

Acute and Community Health

Sarah Wollaston Chair, Health Committee, Chair, Liaison Committee (Commons)

I pay tribute to my colleague on the Health Committee, Rosie Cooper. She is a remarkable parliamentarian and advocate for patient safety. All of us on the Committee look forward to working alongside her to examine in full the Kirkup report's recommendations, and I welcome the Minister's commitment to a review of the fit and proper person test.

On the wider issues that the report raises, it is clear that when staff and funding continue to be cut from community services, there are terrible consequences for patient care. Will the Minister assure the House that he will work closely alongside the Care Quality Commission to identify other trusts in which issues such as this are likely to arise because of the workforce and funding pressures that are now being faced?

Stephen Barclay Minister of State (Department of Health and Social Care)

I am very happy to work with my hon. Friend on this. As she will be aware from reading the report, it is explicit that the finances were there for the existing service. That is stated at the outset of the report. What drove the problems was a wholly unrealistic attempt to seek foundation trust status, with a cost improvement plan that was simply undeliverable. There was a massive reduction, without any attempt to reconcile that with serious issues on staff levels and vacancies. As the report explicitly sets out, when staff raised those concerns, they were bullied, harassed and on occasion suspended without due cause. The culture has changed significantly, and measures have been put in place for how the regime involving NHS Improvement would address such issues and look at cost improvement plans.

On the extent to which the culture was driving the problems, I refer to the remarks I made in my statement. According to the report, the interim chief executive went in and found a significant underspend of "£3 million" in the district nursing budget, at the same time as there were significant vacancies and patient harm. That culture was driving the issue, and that culture is what we need to put an end to.

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