The Care Quality Commission has undertaken the first of its three formal checks on progress and we set out our findings below in Part 1 of our Mid Staffordshire Review of Progress report. We will conduct a second, detailed review in a further three months time which will include unannounced inspections where we will expect to see substantial progress on key priority areas. In one year’s time we will conduct a full review against the action plan and report on all areas. Part 2 and Part 3 of our report will be available on our website in October and May 2010.

Summary
The trust has begun to put in place the systems, resources and people it needs in order to make the improvements recommended by the former Healthcare Commission. It has developed a comprehensive transformation programme that should enable it to deliver the improvements needed. It has determined its priorities for action – including the evident need to restore local people’s confidence. Mortality rates show early signs of improvement, which is encouraging and needs to be sustained.

However it is early days. It will take time for the effects of the trust’s action to be felt fully and consistently by all of the people who use their services and people’s experiences at this stage remain variable. The Care Quality Commission will continue to monitor this closely.

The trust has recently appointed a permanent Chair and Chief Executive who must quicken the pace of change. Critical areas that remain to be addressed urgently by the trust include taking delivery of and use of equipment, bed management, achieving a full complement of permanent nursing staff, improving engagement with people using services and driving forward a culture of caring. The trust must also maintain focus on delivery of current services at the same time as delivering the full transformational programme.

The trust and their local community are equally committed to building a trust to be proud of that delivers high quality care to everyone. The Care Quality Commission urges them to work together to achieve this. It is essential that the trust engages well with people using their services and works in partnership with them.

Assessment criteria
At three months, the Care Quality Commission would expect that the trust:

- has already taken action to rectify immediate risks to safety
- has developed and published an effective action plan
- board understand how they are going to achieve change and have a vision for the future
- has set its priorities
- has begun to put in place key people, systems and processes to deliver the full
programme of change; and

- can show evidence of early signs of improvement in the quality of care.

Assessment of progress

Immediate risks
Urgent actions included improving care in A&E; bed management; the standard of nursing care and purchase of equipment. Work has begun on addressing these areas and there is evidence of improvement but further assurance is required to ensure that appropriate contingency plans are in place to keep people safe until the actions planned are completed. For example, spend of £1.5 million has been approved for purchase of equipment but it is not yet all in place.

Additional nurses have been recruited but are not yet at optimum levels. Vacancies are being covered by bank and agency staff. The trust will need to check that numbers are sufficient to ensure safe care and it will be important for staff to talk to people and relatives in the wards to check how happy they are with their care.

People using A&E services reported improvement during the day but less satisfactory care at night.

Action plan
The trust has published its action plan and has developed a comprehensive transformation programme. It will need to ensure that in focusing on the detail it does not miss the strategic overview.

The trust intends to check whether its action has resulted in improvement by conducting audits including commissioning an external management review. Measures of success include typical indicators e.g. reduction in staff sickness. CQC has asked the trust to challenge themselves on how each action will be experienced by the patient as an improvement in care. If a patient is admitted today how will care look and feel different?

Vision
The trust is clear that its overall objective is to achieve high quality care for all. CQC believes that the trust would benefit from articulating its vision and strategic plan for achieving transformation so that the board is clear precisely how it will achieve that and where its emphasis needs to lie at key stages.

For example, at this stage the trust needs a coherent strategy for rebuilding public confidence and ensuring that people using services today are treated in a caring manner. This should encompass complaints, customer care initiatives, public relations, training, media, communications and be seen as the responsibility of everyone within the trust. The action plan addresses these areas but CQC is of the view that the trust needs to set out a strategy to ensure it addresses the problem effectively and is clear how each component will help to achieve its goal.

The trust will need to be clear how it will maintain the pace of change throughout the organisation and sustain improvements as they are achieved.

Priorities
The trust has prioritised its action plan marking its most urgent actions as 'high plus'. In addition, it has agreed eleven key priorities for improving care quickly and CQC will focus on these at its six month review. The trust has published details of its transformation programme on its website and provides updates.

**People, systems and processes**

**People**
A permanent Chair and a new interim Chief Executive (for two years) have just been appointed. This should give the trust the stability it needs to drive its transformation programme forward. Advisors have been appointed to support key personnel and a patient experience facilitator is now in post who will focus on improving the experience of people using the trust's services. CQC noted that some key appointments are part time and whilst it has no specific concerns at present, recommends that senior level capacity is kept under review to ensure that it is sufficient to deliver the extensive transformation programme and achieve change at the pace required.

Additional nurses have been recruited and recruitment continues. Agency and bank nurses are covering posts in the interim. Additional nurses will join the trust in September (when new nurses qualify) and the trust is considering other initiatives to attract additional staff. We will check progress and interim arrangements during our six month review.

The trust is engaging with its staff and feels that morale is improving.

**Governance**
Quarterly board meetings are now held in public, the council of governors meet in public, and a health care governance committee has been established. The transformation board meets fortnightly and reports to the board. Membership includes public governors.

**Systems and processes**
The trust reported that a number of systems and processes have been put in place. Examples include the development of a training plan and competencies; and improvements to the trust's system for handling serious untoward incidents. Rates of reported incidents have risen which appears to be as a result of better staff awareness of the need to report rather than an indication of a deterioration in care. This will be kept under review.

**Experience of care - complaints**
Responsibility for managing the complaints service has transferred to the chief executive. The trust received 140 complaints from April to 25th June compared with 368 total during 2008/9. They are currently achieving a 70% response rate within 3 days of contact. CQC contracted two independent advisers to review progress on managing complaints. They have identified some flaws in the current complaints system and have identified a number of areas that should still be strengthened including additional resources to re-shape the complaints model, instituting a cross directorate investigation process to ensure that complaints are independently reviewed and separation of the PALs service from complaints service.

Patient experience councils are being set up in each division and patient feedback is being used to make improvements. Leaflets on action taken to date have been sent to all GP surgeries and 3,000 homes with coverage in the local press and internet. Meetings are
being set up for patients and carers to talk to trust staff.

**Quality of care**  
CQC identified some areas of improvement but with scope for further improvement to be made.

- **A&E** – Professor Alberti has reviewed progress and reported considerable turnaround in the A&E department. However, at a public meeting a number of people noted that the experience during the day was much better than the experience at night. A recent visit by CQC at night found patients spoken to were generally satisfied with their care with one notable exception.
- **Equipment** - £1.5M has been approved for purchase of medical and surgical equipment (2009/10) including blood gas analyser for A&E, non invasive ventilation equipment, resuscitation trolleys, defibrillators and endoscopes. Equipment is not yet all in place.
- **Bed management** – Professor Alberti noted that the trust were trying to improve bed management but that more needed to be done in order to ease the flow. CQC will focus on this at its six month review.
- **Patient pathways** – Surgical pathways are to include an emergency surgical assessment unit, and facility for out of hours operations. Medical pathways are altering their models of care from looking at improving discharge planning.
- **Case Note reviews** – the trust has completed 21 reviews to date and plans (where relatives consent) to publish anonymised outcomes on their web. The trust plans to recruit additional independent reviewers to complete this work.

**Conclusion**  
Progress has been made on setting up systems needed to deliver change and is broadly what might be expected within three months given the scale of the trust's action plan. Problems are not over yet, but a base for recovery has been put in place. There are still some gaps - identified by Alberti and our complaints/public confidence review. CQC was concerned that future progress could be compromised if the trust did not secure a full time Chair and Chief Executive and welcomes the recent appointment of a new Chair and long term interim Chief Executive. CQC will report the results of its six month review in the autumn and its final one year review in May 2010.

C Braithwaite  
17 July 09