**Title of Report**

Patients First and Foremost - The Initial Government’s Response to the report of The Mid Staffordshire NHS Foundation Trust Public Inquiry

**Purpose of the Report**

To inform the Governing Body of the government’s response to the second inquiry report undertaken by Robert Francis QC into Mid Staffordshire NHS Foundation Trust Public Inquiry

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<tr>
<th>Actions Requested</th>
<th>Decision</th>
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<tr>
<td>Strategic Objectives Supported by the Report</td>
<td>1. Consistently achieving local and national quality standards.</td>
<td>✓</td>
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<td>2. Delivering an increasing proportion of services from primary care and community services from primary care and community services in an integrated way.</td>
<td>✓</td>
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<td>3. Reduce the gap in health outcomes between the most and least deprived communities in Trafford.</td>
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<td>4. To be a financial sustainable economy.</td>
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**Recommendations**

The CCG is asked to consider signing up to the Statement of Common Purpose detailed in the paper: Patients First and Foremost - The Initial Government’s Response to the report of The Mid Staffordshire NHS Foundation Trust Public Inquiry

The CCG is asked to note the government’s response to the second Francis Inquiry.

**Discussion history prior to the Governing Body**

A summary of the second Francis Inquiry was brought to the Governing Body previously.

**Financial Implications**

N/A
<table>
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<th>Risk Implications</th>
<th>The CCG needs to ensure the recommendations from this Inquiry are fully considered in its role as a commissioning organisation</th>
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<tr>
<td>Impact Assessment</td>
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<td>Communications Issues</td>
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<td>Summary</td>
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**Prepared by**
Kate Lord, Quality Manager Trafford CCG

**Responsible Director**
Tim Barlow, Chief Operating Officer, Chief Finance Officer, Trafford CCG
1.0 INTRODUCTION

1.1 On the 26th of March 2013 the Department of Health released “Patients First and Foremost - The Initial Government Response to the report of The Mid Staffordshire NHS Foundation Trust Public Inquiry”

1.2 At the beginning of this report the Government sets out a Statement of Common Purpose that was signed by the chairs of key organisations across the health and care system. It renews and reaffirms the commitment to the values of the NHS, as set out in its Constitution, and includes pledges to work together for patients, always treat patients and their families with compassion, dignity and respect, to listen to patients and to act on feedback. It asks all organisations within the health and care system to join them in signing up to this statement of common purpose. This Statement of Common Purpose is provided in Appendix A.

1.3 The full response from the government in relation to the second Francis Inquiry can be found at: https://www.gov.uk/government/publications/government-initial-response-to-the-mid-staffs-report

2.0 SUMMARY OF THE GOVERNMENT'S RESPONSE

2.1 The Government's response starts from a simple premise and a simple goal - that the NHS is there to serve patients and must therefore, put the needs, the voice and the choices of patients ahead of all other considerations. It states that the quality of patient care will be put at the heart of the NHS in an overhaul of the health and care system in response to the Francis Inquiry. Health Secretary Jeremy Hunt announced how a culture of compassion will be a key marker of success, spelling an end to the distorting impact of targets and box ticking which led to the failings at Stafford Hospital.

2.2 Hospitals and care homes will be encouraged to strive to be the best, the basic values of dignity and respect will be central to care training and, if things go wrong, patients and their families will be told about it.

2.3 New measures will be introduced to achieve this including Ofsted-style ratings for hospitals and care homes, a statutory duty of candour for organisations which provide care and are registered with the Care Quality Commission, and a pilot programme which will see nurses working for up to a year as a healthcare assistant as a prerequisite for receiving funding for their degree.

2.4 Within this report the Government set out a five point plan (for the full detail of this please see Appendix B)
   1. Preventing Problems - Putting in place a culture of zero-harm and compassionate care
   2. Detecting problems quickly
3. Taking action promptly
4. Ensuring robust accountability- accountability for wrongdoers
5. Ensuring staff are trained and motivated

2.5 A revised NHS Constitution has also been published. It incorporates many of the changes that were consulted on and will where possible include further changes resulting from additional suggestions heard through consultation.

2.6 It is likely there will be a further consultation later in the year on further changes to the NHS Constitution, with the aim of incorporating further recommendations made by Robert Francis QC.

3.0 AREAS OF CONCERN

3.1 The response from the Government gives an assessment of how the new commissioning system, which is focused on outcomes, will drive improved quality. What it does not acknowledge is that commissioning has been fragmented across different parts of the system or that it is now significantly less well resourced than it was when Mid-Staffordshire NHS Foundation Trust was having problems.
   • The CCG will need to work in close collaboration with its providers in relation to quality and safety given the new landscape; collaboration is a key theme within the CCG Quality Strategy.

3.2 For some decades now there has been a consensus among quality experts that, while inspection may be a guarantor of minimum standards, it is a relatively ineffective method for improving quality – even with the welcome change of making sure that inspectors have some expertise in the area they are inspecting.
   • The CCG’s approach as set out in the Quality Strategy is to take a more active and involved approach in monitoring and assuring themselves on the quality of care within commissioned providers. This approach is being activated through the contracts this year.

3.3 The hope that providing composite ratings for hospitals will create change is questionable. Are they designed to improve choice, drive quality improvement directly, facilitate naming and shaming or increase public accountability? Trying to achieve these different aims with the same measure doesn’t work.
   • As the CCG develops, it needs to ensure that it is aware of all sources of information that its providers are being held to account on so it can critique the Trust where needed and fully understand the information about the Trust that is being put into the public domain. The development of an early warning system for the CCG should ensure this.
4.0 RECOMMENDATIONS

4.1 In the report to the CCG Governing Body in February 2013, the CCG set out its view in response to the second report from Robert Francis, this began with the maxim “patients must always come first”. The CCG is currently developing an implementation plan in relation to the recommendations from the Francis inquiry and this will be brought back to the Governing Body for approval at the next formal meeting.

4.2 The real answer to quality surveillance of Trusts lies in: strong commissioners setting high-quality aspirations, clear minimum standards, peer review and inspection where necessary and, above all, high-quality governance, great frontline leadership, and a willingness to learn and improve. This approach is reflected within the CCG Quality Strategy.

4.3 It is recommended that the CCG considers signing up to the Statement of Common Purpose detailed in the paper: Patients First and Foremost - The Initial Government Response to the report of The Mid Staffordshire NHS Foundation Trust Public Inquiry.

4.4 The CCG is asked to note the Government’s response to the second Francis Inquiry.
Appendix A

Statement of Common Purpose

In the light of the findings of the report into the Mid Staffordshire NHS Foundation Trust Public Inquiry, we the undersigned make the following commitments.

1. **We renew and reaffirm our personal commitment and our organisations’ commitment to the values of the NHS, set out in its Constitution:**
   - **Working together for patients**\(^1\). Patients come first in everything we do. We fully involve patients, staff, families, carers, communities, and professionals inside and outside the NHS. We put the needs of patients and communities before organisational boundaries. We speak up when things go wrong.
   - **Respect and dignity.** We value every person – whether patients, their families or carers, or staff – as an individual, respect their aspirations and commitments in life, and seek to understand their priorities, needs, abilities and limits. We take what others have to say seriously. We are honest and open about our point of view and what we can and cannot do.
   - **Commitment to quality of care.** We earn the trust placed in us by insisting on quality and striving to get the basics of quality of care – safety, effectiveness and patient experience – right every time. We encourage and welcome feedback from patients, families, carers, staff and the public. We use this to improve the care we provide and build on our successes.
   - **Compassion.** We ensure that compassion is central to the care we provide and respond with humanity and kindness to each person’s pain, distress, anxiety or need. We search for the things we can do, however small, to give comfort and relieve suffering. We find time for patients, their families and carers, as well as those we work alongside. We do not wait to be asked, because we care.
   - **Improving lives.** We strive to improve health and well-being and people’s experiences of the NHS. We cherish excellence and professionalism wherever we find it – in the everyday things that make people’s lives better as much as in clinical practice, service improvements and innovation. We recognise that all have a part to play in making ourselves, patients and our communities healthier.
   - **Everyone counts.** We maximise our resources for the benefit of the whole community, and make sure nobody is excluded, discriminated against or left behind. We accept that some people need more help, that difficult decisions have to be taken – and that when we waste resources we waste opportunities for others.

2. **We apologise to every individual affected by this deeply disturbing and tragic failing in a service that means so**
much to us all. What happened in Mid Staffordshire NHS Foundation Trust was, and is, unacceptable and collectively we take responsibility for putting things right. We recognise that while the depth, scale and duration of the failings at this hospital were unprecedented every day the NHS is responsible for care that is poor as well as care that is good or excellent. Our commitment to the NHS and our pride in the good that it does each day will not blind us to its failings. It compels us to resolve them.

3. We will put patients first, not the interests of our organisations or the system. We will listen to patients, striving to ensure the quality of care that we would want for ourselves, our own families and our friends.

4. We will listen most carefully to those whose voices are weakest and find it hardest to speak for themselves. We will care most carefully for the most vulnerable people – the very old and the very young, people with learning disabilities and people with severe mental illness.

5. We will work together, collaborating on behalf of patients, combining and coordinating our strengths on their behalf, sharing what we know and taking collective responsibility for the quality of care that people experience. Together, we will be unflinching in rooting out poor care and unflinching in promoting what is excellent.

6. Whilst this poor care was in a hospital, poor care can occur anywhere across the health and social care system. Whether in a care home, at the family doctor, in a community pharmacy, in mental health services, or with personal care in vulnerable people’s homes, we will ensure that the fundamental standards of care that people have a right to expect are met consistently, whatever the settings.

7. Every one of us commits to ensuring a direct connection to patients and to the staff who care for them. We will ensure that our organisations and our staff look outwards to the people they serve, taking decisions with patients and local communities at the forefront of their minds. We will shape care in equal partnership with the people who depend on it. We will do the business of the patient, before that of our organisation or the system.

8. We will work together to minimise bureaucracy, enabling time to care and time to lead, freeing up the expertise of NHS staff and the values and professionalism that called them to serve. Caring is demanding as well as rewarding, and depends on the personal and professional values of everyone who works in the NHS. We know well-tended staff treat patients well, so as the NHS become busier we need to ensure time to care and time to recover from caring. We will recruit, appraise and reward staff for their care, as well as their skills and their knowledge.

9. Healthcare is complex and we are part of a complicated system. Building on a foundation of fundamental and inviolable standards, we will build a single set of nationally agreed and locally owned measures of success, focussed on what matters most to patients. They must be credible and independently assessed so that patients, the public, Parliament and those who work for NHS patients have a single version of the truth about local services and organisations and their staff have a single set of standards of care to which they aspire. Blind adherence to targets or finance must never again be allowed to come before the quality of care. We need to use public money well and we need to be efficient and productive, but these are a means to an end – safe, effective and respectful care, compassionately given. We will be balanced
in what we do and what we expect, with the patient interest at the heart of it. We must all do our best to maintain and raise quality within the resources we have.

10. We believe that patients are best served and our values nurtured by a spirit of candour and a culture of humility, openness, honesty and acceptance of challenge. Things do go wrong, but when they do we must learn from mistakes, not conceal them. **We will seek out and act on feedback, both positive and negative.** We will listen to patients who raise concerns, respond to them and learn from them. We will listen to staff who are worried about the quality of care, praising them for speaking up, even if a concern was misplaced. **We have a duty to challenge ourselves and each other on behalf of patients and we will do so.**

11. Signing up to principles in offices in national organisations is easy. **Changing ourselves, our behaviour, individually and institutionally, is difficult, but we pledge to do so.** Health and care is not like any other job. It touches the hearts of people’s lives, can do immense good but also immense harm – it is a matter of life or death. This is both a privilege and a great responsibility. Together, we will make ourselves accountable and responsible for what we do, not what we say, in striving to make real, for every patient, the values to which we recommit ourselves today. Over the coming months, each of us will set out our plans for making these commitments a reality. In delivering those plans, we will be judged by the difference that they make to the people whom we serve.

12. The organisations signing this pledge have different responsibilities within our healthcare system, but whatever our role we pledge to learn the lessons from Mid Staffordshire NHS Foundation Trust, help to build better care for every patient and do everything in our power to ensure it does not happen again. We invite all organisations in the health and care system to join us in signing up to this statement of common purpose.

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David Prior, Chair, Care Quality Commission

Una O’Brien, Permanent Secretary, Department of Health

Professor Sir Peter Rubin, Chair, General Medical Council

Sir Keith Pearson, Chair, Health Education England
APPENDIX B

Summary of the Government’s 5 point plan.

1. Preventing Problems- Putting in place a culture of zero-harm and compassionate care
   - there will be a new regulatory model under a strong, independent Chief Inspector of Hospitals
   - the Chief Inspector will introduce single aggregated ratings. The Nuffield Trust rightly said that in organisations as large and complex as hospitals a single rating on its own could be misleading. The Chief Inspector will also develop ratings of hospital performance at department level. This will mean that cancer patients will be told of the quality of cancer services, and prospective mothers the quality of maternity services
   - the Chief Inspector of Hospitals will assess hospital complaints procedures
   - the CQC will move to a new specialist model based on rigorous and challenging peer-review. Assessments will include judgements about hospitals' overall performance including whether patients are listened to and treated with dignity and respect, the safety of services, responsiveness, clinical standards and governance
   - a new Chief Inspector of Social Care will ensure the same rigour is applied across the health and care system. The merits of having a Chief Inspector of Primary Care are also being explored
   - the NHS Confederation will review how we can reduce the bureaucratic burden on frontline staff and NHS providers by a third

2. Detecting problems quickly
   - a new statutory duty of candour will ensure honesty and transparency are the norm in every organisation overseen by the CQC
   - the new Chief Inspector of Hospitals will be the nation’s whistleblower- in-chief
   - publishing survival results improves standards, as has been shown in heart surgery. Survival rates for a further 10 disciplines, including cardiology, vascular and orthopaedic surgery will now be published

3. Taking action promptly
   - deal with problems quickly a new set of fundamental standards will be introduced to make explicit the basic rights that anyone should expect of the NHS. They will be produced by the Chief Inspector of Hospitals, working with NICE, patients and the public where these standards are breached, a new failure regime will ensure that firm action is taken swiftly. If it is not, the failure regime could lead to special administration with the automatic suspension of the Board
   - time limited failure regime for quality as well as finance

4. Ensuring robust accountability- accountability for wrongdoers
   - health and social care professionals will be held more accountable
   - we will consider the introduction of legal sanctions at a corporate level for providers who knowingly generate misleading information or withhold information from patients or relatives
   - the General Medical Council, the Nursing and Midwifery Council and the other professional regulators have been asked to tighten and speed up their procedures for breaches of professional standards
• the Chief Inspector of Hospitals will also ensure that hospitals are meeting their existing legal obligations to ensure that unsuitable healthcare assistants are barred

5. Ensuring staff are trained and motivated
• NHS-funded student nurses will spend up to a year working on the frontline as healthcare assistants, as a prerequisite for receiving funding for their degree. This will ensure the people who become nurses have the right values and understand their role
• nurses’ skills will then be revalidated, as doctors’ are now, to ensure their skills remain up to date and fit for purpose
• healthcare support workers and adult social care workers will now have a code of conduct and minimum training standards, both of which are published today: www.skillsforhealth.org.uk/codeofconductandtrainingstandards
• the Chief Inspector will ensure that hospitals are properly recruiting, training and supporting healthcare assistants, drawing on the recommendations being produced by Camilla Cavendish
• the Department of Health will become the first department where every civil servant will gain real and extensive experience of the frontline