

Report to: Staffordshire County Council - Joint Health Scrutiny Accountability Session
- 27 September 2012

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

Date: 13 September 2012

Subject: Mid Staffordshire NHS Foundation Trust (MSFT)

Purpose of the report: To brief Members of the Joint Health Scrutiny on progress at Mid Staffordshire NHS FT

1. Monitor Review

Monitor have announced that they will be appointing experts to recommend a viable long-term solution for patients who use services currently provided by Mid Staffordshire NHS FT (MSFT).

Following a competitive tender, the experts will shortly start work with the aim of delivering a report to Monitor setting out an agreed plan to provide the hospital services that local patients need.

These experts will form a contingency planning team (CPT) and will start work shortly, working closely with local commissioners and clinicians, building on work already undertaken by the Strategic Health Authority (SHA) and local commissioners to look into options for the provision of healthcare services in Staffordshire. This has been agreed with NHS partners nationally and locally. It will be important that local people and stakeholder groups have an opportunity to express their views.

In due course the experts will also determine the best way of achieving the preferred option. This could involve a solvent restructuring of the Trust or placing the Trust in "special administration". A final report will be delivered to Monitor in Spring 2013.

The Trust is hopeful that the outcome of this review by Monitor will be that decisions are made about which services are to be provided at Stafford and Cannock Chase Hospitals. Reviews of the Trust over the last few years and the national changes to the way healthcare has begun to be provided have led to a growing feeling of uncertainty about the future of the two hospitals. The clinical changes needed at Mid Staffordshire to ensure clinical services can be safely sustained are facing many other small hospitals. The grave shortfalls in care, highlighted by the Robert Francis report, have, rightly, accelerated this review of services.

2. Accident & Emergency Reopening 24/7

On 6th September the Trust Board agreed that the reopening criteria had been/would be met (with mitigation). The reopening criteria had been set at the time the Board had taken the decision to close A&E overnight because of safety concerns. Progress against the criteria has been shared every week with Scrutiny members and members have received previous presentations including one by Dr Bob Coupe, Clinical Lead for A&E.

The Board had previously said that if the reopening criteria were met, it would not reopen A&E 24/7 unless this was agreed by the Commissioners (the Primary Care Trust and the Clinical Commissioning Group for Stafford & Surrounds and Cannock). On 11th September the Commissioners confirmed the reopening criteria had been met/would be met (with mitigation). However, they decided that they did not wish A&E to reopen 24/7. There were a number of reasons for this, which will be explained in more detail at the meeting. It is worth noting that over 1,000 patients with minor illness, who would have attended A&E during the overnight closure, have sought treatment or self treated and we would encourage the community to continue to use hospital services appropriately. During the overnight closure an average of 12/15 patients each night have had to attend/be admitted to other hospitals (this is in addition to the patients whose clinical condition means they should be treated in a specialist hospital). We are working with the Commissioners to provide a service from Stafford so that the majority of those 12/15 patients can receive their care at Stafford Hospital.

3. CQC Visits

The Care Quality Commission (CQC) has now lifted all concerns about Stafford Hospital. This came as a result of visits by a CQC team (including the PCT) to Stafford Hospital on 19 and 20 June 2012. During these visits they reviewed the areas where they had previously registered moderate and minor concerns and also inspected the Hospital against other CQC outcome standards.

4. Public Inquiry

We anticipate that Robert Francis will present his findings to the Secretary of State for Health on 15th October. The report will be made public after that date; this may possibly be late October/early November, although no date has yet been announced.

5. Patient Safety - Infection Prevention and Control

Year to date the Trust is performing better than plan, although any avoidable infection is one too many. The following is the position for MSFT as at 3rd September 2012:

- **MRSA** - there have been 0 cases of bacteraemia year to date. We have an annual (1st April 2012 to 31st March 2013) contractual target of no more than 1 case.
- **Clostridium Difficile** - there have been a total of 7 cases year to date. We have an annual contractual target of no more than 24 cases. Of the six cases so far there is no connection and we have not had any ward outbreaks.

- **MSSA** - There have been 0 cases on or after 3 days of admission year to date.
- **EColi** - There have been 8 cases on or after 3rd day of admission year to date.

6. CQUIN (Commissioning for Quality and Innovation) Performance

Venous Thromboembolism (VTE) Risk Assessment

This is a nationally mandated CQUIN which aims to reduce avoidable death, disability and chronic ill health from VTE.

The Trust monthly CQUIN target is 90% of patients have a completed risk assessment within 24 hours of admission across all adult inpatient areas including day cases, maternity, elective and non-elective admissions. MSFT has consistently achieved greater than 90% in relation to this monthly target in 2012, and achieved 96% for the 1st quarter.

For the month of July 2012 the Trust achieved 95%.

VTE Prophylaxis

This is a locally determined CQUIN which aims to reduce avoidable death, disability and chronic ill health from VTE. Appropriate prophylaxis is to be prescribed, if medically justified, if contra-indicated the clinical rationale for this must be clearly documented with the medical notes.

The Trust CQUIN target is to achieve 100% for VTE prophylaxis.

For the month of July 2012 the Trust achieved 100%

Patient Experience

This is a nationally mandated CQUIN and is based on the annual in-patient survey produced by the Picker Institute.

The indicator is based on a composite calculated from 5 of the survey questions, each describing a different element of the overarching theme “responsiveness to personal needs”. The target for this CQUIN is a score equal to or improved on the 11/12 score.

The National Inpatient Survey will be undertaken later in 2012.

Patient Experience

This is a regionally determined CQUIN aimed at Acute Trusts implementing the Strategic Health Authority’s standardised monitoring framework for patient experience.

The Net Promoter CQUIN data is presented to the Trust Board each month via the Performance Dashboard and the Quality and Safety report.

In July the total number of inpatients surveyed during was 397. This equates to a response rate compliant with the CQUIN requirements i.e. a survey size of at least 10% of inpatients discharges per calendar month.

Date	Net Promoter Score	Promoter Responses	Passive Responses	Detractor Responses	Patients Likely or Extremely Likely to Recommend Our Hospital
April 2012	41	54%	32%	13%	86%
May 2012	55.57	63.42%	28.71%	7.85%	92.13%
June 2012	52.45	62.47%	27.50%	10.02%	89.97%
July 2012	56.17	63.47%	29.21%	7.30%	92.68%

Safe Care

Safety Thermometer

This nationally determined CQUIN incentivises the collection of data on patient harm using the NHS Safety Thermometer measurement to survey all relevant inpatients on a monthly basis. MSFT has submitted data monthly to the Information Centre since April 2012.

For the month of July 2012 the Trust achieved 100%.

Pressure Ulcers

This CQUIN is a nationally determined CQUIN for the reduction in the rate of grade 2, 3 and 4 pressure ulcers per 10,000 bed days over the year through full implementation, having an agreed improvement plan and improvement in the proportion of risk assessments completed and care plans in place and being implemented.

Table below shows the number of pressure ulcers per 10,000 bed days.

Month	Numbers per Month 2012/13	No of Bed days	Pressure ulcers per 10,000 bed days	Pressure ulcers per 10,000 days year to date
April	6	9368	6.40	6.40
May	7	10093	6.93	6.68
June	17	9283	18.31	10.44
July	8	9589	8.34	9.91

The Trust trajectory of 95% for quarter 1 was achieved with 99.4% of patients having had a pressure ulcer risk assessment completed within 6 hours of admission.

In July the month the Trust achieved 99.5%.

The care plan completion trajectory of 85% for quarter 1 was also achieved with 89.3% of patients deemed at risk of developing a pressure ulcer having a care plan in place.

In July the Trust achieved 89.2%.

Falls

This is a national mandated CQUIN aimed at achieving a reduction in the rate of patient falls per 1,000 bed days over the year. All adult patients who are admitted to hospital (excluding day cases and maternity) must have a falls risk assessment completed within 24 hours of admission and a falls prevention care plan implemented for those patients assessed as being at medium/high risk of falls (a score of 9 or above on the falls risk assessment).

The table below shows the number of falls per 1,000 bed days for 2012:

Month	Month 2012/13	No of Bed days	Falls per 1000 bed days	Falls per 1000 bed days year to date
April	61	9368	6.5	6.5
May	48	10093	4.6	5.5
June	72	9283	7.7	6.2
July	60	9589	6.2	6.2

The Trust trajectory of 95% for quarter 1 was achieved with 100% of patients having had a falls risk assessment undertaken within 24 hours of admission.

In July the Trust achieved 95 %.

The Trust falls care plan completion trajectory of 85% for quarter 1 was also achieved with 93.5% of patients deemed at medium/high risk of falls having a falls care plan in place.

In July the Trust achieved 87.5%.

Catheter Life Chart

This is a locally mandated CQUIN that involves implementation of a Trust wide catheter care improvement plan, which regularly reviews the patient's requirement of a urinary catheter. All patients with an indwelling urinary catheter must have a catheter life chart implemented which details all care to be provided and includes a prompt regarding whether a catheter is still necessary.

A monthly snap shot audit is carried out through the Safety Thermometer. The Trust has agreed a stretch target for this CQUIN with compliance required to improve from the initial target set at 75% in July to 95% for the last 6 months of the financial year 2012-2013.

For the month of July the Trust achieved 95.2%

Dementia - Case Finding.

This is a nationally determined CQUIN of the percentage of all patients aged 75 and over who have been screened following emergency admission to hospital using the dementia case questionnaire.

Achieved the Quarter 1 target.

Dementia - Diagnostic Assessment

This is a nationally determined CQUIN of the percentage of all patients aged 75 and over who have scored positively on the case questionnaire.

From the 1st October 2012 information will be gathered via the Trust IT System to evidence our implementation of the CQUIN

Dementia - Referral

This is a nationally determined CQUIN of the percentage of all patients aged 75 and over who have had a diagnostic assessment and have been referred on for further diagnostic advice and/or further follow up.

From 1st October 2012 information will be gathered via the Trust IT System to evidence our implementation of the CQUIN

Formal reporting against all CQUIN goals will commence in October 2012. The Dementia Care Pathway has been developed, agreed and will be signed off in August 2012. An implementation programme has been developed and implementation of this programme will start at the end of August 2012.

End of Life

This is a locally mandated CQUIN aimed at achieving an improvement in all aspects of end of life care including training, metrics etc.

This CQUIN have been revised from the previous target relating to 'Preferred Place of Death' and now includes the following:

- Implementation of the Amber Care Bundle
- Phased delivery of Sage and Thyme communication training across the Trust
- Improvement in the completion of the Liverpool Care Pathway (LCP) (version 12), target 70% of LCPs completed accurately and 90% of End of Life care medication prescribed correctly.

These revised goals will be finalised and agreed between the Trust and the Commissioners.

Medications Errors

This is a locally determined CQUIN aimed at improving the management of medicines within the trust.

There are multiple training events to deliver as part of this CQUIN. These include mandatory training; medicines management and training for new starters and pharmacy bespoke training.

All patients to have a treatment chart completed in full

In Quarter 1, the Trust achieved the CQUIN target set at 95% for all patients to have a treatment chart completed in full. The Trust scored 100% in the 1st quarter.

For the month of July 2012 the Trust achieved 100%.

Medication errors - missed doses

The CQUIN target for patients who have missed doses of medication due to a non-medically justified reason was less than 5% for quarter 1 which the Trust achieved (4.8% missed doses). This target by end of quarter 4 is less than 2% missed doses due to non medically justified reasons.

In July 2012 the Trust score was 7.5% medication errors-missed doses.

Number of Medication Errors

There is a target of 40% reduction at month 12 for medication errors on eTTOs (electronic To Take Out - these are the summaries of patients' medication at discharge)

In quarter one the Trust achieved a 2.5% reduction against the baseline set from the quarter 4 data in 2011/2012.

There were 322 medication errors in July 2012; this was a significant reduction from the previous 2 months which had shown an increase in the number of errors on eTTOs. Ongoing work to reduce these medication errors includes monthly feedback of individual errors and types of errors to junior doctors by the Pharmacy staff.

Discharge

This CQUIN aims to improve the quality of transfer of patients between hospitals. Quarterly reports are submitted to Clinical Quality Review Meeting identifying issues regarding transfers from other Trusts. Each Trust report includes the actions that have been taken as a result of reviewing the transfer issues reported by other Trusts relating to those patients transfers to/from MSFT.

Data was submitted by the Trust in June 2012. The next report is due for submission in September 2012. The Trust is awaiting feedback from other Trust data submitted in June 2012.

Eliminating Mixed Sex Accommodation (EMSA)

There have been no breaches of the EMSA standard since January 2012.

7 Serious Incidents (SIs)

Two further SI's were reported to the Trust Board at the August 2012 meeting, brief details are given below:

Media interest

Following the death of a child, the incident was reported through the hospitals incident reporting system by a member of the A&E staff. This matter was investigated following standard procedures, including seeking details from WM Ambulance Service and the University Hospital of North Staffordshire. Based on these investigations, it was concluded that agreed procedures had been followed and the incident was closed. However, following intense media interest in the case and discussions in the health economy it was agreed that a multi agency review should take place overseen by the Primary Care Trust. At the time of writing this investigation is underway but has not yet concluded.

Allegation against HC professional (assault)

Nursing staff highlighted their concerns that a healthcare worker had roughly handled a patient whilst undertaking a procedure. These concerns were escalated to a senior member of staff, who made the decision to suspend the member of staff concerned whilst the matter was investigated. The patient's family have been made aware of the allegations made and will be kept informed of events. Following standard practice in such circumstances, the Police and Safeguarding Board have been informed.

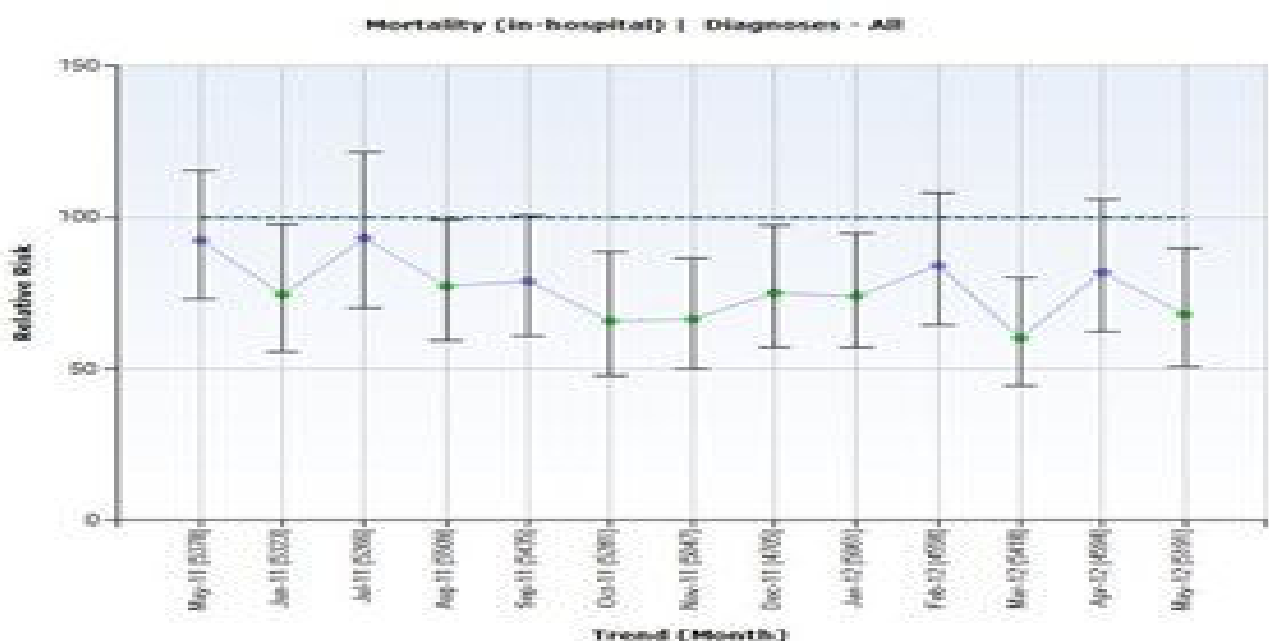
8 Local 'Never Event' - Retained peripheral IV cannula

It was reported to the August 2012 Trust Board meeting that no patient has been discharged with an intravenous cannula left in place during July 2012.

9 Mortality

Following a suggestion at last month's HOSC, the Trust is participating in a HOSC facilitated workshop to discuss HSMR reporting (date to be confirmed).

The mortality and red bells alert information is obtained from the Dr Foster national reporting system. The Dr Foster system compares Trusts nationally based on the 'Diagnosis – HSMR' activity. This refers to a basket of 56 diagnostic groups which account for over 80% of all hospital deaths nationally. The following charts show that the Trust performance trended over time is better than the national average. This is based on the latest information provided by Dr Foster.



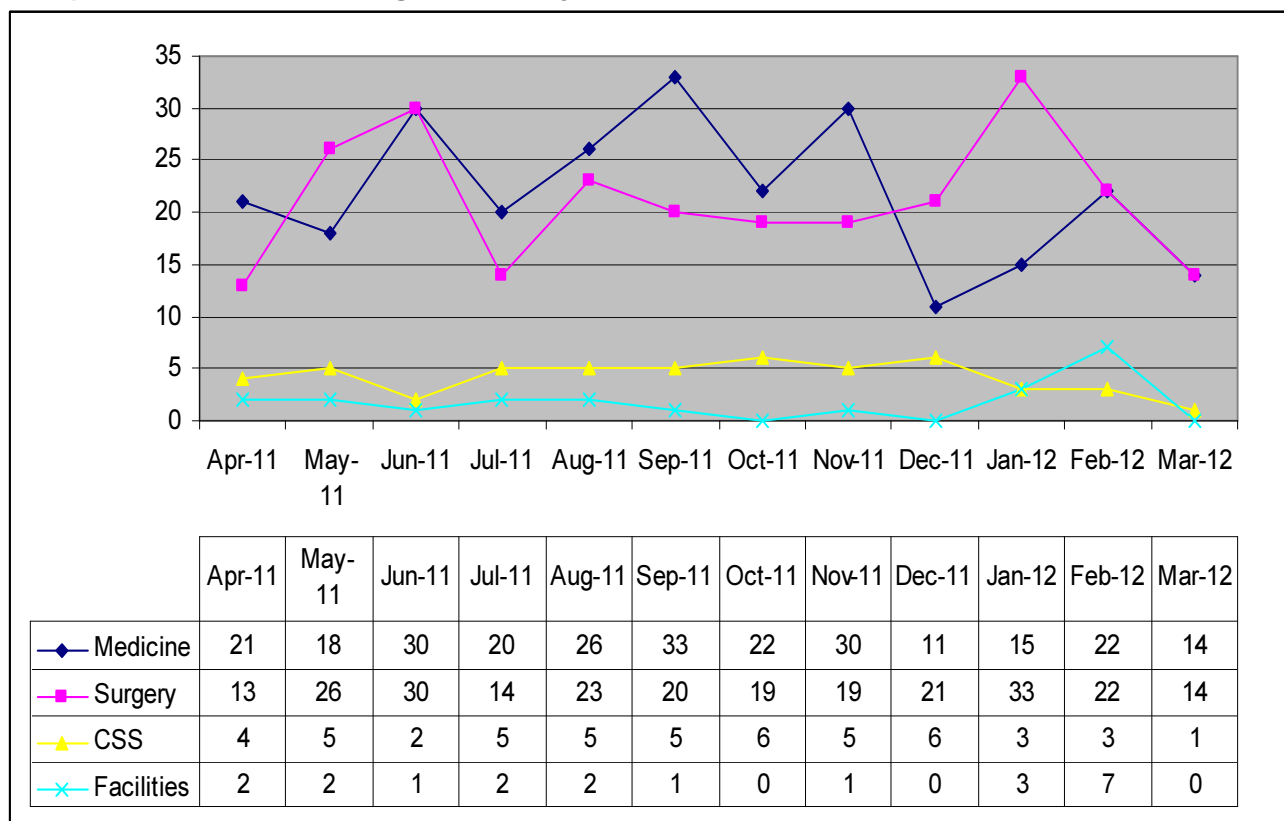
	May-11	June-11	July-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
Actual	77	52	55	62	65	43	55	58	63	62	47	58	50
Expected	83.3	69.8	59	80.1	82.3	65.3	82.7	77.2	85.1	73.6	78.1	70.8	73.4
HSMR	92.4	74.5	93.2	77.4	79	65.8	66.5	75.1	74	84.2	60.2	81.9	68.1

10 Complaints

The following information is extracted from the Complaints Annual Report which went to out Trust Board as item 9.1 on 5 July. The full report can be found on our website at: [http://www.midstaffs.nhs.uk/About-Us/Trust-Board-\(1\)/Board-Meetings/2012/05-06-2012/05-07-2012/Item091.aspx](http://www.midstaffs.nhs.uk/About-Us/Trust-Board-(1)/Board-Meetings/2012/05-06-2012/05-07-2012/Item091.aspx)

The figure below shows the breakdown of complaints for 2010/11 for each of the four Divisions of Medicine, Surgery, Clinical Support Services (CSS) and Facilities. Please note that an individual complaint may be recorded against more than one Division and contain more than one concern. From April 1st, 2012, complaint information is collated under the new Division structures of Acute Care, Emergency Care, Clinical Support Services and Planned Care.

Complaints received during 2011/12 by each of the four Divisions



Top 5 themes by quarter for 2010/11 and 2011/12 respectively

Top 5	2010/2011				2011/2012			
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Qtr 1	Qtr 2	Qtr 3	Qtr 4
1	Medical Care (19)	Staff Attitude (37)	Medical Care (54)	Staff Attitude (58)	Comms (47)	Medical Care (60)	Comms (68)	Medical Care (71)
2	Staff Attitude (18)	Comms (30)	Comms (49)	Medical Care (53)	Medical Care (39)	Comms (58)	Medical Care (65)	Comms (69)
3	Missed diagnosis (12)	Medical Care (25)	Staff Attitude (46)	Comms (45)	Staff Attitude (36)	Outpatient appointments delays/ Cancellations (29)	Nursing Care (65)	Nursing Care (36)
4	Delays in Treatment (11)	Missed Diagnosis (14)	Nursing Care (27)	Nursing Care (27)	Outpatient appointments delays/ Cancellations (29)	Staff Attitude (28)	Staff Attitude (33)	Staff Attitude (36)
5	Outpatient appointments delays/ cancellations (9)	Operation - Adverse Outcome (12)	Medication error / delay (21)	Outpatient appointments delays/ Cancellations (26)	Nursing Care (22)	Nursing Care (28)	Diagnosis missed/ delayed /wrong (24)	Outpatient appointments delays/ Cancellations (33)

Learning from complaints

Each department in receipt of a complaint is also required to demonstrate the learning and change that has taken place as a result of the complaint, and this is recorded on the safeguard database, so that the Trust can check that learning and change is maintained several months later. The following are examples of where improvements have been made following the investigation of a complaint:

- ✓ Following a number of complaints about the provision of interpreter services, alternatives are being considered as part of the Improvement Academy, and it is envisaged changes will be made by September 2012. It is anticipated that changes will improve the patient experience and provide a substantial cost savings to the Trust whilst improving quality. Local community expert groups such as Deaf Vibe have been involved in this review.
- ✓ Following feedback about 'uninspiring wall space' in Outpatients, work has been undertaken to provide new pictures and art work throughout the department. Over 30 pictures are now in place through engaging with our local community who provided the art now hanging in the department.
- ✓ A small number of complaints about car parking information were received. As a direct result, posters have been developed and are displayed at various points throughout the Trust. These posters inform patients and visitors that seasonal passes are available and how these can be obtained.
- ✓ Further to an increase in complaints relating to poor staff attitude in A&E reception, formal meetings have taken place with the staff and recognized Customer Care training put into place. Any ongoing issues will be managed through the Trusts Conduct and Capability Policy.

11 Finances

We have now received confirmation of capital support. This is welcome news and enables us to formally progress improvements to the Endoscopy suite at Stafford Hospital and the introduction of an Electronic Patient Record which will support doctors and nurses in delivering good care.

We have a planned deficit for this year of £15m. At month 4 we are £120,000 behind our plan this is mainly due to an underperformance on our activity and income so far. Included in this position we are £1.1m behind on our savings plan (known as Cost Improvement Programme or CIP) this is because of the activity/income shortfalls. However, we are forecasting delivery of £9.7m efficiencies by the end of the year. Whilst this is a significant improvement on the historical delivery of CIPs, it is still £600k short of our £10.4m target this year and we are identifying alternative schemes/mitigations to ensure the planned figure is achieved.

12 Performance

Waiting Times from Referral to Treatment

Overall for the Trust we forecast to achieve the 18 week target for all specialties by the end of September.

Cancer Targets

We are now making good progress on the 2 week cancer wait target. This is an important target and whilst we did not achieve this in the first quarter, we have had no cancer breaches in July and are on track to deliver for August as well.

A&E 4 hour Target

The other area where of improvement is the 4 hour A&E target which, on most weeks is now being achieved and at the time of writing is 94.95% year to date and 96.27% for August.

13 Staffing

Trust wide our Target is a maximum of 3.8%, year to date our sickness rate is 4.87%.

HR support staff are now up to full strength and a member of staff is being focused on supporting ward and other managers who have particular problems. An internal audit of return to work interviews is about to begin.

Divisional performance reviews continue to focus increasingly on metrics such as sickness absence, including plans for staff who are long term sick.

It is not currently possible to give a credible date by which the Trust will reach 3.8% given historical levels of performance. However, a realistic trajectory is currently being developed for each Division, which will be in place by the end of September.

14 Non Executive Director

We are currently in the process of recruiting a 5th Non Executive Director with interviews taking place on 17th September with a recommendation to be considered by Council of Governors on 24th September with the aim to have the Non Executive Director in post by 1st October.

15 Involving Public and Partners

Cannock Open Day

The Trust held an open day on the 16th August at Cannock Chase Hospital. There were tours of the hospital and information stands from hospital and voluntary organisations. The feedback from members of the public was very positive, particularly about the enthusiasm and commitment of the staff. We plan to run a similar open day at Stafford Hospital next year. We are very grateful to the voluntary organisations, our governors and members of staff who helped to make the event a success.

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.

- **Annual Members' Meeting:** Monday 24th September, Civic Offices, Cannock, 3.30pm
- **Trust Board:** 4th October 2012, 2pm, PGMC, Stafford Hospital
- **Council of Governors:** 18th December 2012, 2pm, PGMC, Stafford Hospital

Public meeting about Cannock Chase Hospital. We will be participating in a public meeting called by Mr Aidan Burley, MP, which will take place in the Davy Unit, Level 1, Cannock Chase Hospital on Monday 8 October at 7pm.

Health Talks

The Trust held a talk on Health Talks in July, which was well attended.

The next talk is on Dermatology and will be held on 10 October at 6pm at Cannock Chase Hospital.