Staffordshire Health Scrutiny Committee – 8 April 2010

Scrutiny of Mid Staffordshire Hospitals NHSFT following Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 chaired by Robert Francis QC

Recommendation

1. That the Health Scrutiny Committee consider the response of Mid Staffordshire NHS Foundation Trust and South Staffordshire Primary Care Trust to the final report into care provided by Mid Staffordshire NHS Foundation Trust (MSNHSFT) chaired by Robert Francis QC and the implications for their work.

Report of Director of Law and Governance

Summary

What is the Scrutiny Committee being asked to do and why?

2. The Committee have been maintaining an overview of progress with the Trust’s Transformation Programme and the various review process underway as well as holding various meetings to identify a clear role for scrutiny going forward.

3. The final report into care provided by Mid Staffordshire NHS Foundation Trust (MSNHSFT) chaired by Robert Francis QC was published on 24 February 2010. Copies of this report have been sent out to Members of the Committee. The report conclusions and recommendations are detailed on pages 24-28.

4. Antony Sumara, Chief Executive of MSNHSFT and Stuart Poynor, Chief Executive of South Staffordshire Primary Care Trust (SSPCT) will attend the Committee meeting to give their responses to the report.

5. The Committee are being given the opportunity to ask questions of the Chief Executives and to consider how the information shared with Members impacts on how it could scrutinise the Trust in future.

6. The Staffordshire Health Scrutiny Committee is committed to its part in ensuring that lessons are learned from the events at Mid Staffordshire and applied. Today’s discussions will help inform their deliberations on the role of health scrutiny in regard to MSNHSFT, and other health trusts that serve the population of Staffordshire.

7. A report detailing the role of the Staffordshire Health Scrutiny Committee in regard to scrutinising MSNHSFT will be presented to the next meeting of the Committee to feed into health scrutiny work programme planning for 2010/11.
8. Health scrutiny has powers to review and scrutinise health and health services in accordance with the health scrutiny Regulations and to make reports and recommendations on such matters in accordance with the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) 2002 and subsequent guidance published by the Department of Health. In Staffordshire we have adopted a devolved and inclusive model of health scrutiny involving the borough and district councils in Staffordshire. These arrangements are described in a Code of Joint Working that is reviewed annually. Revised health scrutiny guidance (updating Guidance published by the Department of Health) has been rewritten and is likely to be published after the General Election.

9. Concerns regarding mortality and the standard of care at Mid Staffordshire Hospitals NHS Foundation Trust resulted in an investigation by the Healthcare Commission. Their highly critical report was published in March 2009.

10. In response to the report, the then Secretary of State commissioned two reviews:

- Professor Sir George Alberti (National Clinical Director for Emergency Care) looked at the hospital’s procedures for emergency admissions and treatment and its progress against the recommendations in the Healthcare Commission’s report. Members of SHSC gave evidence to this review.

- Dr. David Colin-Thomé (National Clinical Director for Primary Care) looked into how the commissioning and performance management system failed to expose what was happening in the hospital.

11. In July 2009, the County Council called for a full independent public inquiry into Mid Staffordshire NHSFT.

12. The government responded to continuing public concerns by asking Robert Francis QC to conduct an independent inquiry to which those affected by the poor care at Stafford Hospital would have an opportunity to tell their stories, and to ensure that the lessons to be learned from those experiences were fully taken into account in the rebuilding of public confidence in the Trust. The period covered by this inquiry is January 2005 – March 2009. The report was published on 24 February 2010. It is over 800 pages long. Volume 1 of the report details the Inquiry findings and Volume 2 gives details of written and oral evidence received. A full copy of the report is available on www.midstaffsinquiry.com.

13. The report details evidence received under the following headings:

- The patient experience
- The culture of the Trust
- The experiences and perceptions of staff
- The management of significant issues
14. Appendix 1 to this report gives details of extracts concerning scrutiny.

15. The conclusions and recommendations are detailed on pages 24 and 25 of the report and include “a lack of external... transparency”.

16. Eighteen recommendations are given on pages 26-28 of the report. The Committee’s attention is drawn to recommendations 16 and 17.

17. The Chairman has submitted a response to consultation on the terms of reference for an independent examination of the operation of commissioning, supervisory and regulatory bodies in relation to their monitoring role at Stafford hospital, asking for clarification about coverage of the operation of local authority health overview and scrutiny arrangements in Staffordshire but making a commitment to health scrutiny’s part in ensuring that lessons are learned from the events at Mid Staffordshire and applied and ensuring that health overview and scrutiny exercises its role robustly and effectively alongside the roles of the commissioning, supervising and regulatory bodies.

Recent Involvement of Staffordshire Health Scrutiny Committee in respect of scrutinising MSNHSFT

18. The previous contact between health scrutiny and the Trust during the period covered by the inquiry is being reviewed. Consideration of matters pertaining to MSNHSFT has featured on recent Committee agenda as follows:

Committee meeting, 9 July 2009 - The Committee received the minutes of the Committee on 9 April 2009 to which Eric Morton, former interim Chief Executive gave a presentation on the Healthcare Commission’s report, Sir George Alberti’s report, David Colin Thomé’s report and the Trust’s Transformation Programme. All Members of local health scrutiny panels with an interest in MSNHSFT had been invited to the meeting on 9 April 2009.

County Council meeting, 23 July 2009 - The County Council called for a full independent public inquiry into Mid Staffordshire NHS Foundation Trust.

Committee meeting, 10 August 2009 - The Scrutiny and Performance Manager informed Members of the appointment of Sir Stephen Moss and Antony Sumara as the Chairman and Chief Executive of MSNHSFT. She also gave details of the Healthcare Commission’s progress check on the Trust.

18 August 2009 - Members and Officers from Staffordshire Health Scrutiny Committee (south Staffordshire Members/Officers) met with Stuart Poyenor and David Colin Thomé to discuss the role of health scrutiny in respect of monitoring Mid Staffordshire Hospitals NHSFT going forward.

25 August 2009 - The Vice-Chair met Robert Francis QC prior to the commencement of his inquiry. The Committee provided the inquiry with minutes of
the Committee, details of Staffordshire’s health profile and details of community organisations and notable individuals. Members were invited to contact the investigation team if they wished to give evidence to the Inquiry.

Committee meeting, 10 September 2009 - The Scrutiny and Performance Manager circulated a copy of the response received from the Secretary of State for Health to the County Council’s call for a full independent public inquiry. See also reported on the 18 and 25 August meetings.

1 October 2009 – Members and Officers from Staffordshire Health Scrutiny Committee (south Staffordshire Members/Officers) met with Stuart Poynor and David Colin Thomé to continue the discussion of the role of the PCT and health scrutiny in relation to MSNHSFT.

Committee meeting, 13 October 2009 - The Committee considered a presentation from the Project Director of the Independent Case Notes Review (ICNR). The ICNR have continued to provide regular updates to the Committee on progress. The Scrutiny and Performance Manager reported details of the meeting held on 1 October 2009.

Committee meeting, 2 November 2009 - The Scrutiny and Performance Manager reported that the Chair and Mr John Rowley (Member with a Special Interest in MSNHSFT) had met Sir Stephen Moss (Chairman of MSNHSFT) and Antony Sumara to discuss the scrutiny work programme.

Committee meeting, 1 December 2009 - Antony Sumara attended the meeting to give an update on progress with the Trust’s transformation plan and respond to Members’ questions.

Committee meeting, 5 January 2010 - The Scrutiny and Performance Manager reported details of a further progress report by the Care Quality Commission on MSNHSFT.

Committee meeting, 2 February 2010 - The Committee considered a paper circulated by the Chair in which she proposed that the Committee should take the lead responsibility in respect of scrutiny of MSNHSFT. A letter was sent to Antony Sumara informing him of this decision.

Recent developments

24 February 2010 - Robert Francis report was published. A letter and press release were received from MSNHSFT from the Chair and Chief Executive of MSNHSFT, and sent to all detailing the actions they would be taking in response to the report. Actions included replacing key members of the Board; making all monthly Trust Board meetings open to the public; implementing a new clinical directorate structure; setting a vision for the future around five key themes; implementing a new model of care for emergency medical patients; closing the Clinical Decision Unit; opening a surgical assessment unit; relocating the Discharge Lounge to the ground floor, dismantling the Clinical Floor model and setting up an information helpline telephone number for those affected by the report findings.
19 March 2010 - The Care Quality Commission announced that MSNHSFT was registered as a care provider with conditions that they must make urgent improvements in the following areas: improve the care and welfare of service users; improve assessment and monitoring of the quality of service provision; improve the safety, availability and suitability of equipment; improve its support for staff; increase the number of staff and improve complaints handling.

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19. The Scrutiny and Performance Manager’s report to this Committee gives details of a request by the Healthcare Commission to ask Members (and others) to contact the Commission if they wish to give evidence to feed into their 12 month review of MSNHSFT.

24 March 2010 - A meeting was held between Staffordshire Health Scrutiny Chairs and supporting Officers to discuss future scrutiny of MSNHSFT in the context of work programme planning and scrutiny arrangements. It was agreed that there was a need for clarification of the respective roles of the County Council and District/Borough Councils in respect of health scrutiny to ensure the work programme was flexible and outcome focused and that effort was co-ordinated with the duplication of work programme items avoided.

It was resolved at this meeting that the Committee must take a more robust and proactive role in respect of scrutinising local health services and that information shared with the Committee by NHS Trusts should be compared and contrasted with intelligence from other sources for corroboration. For this reason, it was agreed that the Chair would write to all County Councillors, Parish Councils, Local Medical Committees and Patient Advice and Liaison Services asking them to inform them of any concerns that local people are raising with them in relation to health care. It was also agreed that further consideration would be given to ways in which health scrutiny can be made more publicly accessible.

Members also expressed a desire to work closely with Local Involvement Networks going forward, making use of their respective legal powers.

A number of care quality indicators have been identified that Members wish to investigate going forward and will investigate accessing other statistical data that could help inform the work programme.

Members proposed revised arrangements for regularly holding to account MSNHSFT and the PCT as commissioners on progress with achievement of the Trust’s five key aims.

In addition, Members consider it important to receive details of complaints, serious untoward incidents and issues raised with the Patient Advice and Liaison Services.

20. A report of the meeting with a list of all the suggestions for scrutiny will be produced - to feed, together with the results of the discussion at this meeting, into health scrutiny work programme planning for 2010/11, which will be supported by a further workshop.
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Appendices/Background papers

A review of the procedures for emergency admissions and treatment, and progress against the recommendations of the March Healthcare Commission report – 29 April 2009

A review of lessons learnt for commissioners and performance manager following the Healthcare Commission investigation – 29 April 2009

Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 chaired by Robert Francis QC – 24 February 2010
Appendix 1

Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust
January 2005 – March 2009

Volume I
Chaired by Robert Francis QC

Extracts concerning scrutiny

Paragraph 75 page 23

“Concern is expressed that none of them from the PCT to the Healthcare Commission, or the local oversight and scrutiny committees, detected anything wrong with the Trust’s performance until the HCC investigation”

Page 178

“The role of the Overview and Scrutiny Committee

78. Moving beyond the NHS to consider the health overview and scrutiny role of local authorities, I received evidence from a number of people about the perceived ineffectiveness of that system in this case. Many comments were about the lack of understanding and grip on the real local healthcare issues.

79. I heard from a witness speaking for Cure the NHS:

So we have got all these bodies that are supposed to challenge, find out what’s really going on. Julie took the issue to the Oversight and Scrutiny Committee [OSC] of Stafford Borough Council. It was just a pleasant little talking shop, and again there are plenty of minutes of that body and those presentations that Julie talked about, that were being swapped with the OSC and the hospital, even as the Healthcare Commission were writing in September 2008 to say: you are a dangerous place, get your A&E sorted out. Meanwhile, the management team is giving a slide show to the OSC saying: it is absolutely fine. The OSC went for lunch at the hospital, were shown round a little bit, asked no questions.

80. Cure the NHS’s submission says that the papers relating to OSC meetings show a lack of real interrogation and an over-willingness to accept explanations.

81. I have seen from documentation supplied by Staffordshire County Council that their OSC agendas contain little evidence that the OSC took a particularly aggressive or proactive approach to their scrutiny of the local NHS. Apart from a standing item for ‘health trust updates’ at its monthly meetings, the committee considered just six specific agenda items about the Trust during 2005–08. Of these, four items were about the Trust’s FT application and strategic direction; one was about facilities in Cannock Chase Hospital; and one was about the HCC’s investigation. The OSC also made comments each year about the self-assessed annual health check which each local trust did for the HCC. On one occasion they resolved to meet the Trust about areas of non-compliance.
82. Some functions are delegated to borough councils’ OSCs. A letter to the Inquiry from Stafford Borough Council listed 21 occasions when its OSC had dealings with the Trust. Of these, eight were general progress and information sessions or hospital visits, four were related to the FT application and six were discussions of particular service issues including infection control. On three occasions the OSC discussed the Trust’s staffing and financial problems – two in 2005 and one in 2008.

83. In contrast to the evidence about ineffective local authority scrutiny, the chair of the borough’s OSC had the view that other regulators were less appropriate, saying:

*There are too many people, too many organisations looking into the operations of the NHS. Most of them dance to the tune of the Department of Health. They are concerned not only with healthcare but the cost of healthcare... There is only one independent body which scrutinises the NHS, and that is the local authority overview and scrutiny committee, which does not concern itself at all with the cost of the provision of care.”*

**Recommendations**

Paragraph 41 page 408

“Complaints and incidents should be reviewed on a regular basis by the governors and reported to the local authority scrutiny committees.”

Paragraph 52 page 415

“need for an independent examination of the operation of each commissioning, supervising and regulatory body, with respect to their monitoring function and capacity to identify hospitals failing to provide safe care” including “what improvements are required to local scrutiny and public engagement arrangements”.

**NB** The terms of reference for this were published at the same time as the report but don’t mention scrutiny specifically. Comments on the Terms of Reference can be made (12 March 2010 deadline).

Paragraph 54 page 416 “The Trust should foster closer engagement with scrutiny committees.”

**Also of interest**

Paragraph 112 page 178

“Dr Wall, another non-executive director, with a medical background, also relied on external agencies as justifying the assertions made about the quality of care in the FT application:

*There is clearly a positive basis for making that assertion, and I think it is the evidence that we had, and this really is the nub of what I wanted to get to today, which is that we as a board took clinical issues, the whole issue of care, very, very seriously. We got most of our assurances from – we got our assurances from a variety of sources, from internally within the Trust but also from external sources, from various external inspectorates, whatever. So we had inspections by the Royal Colleges, we had inspections by patient groups, we had*
inspections by... local authority scrutiny committee. We had inspections by the breast cancer screening team from the West Midlands and it was – they weren’t all perfect by any means, but generally speaking the picture that was emerging was very positive. By and large that is where we took – that is how we get our assurances, and I think that is how we felt confident that we were able to provide, if not a good clinical service, at least a reasonable clinical service.”