

8 January 2016

[REDACTED]

By email [REDACTED]

Dear [REDACTED]

Request under the Freedom of Information Act 2000 (the “FOI Act”)

I refer to your email of 7 December 2015 in which you requested information under the FOI Act.

Your request

You made the following request:

‘I am interested in Phase 1 and Phase 3 and the Cure the NHS (CTNHS) members would be Kenneth Lownds and Julie Bailey writing on behalf of CTNHS. I hope this is acceptable and that my FOI request can be fulfilled.’

This followed on from your email dated 9 November 2015 in which you requested the following:

‘I would like to receive copies of all correspondence between Monitor and Cure The NHS (inc. their members e.g. Ken Lownds, Julie Bailey etc) for the period 2008 - 2015 in relation to Midstaffs Hospital.’

We responded to your email of 9 November explaining that we were unable to progress that request for information because Monitor does not have a list of members of Cure the NHS or a way of identifying whether individuals we corresponded with in relation to Mid Staffordshire NHS Foundation Trust for the period 2008 – 2015 were members of Cure the NHS, other than the two individuals named in your request.

We also noted that, even if your request had been limited to correspondence between Monitor and the two individuals named in your request for the period 2008 -2015, Monitor would be unable to progress your request because to do so would exceed the cost limit under section 12 of the Freedom of Information Act 2000 (the FOI Act). The relevant cost limit is £450, which is set out in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004. This equates to a period of eighteen hours in which to locate, retrieve and extract the information that you requested.

We provided suggestions to assist you to make a request that could be complied with, without the time limits in section 12 becoming applicable.

We have been able to comply with your request on 7 December 2015, which relates to phase 1 (2008 to August 2010) and phase 3 (October 2012 to November 2015). We understand that Ken Lownds left Cure the NHS in February 2013. As your request was for correspondence with him writing on behalf of Cure the NHS, any correspondence between Monitor and Ken Lownds after this date is not within the scope of your request.

Decision

Monitor holds information within the scope of your request and has decided to release that information, subject to the redaction of personal data under section 40 of the FOI Act as explained in detail below.

We do not hold any correspondence via email or letter between Monitor and Julie Bailey for phases 1 and 3. However, Julie Bailey mentioned Monitor in a tweet on 26 June 2014. This, along with Monitor's response the following day, can be found here <https://mobile.twitter.com/rubybails/status/482553146938765312>

Section 40 – personal information

Under section 40 of the FOI Act, information is protected from disclosure if it is personal data protected under the Data Protection Act 1998 ("the DPA"). Section 40(7) of the FOI Act provides that the relevant definition of personal data is that set out at section 1(1) of the DPA:

"personal data" means data which relate to a living individual who can be identified-

(a) from those data, or

(b) from those data, and other information which is in the possession of, or is likely to come into the possession of, the data controller,

and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual.

Some of the information in the documents is being withheld from disclosure under section 40(2) of the FOI Act on the grounds that it amounts to personal data and the first condition under section 40(3)(a) is satisfied, namely, that disclosure would amount to a breach of the first data protection principle (personal data should be processed fairly and lawfully).

The information being released contains minor redactions to omit the names and personal details of certain individuals who would have a reasonable expectation that their information would be withheld. This is an absolute exemption and consideration of the public interest in disclosure is not required.

Review rights

If you consider that your request for information has not been properly handled or if you are otherwise dissatisfied with the outcome of your request, you can try to resolve this informally with the person who dealt with your request. If you remain dissatisfied, you may seek an internal review within Monitor of the issue or the decision. A senior member of Monitor's staff, who has not previously been involved with your request, will undertake that review.

If you are dissatisfied with the outcome of any internal review conducted by Monitor, you may complain to the Information Commissioner for a decision on whether your request for information has been dealt with in accordance with the FOI Act.

A request for an internal review should be submitted in writing to FOI Request Reviews, Monitor, Wellington House, 133-155 Waterloo Road, London SE1 8UG or by email to foi@monitor.gov.uk.

Please note that this letter will shortly be published on our website. This is because information disclosed in accordance with the Freedom of Information Act 2000 is disclosed to the public at large. We will, of course, remove your personal information (e.g. your name and contact details) from the version of the letter published on our website to protect your personal information from general disclosure.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jonathan Brown', with a long, sweeping underline.

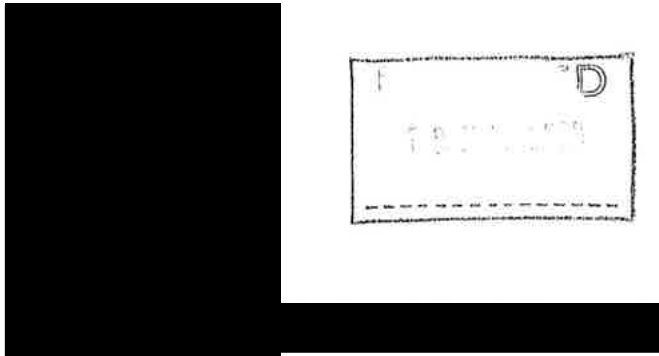
Jonathan Brown

Senior Advisor – Executive Office



577
①
NORTH STAFFS

Dr William Moyes
Executive Chairman
Monitor
4 Matthew Parker Street
London
SW1H 9NP



11 February 2009

Dear Dr Moyes

I enclose a set of the press clippings which tell the sorry story of care at Stafford Hospital. You will of course be aware that within the next few weeks the Healthcare Commission will be reporting on its investigation into the services there and this raises fundamental questions for you and Monitor;

How was it that the application process did not highlight the failings in services?

and

How was it that in spite of these failings you could award Stafford and Cannock foundation trust status?

You must have carried out an internal investigation within Monitor to find the answers to these questions; I would be grateful if you could share your findings with the public.

It is important that while the Healthcare Commission's report identifies clearly what the problems were and who created them that the hospital and the community use the day of publication to make a fresh start. Could I ask you on that day to come to Stafford to set out for patients and public the role you and your team will play in ensuring that only the highest standards of clinical and personal care will be delivered?

I believe that Stafford Hospital should be put into 'special measures' until the board and staff have demonstrated over a substantial period of time that they can meet and maintain the highest standards. These 'special measures' should include the appointment of a local 'buddy' hospital against which they can benchmark and from whom they can receive support, monthly board meetings open to the members and the public, frequent briefing sessions for members, and a drive to increase dramatically the number of members in the public constituency.



NORTH STAFFS

My fellow - members, other campaign groups as well as myself will, of course, be only too happy to assist in any way we can as long as we know that a refreshed leadership team at the hospital have committed themselves to a new era.

Thank you

Yours sincerely



Ken Lownds

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Monitor

Independent Regulator
of NHS Foundation Trusts

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27 February 2009

Ken Lownds



By email

Dear Mr Lownds

Thank you for your letter of 11 February.

Monitor has been in close contact with the HealthCare Commission throughout its investigation at Mid Staffordshire NHS Foundation Trust (the Trust). The Healthcare Commission has briefed us regularly on the work they have undertaken and on the interim conclusions they have drawn.

Monitor has also held regular meetings with the Trust's Board during the period of the investigation. We have ensured that the Board has acted on the findings of the Healthcare Commission as they have emerged and has considered very carefully the wider implications for the governance of the Trust. We fully supported the Trust in appointing PricewaterhouseCoopers (PwC) to help them decide how governance of the Trust can be improved.

Neither the Healthcare Commission nor PwC have yet published their final conclusions and recommendations. We expect both reports to be completed during March. Once these are available, and Monitor has had an opportunity to review them and any response made by the Trust, we will have to consider whether the Trust is in significant breach of its Authorisation.

If we conclude that the Trust is in significant breach, or has been and risks being in significant breach again, we will then have to decide whether or not to use our formal powers of intervention. This is not something we can decide at the moment as the key evidence (that is, the reports referred to above and the

Trust's response) is not yet available. Whatever decision we reach, it will be made public, as will the reasons for it. If we decide that the Trust is in significant breach of its Authorisation, Monitor will publish a clear statement of what has to be done by whom and within what timescale.

In your letter you questioned whether or not the "failings in services" were highlighted during our assessment of the Trust's application to become a foundation trust and, if they were, why the Trust was authorised as a foundation trust.

Monitor requires applicant trusts to demonstrate that they are financially viable, legally constituted and well governed prior to authorising them as an NHS foundation trust. Monitor carries out a rigorous assessment of each applicant before determining whether or not these three tests are met. If a trust meets these tests then Monitor will authorise the trust as an NHS Foundation Trust.

When Monitor was assessing the application from the Trust in January 2008, we ascertained that the standardised mortality rate for certain procedures appeared to be outside the expected range. We assessed this data carefully, and took advice from the SHA and the PCT, neither of which raised any concerns in relation to the quality of care at the Trust. With the benefit of an independent review carried out by Birmingham University, the consensus was that the underlying reason for the high mortality rates was primarily inadequate clinical coding. In all other respects, the Trust met our authorisation and therefore Monitor's Board made the decision to authorise the Trust from 1 April 2008.

Our assessment process, however, is not static. Although the tests we apply and the processes we adopt have not changed materially, we now devote more of our time to examining evidence of poor clinical quality or inadequate services. We have also continued to develop our arrangements for ensuring that any concerns that the Healthcare Commission or other bodies relay to us during the course of assessing an application to be a foundation trust are understood and reviewed in detail.

Once we have received and considered the final reports from the Healthcare Commission and PwC and the Trust's response Monitor will determine what action is required.

I hope this helps answer the questions you raised in your letter.

Yours sincerely

A handwritten signature in black ink, appearing to read "William Moyes", with a horizontal line underneath it.

William Moyes
Chairman

Dr William Moyes
Executive Chairman
Monitor
4 Matthew Parker Street
London
SW1H 9NP



2 March 2009

BY EMAIL

Dear Dr Moyes

Mid Staffordshire NHS Foundation Trust

Thank you for taking the trouble personally to respond to my letter.

Your reply contains some interesting information and raises a large number of further questions about Monitor, its procedures and its decision-making but I will leave those until after the publication of the Healthcare Commission's report.

I must, however, comment on PWC's involvement at Stafford, this is something that had not previously been shared with the public.

Only a year ago before authorising foundation trust status Monitor would have scrutinised the Mid Staffordshire governance arrangements including the experience and capability of the executive and non-executive teams. If that process was robust why does governance need to be improved now? Does the Mid Staffordshire board itself not have the capability of improving the governance arrangements? If not then it should not be in place.

Why is money that should be devoted to frontline care being spent in this way?

Why was the hospital's public membership not included in this exercise?

I restate my willingness to help at Stafford in any way I can as long as I know that a refreshed leadership team at the hospital have committed themselves to a new era. I am not prepared to support the non-executive directors who in the midst of the Healthcare Commission's investigations voted to accept substantial increases in their remuneration. The logical, professional, and public-service-minded approach would have been to postpone any such discussions let alone votes until the Healthcare Commission's report had been published.



NORTH STAFFS

I attach a letter faxed last Wednesday to the office of David Nicholson.

Thank you

Yours sincerely,



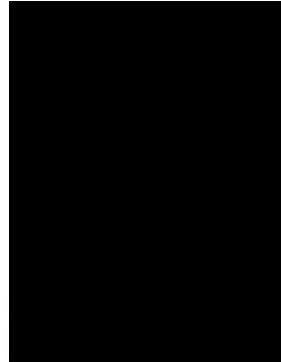
Ken Lownds



NORTH STAFFS

OPEN LETTER

David Nicholson
Chief Executive
NHS
Richmond House
London
SW1A 2NS



25 February 2009

Dear Mr Nicholson,

STAFFORD HOSPITAL

I enclose for your information a set of press cuttings that I have compiled for the campaigning group 'Cure the NHS' from newspapers in the Stafford area about the poor quality of care at Stafford Hospital. Putting this collection together shocked me deeply.

I spent yesterday evening with members of the group who are all still grieving, hurt, and angry about the treatment of their loved ones at our hospital and what I heard moved me to write to you at once. Further cases of the deaths of elderly patients, also characterised by very, very poor standards of care, are still being reported to 'Cure the NHS'.

You will of course be aware that within the next few weeks the Healthcare Commission will be reporting on its investigation into the services at Stafford, in fact I believe that the hospital board has the report and you may have seen it too.

Until yesterday evening I was expecting to wait patiently for the report and the changes you and Dr Moyes made, but to avoid further suffering and grief and frankly a public and media clamour that could well do more harm than good, could I suggest that action is needed today?

I believe that the 'culture of care' has collapsed completely at Stafford Hospital and action today is needed to protect patients who are still in its wards or about to be admitted, they cannot wait until an action plan is drafted and implemented over weeks or months.

This really calls into question all of the claims made about "High Quality Care for All", particularly by yourself and Lord Darzi at the recent conference, and it doesn't accord well with the letter or spirit of the new NHS constitution.



NORTH STAFFS

One of the fundamental cultural gaps in the NHS that I perceived from my time as a PPI forum member and from attending hospital board meetings is a failure to implement 'right-first-time' and 'zero-defects' as the *sine qua non* of everything that everyone does in every care setting. Every failure to deliver in the NHS is at best inconvenience and discomfort, at worst it leads to untimely death.

You are soon to have the first meeting of your National Quality Board; may I suggest that you begin this initiative by making Stafford Hospital a 'pilot' site? I firmly believe that the NHS can be led only from the front line. Indeed it seems to me that that the entire job of 'execs' and senior managers is to galvanise that frontline leadership, not by sitting in offices doing 'leadership' in endless meetings and paperwork but by being out in the wards and clinics a substantial period of the time. The constant questions of a leader to his front line teams are "What do I need to do to enable you to deliver top quality care? What do I need to stop doing to enable you to deliver that top quality care?" This cannot be happening at Stafford.

How about establishing 'right-first-time' and 'zero-defects' at Stafford but led by the front line, by nurses, healthcare assistants, doctors, consultants, all the other support teams? Why not adopt them as members of the National Quality Board?

I would like to return to other issues once Stafford Hospital is back on track delivering the care its patients need and deserve; these are :

- Monitor's process and decision-making
- The standard response to foundation trust issues "ministers are no longer ..."
- The department's correspondence process
- Stafford Hospital's use of PWC for public relations exercises

The attached are self-explanatory.

My fellow KONP members and I as well as other campaign groups will, of course, be only too happy to assist in any way we can as long as we know that a refreshed leadership team at the hospital have committed themselves to a new era.

I do hope you will feel able to offer urgent action. Should you wish to speak with 'Cure the NHS', the founder Julie Bailey is on [REDACTED] and will be happy to speak with you.

Thank you

Yours sincerely,

Ken Lownds

From: [REDACTED] on behalf of William Moyes
Sent: 24 March 2009 16:59
To: 'Ken Lownds'
Subject: Mid-Staffordshire NHS Foundation Trust

Follow Up Flag: Follow up
Flag Status: Flagged

(4)

Dear Ken

Thank you for your recent email about Mid-Staffordshire.

As you know, I and my colleagues in Monitor have complete confidence in David Stone and Eric Morton. In the first instance it is up to them to decide whether they need to bring additional support into the hospital or whether there are changes they want to make in the Board or the senior team. This is not something where I would want to second guess their judgement. I would very strongly encourage you and your colleagues to give David and Eric time to reach considered judgements about what is the best course of action.

We will shortly be meeting the Trust to review their plan of action and to begin the process of satisfying ourselves that it will address rapidly and effectively all the criticisms in the Healthcare Commission's report. And as you know, the Secretary of State and I have also asked Sir George Alberti to look specifically at the emergency care pathway and to report on whether the standards of emergency care are now of an appropriate quality. Sir George will also be advising Monitor on whether the Trust's plan is appropriate and being implemented rapidly and effectively. This will mean that he will be scrutinising all the services criticised by the Healthcare Commission

I realise that you and your colleagues are anxious to see a rapid improvement in the quality of care in Mid-Staffordshire Hospital. So are we. If David Stone thinks that further changes are necessary to achieve that, he will have our full support. While I fully understand your desire to see changes made rapidly, I believe the best interests of the hospital will be served by allowing David and Eric a little time to reach their own conclusions based on their very extensive experience of leading and managing successful hospitals. But you can be sure that we will be keeping in very close touch with them throughout.

Bill Moyes.

-----Original Message-----

From: Ken Lownds [mailto:[REDACTED]]
Sent: 20 March 2009 10:16
To: William Moyes
Subject: Re: Mid-Staffordshire NHS Foundation Trust

Dear Bill

Thanks for all that - but we remain concerned that Eric's team includes senior execs whose previous performance is severely criticised in the report.

Should they not, at least as a precautionary measure, be suspended until David and Eric are absolutely clear about their involvement?

will be using your powers to dismiss?

We also remain concerned about the minute-by-minute care of the elderly on the wards discussed in the report.

Bill, you're right that it won't change quickly but how can patients be given the care, dignity and respect by the same front line team who so signally failed in the past?

I inferred from Alan Johnson's statements that he had not grasped that this was also of major concern.

What about non-execs and governors?

The newspaper statements of the staff governors demonstrate very clearly that they don't understand the governor role, and these are the people delivering the care as we speak.

It seems to us that there was clearly and remains a group of people who turned their loyalty from patient care to the personalities of the 'leaders'. Loyalty in the correct place is admirable, but it must be in the right place.

As a member I really was very upset by Eric's letter. Untimely, and ill-judged it has upset bereaved relatives a great deal and undermined straight away their picture of him as a 'new broom'. This was all the stuff we got from Yeates and Brisby. I understand Eric's urge to rebuild the reputation, but he won't do it this way, just the opposite.

I do urge you to get Peter Blythin from West Midlands SHA for a while.

Not only would he be Eric's 'outside' practical nursing care guru constantly on the wards but he knows Karen Morrey well having worked with her at UHNS.

Bill, I do appreciate these personal contacts. I haven't spoken with Julie yet today but I do feel it would help enormously if you could come to the cafe which is our base and talk with some of the members. We are hearing of new cases all of the time, one yesterday. David Kidney has also been called on to intervene.

What's making this phase very difficult is that the group feel that David Kidney failed us very badly by not challenging Yeates and Brisby a long time ago so it will take us time to come round to him.

Perhaps you would be kind enough to give Julie a call today, she really would appreciate it.

[REDACTED]

Have a good weekend

Thanks again - your personal touch is very much appreciated

Brgds

Ken
Cure the NHS

William Moyes wrote:

- > Dear Ken
- >
- > Thank you for your email.
- >
- > I have spoken pretty much every day this week to either David Stone or
- > Eric Morton or the two of them. I have a great deal of confidence that
- > they are tackling the issues unearthed by the Healthcare Commission.
- > They obviously cannot rectify all the problems immediately. They know
- > that the emergency care pathway and nursing standards are key

> priorities.

>

> I have also had conversations with the Secretary of State, who has

> read the Healthcare Commission's report in full, as have I. I don't

> think any of us are in doubt about what that report says.

>

> You will be aware from the Secretary of State's statement yesterday

> that he and I have asked Sir George Alberti to report urgently on the

> hospital's emergency care pathway. I have also instructed the Board

> of the Trust to supply me with a detailed plan of action on how they

> propose to remedy each and all of the defects identified by the

> Healthcare Commission - and any others that may be identified by Sir

> George - together with the detailed timetable for implementation. I

> shall be meeting the Trust in the near future to discuss, that and I

> will meet them regularly until the plan has been fully implemented. I

> will also be seeking Sir George's advice on whether the plan is

> proving effective in practice.

>

> I do indeed intend to visit the hospital, but in the immediate future

> I would rather allow David Stone and Eric Morton time to focus on

> planning and implementing the changes required to remedy the most

> important defects identified by the Healthcare Commission.

>

>

> Bill Moyes

>

> -----Original Message-----

> From: Ken Lownds [mailto:████████████████████]

> Sent: 18 March 2009 21:33

> To: ██████████

> Cc: Bill Cash

> Subject: STAFFORD HOSPITAL

>

> ██████████

>

> I hope you're well.

>

> Another message for Dr Moyes.

>

> Thanks

>

> Brgds

>

> Ken

> ██████████

> Cure the NHS

>

> QTE

>

> Dear Dr Moyes,

>

> Thank you for your handwritten note, it was greatly appreciated.

>

> Cure the NHS needs you to be aware that relatives of current Stafford

> patients are coming forward to say that their loved ones are still

> receiving the standards of care condemned in the Healthcare

> Commission's
>
> report.
>
> I do urge you to add senior nursing resource from outside the area to
> Eric Morton's team as a matter of urgency.
>
> I'm not sure from the exchanges I heard in the Commons today that the
> Secretary of State fully appreciates that the poor care extends across
> several medical and surgical wards where the elderly are treated.
>
> Could I suggest a visit to Stafford today to meet Julie Bailey and her
> members and to pay the hospital a visit ?
>
> Thanks
>
> Brgds
>
> Ken
>
> UNQTE
>
>
>

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of NHS Foundation Trusts4 Matthew Parker Street
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SW1H 9NPT: 020 7340 2400
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W: www.monitor-nhsft.gov.uk

27 March 2009

Ken Lownds

**By e mail**

Dear Ken

Mid Staffordshire NHS Foundation Trust

I am writing to update you on what the actions Monitor is taking in relation to Mid Staffordshire NHS Foundation Trust and also to invite you and Julie Bailey to meet with me when I visit the Trust next Thursday 2 April.

Monitor will wish to ensure that the Trust has in place appropriate plans to address the issues highlighted in the Healthcare Commission's report and is able to deliver these on a timely basis. To this end I have requested Professor Alberti to expand the remit of his review and, in addition, to advise Monitor on the following:

- the Trust's action plan and whether or not it addresses all of the recommendations in the Healthcare Commission's report;
- the planned timing of its implementation; and
- whether any further senior management changes are required to ensure that the action plan can be delivered.

In carrying out his work, I have specifically requested that his review also includes the care provided on the medical wards 10, 11 and 12.

I enclose a copy of two letters I have recently written to the Acting Chairman. The first of these, dated 18 March 2009, sets out our expectations of the Trust in

relation to developing plans to address all of the Healthcare Commission's recommendations. The second, dated 26 March 2009, sets out the process going forward and how Monitor will work with the Trust, Professor Alberti and the Care Quality Commission to ensure that all recommendations from the Healthcare Commission's report are addressed and that appropriate standards of care are delivered at the Trust in the future.

As noted above I will be spending the morning of 2 April visiting the Trust and would welcome the opportunity to meet with you and Julie Bailey at the Trust. This will give us the opportunity to discuss the actions we are taking and also any concerns that you may have. Please contact my PA, [REDACTED], on [REDACTED] and she will make the necessary arrangements.

I hope this letter will provide you with further assurance that action is being taken by both Monitor and the Trust to ensure that all recommendations in the Healthcare Commission's report are addressed and that the delivery of high quality care at the Trust will be assured.

Yours sincerely



William Moyes
Chairman

CC: Julie Bailey

Bill

Thank you for your letter I've forwarded it to Julie.

That's all really good news.

I don't think the other two copy letters were attached.

April 2 unfortunately I am in London for appointments which sadly I cannot escape.

Julie will be at the Commons for the debate on April 1 so she may well be back in Stafford the next day.

I will leave you to arrange that visit with Julie - [REDACTED] - but my sense is that it is still too early for her and most of the group to go to the hospital - my email to Alan Johnson yesterday explains.

Particularly while other cases, from the past, and from the recent weeks are being brought to Julie, it's all still too 'raw'.

Bill, please remember that the last few times Julie and the other members of the group went to the hospital they were 'seen off the premises' by the communication team!

I suggest that you offer to go to the cafe. We are moving towards the first visit to the hospital but I think we need to take the next few steps very carefully. The visits by Alan Johnson and Christine Beasley and later by Andrew Lansley were an important part of the healing process. I think all three are just bewildered at what they heard from the group and completely baffled as to why no professionals within the hospital, let alone all the outside agencies, spoke up.

I do appreciate your support and your keeping us 'in the loop'.

I'm sure we'll meet soon if not next week. I am in London again 6 - 8 April with some time free each morning if you're around.

Thanks

Brgds

Ken
Cure the NHS

William Moyes wrote:

>
> Dear Ken
>
> Please find attached a letter from Bill re: the above. I wondered if
> you would be kind enough to forward to Julie Bailey as I don't seem to
> have her email address.

>
> Many thanks

>
> [REDACTED]
>
> [REDACTED] | PA to Chairman

>
> *Monitor* - Independent Regulator of NHS Foundation Trusts

>
> Direct Line [REDACTED] | www.monitor-nhsft.gov.uk

> <<http://www.monitor-nhsft.gov.uk/>>

> 4 Matthew Parker Street, London, SW1H 9NP

>
> P Please don't print this email if you don't have to. Help save our
> environment.

>
>
>
> This e mail is intended only for use by the named addressee. It may
> contain confidential and/or privileged information. If you are not the
> intended recipient, you should contact us immediately and should not
> disclose, use or rely on this e-mail. We do not accept any liability
> arising from a third party taking action, or refraining from taking
> action, on the basis of information contained in this e-mail. Thank you.

From: [REDACTED]
Sent: 13 July 2009 09:22
To: Edward Lavelle
Cc: Yvonne Mowlds; [REDACTED]
Subject: FW: STAFFORD HOSPITAL

Edward

Your reassurances are welcome but they fall very far short of the mark. Who will protect the patients in Stafford Hospital who have been getting the most appalling care for years and continue to get it, tonight, over the weekend, until you folks get more boxes ticked?

Protect them from the harm caused by the kind of bullying, inept, and uncompassionate nursing related in the case I quoted?

That's not the only case reported to Julie last night - the other was a death in early April - so too late!

It is six months since I first raised this with Bill; please understand that nothing can or will change until you bring the nursing establishment up to the safe number and beyond with good quality nurses, not agency nurses, not healthcare assistants doing tasks they should never be asked to do, and not newly qualified nurses straight from uni.

And then you need to put the nursing back into the nurses, who's going to do that?

Who will accept the duty of care to protect these patients?

With respect Edward I suspect you are really rather out of touch with the awful truth of these wards at Stafford where and what the care is like for elderly patients, you have no idea, if you did you and Bill would have intervened long before now.

I repeat my call for action to protect patients, now.

It is not myself with whom you should be talking on Monday it is Andy Burnham, Mike O'Brien, and Ann Keen and together you need to devise a plan to protect patients from the abuse set out in my earlier email and you need to get it in place by midday Monday.

It is not CQC's role to intervene in individual cases or to run the hospital, but if they have the powers they should certainly insist on 'load-shedding' as I set out earlier.

You talk about the complaints process at Stafford and the CQC's work in that area, I'll tell you about our involvement in that another time.

Manjit will have intervened in that particular case today but why should people need to appeal to Julie and myself? How many don't know about that route?

Edward, the time for niceties has gone; let's have some action.

Thanks

Brgds

Ken

William Moyes wrote:

Dear Ken

Thank you for your email earlier today addressed to Bill.

As you are aware by now, Bill Moyes is currently on annual leave. However, your email was passed to Edward Lavelle, our Regulatory Operations Director. Edward and the senior team are involved with Mid Staffordshire NHS Foundation Trust on a daily basis. We have also taken the opportunity to make the Trust aware of the specific concern you have raised. Edward would be happy to discuss your email with you, but he has in the meantime asked that I respond to the matters you have raised as follows:

* We expect to be in a position to make some further announcements as to proposed changes to appoint a permanent leadership of the Trust in the next ten days;

* The Care Quality Commission (CQC) will also in a similar timescale, publish its three month 'stock-take' report which will identify the progress made in the period since the publication of the Healthcare Commission's report in March. This will include the areas where real progress has been evidenced as well as where further progress is required. At the same time, the CQC has specifically reviewed the Trust's complaints handling processes and has made some further recommendations as to how this can be improved. The Trust has taken these recommendations on board and is taking action to rectify shortfalls;

* We are encouraged by your comments as to the Medical Director, which we share, and also those in relation to Karen Kelly. Manjit has agreed to take on a more active role in understanding and reflecting on the concerns of patients and their relatives.

The Trust will continue to report progress against its Transformation Plan.

If you would like to discuss anything further with us please feel free to do so. Bill will be back from leave on Monday 20th. I shall make sure he sees your note on his return.

Best wishes

-----Original Message-----

From: Ken Lownds [mailto:]

Sent: 10 July 2009 10:28

To:

Subject: STAFFORD HOSPITAL

Sorry this has come on a day when Bill's out but the email last night made Julie and myself realise that we couldn't leave it to others any longer.

Thanks

Brigs

Ken

----- Original Message -----

From: Ken Lownds <[REDACTED]>

To: William Moyes

Cc: [REDACTED] David Kidney <kidneyd@parliament.uk>

Tony Wright <wrightt@parliament.uk>

Sent: Fri Jul 10 09:56:45 2009

Subject: STAFFORD HOSPITAL

(7)

Bill

I hope you're well.

We have given David and Eric a lot of time - How do I put this? We find it very difficult to 'tune in' to each others' communication preferences I'm afraid - but the dreadful care is still happening.

We copy these cases to the local and regional CQC team and in the first instance ask Manjit Obrhai to help - we don't have the name of this case yet but will pass it on to him when we do. I know Manjit well and trust him implicitly. I was also delighted to hear yesterday that Karen Kelly has moved from UHNS A and E to Stafford; again I know and trust Karen.

But neither Manjit nor Karen nor any other senior manager can be everywhere at once and that's why we suggested right at the outset that there should be a special 'support and coaching' team of independent senior nurses under the leadership of Peter Blythin ON SHIFT until the Stafford nurses have relearned compassion and care and until the permanent workforce is up to strength in every sense of the word.

Bill, you really should have put Stafford in 'special measures' in March because nothing will really change until there is a radical change of senior management and nurses, doctors, and everyone else has been given time and space to sort themselves out, and the 'culture' refocused on safety, dignity, and care. RCN tell us that there is a big training job to do as well. This latest example illustrates that and of course there are more. On Wednesday Julie had a call from a gentleman who had been told by PALS at Stafford Hospital that his best course of action was to call Julie!! We know from conversations with CQC that Stafford Hospital's complaints handling is far from 'fit for purpose', still.

This to Julie last night -

QTE

> Hello I am so grateful to have this opportunity to get this off my chest re Ward 12 at Stafford Hospital. My father died in this ward last year and I witnessed appalling treatment by the staff. Unfortunately I did not have the ability or wherewithal to complain. Yesterday I visited my friend (aged only 58) in the ward and do not intend to let the neglect she is suffering go unrecorded. She is too weak to stand up for herself, in fact too weak to stand up! But she was bullied yesterday morning and told to wash herself at the sink. She was upset and tried, but collapsed onto the bed and so was 'allowed' to wash herself in a bowl. Her lips are dry, cracked and bleeding and I asked a nurse for something to help, I suggested a 'lollipop' stick to wipe her lips. The nurse replied that I would have to bring something in myself. I realise that these are relatively slight problems but in my opinion her needs are not being met. I am sure there are other things that have happened that I do not yet know about. I have been on holiday and did not know how ill she was.

She has been in hospital for 9 days and is rapidly deteriorating. Her husband emailed me first thing this morning and she has been transferred to Critical Care Unit at 2am this morning. I hope this marks a turn for her well being. I have emailed my MP Tony Wright and Stafford MP Mr Kidney.

>

UNQTE

The reason that this is so alarming is that this is the typical pattern of the deaths at Stafford that you can read in the cases submitted to Andy Burnham by our lawyers. This lady should be saved from that!

Bill, you must act to rectify this appalling situation; four months have now passed, and you asked me to give you time, I did that, your solution has not worked. What are you going to do?

George Alberti said on 24 June that the nursing workforce was 20% short still - and if some of the rest is agency the real effective caring, compassionate, and competent workforce available to work on 10,11, and 12 - the problem wards for years now will be far less.

If it is 20% or more down you should be shifting elective cases to Burton ISTC or UHNS or anywhere - inconvenient but safer!

You also need to get a full time chief exec in place ASAP - one who understands nursing care and nurses.

I'm sure David Kidney, Tony Wright, and my MP, Bill Cash, will ensure that this is passed on to Andy Burnham and Mike O'Brien today.

I'm on [REDACTED] or [REDACTED] if you would like to talk.

Thanks

Brgds

Ken