff were in post and they had had sufficient time to establish themselves as a team. Although disappointing, the Clinical Commissioning Board were very supportive of this. A full report on A&E will be presented at the meeting.

Public meetings

We held two further public question times, in Rugeley and in Stone, in April to update local communities about the Trust and to give them a chance to ask questions of Trust Board members. The meeting in Stone was very well attended; there were clinical presentations from our Stroke team and about the Critical Care outreach team. The audience was well informed about the Trust and asked very interesting questions. Unfortunately, attendance in Rugeley was very low; however those who did attend asked questions and heard from our Orthopaedics and Gastroenterology Consultants about their services.

Collaboration with University Hospitals North Staffordshire (UHNS)

Over the last few weeks a number of meetings have taken place to discuss the clinical partnership arrangements between MSFT and UHNS and how, by working together, we can sustain safe clinical services across Staffordshire and improve local services for our patients. Our immediate focus has been on surgery and emergency and urgent care services.

Public Inquiry

Robert Francis will present his findings to the Secretary of State for Health on 15 October. We do not know when the report will be made public. We have plans to support staff and explain to patients and the local community about the changes that the Trust has made.

1. Patient Safety and Quality

1.1 Infection Prevention and Control

For 2012/13 we have made it our priority to maintain hand hygiene and reduce further hospital acquired infections.

We undertook essential maintenance on three wards during last year which helped prevent the spread of infection and improved the quality of the environment for patients, visitors and staff. This work will continue, on a rolling programme, during 2012/13.

The targets agreed in the contract with Commissioners (Primary Care Trust (PCT) and Clinical Commissioning Groups) for 2012/13 is to have no more than one hospital acquired MRSA blood stream infection and no more than 24 Clostridium Difficile hospital acquired case. We have set an internal "stretch" target for Clostridium Difficile of no more than 16 cases. The following shows MSFT's position as at 10th June 2012.

- **MRSA** – there have been 0 cases of bacteraemia year to date. We have an annual contractual target (1/4/12-31/3/13) of no more than 1 case.
- **Clostridium Difficile** - there has been a total of 5 cases year to date. We have an annual contractual target of no more than 24 cases. There is no connection between the 4 cases and there have not been any ward outbreaks.
- **MSSA** –There have been 0 cases on or after 3 days of admission year to date.
- **EColi** - There have been 5 cases on or after 3rd day of admission year to date.

Root cause analyses (RCA) are undertaken on all these infections to identify any learning/required actions.

Screening of emergency admissions for MRSA colonisation of the skin has improved, although work is still to be done to ensure that at least 95% of emergency patients receive this screening consistently.

1.2 Nursing Care Indicators

The new Nursing Quality Assurance System (NQAS) came into operation in April. The indicators being monitored and audited are:

- Contenance care
- Falls assessment
- Fluid balance
- Medication
- Nutrition
- Observation Charts
- Pain assessment and plan
- Patient experience
- Safety, privacy and dignity
- Tissue viability.

More information will be presented in our next report to Health Scrutiny, when several months' data will be available.

1.3 Pressure Ulcers

The numbers of pressure sores during April were:

Grade of Sore	Hospital Acquired	Admitted to hospital
1	6	7
2	2	22
3	0	5
4	0	0

The Trust, together with other local health partners, is committed to achieving zero tolerance of avoidable hospital-acquired pressure ulcers. Representatives from the PCT, the community, UHNS and the Trust meet regularly to peer review the cases and share learning. There is now increased recording of the regular skin checks, moving of patients etc. We have begun to review all pressure sores which were 'hospital-acquired' to establish whether they were avoidable.

1.4 Venous Thromboembolism (VTE)

Work continues on preventing patients developing an embolism whilst in hospital. We have two targets:

- VTE Risk Assessment compliance in April 2012 was 96.7% against a target of 90%.

- A new target was introduced in April 2012, that 100% of patients should receive appropriate VTE treatment (i.e. be prescribed medicines to prevent clotting). In the first month we achieved 95.5% against this target and work is underway to improve this percentage.

1.5 Falls Reduction

The Trust achieved a 5% reduction in the number of falls in 2011/12. The Trust is implementing a falls care package to make sure that patients are safer whilst in hospital. This includes better interpretation of tests and training more staff to assess patients' requirements for walking aids.

1.6 Serious Incidents (SIs)

The following SIs were reported in April 2012:

- 2012/8907 Other - Local 'Never Event' (retained peripheral IV cannula)
- 2012/8990 Surgical Error.

1.7 Local 'Never Event' (retained peripheral IV cannula)

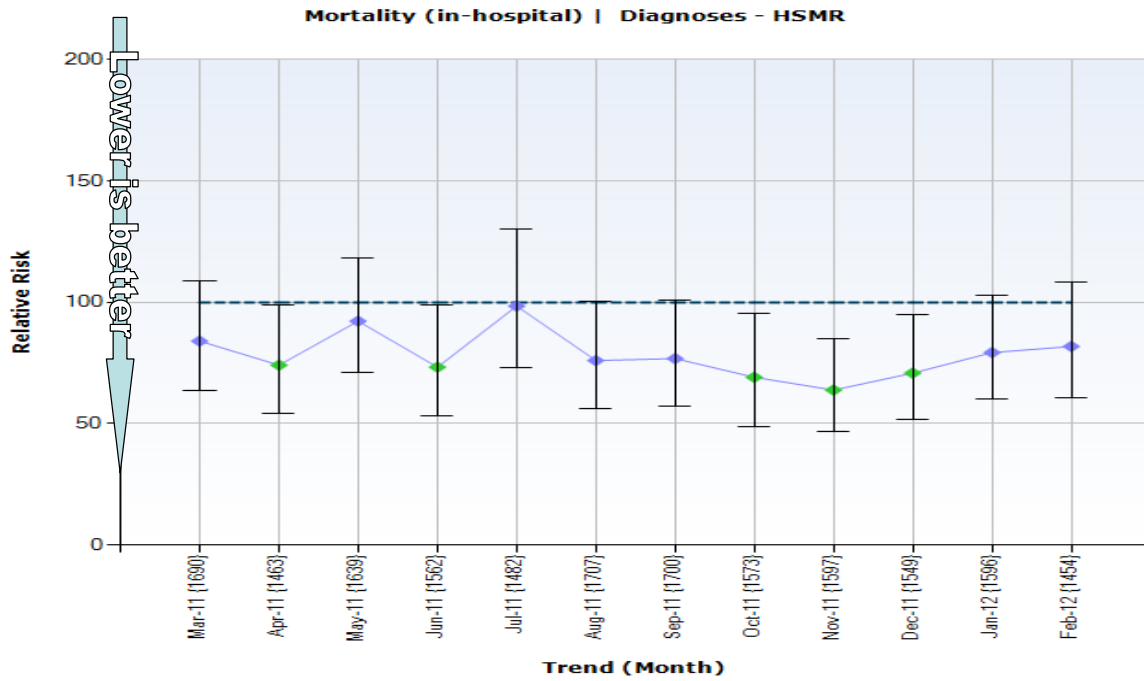
The Trust had 15 incidents of retained cannula in the year April 2011 to March 2012. There was one incident in April. (Two incidents concerned patients with confusion/dementia.)

It is totally unacceptable for a cannula to be left in when a patient is discharged. Double checking by two qualified nurses is now in place and the nurses sign to say they have undertaken a visual check of the patient. New posters are displayed around the hospital to raise awareness. This is in addition to the action taken last year to ensure that Visual Infusion Phlebitis score is fully implemented, training for non registered staff and double checking by nursing staff in the discharge lounge (although it should be noted not all patients go through the discharge lounge before discharge).

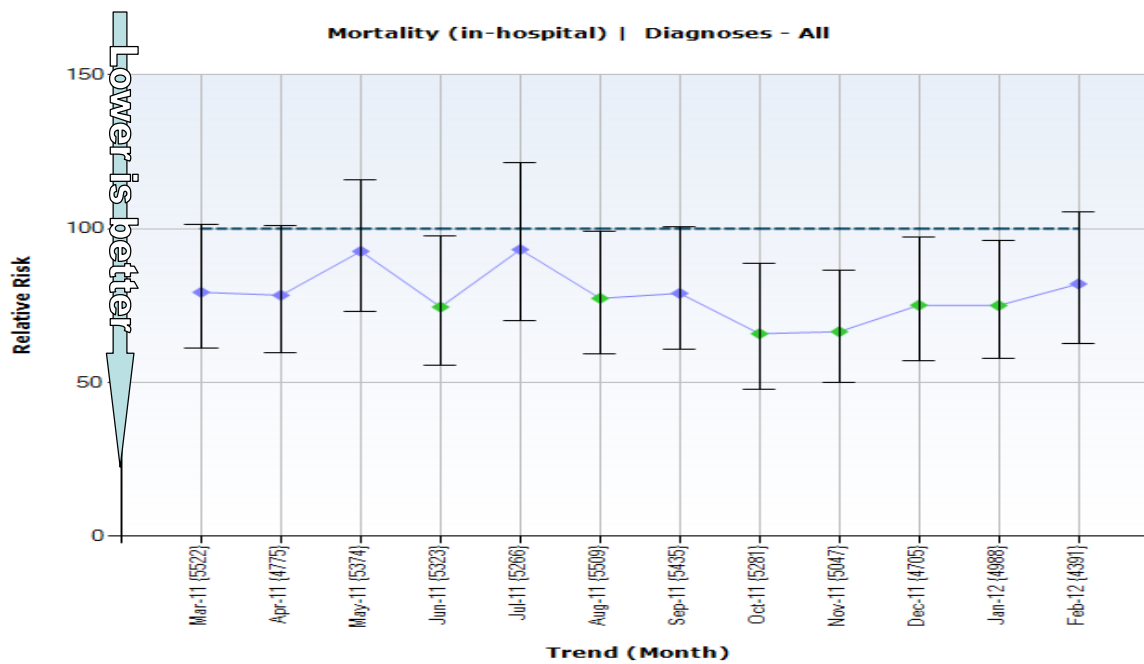
1.8 Mortality Statistics

Mid Staffs continues to have fewer patient deaths than would normally be expected by a Trust of its size. A Hospital Standardised Mortality Ratio (HSMR) below 100 means that the Trust had fewer deaths than would be expected, given the types of cases treated. Trusts with a rate above 100 will have had more deaths than would be expected.

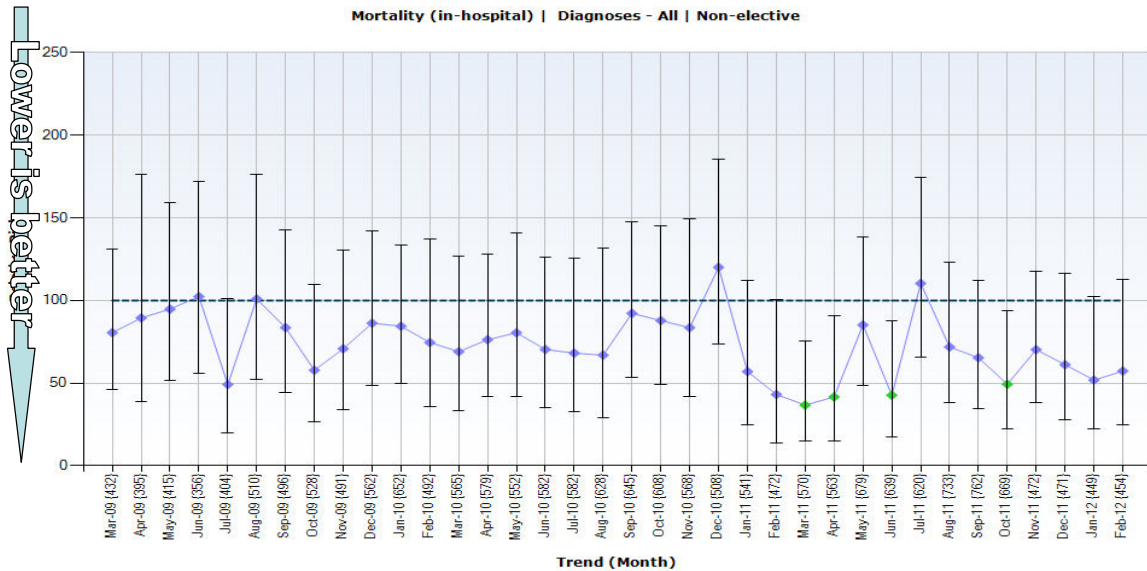
- a) HSMR from March 2011 to February 2012. All observed hospital deaths compared to numbers expected for elective and non elective admissions.



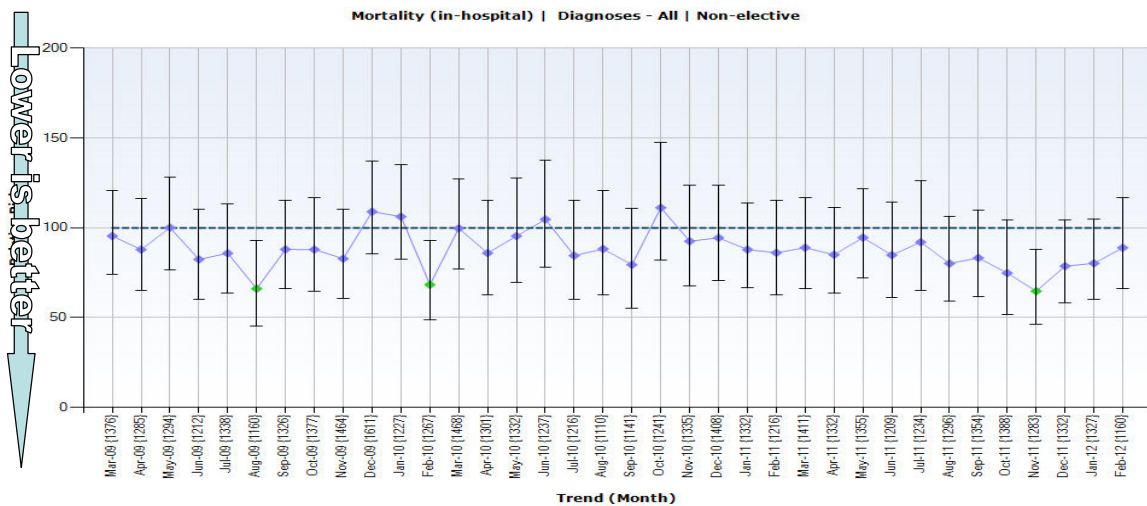
- b) All observed deaths compared to number expected – All Diagnosis March 2011 to February 2012.



- c) All observed deaths compared to number expected – Surgical Specialties. March 2009 to February 2012 – Non Elective Admissions.



- d) All observed deaths compared to number expected – Medical Specialties. March 2009 to February 2012 – Non Elective Admissions.



1.9 Quality Account & Report 2011/12

We are grateful to Staffordshire Health Scrutiny for its commentary on our Quality Account & Report. The final report is now available on the Trust's website at <http://www.midstaffs.nhs.uk/About-Us/Publications---Reports/docs/Our-Own-Publications/Quality-Account--Report-11-12-120531-With-Elec-Sig.aspx> and on the NHS Choices website.

2 Patient Experience

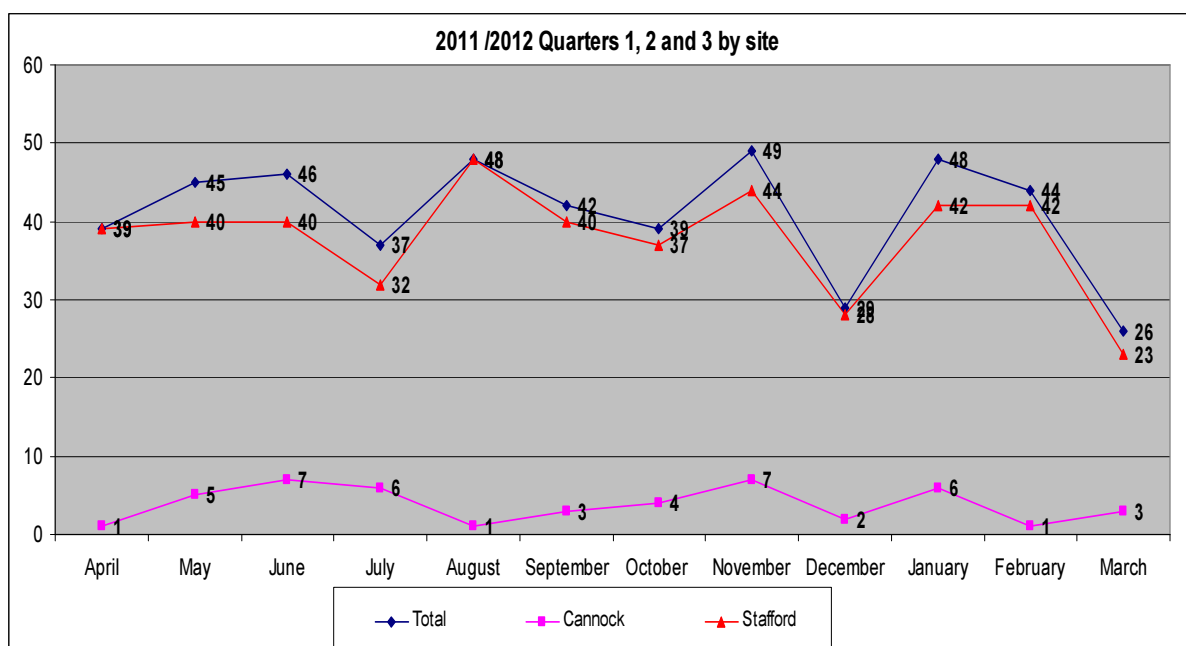
2.1 Complaints

There were 118 complaints received in Quarter 4, making a total of 492 complaints received for the year 2011/12, a reduction of 20% on the 611 complaints received in 2010/11. Numbers of complaints and themes for each quarter can be seen in Table 1.

Table 1: Top 5 themes and numbers of complaints for year 2011/12 by quarter

2011/2012			
Qtr 1	Qtr 2	Qtr 3	Qtr 4
Communication (47)	Medical Care (60)	Communication (68)	Medical Care (71)
Medical Care (39)	Communication (58)	Medical Care (65)	Communication (69)
Staff Attitude (36)	Outpatient appointments delays/ Cancellations (29)	Nursing Care (65)	Staff Attitude (36)
Outpatient appointments delays/ Cancellations (29)	Staff Attitude (28)	Staff Attitude (33)	Nursing Care (35)
Nursing Care (22)	Nursing Care (28)	Diagnosis missed/ delayed /wrong (24)	Outpatient appointments delays/ Cancellations (33)

Table 2 – Complaints for 2011/12 by month and site



Please note that some complaints may be about care in both hospitals

Examples of lessons learnt or actions taken from cases closed in Quarter 4:

- Following a number of Advice Centre contacts about the provision of interpreter services, the Improvement Academy attendees are reviewing all interpreter services in order to provide the best services to patients. A further benefit is a likely reduction in the costs of services for the Trust.
- Following feedback about 'uninspiring wall space' in Outpatients, work has been undertaken to provide new pictures and artwork through engaging with our local community. Talks are underway with local schools to involve them in artwork in other areas of the Trust.
- Following a complaint about appointments being made many months in advance, the process has been reviewed. All future patient appointments are now generated closer to the date of appointment and it is expected that this will minimise confusion around follow up appointment dates and times, and reduce 'Did not attend' rates.
- Further to a small number of complaints about messages being left for staff in the breast care unit, the way that messages are retrieved has been changed. Nurses now record when the messages are listened to and this takes place three times each day. The answerphone message also informs callers when to expect a return call.
- A complaint about car parking information has led to new posters being created to share information with visitors who may be entitled to concessionary rates. These are now displayed in the appropriate areas.

2.2 Compliments

In Quarter 4, there were a total of 545 recorded compliments received - 187 for January, 164 for February and 194 for March 2012.

Examples of compliments received include:

"A while ago I wrote to you and thanked all the staff at your hospital for the care and attention I have received. The tests I have had over the last four months have had disappointing results as far as my future holds, but on the positive side, once again I would like to say that no other hospital or member of staff could have done a better job than yours. I thank everyone for all the quick attention and support. I write this now knowing my future outcome and before I start treatment as I may be a bit out of it for a while. In my view Stafford still has one of the best hospitals in the country and always will with staff like yours."

"Please convey my sincere thanks to all staff and colleagues who attended me at the time of my emergency admission to Stafford A & E. The kindness, courtesy and quality of attention given to my situation throughout the process was, to say the very least, exemplary. Sadly I am unable to give you a full list of the names of the people who so kindly attended me on the ACU ward during my stay to whom I am also truly grateful. From my experience, Stafford Hospital can be very proud of its people."

“My mother died in March and I am writing to thank everyone involved in her care. We hear so much bad publicity about Stafford Hospital but I don’t think my mother could have received better treatment anywhere in the country. From her initial assessment in A & E then in AMU and finally on ward 12, she was treated with the utmost dignity by teams of very efficient medical and support staff. Knowing that my mother received the best possible care in her final days has been a great comfort to my family. Please pass on my grateful thanks to all concerned. They do a fantastic job and deserve greater recognition.”

2.3 Mixed Sex Accommodation (MSA)

There have been no breaches at either Stafford or Cannock Chase Hospital since 4th January 2012.

2.4 Real time patient feedback information

Patients can now give feedback on their care via their bedside Hospedia television units.

Feedback for Quarter one, January to March 2012 was collected under four domains – ‘Overall Care’, Hospital Environment’, ‘Dignity & Respect’, and ‘Communication’. This proved cumbersome for patients, as they were required to respond to 40 questions in four separate sections, so frequently only completed parts of the survey questionnaire. Therefore, from April 2012, we have streamlined the survey to 17 key questions under one section.

Results are shown in Table 3 for the seven questions previously asked in the section ‘Overall Care’, with 133 responses from patients largely in Stafford Hospital. As part of our 2012/13 contract with our Commissioners, we have agreed to collect a minimum of 20 survey responses per ward throughout the Trust, and A&E, outpatient and radiology departments per month. Patients attending the Genitourinary Medicine clinic will be required to be surveyed at least twice yearly.

Table 3. Real time patient feedback under the section ‘Overall care’ for Quarter 4 – 133 responders

Question	Stafford			Didn’t need to be	Cannock		
	Always	Sometimes	No		Always	Sometimes	No
Did you have confidence and trust in the doctors treating you?	66.41%	25.19%	8.4%		100%		
Were you involved as much as you wanted in decisions about your care and treatment	54.4%	32%	13.6%		100%		
Do you think the hospital staff did everything they could to help control your pain?	66.13%	25%	8.87%		100%		
Were you given enough privacy when discussing your condition or treatment?	69.17%	18.33%	12.5%		100%		

Did you feel you were involved in decisions about your discharge from hospital?	40.34%	29.41%	18.49%	11.76%	100%		
Would you recommend this hospital to family and friends?	62.07%	22.41%	15.52%		100%		

In response to the question, “**Overall, how would you rate the care you received?**” for Stafford Hospital, 49 (42%) of patients rated care as excellent, 34 (29.0%) as very good, 16 (14%) as good, 11 (9%) as fair, and 7 (6%) as poor. For Cannock, one patient reported their care as excellent, and a second patient did not respond.

To improve response rates further, all Matrons and Ward managers have been provided with training and an access code to enable them to regularly check the response rates for their areas of responsibility so that they may encourage patient participation and involve staff in making real time changes when concerns arise. Areas of concern and planned or taken actions, plus examples of best practice will be monitored bi-monthly by the Patient Experience Group. Our Trust volunteers are assisting patients and carers in completing the questionnaires where necessary, and we will continue to monitor the feedback of local expert community groups, friends and families on the care of our most vulnerable patients.

Table 4: Examples of good practice highlighted in the survey results include:

Speciality	Ward	Number of Responses	Examples of good practice
Maternity	9	12 pts	<ul style="list-style-type: none"> 100% of patients needing help with food received it 99% rated the cleanliness of the ward as high 90% felt involved in the decision making of their care 100% of patients' families who wanted to communicate with staff had their needs met 100% felt their privacy was maintained
Paediatrics	Shugborough	31 pts	<ul style="list-style-type: none"> 90% of respondents would be likely or extremely likely to recommend the service to their family and friends 92% were treated with dignity and respect 97% rated the cleanliness of the ward high
Surgery	T&O	31pts	<ul style="list-style-type: none"> All respondents rated the cleanliness of the ward as high 97% of patients would be likely or extremely likely to recommend the service to their family and friends
Surgery	Ward 7	18 pts	<ul style="list-style-type: none"> 100% were given the right amount of information about the treatment they received 100% rated the cleanliness of the ward as high
Emergency Medicine	Acute Medical Unit	14 pts	<ul style="list-style-type: none"> 90% rated the cleanliness of the ward as good or very good 90% reported communication to be good or higher
Acute Medicine	Ward 10	23 pts	<ul style="list-style-type: none"> 90% reported the rate of communication to be good or higher 100% rated the cleanliness of the ward as good or very good

			<ul style="list-style-type: none"> 100% had opportunity to talk to a nurse or doctor if they wished
Surgery Cannock Hospital	Hilton Main	28 pts	<ul style="list-style-type: none"> 100% of respondents would be likely or extremely likely to recommend the service to their family and friends All patients had their pain controlled 97% were given the right amount of information about the treatment they received 100% were treated with dignity and respect 100% rated the cleanliness of the ward high
Medicine Cannock Hospital	Fairoak	20 pts	<ul style="list-style-type: none"> 95% of respondents would be likely or extremely likely to recommend the service to their family and friends
Cardiology	Outpatient department	21 pts	<p>100% of patients scored excellent for:</p> <ul style="list-style-type: none"> Information received about condition and treatment Respect of confidentiality Treated with respect and dignity Had the confidence and trust in the doctors treating them

2.5 Net Promoter question

NHS Midlands and East Strategic Health Authority, under their 'Patient Revolution' initiative, require all Trusts to ask 10% of all inpatients monthly 'Would you recommend this service to your family and friends?', and this question must be asked on the day of discharge or within 48 hours of discharge.

Patients are required to respond using 'extremely likely', 'likely', 'neither likely or unlikely', 'unlikely', 'not at all' or 'don't know'. Patients who respond 'extremely likely' are considered to be Promoters, but those who respond 'likely' are considered to be Passive Responders and for the purpose of the net promoter score calculation, their views are discarded. Patients who respond 'neither likely or unlikely', 'unlikely', 'not at all', or 'don't know' are considered to be Detractors. The percentage of Detractors must then be subtracted from the percentage of Promoters to obtain a Net Promoter score.

Net promoter scores must be reported to Trust Boards monthly, and for the month of April 2012, Mid Staffs' net promoter score, i.e. our baseline score, was 41. This was based on a total of 2,351 inpatients for the period of April 2012 and 388 responses (16.5%), of which 211 patients (54%) were Promoters (extremely likely), 126 patients were Passives (likely) and 51 patients (13%) were detractors (combination of neither likely or unlikely, unlikely, not at all or don't know). (The score of 41 is reached by deducting 13% from 54%.) The 'likely' and 'extremely likely' together represent 86% of respondents, even though the 'likely' responses are discarded for the purposes of the score.

3 Strategy & Finance

3.1 Future Provision of Emergency and Urgent Care

The Trust has contributed to two reviews commissioned by the PCT in preparation for their public consultation about the proposed new model for Emergency and Urgent Care Services. The first, a review by the National Clinical Advisory Team (NCAT) was to ensure the proposed clinical model is appropriate and the second review – called the Gateway review examined the PCT's governance, consultation and communication processes. The Trust continues to support the PCT/Clinical Commissioning Groups to develop the service specification for the proposed new model of care. It is important to note that the Commissioners decide the services they wish to commission and are responsible for public consultation (for those changes that require consultation). MSFT is supportive of these proposals which we feel are necessary to maintain safe emergency and urgent care services at Stafford Hospital and to simplify and improve the community's access to emergency and urgent care.

3.2 Vascular Surgery

In line with national best practice, all major and emergency vascular surgery transferred from Stafford to University Hospital of North Staffordshire in April. By being treated in a specialist team, including our own surgeons and radiologists, in a dedicated centre, patients will receive the best quality care and they will have access to the latest treatments and techniques

3.3 Finances

Performance current year to date Income and Expenditure

The 2012-13 financial plan gives an Income & Expenditure deficit of £14.982m at the end of March 2013. At the end of Month 01 (April 2012) the planned deficit was £1.393m and the actual deficit was £1.544m. This was an overspend against plan of £152k.

The overspend is mainly due to an underachievement of savings in the Demand and Capacity Cost Improvement Programme (CIP) workstream. This is a result of the Trust not treating enough patients to meet the 18 weeks activity target, and as a result not generating enough income from treating those patients. In total the CIP programme has delivered savings of £347k to the Trust during April, which is 57% of the forecast savings. It is disappointing to see slippage in the plan at this early stage, but performance is being closely tracked with work stream teams to ensure that any shortfalls are recovered. To address the shortfall in the Demand and Capacity CIP the work needs accelerating. This involves increasing additional capacity by speeding up additional staff recruitment and increasing some temporary

additional clinical commitments. The Directorate teams have been charged with this action.

To achieve our financial targets this year and to continue to receive support from Monitor and the Department of Health we must ensure that our budgets do not overspend and that our CIP targets are met.

Cash

At the end of April the planned cash position was a balance of £250k. The actual cash position was ahead of plan at £2.958m due to a cash advance from the PCT of £2.8m. The Trust is arranging cash support with the Department of Health and the first payment is required and expected in June 2012, at which time the cash advance will be repaid to the PCT.

4 Performance

4.1 Waiting Times from Referral to Treatment

We are not yet achieving the 18 week referral to treatment target for all patients and this remains a concern.

Endoscopy has a robust action plan to treat the patients who are waiting by working at weekends over a four month period. We are still working through a plan to reduce the Endoscopy Outpatient waiting times. . .

Great progress has been made in reaching agreements with our Orthopaedic clinicians to reduce the Trauma and Orthopaedic waiting times. This has already started and a combination of additional Consultants, our existing Consultants working additional session and outsourcing to alternative providers patients who need more minor procedures (where the patient agrees).

We are planning to achieve the 18 week for all specialties by September.

4.2 Cancer Targets

Almost all Cancer targets are now being achieved, with the exception of the 2 week referral to treatment target for urgent Cancer referrals. The aim is to offer appointments within seven days of the referral, thus allowing manoeuvrability in the second week if the patient is unable to come in the first week.

4.3 Staff Sickness Rates

Staff sickness rates are reducing, although remain a concern. In March 2012 the sickness absence rate was 4.84%, compared with 5.26% in March 2011 (the Trust target is 3.8%). Work continues to reduce the level of sickness absence both for short term and long term sickness, including General Managers targeting those areas with higher rates of sickness absence and seeking assurances from line managers that cases are being managed appropriately. Other measures include: formal 'return to work' interviews, training for individual managers and introduction of an updated sickness absence policy.

5 Organisational Information

5.1 Non Executive Director

We are currently in the process of recruiting a fifth Non Executive Director as interviews held in March did not result in an appointment.

5.2 Executive Directors

Margot Johnson, HR Director at UHNS began working for MSFT for 2½ days a week on 23 April 2012. This is an interim appointment.

Aaron Cummins joined the Trust as permanent Director of Finance and Performance on 6th June. Aaron was formerly Director of Finance at Liverpool Heart and Chest Hospital NHS Foundation Trust.

Robert Courteney-Harris, currently Medical Director at UHNS, has been seconded to MSFT as full time Medical Director, from the 18th June. He will replace Manjit Obhrai who leaves at the end of August. This overlap will ensure a full handover. In response to feedback sought from MSFT clinicians, Mr. Courteney-Harris will undertake 1.5 clinical sessions as an ENT surgeon at MSFT.

6 Involving Public and Partners

6.1 Recognising Outstanding Staff

We have launched a new staff awards scheme, Mid Staffs Stars, which, for the first time, encourages nominations from the public as well as colleagues. We very much hope that public, patients and carers will nominate staff as we want to recognise the good work that is going on. Categories for nominations are:

- improving patient care and experience
- improving patient and staff safety

- listening and acting on patient and staff views
- supporting and valuing staff
- improving the way we work.

Nomination forms are available on wards at receptions at both Stafford and Cannock Chase Hospital and are also available on the Trust's website at

<http://www.midstaffs.nhs.uk/Get-Involved/Mid-Staffs-Stars.aspx>

There will be an awards ceremony, sponsored by local firms and suppliers on 28 September.

6.2 Open Day

The Trust is planning a public 'Open Day' at Cannock Chase Hospital on Thursday 16th August, from 4pm to 8pm. More details will be provided a little nearer the date.

6.3 Health Talks

Since March, the Trust has held Health Talks on Osteoarthritis, Lupus and Epilepsy. The next talk is on Healthy Hearts and will be held on 16th July.

6.4 Forthcoming Formal Trust Meetings

Our Trust Board and Council of Governor meetings are open to members of the public. Committee Members are encouraged to attend if they have the time.

- **Council of Governors:** 26th June 2012, 2pm, Post Graduate Medical Centre (PGMC), Stafford Hospital
- **Trust Board:** 5th July 2012, 9am, PGMC, Cannock Chase Hospital. (Please note that there will be no Trust Board meeting in June, and as from July 2012, Trust Board will be held on the first Thursday of the month.)
- **Annual Members' Meeting:** Monday 24th September, Civic Offices, Cannock.