

Annual health check 2007/08 - Performance of Mid Staffordshire NHS Foundation Trust







Summary

Based on the assessment as it currently stands for 2007/08*, Mid Staffordshire NHS Foundation Trust provided a good quality of service to patients, having made improvements compared with the previous two years. This trust has gained foundation status during 2007/08. Foundation trusts are assessed in a different way to other trusts. It has been good at managing its finances. In a recent survey of trusts in England, patients rated this organisation as 'satisfactory' in terms of their overall experience.










*Please note: This trust is currently under investigation by the Healthcare Commission as we have concerns about the standard of care. Because of the investigation visits, the trust was not subject to additional visits from our core standards inspectors. The trust's core standards score is, therefore, based solely on the trust's self declaration. In the interests of fairness and transparency we will review this trust's core standards score at the time of publication of the investigation findings. The trust's current rating is therefore provisional.

Overall performance

The overall performance rating is made up of two parts: 'use of resources', which looks at how effectively a trust manages its financial resources; and 'quality of services', which is an aggregated score of performance against national standards and targets. The below tables summarise the three years of the annual health check.

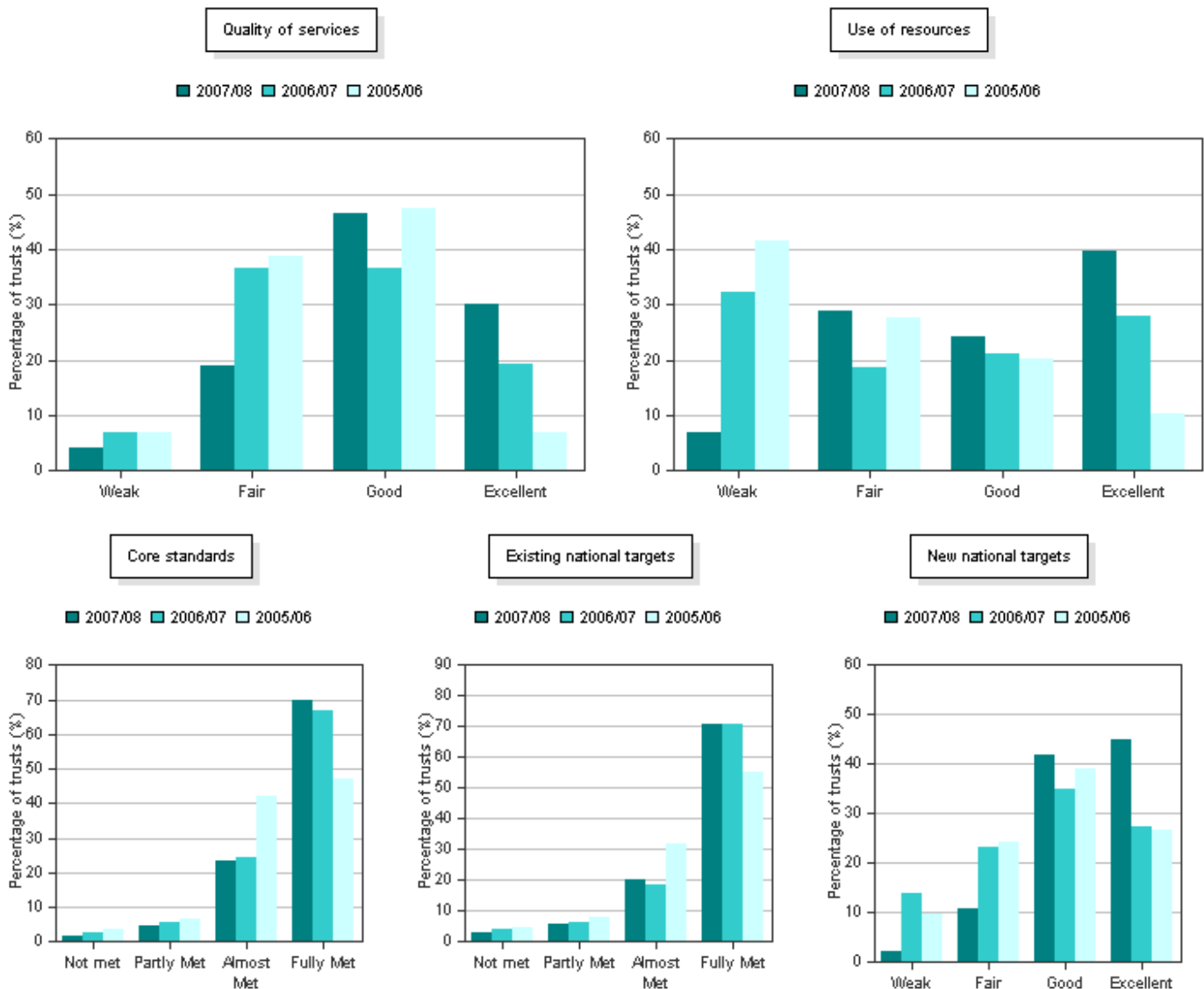
| | 2007/08 | 2006/07 | 2005/06 |
|----------------------------|---|--|---|
| Quality of services |  |  |  |
| Use of resources |  |  |  |

Components of quality of services

| | 2007/08 | 2006/07 | 2005/06 |
|----------------------------------|---|--|---|
| Core standards |  |  |  |
| Existing national targets |  |  |  |
| New national targets |  |  |  |

Overall performance of acute trusts

The graphs below show the overall performance of all acute and specialist trusts for the two parts of the overall performance ratings, as well as for the three components of quality of services, over the three years of the annual health check.



Core standards performance

Every NHS trust in England is responsible for ensuring that it is complying with the Department of Health's core standards. As part of the annual health check, we ask all trusts to assess their performance against the core standards and to publicly declare the information. The tables below present Mid Staffordshire NHS Foundation Trust's performance in the seven key areas of health and healthcare over the three years of the annual health check.

Safety

| | 2007/08 | 2006/07 | 2005/06 |
|---|-----------------|-------------|-------------|
| C01a - incidents - reporting and learning | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C01b - safety alerts | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C02 - safeguarding children | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C03 - NICE interventional procedures | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C04a - infection control | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C04b - safe use of medical devices | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C04c - decontamination | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C04d - medicines management | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C04e - clinical waste | ● ● ● NOT MET | ● COMPLIANT | ● COMPLIANT |

Clinical and cost effectiveness

| | 2007/08 | 2006/07 | 2005/06 |
|-----------------------------------|-----------------|-------------|-------------|
| C05a - NICE technology appraisals | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C05b - clinical supervision | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C05c - updating clinical skills | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C05d - clinical audit and review | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C06 - partnership | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |

Governance

| | 2007/08 | 2006/07 | 2005/06 |
|--------------------------------------|-----------------|--------------------------|-------------|
| C07a and c - governance | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C07b - honesty, probity | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C07e - discrimination | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C08a - whistle-blowing | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C08b - personal development | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C09 - records management | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C10a - employment checks | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C10b - professional codes of conduct | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C11a - recruitment and training | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C11b - mandatory training | ● ● ● COMPLIANT | ○ INSUFFICIENT ASSURANCE | ● COMPLIANT |
| C11c - professional development | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C12 - research governance | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |

Patient focus

| | 2007/08 | 2006/07 | 2005/06 |
|---------------------------------------|-----------------|--------------------------|-------------|
| C13a - dignity and respect | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C13b - consent | ● ● ● COMPLIANT | ○ INSUFFICIENT ASSURANCE | ● COMPLIANT |
| C13c - confidentiality of information | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C14a - complaints procedure | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C14b - complainants discrimination | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C14c - complaints response | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C15a - food provision | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C15b - food needs | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C16 - accessible information | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |

Accessible and responsive care

| | 2007/08 | 2006/07 | 2005/06 |
|--------------------------------------|-----------------|-------------|-------------|
| C17 - patient and public involvement | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C18 - equity, choice | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |

Care environment and amenities

| | 2007/08 | 2006/07 | 2005/06 |
|--|-----------------|-------------|-------------|
| C20a - safe, secure environment | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C20b - privacy and confidentiality | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |
| C21 - clean, well designed environment | ● ● ● COMPLIANT | ● COMPLIANT | ● COMPLIANT |

Public health

| | 2007/08 | 2006/07 | 2005/06 |
|---|-----------------|-------------|-------------|
| C22a and c - public health partnerships | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C22b - local health needs | NOT APPLICABLE | ● COMPLIANT | ● COMPLIANT |
| C23 - public health cycle | ● ● ● COMPLIANT | ● COMPLIANT | ● NOT MET |
| C24 - emergency preparedness | ● ● ● COMPLIANT | ● NOT MET | ● COMPLIANT |

Existing national targets performance by indicator

Our assessment of existing national targets looks at whether this trust is maintaining the levels of service set through the Department of Health's 2003-2006 planning round. We use sets of performance indicators to measure the targets. In the 2007/08 annual health check we used a total of 36 indicators across the different trust types to measure performance against existing national targets. Most of those targets are measured by one performance indicator, with the remainder being measured by two indicators.

The levels of performance against the indicators for this trust are detailed below.

Indicators

| | 2007/08 | 2006/07 | 2005/06 |
|--|----------------------|------------------|------------------|
| Total time in A&E: four hours or less | ● ● ● ACHIEVED | ● ACHIEVED | ● ACHIEVED |
| All cancers: two week wait | ● ● ● ACHIEVED | ● ACHIEVED | ● ACHIEVED |
| Rapid access chest pain clinic: two week wait | ● ● ● ACHIEVED | ● ACHIEVED | ● FAILED |
| Revascularisation: three month wait | NOT APPLICABLE | NOT APPLICABLE | NOT APPLICABLE |
| Cancelled operations and those not admitted within 28 days | ● ● ● UNDER ACHIEVED | ● UNDER ACHIEVED | ● ACHIEVED |
| Thrombolysis - 60 minute call to needle time | ● ● ● ACHIEVED | ● ACHIEVED | ● ACHIEVED |
| Information in place to support choice | ● ● ● ACHIEVED | ● ACHIEVED | ● ACHIEVED |
| All cancers: one month diagnosis to treatment | ● ● ● ACHIEVED | ● ACHIEVED | ● ACHIEVED |
| All cancers: two month GP urgent referral to treatment | ● ● ● ACHIEVED | ● ACHIEVED | ● UNDER ACHIEVED |
| Inpatients waiting longer than 26 weeks | ● ● ● ACHIEVED | ● ACHIEVED | ● ACHIEVED |
| Outpatients waiting longer than 13 weeks | ● ● ● ACHIEVED | ● ACHIEVED | ● ACHIEVED |

































Note: Data from the last three years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

New national targets performance by indicator

Our new national targets assessment looks at the targets outlined in *National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06 - 2007/08*. As for existing national targets we use sets of indicators to measure performance against the targets. In the 2007/08 annual health check we used a total of 59 indicators to measure performance against the new national targets. Some new national targets are measured by one performance indicator, with others being measured by up to four indicators.

Indicator level performance for this trust is detailed below.

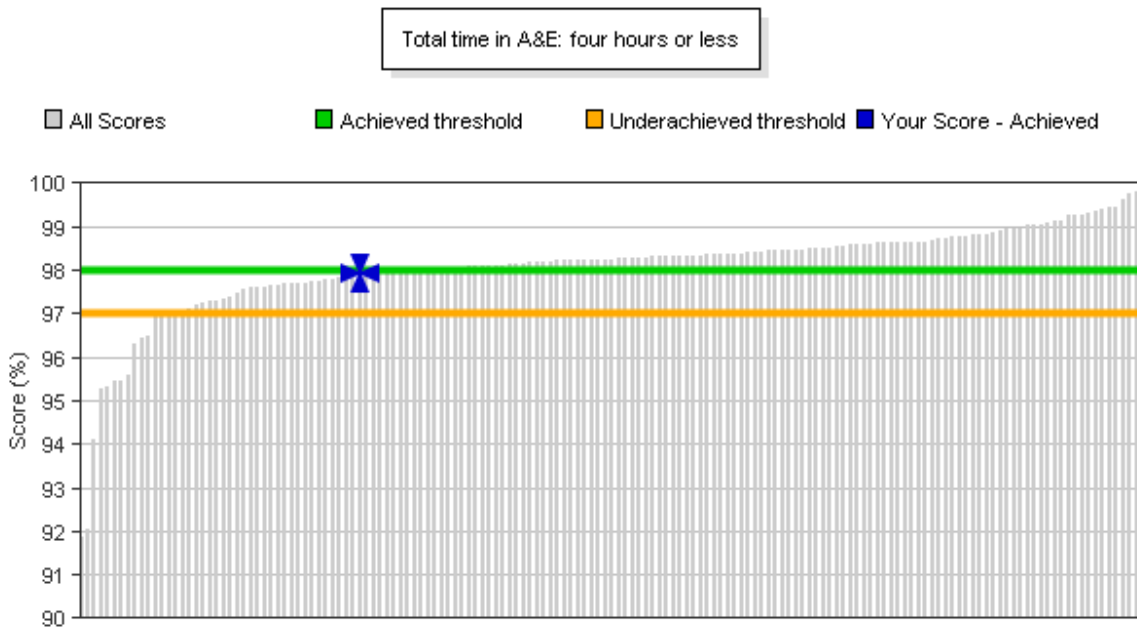
Indicators

| | 2007/08 | 2006/07 | 2005/06 |
|---|--|--|--|
| Participation in audits |  ACHIEVED |  ACHIEVED |  ACHIEVED |
| Smoking during pregnancy and breastfeeding initiation |  UNDER ACHIEVED |  ACHIEVED | DATA NOT RETURNED |
| Access to genito-urinary medicine clinics within 48 hours |  ACHIEVED |  ACHIEVED |  FAILED |
| Experience of patients |  SATISFACTORY |  SATISFACTORY |  SATISFACTORY |
| Emergency bed days |  ACHIEVED |  ACHIEVED |  ACHIEVED |
| Waiting times for diagnostic tests |  ACHIEVED |  FAILED |  ACHIEVED |
| Clostridium difficile data quality |  ACHIEVED | NOT APPLICABLE | NOT APPLICABLE |
| MRSA bacteraemia |  UNDER ACHIEVED |  UNDER ACHIEVED |  UNDER ACHIEVED |
| Data quality on ethnic group |  FAILED |  FAILED |  UNDER ACHIEVED |
| Compliance with guidelines concerning self harm |  ACHIEVED |  ACHIEVED |  ACHIEVED |
| Information, screening and referral for drug misusers |  ACHIEVED |  UNDER ACHIEVED |  ACHIEVED |
| Referral to treatment time milestones |  UNDER ACHIEVED | NOT APPLICABLE | NOT APPLICABLE |
| Compliance with guidelines concerning obesity |  ACHIEVED | NOT APPLICABLE | NOT APPLICABLE |

Note: Data from the last three years has been presented in the table above. However, annual amendments to indicator constructions and scoring thresholds have sometimes taken place.

Focus on selected target indicator

The graph below shows how Mid Staffordshire NHS Foundation Trust has performed in comparison with all other acute trusts for the selected target indicator in 2007/08.



Summarised performance of other annual health check assessments

The following assessments have also been carried out during the first three years of the annual health check. Our reviews and studies look at whether NHS trusts are delivering high quality care and treatment, and achieving value for money.

| | 2007/08 | 2006/07 | 2005/06 |
|--|---------|---------------------------|--------------|
| Admissions management | | | ● ● ● ● GOOD |
| Diagnostic services | | | ● ● ● ● GOOD |
| Medicines management | | | ● ● ● ● WEAK |
| Services for children in hospital | | | ● ● ● ● WEAK |
| Maternity | | ● ● ● ● BETTER PERFORMING | |

Useful links and glossary

The documents below provide further information on the annual health check:

- [Performance ratings 2007/08 - including links to national overview report and regional summaries](#)
- [More information on core standards](#)
- [More information on existing national targets](#)
- [More information on new national targets](#)
- [Annual health check 2007/08 frequently asked questions](#)
- [Information on NHS patient surveys](#)

Glossary of terms:

Core standards

Fully met: This score means that a trust met all of the core standards set by Government by the end of the assessment year. A trust can only receive this score if it declares no more than four failings during the year. These failings must have been corrected by the end of the year.

Almost met: This score means that a trust met almost all of the core standards set by Government.

Partly met: This score means that a trust met many of the core standards set by Government. However, it was not able to demonstrate that it had met a number of standards.

Not met: This score means that a trust did not meet several of the core standards set by Government.

Compliant: This score means that a trust's board determined that it had met a standard during the assessment year, without any significant lapses.

Insufficient assurance: This score means that a trust's board was unclear as to whether there had been one or more significant lapses during the assessment year in relation to a standard.

Not met: This score means that a trust's board was clear that there had been one or more significant lapses in relation to a standard during the assessment year.

Declaration adjusted / Qualification: This score means that a trust received a follow up inspection at the end of the assessment year and had its declared compliance level adjusted, or qualified, based on the findings of our inspection.

Existing and new national targets

Fully met: This score means that a trust performed consistently well for the existing national targets assessment.

Almost met: This score means that a trust performed well for many aspects of the existing national targets assessment.

Partly met: This score means that a trust performed poorly for some aspects of the existing national targets assessment.

Not met: This score means that a trust generally performed poorly for the existing national targets assessment.

Excellent: This score means that a trust performed well beyond the minimum requirements and the reasonable expectations for the new national targets assessment.

Good: This score means that a trust performed above the minimum requirements and the reasonable expectations for the new national targets assessment.

Fair: This score means that a trust performed in line with the minimum requirements and the reasonable expectations for the new national targets assessment.

Weak: This score means that a trust performed below the minimum requirements and the reasonable expectations for the new national targets assessment.

Achieved: This score means that a trust performed to a high level for this aspect of the targets assessment.

Underachieved: This score means that a trust performed below the required level for this aspect of the targets assessment.

Failed: This score means that a trust performed poorly for this aspect of the targets assessment.

Not applicable: This score means that this aspect of the targets assessment did not apply to this trust. As a result, this trust was not assessed against it.

Data not available: This score means that this aspect of the targets assessment did apply to this trust, but the relevant data were not available. This was not the fault of the trust, so it was not assessed against it.

Data not returned: This score means that this aspect of the targets assessment did apply to this trust, but the relevant data were either not returned or were of insufficient quality for the purpose of this assessment. As a result, this trust was awarded the lowest score, equivalent to a fail.

Target: This is an expectation of the NHS set by Government, which is to be achieved by a specific date.

Indicator: This is what we use to measure performance against a target. Often this will be a one-to-one relationship (in other words, one target is measured by one indicator), but sometimes we use more than one indicator to assess performance against a target.

Indicator construction: This is the detailed information that we publish about an indicator, which outlines the data and the method we will use to assess performance.

Scoring threshold: This is what we use to determine the required level of performance for an indicator. For each indicator, we use thresholds of performance to decide whether an organisation has 'achieved', 'underachieved' or 'failed'.

Quality of services assessment

Excellent: This score means that a trust received the highest score of either 'fully met' or 'excellent' for all applicable assessments that contribute to the overall quality of services score.

Good: This score means that a trust received at least the second highest score of either 'almost met' or 'good' for all applicable assessments that contribute to the overall quality of services score.

Fair: This score means that a trust has performed adequately, in that it has not received the lowest score of 'not met' for either core standards or existing national targets. However, it has not performed sufficiently well across the applicable assessments that contribute to the overall quality of services score to score any higher.

Weak: This score means that a trust received the lowest score of 'not met' for either core standards or existing national targets.

Use of resources assessment

Excellent: This score means that a trust performed very well. Management arrangements operated effectively, and financial targets were met for at least the last two years.

Good: This score means that a trust performed well in regard to its financial arrangements, and met its financial targets for at least the last two years.

Fair: This score means that a trust performed adequately in regard to its financial arrangements.

Weak: This score means that a trust performed poorly in regard to its financial arrangements.