

Staffordshire & Stoke-on-Trent Partnershp NHS Trust

Quality Report

Morston House
The Midway
Newcastle Under Lyme
Staffordshire
ST5 1QG
Tel:0845 602 6772
Website: <http://www.ssotp.nhs.uk>

Date of inspection visit: 5 November 2014

Date of publication: 19/03/2015

Core services inspected	CQC registered location	CQC location ID
Community health services for adults	Trust HQ	R1EG3
Community health inpatient services	Haywood Hospital	R1E56
Community health inpatient services	Bradwell Hospital	R1EE5

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	4
The five questions we ask about the services and what we found	5
Our inspection team	6
Why we carried out this inspection	6
How we carried out this inspection	6
Information about the provider	6
What people who use the provider's services say	7
Good practice	7
Areas for improvement	7

Detailed findings from this inspection

Findings by our five questions	8
--------------------------------	---

Summary of findings

Overall summary

We undertook this unannounced inspection in response to a number of whistle-blowing letters we had received from staff. The letters highlighted a number of concerns to us, around safe staffing levels and organisational culture; these areas have been our focus for this inspection. Additionally, following these letters, the Trust Development Authority agreed with our concerns.

Our approach

We concentrated particularly on two of CQC's five key questions – safety and leadership. We looked at samples of nurse staffing levels in community hospitals and district nursing teams. We also looked at the impact of any deficiencies in staffing levels on the quality of care being delivered by staff. We interviewed the executive team and reviewed a range of trust documents. Given this visit was not a comprehensive inspection we are not providing ratings on the trust. We met clinical and management staff in the community and operational locations.

An overview of our findings

We were reassured that whilst the issues raised in the whistleblowing letters were likely to be valid at the time they were written, the trust is in a period of change which is causing disruption and discontent amongst staff and managers. At the time of our inspection, the pace of change meant that some of the issues raised had already

by acknowledged by the trust. The trust takes whistleblowing seriously, actively encouraging staff to communicate with them through the trust's cultural ambassador and reporting them direct to the Board. However, we were concerned that this relationship with the senior management team (as perceived by others from within the organisation) may not allow the role to achieve its full potential.

It was apparent that in some parts of the organisation the trust is challenged to achieve nurse staffing levels which can provide safe care, particularly in the community nursing teams. The trust had recognised this and had taken steps to address this but it was too early in the process to say what the impact has been.

The trust monitors patient quality through a series of indicators. We could not determine how the trust was measuring and monitoring patient outcomes and the impact the staffing challenges were having. Evidence for our short inspection suggested that the trust was letting some patients down as services were not able to meet their needs in a timely way

The trust had a clear vision for the future and took every opportunity to communicate this to staff through a number of methods. We could not see how the trust had tested the efficacy and impact of some of these methods in communicating its messages to staff.

Summary of findings

The five questions we ask about the services and what we found

We always ask the following five questions of services.

Are services safe?

District nursing staffing levels had been highlighted by the trust as a significant concern since March 2012. We found there was an inequity between services provided by the North and South teams. We were concerned about the ability of some teams we visited to provide safe and effective care. Many nurses we spoke with were under huge pressure to deliver a service and were unhappy with the quality of care they were delivering in these circumstances. Some staff told us they felt demoralised and exhausted and this was reflected in the staff survey results.

In the community hospitals, safety thermometer and quality dashboards were reported on monthly to look for trends and safety issues. The staff we spoke with understood the purpose of the data collection. Patients told us they felt safe and well cared for. Following the closure of Longton hospital and the redistribution of staff, safe staffing levels had improved on the wards and this had had a direct impact on patient safety.

Are services well-led?

The trust has a clearly defined vision and set of values, which it communicates to staff through a variety of formats. Most staff and managers we spoke to were aware of the vision and values although some did not fully understand how they fitted into the wider picture.

The trust was moving community services towards an integrated nursing, social care and therapy service model. Managers and staff were aware of the plans, however whilst the trust was going through this period of intense change, teams in the south had been adversely affected and their ability to manage caseloads effectively and safely was challenged.

The trust had robust risk management and governance processes in place to identify risk and measure quality performance. Managers had a clear understanding of these.

There was no agreed service specification in place for district nurse teams in the south of the county and staff felt they were a 'catch all' service with leaders who listened but did not take action.

Staff told us they were confident to raise concerns and report incidents.

Summary of findings

Our inspection team

Our inspection team was led by Tim Cooper, Head of Hospital Inspection.

The team of 8 included CQC inspectors and senior nurses with specialist experience of community nursing teams. We did not include experts by experience in this inspection.

Why we carried out this inspection

We undertook this unannounced inspection in response to a number of whistle-blowing letters we had received from staff. The letters highlighted a number of concerns

to us, around safe staffing levels and organisational culture; these areas have been our focus for this inspection. Additionally, following these letters, the Trust Development Authority agreed with our concerns.

How we carried out this inspection

As this was a focused inspection we did not cover all of the five key questions across all core services. The main focus of the inspection was on the safety of current nurse staffing levels and the culture and leadership of the organisation.

Due to the specific focused nature of the inspection, we have relied on the trust to provide us with key

performance metrics and we have reviewed all the information held by CQC about this trust. We have also liaised with the Trust Development Authority (TDA) and NHS England.

We carried out an unannounced inspection visit on 5 November 2014. We visited a number of community hospitals and visited district nursing teams. We spoke with staff and patients where possible, interviewed managers and the executive team and reviewed documentation.

Information about the provider

Staffordshire and Stoke on Trent Partnership NHS Trust provides community health services and adult social care in Staffordshire and health services in Stoke on Trent.

These services range from district nursing, health visiting, school nursing, running five community hospitals and managing health services in six prisons through to providing very specialist community care through talented and dedicated staff.

The Partnership Trust is the biggest integrated health and social care provider in the UK and currently offers health and social care to adults living in Staffordshire (outside of Stoke-on-Trent) through our integrated care locality teams. The 32 teams give people access to a one-stop service for all their health and care needs.

The trust serves a population of 1.1 million people and employs in the region of 6,000 staff. It is located within the geographical boundaries of Staffordshire County Council and Stoke-on-Trent City Council and contains a number of urban centres including Stoke-on-Trent, Leek, Burton-upon-Trent, Cannock, Lichfield, Stafford, Tamworth and Wombourne, although the geographic area is largely rural.

In addition the Trust provides sexual health services to people living in Shropshire, Telford and Wrekin and Leicester, Leicestershire and Rutland.

Summary of findings

In September 2014 the trust closed all inpatients wards at Longton Hospital. This was done in response to concerns about low staffing numbers at all of the community hospitals. The staff who would usually work at Longton were re-allocated to the other community hospitals.

Key facts from year 2013 to 2014

- Partnership Trust made 1.9 million community contacts during 2013 and 2014
- In this year 82,000 new outpatient appointments and 162,000 follow up appointments were made within community health and social care services
- A total of 4840 day cases were treated
- 4491 patients became inpatients across the Partnership Trust's five community hospitals
- Walk-in centres and Minor Injuries Units were attended by 77,000 people
- Across Staffordshire the social care needs of around 26,300 people were supported by the Trust
- 4,300 local people received support from reablement services throughout the year.
- The Partnership Trust offered advice and guidance to over 5,500 people

What people who use the provider's services say

As this was a focused inspection we did not collect service users views of the provider.

Good practice

- The trust employs a Cultural Ambassador for Change. Their remit is to provide help, support and advice for staff wishing to raise concerns. The Ambassador reports directly to the Chief Executive and the Chair. The trust also has a dedicated telephone helpline and email address for staff to raise concerns.
- The trust have developed an IT based tool called Health Check. The trust have set up a team and

recently commenced a programme of review with all the community nursing teams, evaluating services and assessing the impact. The tool cross references performance and activity data with qualitative information and staff engagement and diagnoses what the key issues are facing the team before developing and implementing solutions.

Areas for improvement

Action the provider **MUST** or **SHOULD** take to improve

- Review the internal communication arrangements for the Ambassador for Change to ensure transparent lines of communication and staff feel reassured that the role is organisation wide, not part of the management process.
- Review nurse staffing in community adult nursing to ensure patient outcomes are not compromised, especially in those areas where waiting lists are in operation
- Ensure the health check process and outcomes are shared with staff to ensure they are engaged with the process and are aware of progress on staffing issues
- Review the methods currently used for communicating and engaging with staff to ensure there is a mechanism for the trust to monitor and measure the effectiveness.

Staffordshire & Stoke-on-Trent Partnership NHS Trust

Detailed findings

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

District nursing staffing levels had been highlighted by the trust as a significant concern since March 2012. We found there was an inequity between services provided by the North and South teams. We were concerned about the ability of some teams we visited to provide safe and effective care. Many nurses we spoke with were under huge pressure to deliver a service and were unhappy with the quality of care they were delivering in these circumstances. Some staff told us they felt demoralised and exhausted and this was reflected in the staff survey results.

In the community hospitals, safety thermometer and quality dashboards were reported on monthly to look for trends and safety issues. The staff we spoke with understood the purpose of the data collection. Patients told us they felt safe and well cared for. Following the closure of Longton hospital and the redistribution of staff, safe staffing levels had improved on the wards and this had had a direct impact on patient safety.

Our findings

Incidents, reporting and learning

- The NHS safety thermometer was reported monthly, identified trends and linked to the commissioning for quality and improvement (CQUIN) programme.
- In 2013/14 the trust reported a total of 6,925 incidents. Of these approximately 3% were considered as serious untoward incidents (213). From April to September 2014, the trust has reported 3430 incidents and 2.2% of these are classed as serious.
- In 2013/2014, 131 pressure ulcers were reported to the strategic executive information system (STEIS). From April to September 2014, the trust has reported 53. If it maintains this level of reporting it will report less for the year compared to 2013/2014.
- The August Quality Dashboard report showed that the trust was not meeting the harm free care target (89% against a target of 95%), although new harm cases were meeting the target.
- In October 2014 the director of nursing reported that if the data submitted did not reflect the accurate team activity then the CQUIN for pressure ulcer prevalence will not be achieved. The 2014/2015 CQUIN indicator was based on a reduction in pressure ulcers with a

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

sustained reduction over five consecutive months to 6.2%. Pressure ulcer prevalence in the community hospitals was reported as 14.13% with 0.35% of that figure (one case) being new pressure damage during September.

- There was 51 safeguarding alerts reported between October 2013 and October 2014, 70% of the abuse types were coded as 'neglect'. It was unclear which division these reports originated from.

Nurse staffing levels and skill mix

- The trust has implemented the national institute of clinical excellence (NICE) guidance on safe staffing and has developed a workforce tool for community based teams to support the implementation of integrated care teams. These projects have identified significant staff gaps in a number of areas.
- Executive directors told us they were aware that the trust is struggling to recruit and the negative impact this was having on the teams especially the community nursing teams in Staffordshire. In December 2012 the local CCG recognised there was a shortfall and invested monies for nursing resources in the North of the County. A formula was agreed with the CCG to identify the size of investment required. Although some nursing posts were recruited to, because (in part) of staff turnover, the full effect of the investment has not been achieved. The Deputy Chief Executive told us that although the trust agreed that the service was under-commissioned, they wanted to look at the workforce profile and the different skills and grade needed to deliver the desired model of care and this process has taken longer than anticipated.
- To facilitate this profiling, the trust have developed an IT based tool to evidence this process called Health Check. The trust have set up a team and recently commenced a programme of review with all the community nursing teams, evaluating services and assessing the impact. The tool cross references performance and activity data with qualitative information and staff engagement and diagnoses what the key issues are facing the team

before developing and implementing solutions. As this process is in the early stages it is too early to determine whether or not the tool will provide an effective solution or if staff are buying in to the process.

- Although this process is in the early stages, the trust shared with us some of the reports on this process to date. We saw it was a very thorough analysis of team issues with recommendations.
- Year to date data shows the trusts sickness absence rates is 4.64%, this is much higher than the national target of 3.4%. Data for community nursing team shows sickness absence rates are even higher. For example, in Newcastle South it is 6.88%. Although community trusts do tend to have higher sickness rates than the England average, this is high and is having a significant impact on teams ability to deliver safe, effective care.

What is the impact of staffing on caring and responsiveness?

- The trust monitors patient quality through a range of performance indicators and targets through a quality dashboard.
- The national target for harm free care is 95%. That means that 95% of patients will be free from pressure ulcers, harm from a fall, urine infection (in patients with a catheter) and new venous thromboembolism (VTE). At the October trust board the rate was reported as 89.82%, having fallen from the previous month (91.65%).
- The trust has a CQUIN target to reduce the reported rate of pressure ulcer prevalence and to achieve a rate below 6.2%. Since April 2014 the trust has achieved this once. In August the rate was 7.74%.
- The board report also stated that there has been a linear increase in the number of falls resulting in no harm.
- The trust does not routinely report at the board on outcomes for patients.
- During our visits to community nursing services we did not see enough to determine if the trust was responsive or not to patient's needs, however, we did collect some anecdotal evidence for our visits that patients were being let down.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

Instructions

The trust has a clearly defined vision and set of values, which it communicates to staff through a variety of formats. Most staff and managers we spoke to were aware of the vision and values although some did not fully understand how they fitted into the wider picture.

The trust was moving community services towards an integrated nursing, social care and therapy service model. Managers and staff were aware of the plans, however whilst the trust was going through this period of intense change, teams in the south had been adversely affected and their ability manage caseloads effectively and safely was challenged.

The trust had robust risk management and governance processes in place to identify risk and measure quality performance. Managers had a clear understanding of these.

There was no agreed service specification in place for district nurse teams in the south of the county and staff felt they were a 'catch all' service with leaders who listened but did not take action.

Staff told us they were confident to raise concerns and report incidents.

- The trust reviewed and refreshed its quality governance reporting arrangements following the integration of community teams to ensure a line of sight from ward to board. They have recently requested their auditors to review their current governance arrangements to ensure they are robust and fit for purpose.
- The trusts quality governance committee meets monthly and is chaired by a non-executive member of the board.
- The trust has 12 CQUIN schemes to achieve. The trust is on track to deliver nine of these targets.
- The trust has full practice audit programme in place for 2014/2015 and has assembled a full audit team to support the process. In 2013/2014 a total of 93 audit project were completed.
- When incidents of 'avoidable' pressure damage occurred, a root cause analysis investigation was conducted. The results of the investigation were reported to a Tissue Viability panel, chaired by the Director of nursing and the Medical Director. The panel would review all grade 3 and 4 pressure damage and ascertain whether pressure damage was 'avoidable' or 'unavoidable'.
- Staff involved with the incident would be invited to the panel to give an account. Staff told us they felt threatened during the meetings, and it was a bullying tactic by the trust. Managers told us it was an unfair process as teams were struggling to provide quality care due to staff shortages which was not their fault.
- "Letters of Expectation" were sent to staff following a panel meeting to communicate the outcome of the review. The letter states the issues the panel felt were attributable and seeks to remind staff of their responsibilities under the trusts strategic goals and the professional codes of conduct. Letters of Expectation remained on staff's personal file for a period of six months then removed. Staff told us they felt this was a form of disciplinary action and they had little defence.
- The trust also sends out letters of excellence when the panel identify good care has been delivered. Since April 2014 the panel has issued 9 letters of excellence and 11 letters of expectation.
- The divisional risk register updated in October 2014 indicated four district nursing teams from South of the trust: Stafford, Burntwood, Sandy lane and East Town were at critical levels in terms of staffing. Sickness rates and outstanding vacancies adversely impacted on the

Our findings

Instructions

Vision and Values

- The trust has been working towards integrated care since its inception three years ago. The vision is to provide an integrated model of care to support people to keep well and remain independent. To achieve this, the trust set upon a process of change approximately 18 months ago.
- The trust has a clearly defined set of values which are well published throughout the organisations. The values are built into the staff appraisal process

Governance, risk management and quality measurement

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

ability for teams to deliver the service. Action plans were in place to address the risk such as, moving staff around to assist teams in a critical state and identifying teams to have their vacancies filled as a priority.

Leadership of service

- The Chief Executive and Chairman told us they both regularly visit teams to discuss issues and concerns of the staff. They considered this a key part of their role.
- The trust has embarked on a huge agenda of change and recognised that middle managers were pivotal to the success of the change programme.

Culture within the service

- The trust employs a Cultural Ambassador for Change. Their remit is to provide help, support and advice for staff wishing to raise concerns. The Ambassador reports directly to the Chief Executive and the Chair and meets regularly with the senior management team. The trust also has a dedicated telephone helpline and email address for staff to raise concerns. This close working relationship may not be allowing the role to fulfil its potential as staff may perceive this role is not wholly independent of trust management team. During interview, the chief executive was unable to point to specific changes or demonstrate the impact on services that have come about as a result of this role but felt it was important that staff opinions are taken seriously. Following the inspection, the trust told us that changes to the disciplinary process and simplification of policies and procedures had taken place as a result of this role.
- The trust has a Raising Concerns at Work policy and procedure in place. The policy encourages staff to raise concerns in a free and open manner. The trust has a raising concerns helpline and an Ambassador for Cultural Change who is able to offer support to staff wishing to raise concerns.
- Trust launched a stress awareness campaign in 2014 which included a series of initiatives to raise awareness with staff and managers. This included an online tool, podcasts and stress awareness day. Mandatory training for managers on understanding the implications of stress and managers responsibilities was set up by the

trust in 2014. Trust has a stress management action plan and a health and wellbeing plan for 2014/2015. The trust offers a staff support and counselling service. Between April and August 2014 the service was accessed 490 times by staff.

- Staff were hard working, caring and committed to the care and treatment they provided. All staff spoke with passion about their work and conveyed how dedicated they were in what they tried to achieve.
- Smallthorne and Trentside staff told us they were exhausted and felt undervalued. Staff were visibly upset and frustrated about lack of resources and funding to their teams and other teams in the South of the trust.

Staff engagement

- Every Friday the trust publishes an electronic weekly newsletter called “The Word”. The trust use this to communicate with staff on trust issues and developments and successes. In the staff survey for 2014, 74% of staff said they found out about what the trust was doing and what decisions had been made by senior management from “The Word”.
- The trust holds staff engagement meetings which are called “1 Vision” events. These events are designed to engage with staff on development of the service. In September the trust held a series of these events and asked staff to make suggestions on how the trust can save money. The Chief Executive told us that the trust also held a series of listening events following the Francis Report. We were not aware of an evaluation process employed by the trust to ensure that the events were effective; engaged with the right staff and messages were reflected back to the rest of the organisation.
- The NHS 2013 staff survey indicated the trust scored significantly worse than 2012 for, staff satisfaction with the quality of care they were able to provide, work pressure, effective team working and support from immediate line managers. The Director of Workforce and Development told us that the trust were disappointed with the results but recognised that the current change programme the trust were implementing would have an impact.