Review of compliance

Mid Staffordshire NHS Foundation Trust
Stafford Hospital

Region: West Midlands

Location address:
Stafford Hospital
Weston road
Stafford
Staffordshire
ST163SA

Type of service: Acute services

Date the review was completed: 11 March 2011

Overview of the service:
Mid Staffordshire NHS Foundation Trust is the main provider of acute emergency & planned general hospital services and community midwifery and paediatric services in and around South Staffordshire. The trust operates from two main hospital sites. Stafford Hospital has 360 inpatient beds and the main accident and emergency department for the area. Cannock Chase Hospital has 77 inpatient beds and a
minor injuries unit which is open from 8am to 12 midnight. Cannock Chase Hospital also provides a comprehensive rehabilitation service.
What we found overall

We found that Stafford hospital was meeting the essential standard of Outcome 17 which we reviewed, but to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

The Trust had declared non compliance with this outcome at the time of registration. The CQC reviewed the submitted action plans for this outcome and had minor concerns. As part of the planned review during the summer of 2010 we reviewed the provider’s arrangements for the management of complaints and had moderate concerns due to action plan timescales not being met.

We stated that the trust’s complaints system was not effective because not all staff involved in complaints, were fully trained in their roles and some investigations were not completed in a timely manner. We found that the provider was not meeting the essential standard in respect of the management of complaints. We asked the provider to identify what it would do to make sure that complaints were listened to and acted on effectively.

The trust informed us that the Patient Advise Liaison Service (PALs) and complaints staff had all completed their NVQ Level 2 in Customer Care. We carried out this review to monitor delivery of the action plan developed by the provider and identify the improvements that had been made by the provider to meet the essential standard.

How we carried out this review
We looked at all the information we hold about this provider including the quality and risk profile, notifications and other information we have received. We also reviewed the action plan developed in response to our previous concerns. We sought additional information from other professionals and stakeholders, including Staffordshire Local Involvement Network (LINK), the local complaints advocacy service, the local commissioning primary care trust (PCT), Monitor and West Midlands Strategic Health Authority. We carried out a site visit on 2 February 2011 to review the provider’s records and talk with key staff involved in the complaints management process. Following the site visit we asked for additional information to be provided to evidence how the provider was now providing an effective complaints management process.

What we found about the standards we reviewed and how well Stafford Hospital was meeting them

Outcome 17: People should have their complaints listened to and acted on properly

- Overall, we found that Stafford Hospital was meeting this essential standard but, to maintain this, we suggested that some improvements were made.

Action we have asked the service to take

We have asked the provider to send us a report within twenty eight days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Other information

We have completed a series of planned and responsive reviews in respect of the provider’s compliance against the essential standards since registration in April 2010.

We continue to monitor delivery of the actions plans developed by the provider to respond to the issues we have identified.

We will be reviewing the provider’s arrangements for the management of medicines (outcome 9) and the appraisal and supervision of staff (outcome 14) as part of this process of ongoing monitoring.

Please see previous review reports for more information.
What we found
for each essential standard of quality
and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety.*
Outcome 17:
Complaints

What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:
- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

What we found

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The trust is routinely asking patients on the wards about their experience of the care they have received. In the real time tracker trust survey completed in October 2010 95% of people had either no concerns or had their concerns dealt with to their satisfaction. In the same surveys completed between January 2011 and March 2011 93% of people felt they were listened to by hospital staff and 97% of people had either no concerns or had their concerns dealt with to their satisfaction.

The trust sent us the contact details of ten complainants and we were able to speak to seven people. Their feedback was generally positive regarding the complaints procedure, people had received either a telephone call or a letter acknowledging their concerns and they had been kept up to date with the progress of the complaint. Four people told us that their complaint was now resolved, two people were awaiting a further response and one person was dissatisfied with the outcome. Each person told us that they had been dealt with in a timely manner and in some cases the trust had telephoned them with an update.

Other evidence

The trust declared compliance for all elements of this outcome in the information
provided to us for this review, however they recognised the need for ongoing work to maintain compliance and provided a further action plan to support this. The three key areas were training (February 2011), learning from complaints (March 2011) and external scrutiny and public involvement (May 2011).

The trust has established clear lines of responsibility to ensure that comments and complaints are listened to and acted upon. The director of quality and patient involvement is the executive lead for complaints and the trust has recently appointed a new complaints manager who commenced their role in March 2011. The trust promotes individual rights and choices by offering opportunities to patients and the public to raise concerns in both a formal and informal way. Alongside the formal complaints process, patients are encouraged to raise any concerns during their stay in hospital. These can be raised with the staff on the ward or senior managers at the time and is included in the real time tracker survey questions. Patients can also provide feedback through the newly introduced comment card, known as Message to Matron. The trusts PALs also support on individual issues, on an informal basis for immediate resolution or escalation through the formal process. This facility is available in the entrance of the hospital and gives open access to visitors and patients. Strong links have been established for health professionals, both within the trust and in the community, to raise concerns about the quality and safety of care directly with the executive lead.

The trust provided a detailed overview of open complaint files as at the end of January 2011. A systematic process of monitoring in respect to the acknowledgement and responses to complaints is in place to ensure each complaint is dealt with in accordance with the trust’s complaints policy. We reviewed example complaint files during our visit to the hospital which evidenced that the trust consistently involves people making complaints in the process. We found that complainants are informed of the timescales and process that the trust will follow in responding to their complaint and are kept informed of progress. The trust has set itself a target of a maximum complaints response time of 28 days, unless in exceptional circumstances, and as agreed with the complainant. The provider has reduced a significant backlog in the number of complaint files awaiting completion of the investigation and response. In August 2010, 216 complaints were outstanding. As at the end of January 2011 there were a total of 58 open complaints, 30 of which had been received during that month. This reflects that the trust is managing and responding to complaints on the whole in a timely manner.

The Parliamentary Health Services Ombudsman receives requests for further investigation of complaints where the local response has not addressed the issues to the satisfaction of the complainant. In 2009/10, a total of 33 complaints for further investigation were received. One was accepted for investigation and the complaint was upheld in full. In the first three months of 2010/11, a total of twelve complaints were referred to the Ombudsman. None of these were accepted for investigation but five were returned for further review and response by the trust.

We discussed with the trust how investigations and responses are checked for completeness. The trust described a process of review at divisional and executive director level, followed by a final review by the chief executive. If at any stage there are concerns that the investigation is incomplete or does not fully respond to the
concerns, further work is requested on the proposed response.

The trust have provided an outline of the range of training being developed to embed a culture of valuing the patient experience and responding to concerns as they arise. The trust told us that the range of training proposed, had now commenced and will develop the interface between the trust and people using its services, supporting staff to focus on ‘customer care’ and being in the shoes of the patient. Further training and development initiatives are planned but no timescales have been presented as evidence. The training is planned to develop the trust’s approach to reflective practice to embed the listening and learning process and ensure ongoing evaluation of the trust’s response to concerns raised. All staff working in PALs have completed a customer care NVQ course to support their work. It remains a concern of ours that the trust has no immediate training plan in respect to the investigation and reporting of complaints to assure the quality of investigation and reporting on complaints. In addition the trust indicated that it would be on target with training by February 2011 and this remains outstanding for some staff groups.

We identified at this inspection an improved approach to the reporting and monitoring of complaints. We found that there are processes in place to monitor complaint trends in quality and safety issues identified, at both a local and corporate level. Complaints are recorded and analysed by speciality, the actual department or ward, and the key issues identified. The trust is monitoring individual staff that are the subject of complaints to ensure that any individual performance issues can be addressed. The trust does not currently incorporate informal complaints and referrals through the PALs in this monitoring.

The trust told us that actions taken as a result of the complaint are logged on the safeguard system. Organisational learning needs are escalated to the Patient Safety Group chaired by the medical director and/or the Patient Care Group chaired by the nurse director. Action plans are then initiated and monitored via these groups with escalation to the clinical risk group, Healthcare Governance Committee and the Trust Board as appropriate. The trust need to ensure that they are sharing information appropriately, for example continuing to liaise with the Adult Safeguarding Board when necessary.

The reporting to Trust Board continues to be developed and provides a clear record of the number of complaints received, the issues raised and which area of the hospital the issues related to. The reports have been developed to include actual narrative from complaints received to describe the impact on people where things have gone wrong. The reporting to the trust board does not currently focus on what has been done or evaluate how effective actions taken have been to improve the quality and safety of services. We would expect improvements to be made in this area.

The trust reported to the trust board for the period April to December 2010 that the key themes for complaints were relating to staff attitude, communication, medical care and nursing care. These themes were identified at the twelve month progress review in July 2010. Whilst recognising that the relative numbers of complaints relating to nursing care have significantly reduced we note that complaints relating to staff attitude and communication have increased. The trust acknowledges these
trends and evidence supports that they are undertaking additional analysis to understand the issues. They now have a robust mechanism for recognising such detail in complaints over and above that which is available by the use of the safeguard system alone. Furthermore, they are introducing more detailed monthly monitoring through the performance review processes of the trust. The outcomes of this monitoring will be routinely reported to the trust board.

During this review we asked South Staffordshire Primary Care Trust, NHS West Midlands, Monitor and Staffordshire Local Involvement Network for any feedback they wished to provide on how the trust was managing complaints. We received no relevant information.

**Our judgement**

The trust has made significant progress in the management of complaints including the 5 step process to ensure the quality of the investigations completed. We found that there are systems in place to ensure that complaints are investigated and responded to and the analysis and reporting of complaints has improved. We have minor concerns about how the trust ensures the quality of investigations completed, how the trust knows that complaints have been satisfactorily resolved and how the trust reports and works closely with safeguarding partners.
Improvement actions

The table below shows where improvements should be made so that the service provider maintains compliance with the essential standards of quality and safety.

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<td>Assessment or medical treatment for persons detained under the 1983 Act</td>
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<td>Maternity and midwifery services</td>
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**Why we have concerns:**
People and those acting on their behalf must have their comments and complaints listened to and acted on effectively, and know that they will not be discriminated against for making a complaint. We are concerned that the trust is not fully achieving this in the following ways:

We have concerns about
- How the trust ensures the quality of investigations completed
- How the trust knows that complaints have been satisfactorily resolved
- How the trust reports and works closely with safeguarding partners.

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions**: These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

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