

**PCT QUALITY ASSURANCE
REPORT**

**MID STAFFORDSHIRE
HOSPITAL
FOUNDATION NHS TRUST**

JULY, 2009

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We would also like to thank the numerous managers and members of staff at MSFT who facilitated our involvement, provided information and gave their valuable time to speak with us.

In particular thanks to all the patients and their visitors who gave us their time.

1. FOREWORD

This project was developed as a direct response to the concerns still being raised by patients and relatives through a number of routes relating to care received in Mid Staffs Foundation Trust (MSFT). In comparison there were positive comments being made by other patients and relatives - for example via compliments to the Trust, and the Care Quality Commission, Professor Alberti and the PCT amongst others, all noted improvements since the investigation carried out by the Health Care Commission in March-October 2008. In addition patients were continuing to use the Trust services at the same rate as previously.

Given these mixed messages in the system therefore the PCT needed to be clear about whether or not the Trust was taking all the actions necessary to improve the quality of care, and whether these actions were beginning to have the desired impact upon patients.

By using a variety of approaches such as talking to patients, relatives and staff, observing care, reviewing Trust processes and monitoring performance in key areas, the PCT has been able to reach a more informed view about the Trust's ability to respond to the challenging task it faces.

In general the PCT has found commitment and determination at all levels within the Trust to improve services. The appointment of a new Chief Executive and Chair is warmly welcomed as a pivotal point in this Trust's journey of improvement. They take leadership of a Trust which has already shown considerable promise and some tangible improvements.

However, there is more to do. Staffing levels, whilst improving, continue to be mentioned by patients and staff as an area of concern on some wards. Doctors, Nurses and Allied Health Professionals are not consistently working together in the interest of patients, and the current complaints system is not yet responsive or effective enough to rebuild the confidence of the local community. The Trust recognises this and is committed to making the necessary improvements.

South Staffordshire Primary Care Trust will continue to work with the Trust, our residents and local groups to support the delivery of improvements. A local hospital, providing the best available care each and every day of the year is a mission that will unite us all.

We look forward to working with all of you to deliver this aim.

Alex Fox
Chairman
South Staffordshire Primary Care Trust

Stuart Poynor
Chief Executive
South Staffordshire Primary Care Trust

2. INTRODUCTION

The role of the PCT as commissioner, performance manager and guardian of high quality care for their local population (Dr Colin-Thomé 29/4/09) is one that South Staffs PCT takes seriously. Prior to the concerns raised 18 months ago, we had already been active commissioners of the Trust as detailed below, but clearly did not have the right level of involvement to fully understand the detailed experiences for patients. This is something that was recognised as an improvement area for all commissioners in Dr David Colin-Thomé's report, and we have been at the forefront of developing skills and intelligence to ensure we can operate as mature commissioners and advocates for our residents.

Actions taken to prior to this project:

- Unannounced visits and immediate actions instigated in April 2008, including the introduction of extra "quality" nurses and hostess function into Accident and Emergency Department (A&E)
- An immediate non-recurring investment of £350,000 to support the Trust to implement the above changes, and ongoing investments in Intermediate Care services (£800,000) and GP's working in A&E (£500,000).
- Personal meetings with several concerned patients and families to advocate for resolution to their complaints
- Ongoing programme of quality assurance, including Board to Board challenge, regular quality meetings monitoring contract requirements, unannounced and announced visits, scrutiny of complaints trends, establishment of a GP helpline and attendance at MSFT governance committees where quality issues are discussed.
- Practice based commissioners (PBC) working closely with the Trust to commission/redesign services - particularly around the emergency care pathway- for example GP's now working in A&E, and intermediate care teams actively supporting appropriate discharges.

Despite this considerable endeavour, and some evidence of improvements, the PCT still felt too far removed from the detailed working of the Trust to be fully assured that the Trust was taking the requisite steps to ensure patient care was improving. Therefore we took the unprecedented step as a commissioner to initiate a detailed quality assurance project, which involved a small team working within MSFT assessing a range of areas to gain further assurance or identify key areas for improvement.

The Trust was supportive of this venture and gave considerable amounts of their time to answer the team's questions, and introduce them to the staff. The team would like to acknowledge their efforts, particularly as there were considerable demands on their time already.

3. CORE PURPOSE OF THE PROJECT

The PCT Board approved this 3 month Quality Assurance project to run from 27th April to mid-July 2009 with a brief to assess progress by MSFT against the recommendations set out in the Health Care Commission (HCC) report dated March 2009 and the subsequent reports by Dr David Colin-Thomé and Professor Sir George Alberti.

It was recognised that this project could not replicate the HCC approach but should provide additional information by which to assess the quality of care at a moment in time, it also ensured a direct route for raising specific questions and discussing real time issues with the Trust.

4. PROJECT METHODOLOGY

The project has been led by the PCTs Director of Quality & Executive Nurse supported by a project lead, the PCTs Medical Director and a range of internal and external colleagues on specific areas (see contributor list). The project approach has been to identify a systematic methodology using benchmarks where possible, working with MSFT to establish new methods of measuring patient experience and using anecdotal and observational evidence to create, as far as possible, a comprehensive assessment of the current situation.

The project identified twenty five areas where review and assurance were required and could be matched to recommendations in the reports noted above. This report details findings under each of the following areas which collate the original 25 action points. (See Appendix 1)

These were collated into the following categories:

- **Experience**
 - Site Visits
 - Staffing levels
 - Patient Satisfaction Survey
 - Patient Journey Interviews
 - Feedback from GPs in A&E
 - Complaints Handling
 - Patient Information Update
- **Effectiveness**
 - Delivery against HCC recommendations through the Transformation plan
 - Community Nurse and GP perspectives
 - Paediatric review
- **Patient Safety**
 - Management of clinical audit and outcomes
 - Infection Control
 - Training and Development Opportunities
 - Management Of Serious Untoward Incidents and incident reporting systems
 - Impact of matrons and supervision of nursing care

5. WORKING WITH THE TRUST

The project team have sought to work with colleagues within the Trust and endeavoured to avoid duplication and onerous requests for information that may be available elsewhere. The team generally met with a positive response to initial discussions and requests but it is clear that the Trust is under significant pressure not simply from the impact of the Health Care Commission (HCC) Report, and the effort required to deliver the transformation plan, but also from the associated public scrutiny and a number of other sources. Most specifically a visit by the Health & Safety Executive Core Standards declaration visit, an OFSTED/Care Quality Commission (CQC) inspection on Safeguarding Children and an unannounced visit of the CQC hygiene code team both occurred within one week - 2 were on the same day!

The PCT project team have encountered some problems in obtaining data either as a result of the lack of information within the Trust, availability of recorded information in a way that can be easily understood or managed and the project team requesting information that may not be held in a way that makes provision of this easy i.e. manually held data. However, the focus of the approach has been to emphasise face to face discussion with MSFT colleagues and to explore how the key operational and clinical staff are currently functioning. The importance of the PCT using 'soft intelligence' was specifically mentioned by Dr Colin-Thomé in his recommendations (29/4/09). Therefore the project looked to gain the perspective of current service users and a sense of the underlying culture within the Trust. This is often intangible, and needs a qualitative method rather than quantitative.

With this in mind, the project team carried out a number of site visits which were unannounced (including two governors visits) and attended a wide variety of meetings pertinent to the action areas. They have also interviewed key managers and asked for perceptions from service users, both patients and professionals. The PCT also has a seat on MSFT's Healthcare Governance Committee, Transformation Programme Steering Group and the Clinical Outcomes Group; additionally the PCT team and executives have maintained dialogue with Monitor, NHS West Midlands, Care Quality Commission and Cure the NHS.

The project team would reflect that MSFT is an organisation under significant pressure and members of the team were concerned about the sustainability of the workload many key members of staff are undertaking. It is clear that the demands of this transformation on staff are palpable and substantial.

6. PROJECT MANAGEMENT ARRANGEMENTS

The Director of Quality & Executive Nurse assumed the role of Project Director and appointed a project lead. As agreed at the Board in May 2009 the Executive Directors of the PCT assumed the role as the steering group for this project. They received weekly reports against each of the 25 areas for action.

The same reporting format has been adopted here, with the addition of key findings, overall analysis, recommendations and next steps.

7. REPORT FROM EACH ACTION AREA

The key findings, improvements and areas for further work described in the summary of this report have all been identified via the project team who have worked with MSFT to establish new methods of measuring patient experience and using anecdotal and observational evidence to create, as far as possible, a comprehensive assessment of the current situation.

The following text provides more detailed information from these 25 areas which have been collated under the 3 sub-headings of quality:- Patient Experience, Effectiveness and Patient Safety as follows:

7.1 PATIENT EXPERIENCE

Section 1

Scrutinise 10 Service Areas (Action area 1)

Introduction

The project set out an objective to visit 10 service areas and subject these to detailed scrutiny. The PCT routinely joins the unannounced visit programme at all its providers and follows an internal process with MSFT, joining its governors and matrons on unannounced quality rounds. The format of these was a useful basis but did not cover some elements so the project lead developed a specific proforma.

The project team concluded that the visits should serve three purposes:

- Examine clinical areas and the views of staff about the transformation programme and their understanding of this programme.
- Understand key issues that impact on the effective functioning of the areas visited.
- Identifying areas that were commented on the HCC and Alberti reports and identifying plans and progress at the clinical level to address these.

Areas visited:

- Ward 1 and 2 – Medical Ward 36 Beds including 4 bedded temporary cohort ward
- Ward 11 and 12 – Medical Ward 40 Beds
- Hilton Main – Elective Orthopaedic Ward, Cannock Chase Hospital
- Ward 8 and Short Stay Unit
- Ward 7 – 36 beds
- Trauma and Orthopaedics
- Emergency Assessment Unit
- Clinical Decision Unit – 12 beds
- Accident and Emergency
- Night time handover period

Scope of Visits:

The team categorised the areas of interest as:

- **Clinical Staffing and Deployment**
 - Nursing establishments
 - Recent changes and planned developments
 - Skill Mix and Deployment issues
 - Access to therapist/ support services,
 - Clinical leadership and multidisciplinary working.
 - Use of locums/bank/agency personnel.
 - Access to training and development

- **The Operating Environment**
 - Observed levels of cleanliness and perception of staff and patients about this
 - Is sufficient equipment available?
 - Life Support
 - Lifting
 - Handover protocols and effectiveness of communication.
 - How do staff use incident reporting systems?
 - What information for patients and visitors exist?
 - Have assessment tools been used appropriately?
 - Nutrition, including ability to self care.
 - Pain
 - Pressure relief
 - Are care plans in place and can all staff identify patients with special care needs?
 - How are these being met? How do the ward team access specialist support such as wound viability?
 - What approach to multi-disciplinary working exists?

The Experience of the Patient

- Admission and first impressions.
- Preparation for discharge.
- Relationship to staff and awareness of roles.
- Knowledge of care plan and responsiveness of staff to this.
- Sense of individual care and dignity.
- Sense of security and responsiveness of care, particularly pre and post operative.
- Articulation of concerns and sense of staff engagement.

DETAILED REPORTS

1. Clinical Staffing and Deployment

The visit team discussed the current nursing establishment and the historical changes to this in all the ward areas. It is clear that substantial reductions had been imposed previously and all ward managers commented that these reductions had had a major impact on care over the past two to three years.

The Ward Managers and Matrons spoken to had been with MSFT from 20 years to 8 months; a similar range of experience was found in other staff the teams talked to.

Ward Managers advised that additional funding for posts had been allocated across ward areas and that the focus on improving the nursing establishment remained.

The visit team were impressed with the level of empowerment that Ward Managers had in determining how best to use the hours within the establishment, for example amalgamating two healthcare support worker posts to improve the availability of qualified staff. However, there was a lack of clarity in some areas as to what the final establishment would look like in this financial year. Vacancy factors in each area were variable but most areas were able to maintain the expected amount of nurses on the roster, but with some real difficulty on occasions.

Most Ward Managers commented that they felt better supported by local clinical and corporate management in making decisions around the deployment of their budgeted establishment than under previous management structures. However, in other areas there was a feeling that some issues were not being dealt with such as maintaining Short Stay Unit and Day Ward past their scheduled hours.

However, it was clear to the visit team that all the areas visited remained extremely challenging in terms of staffing levels. At the time of the visits, the qualified to unqualified ratio generally remained at 40:60 in planned establishments but there was considerable effort to move this to 60:40 ratio on the rosters and to secure this in the planned establishment over the next few months. We understand that subsequently adjustments have been made to the budgets at Month 3 and with new staff starting the ratios will significantly improve. The vacancies observed at the time of the visit in some areas meant that significant management time was dedicated to ensuring adequate cover was available for each shift, and a high reliance on the willingness of the ward teams to work flexibly.

A recurrent theme of an improved system to provide bank and agency cover was noted by the visiting team, however the provision of bank and agency nurses was highly variable and again could cause noticeable disruption if shifts were not covered or the staff provided were not au-fait with the requirements of the wards. In specialist areas the ward team maintained a 'sub' bank of nurses who would work solely in that area and tried to manage their requirements as the corporate bank did not always meet their demands.

The visiting team were informed that whilst investment in budgets has occurred, and support for recruitment has noticeably improved, (for example there was encouragement to initiate recruitment rapidly when posts became vacant or where added to establishments), the issue remains as to the suitability of candidates.

All members of staff spoken to by the visiting teams reflected concerns regarding the high number of newly qualified staff recently appointed as part of the overall establishment, however this was balanced by recognition that the senior nursing staff needed to provide a robust programme of induction and supervision.

A number had commenced from January and a number of currently vacant posts have been filled from September with the new out-turn of student nurses.

In addition the need for higher levels of skill and expertise as part of the ward mix is well understood. The development and retention of staff with specialist skills, such as chemotherapy administration, is challenging, and this will impact upon delivering across the wide range of patient needs.

The senior team members could articulate what should be delivered to the newly qualified staff and in some instances could show how this was being implemented. Whilst within some wards that the allocation of preceptors and support to newly qualified staff was appropriate this was by no means a constant. The visit team were encouraged by the comments of student nurses spoken to regarding the support and guidance they were receiving from the wider ward team. The Trust reports that a designated preceptorship post has been appointed and they will support newly qualified nurses and allied health professionals.

The visiting team spoke to a number of junior doctors and middle tier grades. Generally the juniors felt well supported from both medical and other clinical colleagues and whilst it was a very busy job, they did not feel under pressure to work excess hours and were generally able to access bleep free training time. Most commented positively on induction and whilst a number were concerned at the impact of the adverse publicity, they had not noted any particular concerns from patients and their relatives.

However the visiting team did have a small number of discussions that suggested there were an inadequate number of junior doctors available in the ward areas, The Trust has declared compliance with junior and middle tier doctors' rotas with the European Working Time Directive, which is an important requirement.

The organisation of medical staff is ultimately the responsibility of the Divisional Manager and the visit team did detect some tensions at ward level around the operational management of junior doctors, i.e. availability for ward rounds, supporting communication with patients and availability out of hours. However we were advised that all of these issues could be dealt with in conversation with the consultants and did not create an operational problem for staff.

We spoke to two advanced practitioners. These are posts that are allocated to the medical wards and the emergency assessment unit, and the post holders are from a nursing or therapy background and carry out a number of extended roles such as arterial blood sampling. The Trust reports that this role is supported by a specifically designed Masters Programme at the University of Staffordshire.

The Trust report that a professional development nurse for the emergency care unit has now been in post for 8 months and is implementing training against a competency based training plan.

In the Accident and Emergency Department the Emergency Care Practitioner role had been internally validated against agreed competencies.

Specifically in A&E anxieties were raised as to availability of onward community service provision. Therapy staff are based in the unit and work closely with available community Intermediate Care Teams. Mental health liaison is based in the department Monday to Friday 0900 to 1700 hrs. For periods out of hours patients are usually admitted to the Clinical Decision Unit to await the crisis team. This is clearly an area for partnership working which the PCT needs to explore further.

The visiting team talked to members of the therapy professions. They commented that the construct of clinical management plans were strongly aligned to the medical professionals and that therapy interventions were in the main at the request of medical practitioners. It was unusual, due to a lack of resource, for Physiotherapists and Occupational Therapists to routinely accompany consultants on their ward rounds, and communication between medical, nursing and therapy staff tended to be through written requests or verbal communication from the nursing team.

The visit team found some therapists reflected a sense of being marginalised from the clinical management of patients, though these views were from a small number of staff. There were obvious pressures on these services but those staff we spoke to did not feel they were receiving the same attention as nursing establishments, and were unclear as to whether a formal establishment review of therapists was planned.

Key Findings on Clinical Staffing & Deployment

- There have been investments in nursing establishments.
- Medical rotas appear to be EWTD compliant.
- No evidence of a current systematic review of therapy establishments (most specifically physiotherapy and occupational therapies) There appears to be significant pressure on the current resource.
- Some advanced roles have been internally validated without external assurance of these programmes.
- The challenges in recruiting nursing staff with 2 – 5 years post registration experience are of significant concern.
- The high percentage of newly qualified band 5 nurses is a double edged sword; vacancies are filled but the impact of supervision and preceptorship is noticeable.
- The provision (fill rate) of bank and agency staff has improved but the management of this demands a high level of senior clinical managers time.
- Bank/Agency staff are used widely on most shifts.
- Nursing establishment vacancies stood at 4.05% (ref: Healthcare Governance Committee Paper 17.7.09).
- A further 15 Band 5 (newly qualified nurses) are due to join the Trust in September.
- Whilst the overall staffing picture has improved, recruitment remains a challenge and some wards remain inappropriately staffed to meet the needs of their patients on every shift.

2. The Operating Environment

Generally the clinical areas visited were uncluttered, well organised and generally clean.

Care plans and other documentation were in place and broadly of good quality. The visiting team spoke with a number of clinical staff regarding assessment tools and were encouraged that not only could these individuals advise appropriate use of these but could also explain how these processes were linked to prescribing and implementing direct care. For example, one Health Care Assistant commented on the improvements in the speed of provision and the availability of pressure relieving mattresses and the visit team were encouraged that both qualified and unqualified staff, where appropriate, could

rapidly implement interventions based on the use of assessment tools. However, there were variances found in the completion and application of these tools.

There was a reasonable provision of equipment, for example in the areas of lifting and life support, and those members of the ward team spoken to felt they were adequately trained in the use of these and updates such as manual handling and lifting were available to them. However there were also noticeable delays in some areas such as infusion pumps and although MSFT are addressing this we would reflect some concern at the length of time taken to procure such equipment.

We discussed how clinical decisions were managed and communicated, we are concerned that we could not define a consistent approach to multi-disciplinary team working. It was evident that ward rounds occurred, and that on a weekly basis it would appear that some form of internal audit/peer review meeting occurred where individual patients were reviewed away from some wards, but given the nature of some of the admissions the visit team would have expected more certainty about how multi-disciplinary working involved the medical staff, this view was not challenged by members of the clinical staff spoken to.

One aspect of the weaknesses in the nursing establishment is that bank and agency staff are used on almost every shift and the provision of these staff and occasionally the quality of individuals is variable. It was reported to the visit team that on occasions the provision of direct care can be adversely affected by this. Staff reported that they regularly submit incident forms and the three main categories of incident were articulated as:

- Staffing
- Trips and falls
- Communication
 - Between members of the clinical staff
 - Between medical staff and patients

There was variability in what each area would report as an incident and some areas seemed to be more inward looking in dealing with incidents than others. There is an on line incident reporting system which was introduced in April 2007, some staff were very happy with it but others less so. This appeared to reflect some teething issues with the system off line rather than basic flaws.

We were unsure as to how much of the themes emerging from incidents and the associated learning was in place at department level but this area is explored elsewhere in this paper.

There was real focus on managing patient and carers' verbal comment/ complaints but the visit confirmed the emerging theme that both resourcing and the availability of time at an operational level to deal adequately with written complaints was limited. Further observations are contained within the complaints management section of this paper.

Key Findings from the Operating Environment:

- Generally assessment and the management of patient needs are reasonable but staffing levels and skill mix continues to impact in this area.
- The use of Short Stay Unit (SSU) out of hours and the level of outliers, particularly in the Clinical Decision Unit, require further management action.

- The processes and the culture of multi-disciplinary team working are variable and more work is required to engage the medical staff in this.
- Incident and Complaint management at ward/directorate level is improving. The establishment of divisional review panels will help embed learning in front line staff but the evidence of this is limited at this stage.
- Cleanliness and infection control procedures as observed appeared reasonable.
- Equipment levels have improved and further uplifts are expected although there are delays currently.

3. The Experience of the Patient

The visit team spoke to a small number of patients in all the areas they reviewed, normally around 5-8. This is a small unscientific cohort and the views expressed should be taken as subjective opinion. However there were a number of consistent views and we have reflected these below.

Generally the patients were content with their personal care and their relationship with the nursing team, although some of the patients did report concerns about care they had observed for more highly dependent patients who could not mobilise or easily feed themselves. The patients in most wards confirmed that it was a busy environment and that the nursing staff were fully occupied throughout their shifts and that they felt the nurses were over stretched and constantly 'rushing around'.

However, there was a strong theme regarding to the extent that patients felt involved in their clinical management and the quality of communication from medical staff.

Approximately 60% of patients spoken to felt strongly that they were not kept fully informed about their treatment plan. Other patients did comment on this also, though with less strength of feeling. Patients who expressed these views were all either awaiting interventions or the results from an intervention. Two patients had had interventions cancelled at short notice and were unclear regarding how these would be reinstated. All patients commented that they were aware of who their consultant was, but that they had interacted with a variety of junior and middle tier doctors, some of this communication had clearly irritated these patients.

An example was given of a patient who was awaiting the results of some blood tests who constantly had to ask when they would be available and was finally advised by a junior doctor that "they looked OK"; the patient was insistent that a more senior doctor came and discussed the results, which did happen.

However, in two areas where the team felt staffing and the type of environment was more frenetic than others, Short Stay Unit and Emergency Assessment Unit, all patients spoken to were happy with the care they received and whilst reinforcing the perception of how busy the wards were, felt they understood the plan for their care.

Information provided to patients on admission and discharge appeared adequate, and the visit team felt that patients had good knowledge of the ward environment and the roles of the ward team.

Further information of patient's perceptions is contained within the Patients Story section of this paper.

Key Findings from the Patients Experience

- Generally patients were content with their personal care and their relationships with the nursing teams.
- However some patients commented about response to call bells and access to pain relief. This seems to support the view that staffing numbers and skill mix issues continue to impact on patients, despite the additional investment
- Communication between medical staff and patients requires further consideration.
- Some patients felt detached from decisions about their clinical management
- Some of the patients did report concerns about care they had observed for more highly dependent patients who could not mobilise or easily feed themselves.

Section 2

Assurance re staffing levels (Action area 5)

Introduction

Sufficient numbers of experienced and trained nurses on each and every shift are the fundamental building block of good patient experience. This is a complex area in which it has been difficult to access accurate data and simple benchmarks by which to make meaningful comparisons. It is clear however, that increasing nurse staffing levels remains a priority for the Trust, and they have already shown considerable commitment to improving funded establishments.

Current Picture

In March 2008 the Trust Board agreed a £1.8m investment in nurse staffing, with a second investment of £0.7 m agreed in May 2008. The Trust reports that this has largely been recruited to, but that the professional view was that gaps still existed in achieving optimal staffing levels. This was outlined in a report in March 2009 to the Board who agreed further investment to meet some of the additional staffing required.

The Trust is currently producing detailed information about the success of recruitment to this third investment. Even if wholly successful, this would still leave a gap of 16.8 full time

As part of the transformation programme, the Trust plans to carry out a further establishment review using a recognised national tool. This review will focus on patient activity as well as skill mix and will be discussed as part of an ongoing work programme.

Available data

With the support of the NHS West Midlands we have been able to make the following observations on staffing levels.

- There have been increases in budget establishment since 2008/2009 (Fig1)
- MSFT are spending above the budget to ensure staffing levels are maintained. (Fig 1)
- There appears to be an increasing Qualified Nurse to bed ratio for the period September 2004 to September 2008 overall, though there are yearly variances in between (Fig 2).
- There is an overall 'growth' trend in the workforce for the period September 2006 – April 2009 (Fig 3)
- Medical and Dental staff have increased by 103 full time equivalents (FTE) between September 2004 – April 2009

Figure 1 below demonstrates that MSFT are exceeding budget to provide more qualified staff and to maintain rosters at a high level than previously. This is likely to reflect the use of bank and agency staff which does create some challenge for the Trust as highlighted in other areas of this report.

Fig. 1

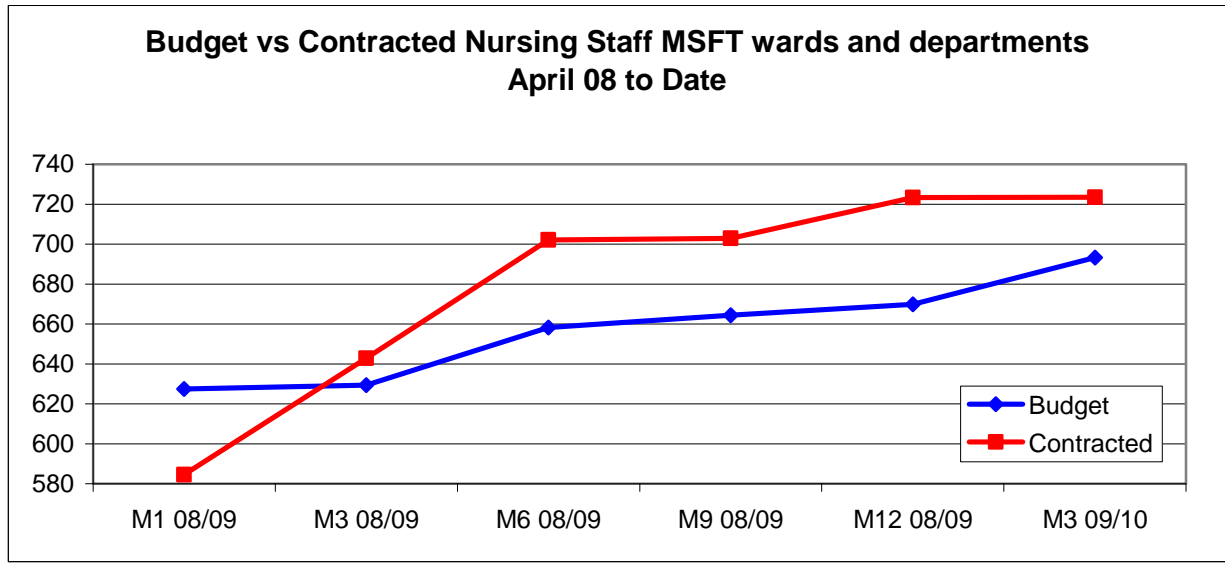
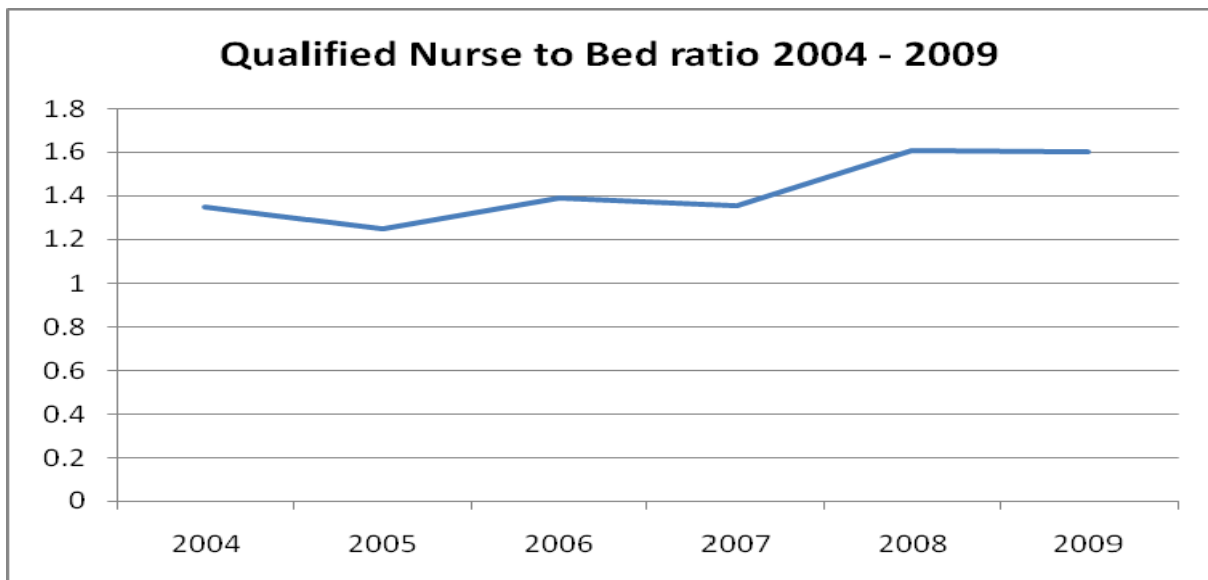


Figure 2 shows an increase in the qualified nurse to bed ratio since 2004.

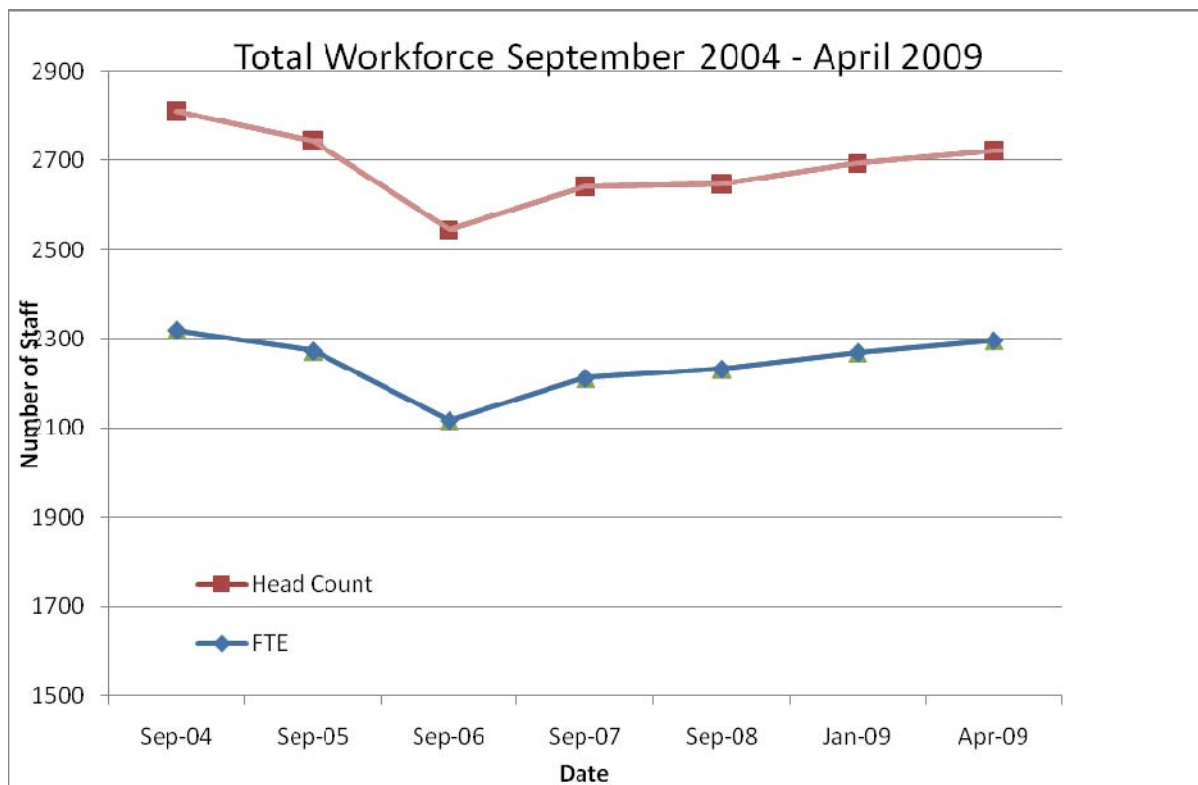
Fig. 2



To count the beds must be staffed and open. Beds that are funded but not available (perhaps due to staff vacancies) should not be counted.

Figure 3 does not differentiate between clinical and other staff, but does demonstrate a marked reduction in workforce overall in 2006, and a steady increase since.

Fig. 3



Patient experience

Despite this positive investment in nursing, some patients reported that staff seemed too busy to respond promptly to their needs. We met staff who appeared under pressure, and the additional numbers of newly qualified and bank/agency staff require more supervision from experienced staff and therefore create an additional workload in the short term.

Therapy Staffing

There does not appear to be a similar establishment review of therapy staff in progress. Many patients rely on the multi-disciplinary team approach to hasten their recovery and therefore the therapy staff are of equal import. The PCT would wish to see a similar exercise undertaken for therapists in the near future.

Medical Staffing

The number of medical staff has also increased and the Trust is reporting full compliance with the European Working Time Directive. However the PCT would wish to explore levels of expertise and skills across rotas - in particular within general surgery, and this work is being taken forward via the respective medical directors.

Key Findings

- MSFT have invested in increased budgeted and contracted nursing staff at ward level, and are actively recruiting to meet the revised establishment levels.
- The qualified to unqualified ratio falls short of national benchmarks in some ward areas, though this may not be inappropriate depending on patient dependency and activity.
- The Trust will use a national acuity tool as part of the transformation programme to undertake a further establishment review.
- Therapists should be included in this thinking.
- Medical staff have increased and the Trust reports as compliant with the European Working Time Directive (EWTD).
- Some patients still report insufficient staff as a reason for their care needs being unmet.

Section 3

Patient Satisfaction Survey (Action area 6)

Finding out what patients really feel about their care is crucially important for providers and commissioners alike. Whilst there are a number of ways this information is currently collected (national patient survey, MSFT's MORI poll, Patient tracker project etc) none of them have provided sufficient quantity or robustness of data for the level of assurances we seek. Hence we developed this innovative project which is jointly sponsored by the PCT and MSFT. WMNHS will oversee this project and have allocated a specialist registrar in public health, to manage this, supported by a lead consultant. Agreement has been reached on the methodology and the documentation for the survey. The process will produce an initial analysis of findings in September - therefore outside of the timescales of the 3 month QA project. It will therefore form part of the ongoing work programme.

Methodology

Sampling will be a stratified random sample with three data fields:

- Age
- Speciality
- Source or route of admission (It will exclude planned daycase but will include in-patient planned admissions.)

Sample size for each cohort (planned / unplanned) is proposed as 1,000 per month however this requires confirmation dependant on the total number of patients available to sample on a monthly basis; it is envisaged that a 50% return rate would be achieved. The Board is advised that a smaller response rate could still provide robust analysis.

The questionnaire will test both specific interactions with staff, such as the ability to speak to senior doctors or nurses about their care and the experiential aspect of the patients journey, such as patients being able to explain how they felt. In essence the output should measure if patients felt both cared for and cared about.

Timescales

Milestone	Date for Completion
Finalise contents of covering letter and questionnaire	8 th July - completed
Finalise layout of questionnaire with scanning company	17 th July
Obtain sampling frame and list of patients for month of July	17 th July
All addressed letters and numbered questionnaires to mailing company	24 th July
All letters and questionnaires sent by mailing company	31 st July
Results collated and return to SHA	28 th August
Report of first month's results	11 th September
Subsequent months mailings and results subject to lessons/outcomes from first run	

Key Findings

None available until September.

Section 4

GPs in A&E feedback (Action area 9)

A number of GPs working in A&E were spoken to as part of this project. They currently provide primary care services in A&E, and are employed by the PCT. They only deal with those patients identified as primary care, and these are triaged through to them. They do not work in the CDU and have no bed admitting rights, but refer onto colleagues working within the Trust should they feel this is necessary for their patient.

They confirmed that most nurses are now trained in triage where previously there were only 1 or 2. They do not have a role to play in service developments, and some were able to comment that equipment was available, and patients generally reported satisfaction with the service they had received.

Key Finding

- Nurses have received training and are undertaking triage.

Section 5

Complaints Management Systems (Action areas 11 and 18)

The HCC report highlighted concerns about complaints from patients and this theme was reinforced by both follow up reports and the views of the Cure the NHS group since publication of the HCC report in March 2009. This was a very important area for the project therefore. The team were made to feel welcome by MSFT staff concerned with complaints and our requests for information have been met in a timely fashion

Main areas of concerns which the QA project team explored are:

- Consistency of expertise and ownership across all staff groups within each division.
- Patients & relatives report inaccurate and delayed responses to complainants and a number of complaints about the complaints.
- Consultant body do not appear to be fully involved - anecdotal reports that they are not aware of complaints involving them/their teams.
- Clarity of management accountability within divisions and links to central team, plus performance management of the system.
- Complaints are increasing, and consistent themes remain.

The team has reviewed MSFT's reports and discussed these with the complaints manager, the key themes are:

- Medical Care
- Staff Attitude
- Missed diagnosis
- Delays in access to treatment/ admission
- Communication

The project team identified that the following are areas of concern and that failure to improve would reduce MSFTs ability to improve public confidence:

- Responsiveness
- Quality of Response
- Management Accountability and learning from complaints

The CQC were also interested in the effectiveness of the complaints system and they carried out a visit over 2 days in June. The project team agreed with the CQC team that

they would carry out detailed on site discussions and we worked closely with them to confirm our understanding of the current situation.

The lead from the PCT has met the CQC twice and feedback was also given at a meeting with MSFT and Monitor on the 25th June 2009. The PCT team have also used meetings and unannounced visits to inform their understanding of progress in this area.

Responsiveness

The Trust reports a 100% response rate for written acknowledgement within 3 days and a 70% response rate for verbal contact within 3 days by the investigating officer (as per new DH policy). Prior to the new Complaints Regulations, the 25 day standard for initial response was not being consistently met and that whilst there may be some statistical issues due to reporting dates there is a wide variety within divisions and across the Trust in achieving this standard.

In May 2009 the complaints response for the Trust YTD was 72% in 25days. Whilst this timescale no longer holds, the report used this as a useful benchmark - 70% is the national average.

However the complaints response rate is highly variable across divisions with Medicine reporting 37% response rate within 3 days and surgery was highest scoring at 77%.

If complainants are dissatisfied with the final response, they have the right to pursue this further, known as "second stage". Between 2005-2008 64 complaints were sent for second stage review (average of 21 per year). In 2008/2009 this had reduced to 5 - which is evidence of good progress in achieving resolution locally.

The management of complaints gives an insight into the culture and resourcing of this important area and although MSFT has highlighted changes in it's transformation plan covering a range of actions all but one of these is graded medium risk and have report dates (although there are milestones prior to these) in September / October.

The corporate complaints function provides a central registry function and the expectation is that the response and implementation of learning resides within the directorates. This is not unreasonable providing the resource and the culture for this to happen is in place. Observational evidence suggests that there is a highly variable range of expertise and accountability tasked within directorates to investigate and manage the generation of an appropriate response. This compounds the issues with responsiveness as where this is a more junior or inexperienced investigating officer their ability to influence others to comment and provide information in a timely way is limited. A training programme is in place for investigating officers.

CQC will produce a report from their 2 day review and the Trust welcomed their input and will produce an action plan. The PCT will work with them as part of the ongoing work programme.

Quality of Response

The HCC report highlighted over 35% of complainants within the report were dissatisfied with the first response. There is comment in other reports that there have been

improvements but there is little evidence in either the divisional reports or other discussions that would allow the PCT to be assured that quality was no longer an issue. As the complaints changes embed, 2nd stage referrals to the PCT will add to our measure of this – and will inform our ongoing dialogue with the Trust.

We attended a complaints review meeting within MSFT. The perspective gained is that there have been improvements in the system over the last 4 – 8 weeks under which greater scrutiny of the complaint and the response is undertaken at divisional level prior to the complaint being sent out under the Chief Executives name. A small number of complaint responses were reviewed by the CQC and were found to be broadly satisfactory. Again this indicates progress but there is still work to do.

Management Accountability

The recent reports (which pre-date the emphasis under the transformation plan of the divisional review meetings) do not contain any action plans or accountability to take the actions noted forward. The team have not seen evidence of alternative ways of managing this but these may exist. It would appear that the ownership and drive to manage complaints at an operational level has historically been lacking but the current work under the transformation plan may address this.

However, the current culture makes staff 'cautious' about how they respond to complaints and there is quite low confidence amongst some clinical staff the team met which needs to be managed through the divisional review process and greater profile of general management involvement in the process. The medical division review meeting went some way to demonstrating the willingness to take these comments on board.

Resourcing for Investigation and Managing Lessons Learnt

There are named individuals who are involved in the process at a corporate level. There is a nominated Complaints Manager reporting to the Head of Governance and also clerical support to this function.

There has also been a doubling of complaints recently placing additional pressure on the system at this crucial time. Some, although this cannot be quantified, relate to events covered by the investigation period of the HCC. Whilst this does not reduce their importance it does not offer insight into recent or current areas of patient concern. The reported complaints are;

1st April 2008 to 8th July 2008 total received 90

1st April 2009 to 8th July 2009 total received 162

There is clearly action to reinforce the role of divisional review and general manager oversight. There has also been training in the past year for investigating officers and there is a central list of trained personnel. Nevertheless, our observational evidence is that some of these individuals may not have the power to manage more senior colleagues in difficult complaints and are unclear about their level of empowerment to challenge behaviours.

Equally, there are improvements in reporting and forums to discuss learning from complaints but again these are so embryonic that evidence of adequate bedding in of changes initiated through patient comment or complaints is difficult to define

Compliments

The other side of the patient experience picture is compliments. These have continued to increase over recent months as indicated below.

Division	Quarter 1 2009/10	Quarter 4 2008/9
Medicine	873	514
Surgery	551	265
CSS	247	84
Facilities	252	102
Total	1923	965

Key findings

- The performance management and ownership of complaints from corporate through to directorate levels remains variable.
- New emphasis on monitoring and managing performance through divisional review forums may improve this.
- Development and support to key individuals involved in the process is required.
- Frontline staff have reported in interviews that there is greater management visibility in the complaints process than previously.
- The lack of understanding about 'open' complaints and the lack of consistent management of follow up meetings with complainants are of concern.
- Little evidence of how outcomes from complaints, themes and learning were being implemented and improvements realised was identified. This is an area that MSFT management are addressing by the divisional review panels to achieve, greater accountability of divisional general managers and working to improve frontline staff understanding of these outcomes.
- National changes to the complaints system in April 09; the need to restore public confidence & the continued increase in the number of complaints will add pressure to the system. The Trust needs to implement their planned changes swiftly.

Section 6

Patient stories and patient flows (Action area 14)

The team undertook an evidenced-based study to capture the views of patients currently undergoing inpatient care at MSFT. Whilst interviews with patients currently receiving services may restrict the candour of the participant, the chosen methodology aimed to eliminate the risk.

Objective

To capture and understand whether the 'Real Experiences of Actual Care and Treatment' (REACT) of patients admitted to Mid Staffordshire Foundation Trust (MSFT) have changed since the publication of the Health Care Commission report.

Design

Qualitative study which applies principals from the Institute for Innovation and Improvement, 'Experience Based Design (EBD) approach and 'Discovery Interview' methodology for capturing the experiences of 32 adult in-patients at MSFT during June and July 2009. Together with a review of the quality of patient records with regard to organisation, completeness, accuracy and appropriateness of interventions.

The study has three elements;

1. Analysis of 'Touch Points' and associated Emotions
2. Analysis of transcribed interviews
3. Review of clinical records and observation charts

** Key elements of a generic in-patient pathway assessed against patients feelings at that point in their experience.*

Setting

Wards eight, ten, eleven, Trauma and Orthopaedic (T&O), Emergency Assessment Unit (EAU)

Participants

Thirty two adult in-patients consented to being interviewed

(Twenty three adult in-patients declined consent to being interviewed)

Twenty five patients who were interviewed were non elective admissions

Seven patients who were interviewed were elective admissions

Limitations of the interview process

- This is a 'snap shot' qualitative study which aims to assess current in-patient experience at MSFT and does not claim to be statistically significant. It will make some judgements on a qualitative basis only.

- The majority of patients interviewed were often unable to leave their bed space and were aware that their responses could be overheard by neighbouring patients and staff attending patients in the vicinity. It is considered that the 'Hawthorn effect' (this is a potential risk of bias in patient responses due to being interviewed whilst admitted) will therefore have had some effect on patient responses.
- There is no control cohort studied in any other Trust in the locality with which to compare these results.
- This is a pilot study which may be used for future patient experience studies.
- It is aimed at capturing experiences on a wider scale than those described within the HCC report including patients on planned care pathways and those on the Trauma and Orthopaedic ward. It did not consider the experiences of patients on Paediatric or Maternity and new born pathways.
- Numbers of patients are small and findings are therefore 'anecdotal' and not to be considered as statistically significant.

Summary Results

Hygiene and Cleanliness

Patients felt that this was good with very few negative comments regarding this theme. Patients witnessed staff to be washing their hands regularly and there were many compliments about the cleanliness of the hospital in general. Two patients who had been inpatients during the last year noted significant improvements in general cleanliness.

Pain

This remains an issue. Half of the patients responding or making a voluntary comment related to the management of pain, expressed concerns with waiting for pain relief or poor management of their pain in general.

Dignity and Respect

Most of the patients interviewed felt that they were treated with dignity and respect and there were many compliments about the attitudes of staff in general. However there remain some issues. Anecdotal information from this study suggests that this was more apparent on busy reactive wards such as EAU and the Trauma and Orthopaedic unit and during night shifts where staff had less time to care due to the staffing levels.

Eating and Drinking

There were several concerns raised within the HCC report relating to this theme. This study found that in general patients were happy with the food, had been offered a choice and had not felt hungry or thirsty. There were 3 patients who were 'Nil by Mouth' either because of a medical problem or because they were waiting for an operation. There were no concerns relating to extended or inappropriate periods of starvation in the cohort of patients reviewed, or of incidence of patients being fed inappropriately.

There were several frail patients who lacked an appetite and who told us that they were encouraged to eat and given a choice. However one elderly gentleman indicated he was not getting all the support he needed from all of the staff.

One blind lady expressed concerns. She coped with her disability by asking for support from neighbouring patients and relatives, rather than expecting the busy staff to help her. She was concerned that other blind people would not ask for help. However another patient who was also blind and very dependant told us that he was given all the support he needed with all of his care. Other frail patients requiring support to uncover and eat their food told us they were given the help they needed.

Staffing Levels

This is the most referenced area of concern for patients in this REACT study. They frequently associated waiting for pain relief and delays being taken to the toilet with the inadequate staffing levels in the hospital. This problem was inherent across the areas studied and of particular note at nights and during the weekends. One man told us that he was fearful for his and other patients safety one Saturday night, when agency staff had let the ward down and senior staff were attempting to ring round for cover.

Patients who had been in patients within the last year

Three patients interviewed during this REACT study had been admitted to MSFT during the past year. All three described significant improvements in their current experience compared to their last admission to the hospital. This included improvements across three or more of the five themes identified within the HCC report. However they all considered that there were still issues relating to inadequate staffing levels.

Planned versus unplanned care

Seven out of the thirty two patients were admitted via a planned care pathway and in general their experiences were more satisfactory than patients who were admitted on an emergency care pathway. They reported good management of pain relief and high level of dignity and respect and over all care.

Communication between teams

Communication issues were raised by a number of patients when they discussed the 'Touch Point' 'Waiting'. Several patients felt that their treatment had been delayed because of the lack of efficient communication between clinical teams and referral processes to specialist clinicians in and outside of the Trust.

Pre Hospital Care

Two patients expressed concerns about the care they had received from their GP prior to being admitted to hospital. They felt their diagnosis had been missed or significantly delayed as a result of the care they received. One patient said she had been made to feel a nuisance by her GP.

Patients who declined consent

Of the 23 patients who declined to interview most did not give a specific reason. Some were waiting for visitors, or to go for a test, or just didn't feel like it. 2 patients told us they had been interviewed previously and were concerned that their information would not remain anonymous. They had been approached during a recent previous admission and consented to interview. They weren't clear who this was with. Following their interview they were then approached by other people regarding the content of their interview which they had been assured would remain anonymous. They had felt very uncomfortable as a result. One lady told us she didn't want her story to be in the paper.

Conclusions

The qualitative results of this REACT study suggest that patients are experiencing some improvements in their care at MSFT since the publication of the HCC report in March 2009 particularly with regard to cleanliness. However there remain significant areas of concern regarding the management of pain and also waiting for help with basic care such as washing and going to the toilet. In general patients relate these areas of concern to inadequate staffing levels within the Trust.

The current experiences of three patients who have had previous and recent admissions to the Trust suggest that there have been significant improvements in overall care. However they all believe the hospital is currently short staffed.

In general patients' notes were disorganised with loose papers and results forms.

The use of paper-based care pathways worked well for planned care admissions and less so for those patients without complex needs and multiple pathways.

Observation charts were generally kept up-to-date and incorporated an early warning system to alert staff to take actions when vital signs fell out of normal range. Fluid balance charts were less well maintained and it was often not clear whether a chart had been discontinued or just not filled in.

The workstream requested the PCT Medical Director reviewed the notes of those interviewed. Although initial Caldicott issues were resolved, a detailed analysis of patients records was not possible within the timeframe. However the team were advised that from a medical point of view the initial impression gained was that all necessary tests had been performed in a timely manner and a reasonable working diagnosis had been arrived at fairly early on in the patients stay and relevant medical care was put into place to meet the patients needs.

There is a clinical audit process within the hospital, however the extent of this and its comprehensiveness has not been confirmed to the PCT MD. There are several mechanisms that would trigger a detailed analysis of patients' notes.

There were no official complaints raised about the hospital by patients during this study. However several concerns noted by the Interviewer relating to pain relief and general care were raised immediately with ward managers and the Assistant Director of Nursing on the same day.

Key Findings

- Ward staffing is not always adequate to meet patients perceptions of care needs.
- Pain control and basic care needs were highlighted specifically as issues of concern to patients.
- Those patients who had been admitted previously commented on the improvement in their experience.
- The level of cleanliness was commented on positively.

Section 7

Burdett Trust (Action area 15)

This relates to a developmental approach to improving the ability of Boards to understand the quality agenda “from Board to Ward”. It is a national initiative and supported locally by NHS WM. The Trust is keen to be involved in this work, but there needs to be a full Board in place for the project to succeed.

Application to this project therefore has been deferred.

Section 8

Patient information (Action area 21)

The production of a bedside information pack is part of the transformation plan but has not been achieved within the timescales. This is intended to provide patients with helpful information relating to their stay including how to raise concerns. It has been developed in conjunction with patients and has been sent to printers. Final copies are expected 7th August.

A range of patient information is also given in the pre-operative assessment unit. Indeed the Trust has subscribed to a software system which provides online access to information pertaining to a large number of different procedures. This is then printed out for patients by the nurses at their visit.

It is disappointing to note that the Essence of Care audit in tissue viability found that although patient information is available to help patients reduce the risk of developing pressure ulcers, it is not being issued consistently by staff on wards.

Key findings

- There has been a delay in printing the bedside packs but they are expected on 7th August 2009.
- A wide range of information is provided for patients at their pre-operative assessment.

7.2 EFFECTIVENESS

Section 1

Deliver against all the recommendations in HCC report (Action area 2)

The HCC report made several recommendations of a general nature relating to the Trust Board's arrangements for overseeing the quality and safety of clinical care within the Trust. The body of the report also identified specific issues about care which included staffing, essential care needs being met (pain, nutrition, dignity & communication) and medical leadership, amongst others.

MSFT have produced a Transformation Programme to address this and the other recommendations made in the further national reviews. The PCT has representation at both the Transformation Steering group, and the Healthcare Governance Committee. Exception reports will also be discussed at the monthly contract monitoring meetings (Clinical Quality Reviews).

There are 107 goals and they are rated at different levels of priority, in recognition that it is impossible to deliver all of the actions at the same time. It is pleasing to note that staffing is viewed as one of the 11 top priorities as that mirrors the views of the QA project team.

At this stage it is too early to be fully confident that this will be delivered on track although progress has undoubtedly been made. The programme is being led by a Director with support from a full time project manager, which is an indication of the Board's commitment to this programme.

The main issue is less about completion of the actions on time, but whether they have the desired impact upon patient care, this can only be validated over time.

Key findings

- The trust has developed a 107 point plan to deliver the required improvements.
- 11 of these have been prioritised and include staffing levels, patient experience methods and review of Clinical Decision Unit.
- Progress is being made but it is too early to say what impact the actions are having on patient care.

Section 2

Quality Accounts and Standardised Performance of Quality of Care (Action area 6)

Considerable work has been put in place by the Trust to performance manage the quality of nursing care. The quality dashboards which illustrate performance against nursing quality measures are visible on each of the service areas. These include nutrition, falls, infection rates and controlled drugs amongst others. These feed into the divisional governance reports,

The Trust has also implemented a system of “quality rounds” which are effectively an inspection by the Matron against a template. This appears comprehensive and includes reviews of patient records and observation charts, and the introduction of a pain audit tool. Despite this work, there are still concerns from some patients about pain relief, completion of charts and medication. Therefore whilst this approach to setting and monitoring standards is to be applauded, it will need to be rigorously enforced if it is to deliver the desired improvements in care.

Revised reporting structures and changes to existing groups were agreed at Healthcare Governance Committee in March 2009. It is therefore early days to comment, but ongoing work needs to ensure the concern identified in the HCC investigation that high level reports must provide sufficient detail for underlying issues to be recognised and addressed at a senior level. Divisions need to ensure that their reports into these committees demonstrate that they are delivering improvements, as well as addressing identified concerns.

Performance management of the quality of medical care and clinical outcomes is also being addressed, but is not yet comprehensive. For example the Healthcare Governance Committee received a paper relating to compliance with NICE guidance which showed variable adherence across medical teams.

Work relating to the Quality Accounts has commenced and will be discussed at the monthly Clinical Quality Review meeting in August. (This is the PCT led meeting which reviews the quality schedules in the contract with providers)

The trust is part of a national IT project to develop clinical quality metrics, which are being led by Consultants within MSFT. This is an important development

Divisions are performance managed by Directors at their regular meetings, and a range of quality indicators are discussed in these fora.

Key findings

- Quality dashboards are clearly displayed on all ward areas.
- Quality rounds are routinely carried out by Matrons
- Performance does not always match the required standards (completion of charts, pain relief etc).

Section 3

PROMS (Action area 12)

Patient Reported Outcome Measures (PROMs) are measures of a patient's health status or health-related quality of life. It is a national initiative involving self assessment by patients to assess their self-reported health status before and after certain elective interventions funded by the NHS.

The outcomes from this initiative will be reported outside the timeframe of the QA project and will be discussed as part of the ongoing monitoring of the quality of care.

Section 4

Community nurse checklist (Action area 19)

Background

In order to capture views of discharged patients and indeed other stakeholders (Community Nurses and Allied Health Professionals) a simple checklist was developed for community staff to complete on every patient they visit as a hospital discharge. The original intention was to focus on those patients from Mid Staffordshire Foundation Trust.

However, after consultation with our audit department they advised a compare and contrast with other providers in case issues raised were not primarily Mid Staffs isolated occurrences. The aim of the audit was to test:

- Adequate information provision prior to discharge
- The timeliness of discharge planning and handover to community staff
- The community staffs perception of the quality of discharge communication
- Any patient views of their experience of care

Once the tool has been tested in this pilot, it is intended to utilise it as part of the ongoing clinical audit community teams undertake routinely. The audit has been implemented PCT wide to allow the evidence to be gathered and analysed to see if themes emerge.

Methodology

The standard to which the audit is being measured is “Developing Referral Criteria for District Nursing Services” (RCN April 2003).

A questionnaire was sent out to all 6 areas and the instructions were to complete for every discharge referral they received on their caseload. Colleagues have been requested to complete every question to ensure the data is robust.

The audit has been extended until the 6th August 2009, in order to access sufficient data for it to be meaningful.

Analysis of the quantitative data will be carried out using a validated programme; the additional comments made will enrich the quantitative data with observational comment. The main aim is to establish whether there are themes emerging from patient’s discharges.

The analysis tool will be able to give feedback overall and break all areas down, so themes can be generated PCT wide as well as Provider specific

The audit results will be utilised as part of the ongoing commissioning processes.

Key findings

None available until August.

Section 5

Analysis of GP Helplines (Action Area 20)

Background

When the Health Care Commission investigation was launched in February/March 2008 there was 'noise' in the system from GPs. Meetings in Cannock and Stafford raised issues and MSFT established a helpline to provide the GPs with a way to raise concerns. Reports commenced in June 2008 reflecting calls and responses given. It has proven successful with GPs expressing they have received expedient and direct feedback which served good purpose.

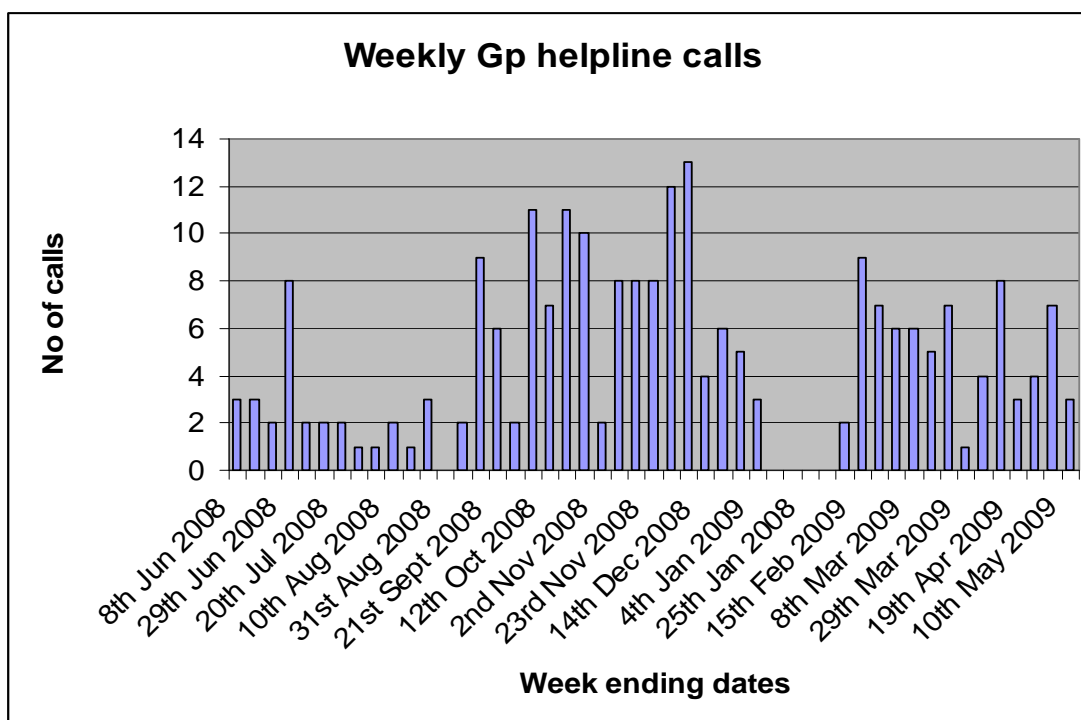
Currently this is not linked into the incident reporting within MSFT processes, but this is under development. Therefore, in common with other findings, there is no evidence about how the learning from this exercise will be embedded in the divisions. The team understand that this information will form part of the divisional risk management processes.

SSPCT have also developed an incident form regarding secondary care issues. All calls to the PCT are being logged on the Ulysses system as incidents and are dealt with in the same way as other incidents.

The MSFT initiative has been going for 1 year now and the outcomes are highlighted below. The number of calls peaked in Q3 2008 and have decreased in the two quarters since then.

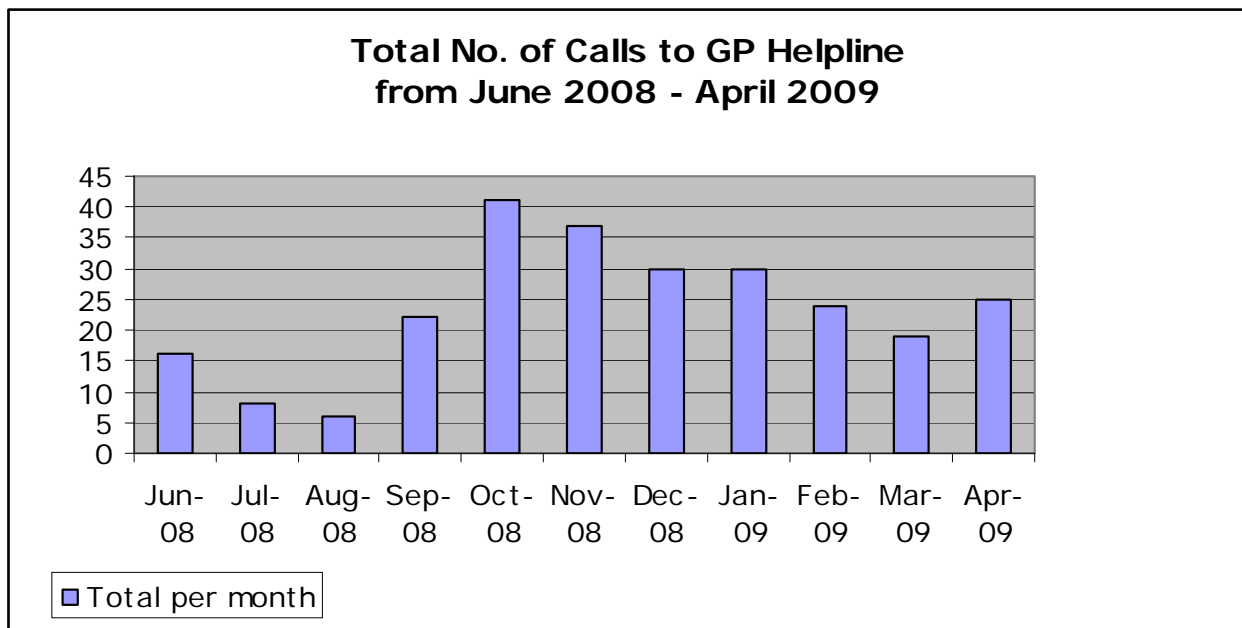
One theme emerging is of inadequate information at point of discharge; MSFT are to institute an electronic system for discharge letters to GPs and we expect to see an improvement in this area. This will be further explored through the Community Nurse Discharge Audit.

MSFT Report on GP Helpline

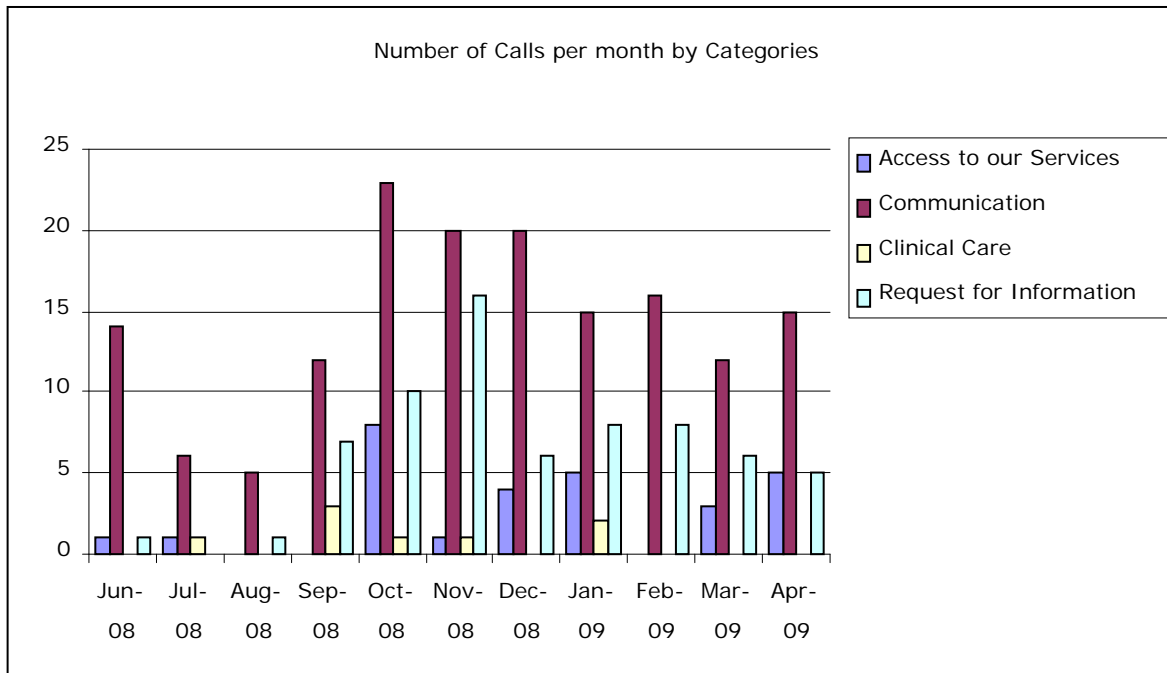


Categories	Q1 – only June data	Q2	Q3	Q4	Q1
Access to our service	1	1	13	8	11
Communication	14	23	63	43	45
Clinical Care	0	4	2	2	0
Request for information	1	8	32	22	17
TOTALS	16	36	110	75	73
Resolved Issues	16	33	106	69	66
Unresolved Issues	0	3	4	6	6

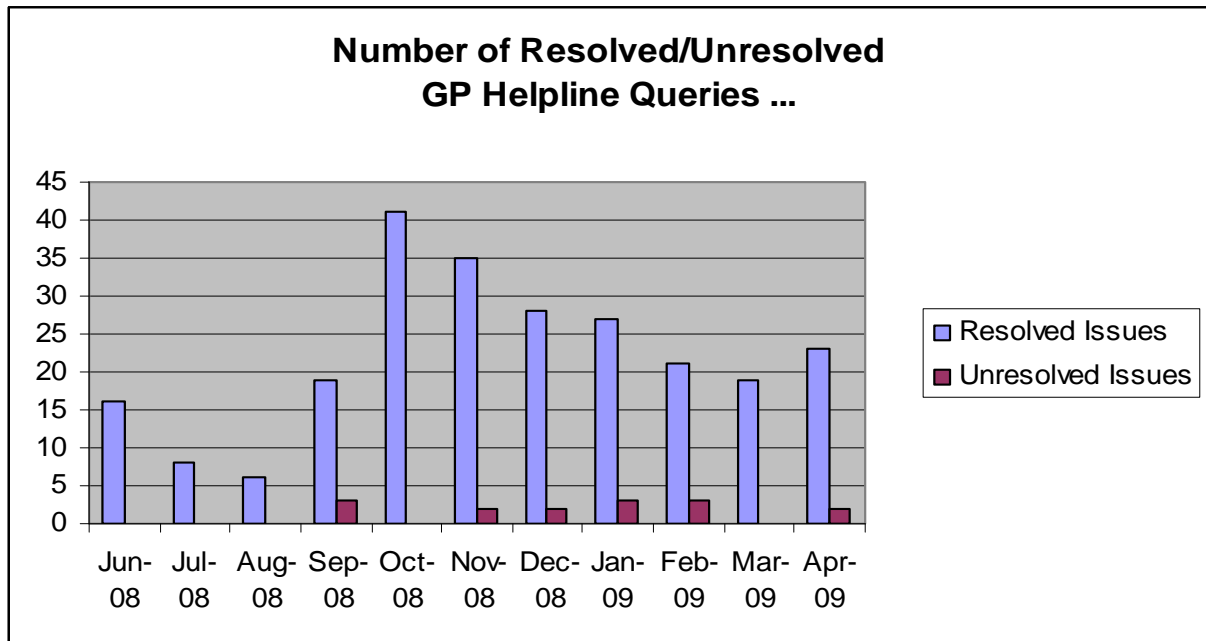
An overview of year 08/09 calls



An overview of year 08/09 by category



An overview of year 08/09 – resolved/Unresolved



Those calls designated as unresolved are those where the GP query has not been closed. Since this information was received the Trust reported at the Clinical Quality Review meeting in July that all GP calls have now been responded to

Key Findings

- GPs comment positively about the responsiveness of MSFT.
- Calls reached a peak in Q3 08/09 and have slowly decreased since then.
- MSFT need to ensure Divisions are aware of themes from these calls and action sustainable improvements.
- Issues relating to clinical care were reportedly small.
- Communication issues remain a significant theme, which includes queries relating to discharge information.

Section 6

HCC Paediatric Review Action Plan (Action area 25)

Background

The Healthcare Commission completed a follow-up review of services for children in hospital at the end of 2008. Mid Staffordshire Foundation Hospital failed to complete a return and were therefore identified as being red on every indicator. This appears to be a result of misaddressed e-mails on the part of the HCC, however the Trust was aware that the review was taking place and the Trust reports it has completed the data which the CQC has now agreed to analyse.

NHS West Midlands informed South Staffordshire PCT of the result of this review on the 9th February 2009. The Healthcare Commission requested an action plan, which was to be signed off by the PCT at this time. The action plan was provided early April but did not fully address all the issues.

The Head of Service Development (Children's Services) visited the hospital on 6th April 2009 to review the action plan and the evidence cited within it. She also took this opportunity to visit all areas within the hospital where children and young people are seen and to examine other areas related to the core standards, including the recommendations from the West Midlands Care of Critically Ill and Critically Injured Children Peer Review.

MSFT met with the Head of Service Development (Children's Services) on 19th May and they reviewed the findings and the PCT's recommendations; these were accepted by MSFT.

A further visit took place on 3rd June 2009, outstanding documentation and progress was reviewed. The action plan was again reviewed and amended to enable sign off.

The Head of Service Development (Children's Services) continues to have regular meetings with representation from the paediatric department.

Visit 6th April 2009

Training

The Trust training plan was unavailable, as it had not been completed due to staff sickness. Concerns were raised, as without this there is no way of demonstrating how the Trust will ensure that staff will attend safeguarding and paediatric life support training.

Electronic records were viewed and demonstrated that uptake from nursing staff was good. The exception was Genito Urinary Medicine, which had only one member of staff trained. Urgent action was requested on this matter; assurance that medical staff will attend training is required.

It was also recommended that a log containing all safeguarding training is developed to ensure that it can be monitored effectively.

Uptake by Accident and Emergency was adequate at that time.

Pain Control

The Pain Control Policy is good and is based on best practice guidance developed through Partners in Paediatrics. However evidence that the policy is being implemented was insufficient. The policy identifies methods of controlling pain in neonates and in pre lingual or unconscious children; however this was not being followed. Pain control in post-operative children appeared good; however documentation of assessments needs to be more easily accessible. The Trust is developing a training plan. Although the HCC review only identifies a need for training for nursing staff, it was recommended that medical staff, including junior staff also attend training to ensure that nursing staff are able to implement the policy and that prescribing is consistent and in line with the policy. Training to be extended to A & E staff.

The paediatric department had already highlighted concerns in relation to pain control and have included pain control in the quality round, which is completed monthly. Requested that this be added to the A & E quality round.

Day Cases

All day cases are completed within the paediatric ward setting and appropriate care and competent staff are available.

Outpatients

All children are seen in a 'child friendly' environment. Outpatients is being remodelled to enable all children to be seen within the paediatric area, only ENT, TB clinic and orthopaedics are outstanding and a phased plan is in place. Transition arrangements for diabetes and gastroenterology are good.

Surgery

42% of surgeons have completed Child Protection training and 42% have completed Paediatric Life support. Anaesthetists uptake is very good 82% have completed Child Protection training and 80% have completed Advanced Paediatric Life Support.

The Trust has two paediatric anaesthetists who provide care for children between six months of age and 2 years. There are challenges in maintaining competence for other anaesthetists who are required to do a minimum of 21 cases per year. The Trust was developing a plan to address this.

Surgeons need to complete 99 episodes per year to be considered competent. The difficulty the Trust has in meeting this requirement is replicated in many district hospitals and the HCC recommendation is in conflict with the views of the Royal College of Surgeons.

In conclusion, the service offered appears to be similar to that offered in any district hospital and it appears to be taking actions to ensure competency of both anaesthetists and surgeons.

This completes findings related directly to the Health Care Commission review; however the visit also highlighted the following.

Accident and Emergency

There is currently only 1 Registered Sick Children's Nurse and 1 RN Child Branch. This does not provide sufficient cover for the unit and paediatric liaison does not have sufficient capacity.

If resuscitation is required in A & E, the paediatric input is from the paediatric department which has the potential to leave the ward short staffed and means staff are conducting intense intervention in an unfamiliar environment.

The paediatric resuscitation area is within the adult resuscitation area and is often used as an overflow for adult patients. Although paediatric resuscitation is a rare event, it is high risk and the facilities should be available at all times.

An area for children has now been designated and the pathway for bruised babies implemented. This has been audited, although not regularly, but does demonstrate an improvement in infants being seen and cared for appropriately.

The Trust has recently employed an A & E Consultation who is paediatric trained.

Staffing

Concerns related to numbers of nurses were first identified in the paediatric review, which was completed in October 2008. This was reiterated at the meeting and in the report that followed which concluded that Paediatric nursing staffing needs to be reviewed across the Paediatric Ward, PAU and Accident and Emergency department and that more capacity be found for the Designated Nurse.

Recruitment of dual qualified nurses is a known difficulty nationally. The Trust reports they have provided training to general nurses to improve skill sets.

Current Position

A follow up visit took place on the 3rd June and a number of subsequent discussions have taken place. Progress has been made in many of the areas. A assessment of the current position of MSFT against actions agreed is described below

The training plan has not yet been made available, however it has been completed and the Head of Service Development (Children's Services) has been informed that it will be made available once the Board has signed it off.

All nursing staff have been trained within Genito Urinary Medicine; however the Trust was unable to provide assurance that the GU Consultant had completed the training.

The provision of Pain control has improved, although the policy is not fully implemented, training and actions appear to be in place to develop this within the paediatric unit in a timely way. This has been expanded to A & E who have included paediatric pain control in their quality round. Anaesthetic buy-in into this and into support for paediatrics is good. They are ensuring that all anaesthetists complete ENT lists on a regular basis, which will maintain competence. Surgical lists are also being reviewed to ensure that the surgeons can maintain competency. This will be monitored both internally and by the PCT.

However, there are three main areas, which remain a concern. These are:

- **Staffing**

Although the hospital has some highly qualified nursing staff, there still appears a shortage of nurses, most particularly paediatric nurses in Accident and Emergency. Capacity for Paediatric Liaison and for Designated Nurse needs to be increased.

- **Accident and Emergency, specifically resuscitation facilities**

The paediatric resuscitation area in A & E remains in the adult area and without appropriate paediatric staffing it is not possible to have full confidence in the triaging of children and young people

- **Training**

Training plans and targets developed for paediatric life support and child protection within the paediatric unit are good, but there is no assurance that they are supported by the Trusts training plan and concerns remain in relation to assurance that medical staff will attend training.

Key Findings

- Progress has been made particularly in increasing the numbers of staff who have had child protection training, though medical staff attendance needs to be encouraged further.
- There is a shortage of paediatric staff on A&E
- Positioning of paediatric resuscitation in an adult area in A&E may benefit from a further review.

7.3 PATIENT SAFETY

Section 1

Clinical Audit (Action area 3)

Clinical audit was identified as an area needing improvement in the HCC Investigation. It is a crucial component of quality as it affords clinicians the opportunity to assess what is happening in practice and identify good practice for sharing as well as areas to address.

The Trust Board received a paper in May which outlined the audit programme for 2009/2010. It highlighted the requirement to participate in national audits, and included a number of these in the programme. The paper states that targeted audits will be subject to monthly review by the Clinical Audit Group, Divisional Governance Groups and reported to the Healthcare Governance Committee to ensure timely completion. This will include monitoring outcomes and ensuring changes in practice are implemented where appropriate. Divisional Governance Groups will be responsible for ensuring that individuals complete audits and implement any actions arising from them.

It also recommended that **all** clinical audit activity should be registered with the clinical audit department in accordance with the Trust Clinical Audit Strategy. This will assist the clinical audit facilitators to identify areas where there is potential duplication of effort and to encourage more multi-disciplinary collaboration in clinical audit. It will also provide a more comprehensive picture of Trust-wide clinical audit activity for the annual clinical audit report.

This paper and the accompanying audit programme provides a comprehensive framework and the mechanisms for implementing delivery. Progress needs to be monitored to ensure the desired outcomes for patients are achieved.

Key Findings

- Progress against clinical audit remains slow, but an agreed audit programme now exists.
- A comprehensive framework for managing this and ensuring improved reporting and systems for learning has now been developed.
- This needs to be monitored to ensure the desired outcomes for patients are achieved.

Section 2

Infection Prevention & Control (Action area 4)

Introduction

The Trust has made progress in this area and in October 2008 they had a hygiene code inspection and were found to be fully compliant. This inspection was repeated in July 09 and the report is due to be published shortly.

The project team have considered the concerns raised by the HCC report surrounding infection control and the action areas defined within this project. The HCC noted some concerns in the years 2006 and 2007, they noted the concern of patients over cleanliness and that there had been improvements in management and performance through to 2008.

The project team focused on MSFT's measurable performance and defined the following as benchmarked indicators

- MSRA Bacteraemia
- Clostridium Difficile cases and mortality
- Environmental Infection Control Audits

The team took advice from an infection control expert to set these in context and to provide a review of the risks and performance of the Trust.

MRSA

Nationally there is a reduction in *Methicillin Resistant Staphylococcus Aureus* (MRSA) bacteraemia and MSFT has made good progress in reducing the MRSA bacteraemia by 29% between 2007/2008 and 2008/2009. The 2 cases reported in this 2009/2010 year are both pre 48 hour cases which means they were not acquired during that admission to hospital but these are often patients that have received clinical interventions and investigated by the community Infection Control Team; this outcome benchmarks MSFT lower than similar Trusts.

A particular focus at the moment is the introduction of screening for elective and emergency admissions to the Trust. MSFT have undertaken point prevalence studies for the screening which have reached 100% however there are some data discrepancies and we have asked for clarification on this.

CDiff

The Trust has also made good progress in reducing CDiff by 37% from 2007/2008 and 2008/2009.

In CDAD (*Clostridium Difficile Associated Disease*) symptoms arise as a result of disruption of the microflora in the bowel. The primary methods for this include use of antibiotics, and environmental contamination.

Between January 2009 and April 2009 MSFT suffered an outbreak of CDAD; this involved 39 patients. The outbreak was identified in a timely manner although lessons have been

learnt that would improve performance in the future. The Trust has created an isolation cohort ward, in line with best practice.

CDAD rates have reduced following the outbreak between April and the current time are now in line with similar Trusts. This reflects a significant achievement across the Trust once the outbreak was confirmed by the Trust. The PCT needs to support the continued allocation of an appropriate area for a cohort ward, to promote best practice in the care of these patients and reduce environmental contamination. Trusts that have closed a cohort area see a 'Yo-Yo' effect in the number of cases of CDifficile. For example during one a visit to the cohort ward an amount of clutter and inappropriate storage of items was found none of which aids effective cleaning, there had been a recent rotation of staff onto the cohort ward.

This was also reflected on Ward 2 following a Period of Increased Incidence (PII is 2 cases of CDiff within 28 days) where again there was little ownership of tidying up after work had been undertaken on the ward. The Matrons for the areas were informed at the time and have been instrumental in developing the 'Productive Ward' in these areas.

MSFT now have an Antimicrobial Pharmacist in post who is has made improvements in the antibiotic prescribing across the Trust. This is best practice and requires work across the whole Health Economy.

The PII audits undertaken by the Infection Control Team (ICT) are weekly until there is a consistent achievement of 90% for three consecutive weeks, in almost all areas this has been achieved in the first week when there has been a drive in improvements but has not been consistent in subsequent weeks. Observational evidence suggests this is indicative of the challenging staffing levels within some clinical areas.

Mortality reviews have been carried out on CDAD deaths, for 6 months during 2008 and monthly in 2009 during the outbreak in line with recommendations from the Maidstone and Tunbridge Wells NHS Trust Report. During the outbreak these were delayed due to Medical Consultants availability and agreement; the project team were concerned at this.

Root Cause Analysis (RCA) is carried out on all cases of MRSA bacteraemia and Clostridium Difficile cases, these are reviewed by the ICT and Director of Infection, Prevention & Control (DIPC) /Infection Control medical lead. The themes of these are monitored but a number have comments about the wards being below establishment in nursing staff.

Norovirus

Norovirus causing Diarrhoea and Vomiting illnesses have continued to disrupt the organisation. The incidence of these viruses in the community increases in winter and affected patients are often admitted into the trust or relatives visiting with symptoms; However during the outbreaks there has appeared to be a spread between wards across the Stafford site despite restricted visiting and staff movements. Whilst this is disappointing MSFT have responded to this by improving education, advice and improved supervision of staff moving between wards to ensure handwashing etc takes place. We remain concerned at the ownership by some staff in this area.

Surveillance reporting of Norovirus is not a mandatory requirement however these are reported to the PCT through the Head of Infection Prevention and Control (HIPC)

All infections are monitored on a daily basis by the Infection Prevention and Control Nurses to minimise the disruption of ward closures and 'Sitreps' are received daily by the Head of Infection Prevention and Control for the PCT for CDifficile cases and during outbreaks of any infections. The Trust reports that all medical staff, Ward Managers, Matrons and Senior Managers receive weekly information about infection control performance.

Excellent relationships have been developed through the Head of Infection Prevention and Control (HIPC) for SSPCT and the Infection Control Team of MSFT. The review following outbreak of CDAD was a good indicator of this improvement. However the wider concerns on staffing levels, engagement of medical staff and the consistency of care delivery elsewhere in the project report suggest that close management of Infection Control processes are required by MSFT.

Key Findings

- The Trust has made good progress in reducing the rates of Hospital Acquired Infections.
- Management are taking infections seriously and all RCA for MRSA bacteraemia and Clostridium Difficile are reviewed by the DIPC with the HIPC now invited to these reviews. Key themes of both of these are discussed at the Health Economy Infection Control Group.
- Management have now supported the post of Antimicrobial Pharmacist which has demonstrated commitment to dealing with inappropriate prescribing.
- All patients with CDAD are now medically reviewed by a Microbiologist and Gastroenterologist in line with national guidance to reduce mortality.
- Ownership of this agenda has improved across all staff groups but is not yet universal.

Section 3

Clinical Outcomes Review Group (Action area 7)

A particular area of interest to this project was the Clinical Outcomes Group which the Trust had reviewed to ensure that they were properly scrutinising outcomes for patients - especially information from Dr Foster relating to standardised mortality rates.

Considerable work has been done in this area and the PCT's Medical Director has joined this group. In May 2009 the Healthcare Governance Committee received a report which stated that monthly Hospital Standardised Mortality Rate (HSMR) for all diagnosis is 85, with 88 as year to date figure. This is well below the 100 which is the standardised rate.

Further analysis of this overall picture is crucial to ensure that trends at specialist levels aren't masked, and this is the role of this group

The Medical Director has an open invitation to join the Mid Staffordshire NHS Foundation Trust's Clinical Outcomes Group. The purpose of the group is essentially:

- 1 To define the key clinical outcomes for the Trust. Oversee their monitoring and to suggest changes in clinical policy and practice, where necessary.
- 2 The group has key responsibility to provide the Trust with assurance that clinical outcomes of an optimal level are being strived for.
- 3 The Group is set up to identify opportunities for improvement in clinical outcomes, in line with national and international best practice.

It has a high level membership, comprising the Chief Executive, Medical Director, Director of Finance, Clinical Governance Lead, Clinical Heads of Division, Non Executive Director, Head of Governance, Deputy Director of Nursing, Consultants, Senior Nursing Staff, Information Services Manager, Head of Corporate Development, Patient Safety Manager and a representative from Dr Fosters.

The meetings are held monthly and last for two hours.

The PCT's Medical Director has been able to attend one meeting so far, on 1 June. It was Chaired by the Trust's Medical Director, and there was a strong attendance from the consultant staff. It had a formal agenda, which included mortality review, discussion of case note review pro-forma and discussion around how to get the acute stroke unit up and running as soon as possible.

There was a good representation of consultants present at the meeting, and all seemed driven to ensure that the patients within the hospital sphere of responsibility were appropriately cared for. Clearly, there was some operational dissatisfaction, but there was encouragement of the underlying ethos of improving patient care.

The PCT also receives reports at the Clinical Quality Review meetings which demonstrates that the data is actively monitored and occasionally individual case notes are reviewed as part of this process to ensure that practice is monitored effectively.

Key findings

- Hospital Standardised Mortality rate has reduced.
- The data is proactively analysed and case notes are reviewed as part of the scrutiny process.
- The PCT's Medical Director is now a member of the clinical outcomes group.

Section 4

T&D of clinical staff (Action area 10) and Pre and Post registration education (Action area 13)

The project team were aware that a core standards review by the CQC had recently taken place within MSFT. We agreed with MSFT that we would receive and review the evidence file provided to the CQC and consider this alongside the visiting programme and comments from staff. The team have not carried out a specialist review of the quality of these courses and teaching sessions but have considered if the range and access to these appears reasonable within a healthcare setting. Evidence was submitted which showed an 80% uptake of the training plan by nurses.

We requested MSFT to supply data highlighting the training events that had taken place in 2008/2009 and the ratio of booked places and attendees. We felt this would allow some view to be taken on access to training and education. Unfortunately the information systems are unable to provide this type of report with ease and we remain in discussion about this data request. We have met with some managers responsible for this area but due to diary commitments we have not met the Director of Medical Education.

The file of evidence shows a wide ranging set of training and education opportunities for staff groups. This ranges from student nurse induction through to schedules for departmental/directorate based teaching, grand rounds and management development. Throughout the outline documents for training courses there is a reconciliation of the rationale behind the course and the course content.

There is a stated intention that MSFT ensures that clinicians from all disciplines participate in activities to update the skills and techniques that are relevant to their clinical work in accordance with relevant guidance and curricula. This includes identifying and reviewing skills needs and skills gaps, providing and supporting on the-job training and other training opportunities, and where appropriate working in partnership with education and training providers.

Within the documents reviewed examples of internal processes and systems to underpin the strategic aims were given; examples of these are below

- Grand rounds for medical staff
- Spreadsheet detailing training requests
- Mentor List
- MEWS training
- Delegate lists mandatory training
- Clinical practice group papers
- Appraisal policy & training
- Key Trainers Workshop
- Induction & mandatory training available for all staff
- Knowledge & Skills Framework outlines are in the process of being completed
- Implementation of KSF includes personal portfolios, PDR process and PDP
- Postgraduate training programmes are accessed by clinical staff
- National registration and revalidation systems
- Study leave for Junior Drs monitored and assessed by clinical/college tutors

- Annual appraisal and job plan reviews are in place for all consultants & career grade Drs

However, whilst the documentation suggests a reasonably comprehensive programme the team are unable to assess the success in the implementation of this. The team would like to work with MSFT to define a data set that allows the PCT to validate the level of access to these training courses, the ratio between booked and attended placements and to corroborate these with the comments in the visiting programme section of this report.

The team were also provided with evidence which demonstrated an increased spend in training. In previous years external funding (known as "Learning Beyond Registration") had been returned to the SHA as was not fully utilised. This is no longer the case.

Key Findings

- There is a good range of training opportunities
- Uptake of these opportunities was reported as good but no data on attendance versus booked places was available.
- The provision of specific development courses for clinical staff in the past year is positive
- The work of the practice Development Team is valued by front line staff
- There is evidence that spending on training has increased

Section 5

GP/Consultant Forum Feedback (Action area 16)

These meetings are scheduled bi-annually, and the most recent was attended by the PCT Medical Director. There was no discussion at this meeting pertinent to this report.

The engagement of the medical staff at MSFT and the GP community is core to improvement and this forum serves as a useful building block in this venture.

Section 6

Meetings with Medical Staff (Action area 17)

The PCT Medical Director has met with some consultant colleagues and has established an on going dialogue with the Medical Director of MSFT. Key areas for discussion and development are covered elsewhere in the report. These include

- Multi-disciplinary team working
- Communication by medical staff
- Adoption of best practice and a consistent approach to implementing changes to practice, i.e. NICE Guidelines

Section 7

Incident Reporting/SUIs (Action area 22)

Introduction

All Trusts have incident reporting systems in place to ensure staff are reporting and learning from untoward events. If the incidents are serious, they are known as Serious Untoward Incidents (SUIs) and they are reported instantly to the PCT with a follow up report in 1 week and a final report in 45 days outlining lessons learned and actions taken to mitigate future risks. This is a contractual requirement, and a crucially important patient safety area.

Methodology

The project lead met with MSFT's Head of Governance and NHS West Midlands Head of Patient Safety and Quality who has a wide range of experience in this area.

Issues discussed:

- Process for managing and investigating incidents including SUIs
- Process for escalation of investigation / action to Director level
- Process for identifying clusters or potential wider issues

How staff across the Directorates and various clinical specialties will be further engaged in both the reporting and the investigation process.

Results

The governance team were understandably concentrating on providing incident statistics, ensuring all incidents investigated within the set time-frame, all staff had been trained and confirming that all SUIs were reviewed by Director level. This workload was increasing due to the higher reporting of incidents and renewed vigour to make improvements. The core team is small though there is a governance facilitator within both medical and surgical divisions.

There were some positive indicators that the Governance staff were working hard to tackle the problems of under-reporting, and the lack of engagement of clinical staff in communicating and getting involved to developing solutions to both incidents and significant clusters of incidents. They had instituted a time-line of 30 days instead of 45 to complete investigation; developed a new form to keep Directors informed about the progress of an investigation and were rolling out a practical training programme covering the basics of incident reporting.

Whilst managing the operational requirements is crucial, there is also an emerging development agenda highlighted via national initiatives such as the Patient Safety First campaign and Never Events. These initiatives require champions with protected time to take forward and given the other capacity constraints within MSFT, this is likely to be challenging.

Even so, the team have instituted some changes - most notably the establishment of SUI review panels within Divisions, chaired by the Medical or Nursing Director. The Medical Director is also the Trust's nominated safety champion. The Trust has also been working on the heading improvements in patient safety initiative. Falls had emerged as a recurring theme and a falls group had been convened to review these incidents and develop an approach to reduce risks. The newly formed patient and carer councils in Divisions would be used to develop this agenda further. Patients and family members are also kept fully informed now about the outcome of the investigations in line with the national initiative known as "Being Open".

As data improves nationally, the availability of robust local and national benchmarks will increase, and Trusts will be able to examine their reporting statistics against other similar Trusts.

In the meantime, we are aware of data that suggests that MSFT is a lower reporting Trust than others (National Patient Safety Association) and that they have been coding their levels of harm against possible rather than actual which is different to other Trusts. This therefore renders current benchmarks unreliable at best, and is an area the Trust is aware of and actively working on via their training activities.

Finally cultural change is an important factor in increased reporting and learning from incidents. Dissemination of learning from real time incidents has proved a powerful lever for change, and is not currently an approach which the Trust takes routinely.

The Patient Safety Team in NHS West Midlands will be available to provide further support and advice and will work with MSFT to deliver these changes.

Key Findings

- The Trust is benchmarked as a low reporting organisation.
- There have been system developments to improve this, and reporting is increasing.
- Greater effort to develop the awareness and the management of incidents at Divisional level is required
- A review of the governance resource and the outputs of this resource in supporting Divisional developments would be beneficial.
- The recent establishment of SUI review panels chaired by the Medical or Nursing Director is a positive step forward.
- Patients and families are routinely informed of the outcomes of investigations.

Section 8

Essential Nursing Care (Action area 23)

Essence of Care is a national initiative which utilises audit tools and a peer review process to establish baselines of care and areas for improvement. It also facilitates the sharing of good practice. It is well known that standards can be improved if clinical teams have access and ownership of clinical data about practice which can then generate discussions and comparisons team by team, and a resulting drive to improve their team's performance. It is potentially therefore, a powerful tool for change.

In the Trust's earlier plans to tackle the care issues (Confidence in Care Action Plan) Essence of Care was highlighted as an action, with a range of deadlines but overall completion date appeared to be Sept 2008. In the Transformation Programme the requirements appear to be different in that it states the development of action programme by May 2009, with quarterly progress reports to Healthcare Governance Committee from July 2009. There was no report on the July HCG agenda, though we have seen evidence that work is in progress - for example the Tissue Viability and Privacy and Dignity audits

Both of these audits demonstrate need for increased compliance across all areas (though noted improvements in uptake from previous audits). The Tissue Viability one in particular demonstrated the need for practice to improve - for example patients are not being given information relating to how to reduce their risk of pressure ulcers, though this information is reported to be available. Of more concern was the lack of compliance with NICE guidance for initial Waterlow risk assessment on all patients within 6 hours of admission.

Despite these concerns the rate of ward acquired pressure ulcers has decreased across the Trust. Implementing best practice would no doubt reduce this further and improve the patient experience.

Key Findings

- Matrons have been given the responsibility for implementing Essence of Care and action is being taken.
- Tissue viability audits demonstrated the need for improvements in practice, which will need further monitoring.
- The rate of ward acquired pressure ulcers has decreased across the Trust.

Section 9

Matrons Meetings (Action area 24)

These are held regularly and chaired by the Director of Nursing at MSFT. The issues discussed encompass a number of patient care issues - such as privacy and dignity, tissue viability, infection control and mixed sex accommodation. They also cover the organisational supporting structure such as vacancies, developmental programmes, standards of care, clinical dashboards, and conduct and capability. This is a crucially important group in terms of taking forward the improvements required.

Key Findings

- This group meets regularly, and discusses key issues appropriate for this forum.
- It is chaired by the Director of Nursing and has the potential to act as a powerful tool for change.

8. PROJECT CONCLUSION

This was a short project encompassing a range of methodology and topics. It has achieved its aim of enabling the PCT to get a more in depth understanding of progress and further improvements required to ensure MSFT deliver good quality services to local residents. It has provided a useful snapshot of care, and identified some consistent themes which need further action. There were many other areas it would have been useful to pursue further, but the project lead kept the team on track in order to deliver this project within the stated timescales.

In summary, this project confirmed the considerable work which is progressing to deliver improvements in care, and witnessed effort and enthusiasm amongst staff at all levels in the Trust, but there are still a number of issues which need to be addressed. Both improvements and areas for further work are detailed below.

Overall the Trust can demonstrate some improvements and a great deal of preparatory work in terms of putting the right processes in place to manage the change. There is still work to do in order to translate this effort into improved outcomes for all patients. The PCT will look to work in partnership with the Trust to support this change.

Improvements

The PCT believe that the Trust have delivered a number of improvements for patients. Most notably they have addressed the following:

Patient experience

- appointed a patient experience facilitator
- improved information for patients (bedside locker pack available next week)
- improved the monitoring of pressure ulcers and reduced the numbers acquired in hospital
- developed a new observation chart to ensure monitoring of patients improves
- issued "standards of behaviour" code to all staff in payslips
- co-sponsored (with the PCT) a comprehensive patient survey supported by NHS West Midlands
- reduced Healthcare Acquired infections
- implemented a new model of care for patients presenting as medical emergencies
- established Divisional patient councils
- report a continued rise in numbers of compliments

Raised the profile and numbers of nursing staff

- 12 matrons providing strong leadership, undertaking regular quality rounds, ensuring nursing care quality "dashboards" are completed and improvements made.

- continue to appoint nurses into the Trust - 15 more are due to join in September.
- appointed 2 senior nurses to support the transformation programme and governance agenda.
- Appointed 2 further posts in the Practice Development Unit to support nurses at ward level

Improved the Governance Structure

- centrally by developing the Healthcare Governance Committee reporting directly to the Board, with sub-committees having clear accountability lines
- in Divisions e.g. developing complaints and Serious Untoward Incident review panels
- focus on clinical audit and scrutiny of clinical outcomes utilising Dr Foster tool
- participate in national clinical dashboard IM&T programme
- incident reporting is improving

Training and development

- A comprehensive range of training and education provision had been developed and the training budget was reported to have tripled in one year
- Trained A&E nurses in triage
- Focus on customer care training for all staff

Stakeholder involvement

- Hold Board meetings in Public.
- Established a GP helpline and respond promptly and efficiently to issues raised.
- Worked closely with the PCT to facilitate a 3 month Quality Assurance project, including in depth interviews with patients and 10 site visits.
- In discussions with staff they have reported an improved level of morale and belief that the Trust can deliver the required changes.
- Issued "Confidence in Care" booklets widely- including to GP practices, in PALS office etc.

Further Actions

However, the PCT believe that there are a number of actions that need to be prioritised in order to further improve the quality of care

Patient experience

- The main care issues - pain, nutrition, communication, & medication for example continue to feature in the patient testimonies we hear, and remains evident in complaint themes. It is very difficult to categorically judge whether the level has

reduced or not. Specifically, fasting of patients prior to surgery remains an issue and the recent Nil By mouth audit undertaken by the Trust was disappointing in terms of improvements in practice. More needs to be done.

- Capacity planning and throughput of patients, in particular the use of the Clinical Decision Unit (CDU), Emergency Assessment Unit (EAU) and Short Stay Unit (SSU) is not optimum. Although the number of "outliers" * has reduced, some patients are still inappropriately placed for some of their stay. When additional pressure arises in the system, the Trust needs to improve its ability to respond without cancelling electives, or placing more patients inappropriately
- The efficiency and effectiveness of the complaints system needs a review to ensure patients and their families receive appropriate and timely responses. Divisions need to own this process and improve their levels of expertise, and the learning needs to be embedded in practice throughout the organisation.
- The procurement and provision of some equipment in clinical areas is suffering some delays, notably infusion pumps (though they are due to arrive and staff training to be completed early August).
- The system for managing incidents and SUIs (serious untoward incidents) needs further development to ensure that the appropriate feed back is given to staff and the learning is applied to minimise the risk of repeat occurrences. Training is being rolled out across the Trust to address this. We also note that incident reporting has increased, which is widely thought to be an early indicator of good levels of staff involvement in the process, and the new divisional review panels should further aid ownership of this agenda.

Medical leadership, multi-disciplinary team working and engagement

The HCC investigation raised concerns about medical leadership and multi-disciplinary team work. This remains an issue. Concerns about medical care remain in the top 5 complaints. We are also aware that multi-disciplinary team working is not consistently established across the Trust-evidenced by some of our visits and other discussions with staff and patients.

Establishing the right expertise across all medical rotas, particularly out of hours, has been the subject of discussion between the PCT and Trust Medical Directors. General surgery in particular needs to be reviewed urgently and appropriate solutions found.

Responsiveness

The PCT has remained concerned about the inability of the Trust to respond quickly on key communication issues that impact upon public confidence – for example complaints and requests for information relating to SUIs. The appointment of a full time Chief Executive and Chair is welcomed unreservedly, and will aid prioritisation of actions as well as leading the requisite cultural change.

FOOTNOTE: *Outliers – Patients who are not placed in the specialist area they require. For example a patient with joint problems being nursed on a heart ward.

Staffing

Despite increased investment the numbers, expertise and skill mix of nurses (in particular) on some wards remains below the ideal staffing profile. There is also a need to review the Allied Healthcare Professionals establishment.

9. OVERALL RECOMMENDATIONS

1. The Trust reviews the priorities in their Transformation Programme and ensure that swift actions are being taken in the areas highlighted below.
2. The PCT works closely with the Trust and has a detailed view of actions being taken to address each area.
3. This work programme is undertaken as part of Schedule 33 of the contract, which was put in place earlier this year.

Detailed work areas

The following are the list of areas which will form the ongoing work programme with MSFT. More detailed actions will be developed as part of the next steps.

- **Complaints** - The CQC will produce a report highlighting areas that the Trust could improve. Our initial observations indicate that ownership and levels of expertise in the division need to be further developed and performance monitoring of those complaints which remain open should be improved. The Trust has always expressed a willingness to learn from the CQC review, and we look forward to their action plan in due course.
- **Staffing** - Nurse staffing levels remain a priority area for the Trust and they have made considerable investment to date. The PCT wishes to deepen our understanding of the recruitment challenges and levels of experience as well as skill mix on the wards.
 - Therapy services would also benefit from a review, and it is not clear that an establishment review is being planned.
 - In addition we wish to understand further the levels of expertise and skills when covering the general surgery rota, especially out of hours. This issue was raised in the HCC investigation and we are having ongoing discussions with the Trust to understand the current situation and identify solutions.
- **Bed management/capacity planning** -The use of the Short Stay Unit out of hours and the level of outliers, particularly in the Clinical Decision Unit, require further management action. It appears that the Trust has little resilience to cope with peaks and troughs, and this puts pressure across the whole system.

- **Multi-disciplinary team working** -The processes and the culture of multi-disciplinary team working are variable and more work is required to engage the medical staff in this
- **Care issues** - Pain management, nutrition and care of vulnerable patients continue to be raised as concerns. Specifically, fasting of patients prior to surgery remains an issue and the recent Nil By mouth audit undertaken by the Trust was disappointing in terms of compliance with the policy.
- **Best practice** - There is evidence that MSFT needs to improve how practice is developed through the acceptance and implementation of NICE guidelines in a systematic manner by all clinicians.
- **Children's pathway** - The HCC action plan requires a number of issues to be addressed and the PCT will continue to work with the Trust to ensure satisfactory progress against all of these.
- **Medical Leadership and engagement** - The Trust is acutely aware of the need for Drs to be fully engaged with the Transformation Plan and desired improvements for patients, and has a number of actions devoted to this aim. The PCT would like to work with them to ensure speedy progress is made.

10. NEXT STEPS

This 3 month project is now complete and has identified further areas for ongoing work with the Trust. The Trust is clearly working on this agenda via its transformation plan, and has clear intention to deliver the stated improvements for patients. It is proposed that the lead for this ongoing work from the PCT is given to the Associate Director of Quality Improvement, who will work with the Trust to agree the details behind the work areas identified above.

This work will be undertaken as part of schedule 33 of the contract, which was put in place earlier this year following on from the Heart of England Foundation Trusts review of A&E, and associated action plans. This will be overseen by the Director of Quality/ Executive Nurse and report direct to the Board in the first instance.

This paper recommends therefore that the PCT Board agrees further work over and above the usual commissioning assurance mechanisms, to support the Trust to reach the required standard for patients.

The CQC will review progress in 3 months, and the PCT will align with this timeframe. In addition the PCT Board will review progress in 6 months with an aim to return to the commissioning arrangements in place for all other providers (as per the Quality Assurance Programme agreed at the Board in April 2009), and the Board will receive assurance via the Quality & Safety Committee, and the routine quality reports it receives monthly.

PCT PROJECT TO ATTAIN QUALITY ASSURANCE OF MSFT (27th April- Mid July 2009)

		ACTIVITY	LEAD
Exper	1	Gain assurance of at least 10 service areas with detailed scrutiny by utilising matrons quality rounds & governors unannounced visits.	NS
Effect	2	To be assured that each recommendation in HCC report reviewed in detail and action taken e.g. evidence that team dynamics are being resolved urgently.	YS
Safety	3	Ask for assurance that clinical audit plan is robust, reflects HCC report and is being delivered.	PB
Safety	4	Receive assurance that weekly infection prevention and control audits take place and actions implemented	AH
Exper	5	Gain assurance that clinical staffing levels are at an optimum level , vacancies filled in timely manner and robust escalation plans in place and working appropriately	NS
Effect	6	Assure the PCT that quality accounts developed in line with national recommendations. Provide assurance that quality of clinical care is being performance managed in standardised way across the organisation.	YS
Safety	7	Receive assurance that sufficient challenge and objectivity is provided in clinical outcomes group and criteria for reviews. include each Coroner's Case. Develop a data set for outcomes.	PB
Exper	8	Work with NHSWM to capture patient experience to include: <ul style="list-style-type: none"> • Delivery of a patient survey (1,000 in-patients and 1,000 out-patients) with support from NHSWM/? Mystery Shopper (NB emergency patients) and patient tracker tool 	NS
Exper	9	GPs working in A&E to provide feedback via PCT Medical Director	PB
Safety	10	Receive assurances that training and development of nursing and medical staff reviewed regularly to check for cancellations.	NS
Exper	11	Receive assurances that PALS and complaints themes are identified early and "hot spots"/emerging themes acted upon	NS
Effect	12	Review PROMS reports once available.	YS
Safety	13	Receive assurance that all QA reports on pre and post re-education (medical and nursing) meet required standards and actions taken if necessary	NS
Exper	14	To be assured of good pt flows track the progress of a number of patients from admission through to discharge to assess care. Combine discussions with the patient with a review of medical and nursing notes and patient observation charts. Review of access to services out of hours e.g. scans/lab reports/cleaning,	CO

		ACTIVITY	LEAD
		etc. – against PCT pathways. Ascertain whether emergency patients were “admitted to decide” rather than “decided to admit”.	
Exper	15	Invite the Burdett Trust to work with MSFT as pilots for their Ward to Board project.	DEFERRED UNTIL FULL BOARD IN SITU.
Safety	16	Ensure recently established GP and Consultant Forum meets regularly and feedback issues of note to the project.	PB
Safety	17	Meet regularly with medical staff to ascertain their views of care and how they raise concerns	PB
Exper	18	Receive assurance that the complaint system effectively identifies and addresses complaints made and ensure actions are taken in timely manner and lessons learned.	Links with (11) NS
Effect	19	Devise and issue a simple checklist for community nurses to complete on every patient they visit as a hospital discharge.	LT
Effect	20	Weekly analysis of GP Helpline, community nursing/practice nurse intelligence re hospital patients.	LT
Exper	21	Develop (or review) pack for patients to have on admission to assure them of standards and tell them who to talk to and what to do on discharge – who to contact etc.	YS
Safety	22	Receive assurances that process of responding to SUIs in last 12 months is robust, all themes identified and requisite changes in practice are made.	NS
Safety	23	Receive assurance that a robust system exists which ensures that essential nursing care is delivered.	YS
Safety	24	Occasional attendance at Matrons meetings gain assurance that nursing agenda being delivered	YS
Effect	25	Receive assurance re monitoring of HCC Paediatric Review Action Plan	CS

KEY:

PB - Phil Ballard **AH** - Allison Heseltine **CO** - Chris Oliver **YS** - Yvonne Sawbridge

CS - Cheryl Sherratt **NS** - Neil Snee **LT** - Lynn Tolley