



Raising Public Awareness – Campaigning for Safer Standards  
Supporting Sufferers and Dependants

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Robert Francis QC  
Inquiry Chairman  
Mid Staffordshire NHS Foundation Trust Public Inquiry,  
7th Floor, New Kings Beam House,  
22 Upper Ground,  
London SE1 9BW

Dear Judge Francis

### Mid Staffs Public Inquiry

I write on behalf of the membership of MRSA Action UK. Our concern as a Charity relates to the early warnings that we believe should have been flagged up immediately at Mid Staffs Hospital and with regulators when patients and carers were using the complaints system. It is apparent that the press and media played a significant role in bringing these tragic events to the forefront of regulators attention, which may quite rightly be viewed as a damning indictment for all of the organisations involved.

Our further concern is that the Strategic Health Authority is presiding over another NHS Hospital Trust whose early warning signs are not being picked up by regulators as outlined further.

The Care Quality Commission ratings published on the NHS Choices website are questionable in terms of informing a balanced view for patients. Table 1 shows the quality of service is rated as weak at Stafford Hospital, yet on balance if you compare the scoring with North Stafford Hospital which rates as fair, it appears to be of a higher standard. Is this because of the adverse publicity surrounding the Mid Staffs Inquiry itself? How can a patient make an informed choice based on these ratings? And of significant importance, when and why do regulators finally decide to take action?



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The new government proposes to phase out Strategic Health Authorities (SHAs), learning from how effective or ineffective they have been in terms of delivering patient-centred care needs to be taken into account when considering the future commissioning and regulation of services. The Mid Staffs Inquiry presents an opportunity to examine lessons learned from the performance of trusts in the SHA's remit. The SHA still presides over a hospital trust with the highest number of *Clostridium difficile* cases in the country (North Staffordshire Hospital), yet this is not flagged up on the NHS Choices website, as the *Clostridium difficile* rates are only given for the over-65 age group by bed days, disguising the high numbers of cases. SHA's need to do more to share good practice in other regions, with their demise we would hope that HealthWatch will have more of a say in what matters to patients and that the Care Quality Commission and Monitor will act on such evidence. Performance information must be clear and transparent to patients, service users and regulators.

In terms of what happened at Mid Staffs the Strategic Health Authority should at the very least be looking at these ratings for all of the Trusts within their area, and one would hope that patient involvement and LINKs will be playing a role here.

**Table 1**

Quality of service at Stafford Hospital		Quality of service at University Hospital Of North Staffordshire
<b>Overall quality score</b>		<b>Overall quality score</b>
 <b>WEAK</b>		 <b>FAIR</b>
Overall quality score is Weak for the trust that runs this hospital		Overall quality score is Fair for the trust that runs this hospital
<b>Patient survey score for cleanliness of wards</b>		<b>Patient survey score for cleanliness of wards</b>
8.9 out of 10 Patient survey score for cleanliness of wards for inpatients treated at this trust.		8.6 out of 10 Patient survey score for cleanliness of wards for inpatients treated at this trust.
<b>Number of weeks MRSA free</b>		<b>Number of weeks MRSA free</b>
12+ weeks MRSA free		2 weeks MRSA free
<b>Total MRSA cases in last 12 weeks</b>		<b>Total MRSA cases in last 12 weeks</b>
There have been 0 cases of MRSA in the last 12 weeks		There have been 7 cases of MRSA in the last 12 weeks
<b>C difficile rates</b>		<b>C difficile rates</b>
The organisation running this hospital had 1.21 <i>Clostridium difficile</i> infections for every 1,000 bed days for people aged 65 and over, staying in hospital for 3 or more days		The organisation running this hospital had 0.68 <i>Clostridium difficile</i> infections for every 1,000 bed days for people aged 65 and over, staying in hospital for 3 or more days

Source: NHS Choices Website

### **Some patient feedback from NHS Choices website on University Hospital Of North Staffordshire NHS Trust:**

#### **What could be improved?**

"i was disgusted with practices that i seen whilst visiting a service user of mine in the Majors Department, i witnessed a cleaner putting a mop into a handwashing sink wetting the mop under the tap to clean the floor, also the toilet according to the sheet on the wall hadnt been cleaned for 4 days - the toilet bowl was covered in faeces

there was dried urine stains on the floor and the extractor fan was thick with dust, it makes you wonder why our hospital has so many infections ?”

**28 February 10**

**What could be improved?**

“The toilets at that time were a disgrace, I went in on one day and there was human feces all over the floor and when I went back in at on two other occasions that day into the evening it was still not cleaned. I informed a nurse of the mess.”

**11 August 09**

**What could be improved?**

“Staff should be working not standing round chatting or ignoring people at the reception desk while they carry on their personal conversations.

Anything else to add?

The maternity unit is filthy, rubbish bins overflowing, empty cups all over the floor.

Disgusting!”

**06 March 09**

**Comments from one of our members whose daughter died in 2008 in North Staffs Hospital**

“Sammie was diagnosed with auto-immune liver disease when she was 11, and although she had to take medication daily she was healthy and lived a normal life. She was studying photography at college and loved chatting to pals. On April 3, 2008, she was feeling poorly after a virus so I took her to North Staffs University Hospital. Blood tests showed she had an imbalance which needed chemotherapy treatment. They took a bone marrow sample from her hip and started on the chemo.

The first two wards Sammie was in were filthy. There were sticky patches on the floors and instead of changing the bedding properly, the nurses just took the bottom bed sheet, put it on top and then put a new one underneath.

I came in once and found dried blood stains on the sheet covering her. It was also difficult to communicate with the nurses as their English wasn't great. My mum mentioned the problems to a nurse, but Sammie asked me not to complain as she was worried something would be said to her when she was on her own. I noticed the wound on her hip where they'd done a bone marrow test had swollen up and I was told she had MRSA on May 1. I had no idea what it was and a nurse just gave me a leaflet. But my mum used to be a nurse and the look on her face said it all.

They had done the MRSA test on April 29 and in my opinion she should then have been put in isolation. There were women on her ward with leukaemia who were at massive risk and Sammie's immune system was weak too. But instead she was moved into isolation on May 2, where she started getting more and more poorly.

Her kidneys packed up and I couldn't believe my little girl, who'd been quite healthy before her hospital stay, was now unconscious and covered in tubes. She'd had a great chance of recovery but now the consultant was saying she had just a ten to 20 per cent chance of survival. She died on May 9. I miss her terribly and so does her little sister Alex, who is 14.”

There are many measures that can be used to judge whether a hospital needs help and intervention from regulators, and we are surprised that high infection rates is not one of them. Acting on complaints and looking further into reports in the media, however unpalatable some may believe this is, media reports should not be discounted when deciding to look deeper into a hospital's performance.

I am willing to bring recommendations in terms of infection prevention and control to the Inquiry should I be required.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Derek Butler', with a stylized flourish at the end.

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