

Written Ministerial Statement

DEPARTMENT OF HEALTH

Mid-Staffordshire NHS Foundation Trust

Tuesday 21 July 2009

The Secretary of State for Health (Andy Burnham): On 17 March 2009, the Healthcare Commission, the independent health regulator, published a damning report into the failings of emergency care provided by Mid-Staffordshire NHS Foundation Trust. Since then, the Government and the local NHS have had two priorities: first to ensure services at the trust improve as soon as possible to the level that patients and the public have a right to expect; and second to ensure the right lessons are learned both locally and nationally, so the events of Mid-Staffordshire cannot be repeated.

The previous Secretary of State commissioned two rapid reviews from Professor Sir George Alberti (National Clinical Director for Emergency Care) on the present state of emergency services at the trust and Dr David Colin-Thome on how the broader system was not able to detect the failings sooner. All their recommendations were accepted and the reports were published, alongside the Government's response on 30 April 2009.

The new independent regulator for health and social care, the Care Quality Commission, has today published their three month stock-take report. In short, they conclude there has been some progress, but there is much more to do. Their analysis echoes the concerns that Ministers have heard from members of the local community.

Having listened carefully to these concerns, I have resolved that further action is necessary. Today I am announcing a package of measures to lead to a step change in improving local services and to help heal the wounds of the past, so the trust and their local community can face the future together with renewed confidence and optimism.

I have worked closely with Monitor, the Foundation Trust regulator, to ensure a new leadership team with the skills and experience to transform services at the hospital is appointed as a matter of urgency. I am pleased to welcome Sir Stephen Moss, the new Chair, and Antony Sumara, the new Chief Executive, to their roles. Monitor and the Care Quality Commission will continue to oversee their progress, with a further review due in October.

Fundamental to the trust's success will be listening to patients, to ensure their voice counts and that they are an integral part of shaping and influencing the future of the hospital. That is why I have asked Dr. David Colin-Thome to support and advise South Staffordshire Primary Care Trust to play their full part alongside the trust in reaching out and involving people locally.

It is clear from listening to those affected that rebuilding local confidence and restoring trust will take time. The full impact of what happened at Mid-Staffordshire is revealed through the personal stories of those affected and it is clear to me that these experiences need to be properly aired if the local NHS is to learn and, in time, move on.

I have therefore decided, following detailed discussions between my department and the new management of the trust, that it would be appropriate to set up a further independent inquiry. I do not believe it is necessary for this to be a full public inquiry, given the thoroughness of the reports already produced by the Healthcare Commission, Professor Sir George Alberti and David Colin-Thome, as well as the availability of an Independent Clinical review to those who have concerns about the care they or a loved one received at the hospital.

This inquiry's focus will be on ensuring that patients or their families have an opportunity to raise their concerns. It is important, given the events of the past, for those who depend upon the care provided by the trust to be confident that they have been listened to and that any further lessons not already identified by the thorough inquiries that have already occurred be learned.

Robert Francis QC has agreed to Chair the Inquiry. The terms of reference (a full copy has been placed in the Library) will be:

to investigate any individual case relating to the care provided by Mid Staffordshire NHS Foundation Trust between 2005 and 2008 that, in its opinion, causes concern and to the extent that it considers appropriate;

in the light of such investigation, to consider whether any additional lessons are to be learned beyond those identified by the inquiries conducted by the Healthcare Commission, Professor Alberti and Dr Colin-Thome; and, if so,

to consider what additional action is necessary for the new hospital management to ensure the Trust is delivering a sustainably good service to its local population; and

to prepare and deliver to the Secretary of State a report of its findings.

It is important that this is swift so as not to unduly distract the new management and staff at the hospital from improving services for patients today. The inquiry is therefore planned to report to me by the end of 2009. Should the Chair of the inquiry consider that it is necessary to have the power to require witnesses to attend, as Secretary of State, I have the power to convert the inquiry into an inquiry under the Inquiries Act 2005.

There are also national lessons to learn from the investigation at Mid-Staffordshire. Dr David Colin-Thome's report contained some important recommendations on this.

Many of these are already being addressed for example through the implementation of Lord Darzi's vision High Quality Care for All and our World Class Commissioning programme. In addition, the new National Quality Board will report to me by the end of the year with recommendations on how best to ensure any early signs that something is going wrong in the NHS are picked up immediately, that the right organisations are alerted, and action is taken quickly.

The Mid-Staffordshire case has also illustrated that the current regulatory framework for foundation trusts (FTs) needs updating. The FT model is a key plank of reform in the NHS, successfully rewarding high performance with greater freedom and autonomy. The policy is based on the premise that FT status is a privilege to be earned and valued – an incentive to drive up quality, innovation, productivity and local accountability. However, it is clear that in some exceptional circumstances, where an FT has failed to live up to this standard and public confidence has been damaged, it may be right for the privileges of FT status to be withdrawn.

This is why I intend to consult on legislative proposals to enable Monitor to 'de-authorise' a foundation trust, subject to agreement by the Secretary of State, where it is clear an organisation has forfeited its right to the freedoms and flexibilities afforded by FT status. It is also important that where there is public concern, the Secretary of State is able to express his views and request that Monitor considers intervention in a particular way. I will also consult on legislative proposals so that, in these circumstances, if Monitor disagrees with the approach suggested by Ministers, they should be obliged to justify this position publicly. The Government will issue a consultation on both these issues in the next few days.

By focusing on the powers and actions of Monitor to intervene, I believe we achieve the appropriate balance between ensuring fundamental failure is addressed and maintaining the significant benefits of the FT model, which gives FTs greater freedom in return for high quality.

All of us who care passionately about the health service were appalled by the events at Mid-Staffordshire, which are in stark contrast to the dedication and professionalism shown by NHS staff every day up and down the country. The measures I have announced today, building on those already taken, demonstrate the collective commitment in all parts of the system, to ensure there will be no repeat.