Care Quality Commission
Finsbury Tower
103 – 105 Bunhill Row
London
EC1Y 8TG
Telephone: 020 7448 9281
Fax: 020 7448 0819
www.cqc.org.uk

David Bennett
David Flory
Hugo Mascie-Taylor

8 July 2014

Dear David, David and Hugo,

Re: CQC Inspection of safety at Mid Staffordshire NHS Foundation Trust (MSFT)

I am writing to you as the leaders of the three organisations which invited CQC to undertake an urgent assessment of the safety and sustainability of clinical services at MSFT. I thought it would be helpful and indeed important to give you early feedback from the inspection which was undertaken between 30th June and 2nd July 2014.

As you know, the key question we were asked to consider was whether MSFT is currently providing safe care and whether safety was likely to be sustainable in the future. We were aware that the planned date for the dissolution of MSFT and transfer of responsibility for services to University of North Staffordshire NHS Trust (UHNS) and Royal Wolverhampton NHS Trust (RWT) is 3rd November 2014. We therefore considered whether safe provision of services was likely to be sustainable over the next four months and beyond that over winter 2014/15.

Our approach

To undertake this task within a very short timescale we modified our new approach to inspection of acute hospitals. We concentrated particularly on the first of CQC's five key questions i.e. Safety. Within this we looked very closely at staffing levels for nurses, doctors and allied health professionals in key clinical services and the approaches that TSA/MSFT has made to recruit and retain staff. We also looked at the impact of any deficiencies in staffing levels on the quality of care being delivered by staff at MSFT. Finally we considered the leadership of services at MSFT.

During the pre-inspection phase we looked at the report from the Trust Special Administrators (TSAs) regarding future configuration of services currently provided at MSFT. These recommendations have been accepted by the Secretary of State for Health. We were not asked to reopen the debate on these recommendations. Rather, the report provided us with the agreed direction of travel for different clinical services. We are also aware that a further review into the configuration of maternity services is being commissioned.

We were given access to the minutes of the Sustaining Services Board, chaired by Diane Whittingham, which brings together leaders of the local health economy around MSFT and to a copy of the due diligence report commissioned by the Board of UHNS. The Chief Executive of MSFT and her staff were extremely helpful in providing detailed information on current and projected staffing levels and other recent performance management information for the trust.

We assembled a team of around 30 people to undertake the inspection under the chairmanship of Mr Andy Welch (Medical Director of Newcastle upon Tyne Hospitals NHS Foundation Trust) and Mr Tim Cooper, Head of Hospital Inspections at CQC. Professor Edward Baker, Deputy Chief Inspector at CQC attended the whole inspection and I attended both the patient and public listening event and the final day of the inspection. The team included a director of nursing, senior and junior doctors and nurses, a chief operating officer, a director of transformation/change, experts by experience and CQC managers and inspectors.

As part of the inspection we:

- Interviewed senior representatives of stakeholder organisations including TSA, Monitor, UHNS, RWT, the Stafford and Surrounds CCG, West Midlands Ambulance Service and local Healthwatch.

- Held a patient and public listening event on the evening of 30th June. This was attended by around 100 people, many of whom were allied to the Support Stafford Hospital campaign.

- Held several focus groups with staff**.**

- Visited the following clinical areas:

    - A&E
    - Acute medical care and care of the elderly (both at Stafford and Cannock Chase)
    - Surgery (both at Stafford and Cannock Chase)
    - Critical care
    - Maternity
    - Radiology

- Interviewed Mr Alan Hudson, one of the TSAs, Diane Whittingham and senior staff from the trust including the CEO, Medical Director, Director of Nursing, Chief Operating Officer, Deputy Human Resources Director and Deputy CEO (former HR Director). Some of these interviews were conducted by telephone prior to the inspection.

- Provided initial feedback to the TSA, trust executives, Andy Donald (for the local CCG) and Brigid Stacey (for NHS England).

An overview of our findings

The commitment of staff at all levels to the delivery of high quality care at MSFT was evident throughout the hospital. However, it is important also to recognise the degree of fatigue reported by staff. This relates both to the relentless external scrutiny focused on MSFT and from uncertainty about the future.

The trust is facing massive difficulties in recruiting and retaining medical and nursing staff both because of the uncertainties about the future and because of the previous poor reputation of the trust outside the local area.

The senior managers at MSFT, including the Chief Executive, are having to spend inordinate amounts of time ensuring that individual nursing shifts are adequately filled and that sufficient numbers of medical staff will be available for different services. To date they have just been able to do this, but I would emphasise the word just. This has resulted in a significant reliance on temporary medical and nursing staff, which has a resultant impact on permanent staff working in the relevant clinical areas. In addition, there is an almost complete dearth of service level clinical leadership at MSFT. While additional staff have been supplied by UHNS in some clinical areas, in other areas the movement of staff has been from MSFT to UHNS.

Our inspection team members judged that safe care is currently being delivered in each of the clinical areas inspected, though staffing levels are only just adequate in some areas, particularly on the medical wards. Of these, the winter escalation ward, ward 11, was still open due to the continuing demand. Medical and nursing staffing pressures make this unsustainable.

The inspection team members were not assured about the sustainability of services, even over the next four months. Should recruitment or retention fall by even one or two people in some key posts, services would become unsafe. The only option for handling such an eventuality that was identified to us either by the TSA or the trust management would be to cut the bed base and almost certainly to restrict admissions to the hospital (unless flow through the hospital can be substantially improved). At times it may be necessary to reduce A+E activity to maintain safety. Indeed there have already been occasions when the West Midlands Ambulance Service has been asked to divert emergencies to UHNS or RWT. Undesirable as this is, this does indeed appear to be the only option available. The fragility of the provision of acute services cannot be overemphasised.

The TSA and the trust management have proposed a reduction in the opening hours of A&E as a means of reducing the burden on acute services and thus maintaining safety. My inspection team had serious concerns about this approach. In particular they were concerned that it might not achieve the desired reduction in emergency admissions to the hospital and that it might render the junior doctor rotas unviable. This would at the very least need to be discussed with colleagues at Health Education England.

Looking beyond the planned date of transition in November 2014, my inspection team members were unanimous in their view that services would be unsustainable should any degree of winter pressures arise. It is therefore imperative on safety grounds that the transition should not be delayed.

Transition

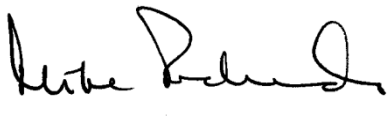
We were both surprised and very concerned that a clear transition plan has yet to be developed to ensure the safe transition of responsibility for clinical services to the agreed model of care over the next four months. This clearly requires full involvement of MSFT and other organisations in the wider health economy. Although the Sustaining Services Board has provided a useful forum for bringing together the relevant stakeholders it is not a decision making group. In addition the workforce at MSFT needs clarity as soon as possible about what is going to happen and when. The current uncertainty is contributing to the fatigue and fragility amongst staff. The transition plan should therefore include a

commitment by the acquiring organisations to support medical and nursing staffing levels at Mid Staffs over the next four months so that services remain safe.

It is now imperative that a clear and timetabled transition plan should be developed and implemented without delay. This should set out the steps that will be taken to ensure services remain safe, effective, caring and responsive to patients needs. Leadership responsibilities and accountabilities need to be clearly defined. This will require high level input and commitment from TSA/MSFT, UHNS and RWT and from CCGs and WMAS. No single organisation can achieve this on its own. High level oversight from Monitor and TDA, as the organisations which oversee the various providers will be essential.

A full report including details about individual clinical services will be published in due course.

Yours sincerely



Professor Sir Mike Richards
Chief Inspector of Hospitals