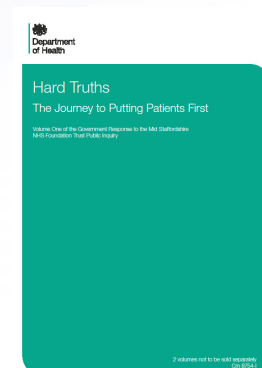




# **‘Hard Truths: The journey to Putting Patients First’**

**The Government’s full response to  
the Mid Staffordshire NHS FT Public Inquiry  
19<sup>th</sup> November 2013**

*An overview by the RCN Policy and International Department*



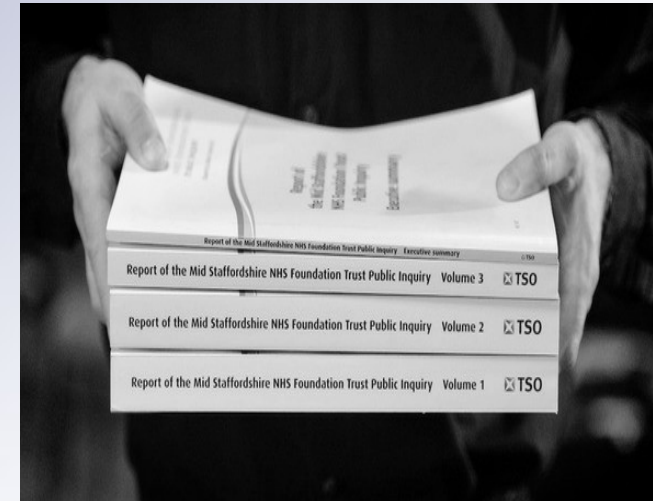
# Background

## The Public Inquiry into Mid Staffordshire NHS FT

- ◆ In June 2010 Sec of State launched full independent public inquiry
- ◆ Inquiry chaired by Robert Francis QC
- ◆ 164 witnesses, including from RCN
- ◆ Report published in **February 2013**
- ◆ 290 recommendations

You can read the Francis report in full at:

[www.midstaffspublicinquiry.com/report](http://www.midstaffspublicinquiry.com/report)



## The RCN response to the Inquiry report

The RCN's full response published in **July 2013** unpicks the most important of Francis' 290 recommendations. You can read the RCN response to the Francis report in full at

[www.rcn.org.uk/thisisnursing](http://www.rcn.org.uk/thisisnursing)



# Background

## Key developments since Francis report published



- ◆ **Initial Govt response to Francis report in February 2013.**
- ◆ **Five independent reviews conducted\*:**
  1. Ann Clwyd MP/Tricia Hart advised on how to improve the complaints system
  2. Don Berwick reported on “zero harm” agenda
  3. Sir Bruce Keogh led investigation into persistent outlier hospitals for mortality
  4. Camilla Cavendish reviewed HCSW training & support
  5. NHS Confederation reviewed bureaucratic burdens on the medical profession

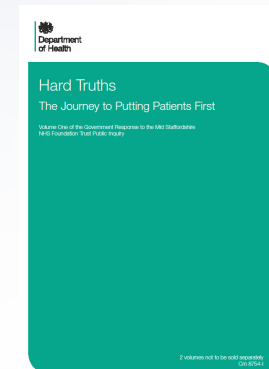
\*The RCN has engaged with, and provided evidence to all five independent reviews

- ◆ **New CQC inspection regime**
- ◆ Sec of State wrote to all NHS Trusts asking to check confidentiality clauses and compromise agreements to ensure allowed openness about patient safety
- ◆ Mid Staffs FT put into administration
- ◆ Enforcement action against Mid Staffs FT by HSE
- ◆ Govt Legislating for a *duty of candour* on NHS organisations

# The Government's full response to the Francis report (19<sup>th</sup> Nov 2013)

## The key themes in the response:

- ◆ Stronger guidance for setting safe staffing levels
- ◆ Better training and skills for health care support workers
- ◆ Focus on nursing issues including education, leadership, culture and appraisal
- ◆ Time to care and addressing bureaucracy
- ◆ Putting patients first
- ◆ Candour, openness, transparency
- ◆ Stronger focus on patient safety
- ◆ Strengthening regulation
- ◆ Improving complaint handling processes



## Additionally:

- 1. Government accepted 281 of 290 recommendations.**
- 2. Govt must now report annually on progress to Parliament**

**Later slides in this presentation provide more details**

# The Government's full response to Francis report

## Staffing levels

- ◆ **National Quality Board and Chief Nursing Officer have published guidance** that sets out expectations on all NHS bodies to ensure staffing levels are safe.
- ◆ **All hospitals required to monitor staffing levels on each ward** using guidelines produced by NICE.
- ◆ **By June of next year, staffing levels from each ward will be published on a new NHS safety website.** All hospitals will publish staffing levels on a ward-by-ward basis together with the percentage of shifts meeting safe staffing guidelines. This will be mandatory and will be done on a monthly basis. By the end of 2014 year this will be done using models approved independently by NICE.
- ◆ **Boards will review the evidence for their staffing numbers in public at least once every six months.**

## Additional information slide: RCN resources on staffing levels

- ◆ **RCN Guidance on safe staffing levels in the UK**  
[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0005/353237/003860.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0005/353237/003860.pdf)
- ◆ **RCN Policy briefing on *Mandatory nurse staffing levels***  
[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0009/439578/03.12\\_Mandatory\\_nurse\\_staffing\\_levels\\_v2\\_FINAL.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0009/439578/03.12_Mandatory_nurse_staffing_levels_v2_FINAL.pdf)
- ◆ **RCN summary guidance and recommendations on safe staffing for older people's wards**  
[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0010/439399/Safe\\_staffing\\_for\\_older\\_people\\_V3.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0010/439399/Safe_staffing_for_older_people_V3.pdf)
- ◆ **RCN *Frontline First* report : *Nursing on red alert, April 2013***  
[http://royalnursing.3cdn.net/5fd28cae5b87b7df5c\\_w7m6btrg4.pdf](http://royalnursing.3cdn.net/5fd28cae5b87b7df5c_w7m6btrg4.pdf)
- ◆ **RCN *Frontline First* report : *Running the Red light, November 2013***

This showed *that* nearly 20,000 nursing posts are unfilled and official figures show that the NHS in England has lost 3,859 full time nurses, midwives and health visitors since May 2010



# The Government's full response to Francis report

## Health Care Support Workers

- ◆ **New Care Certificate (Certificate of Fundamental Care)** will provide standardised training and standards for all Health Care Support Workers.
- ◆ **Health Care Support Workers in hospitals will be called “Nursing Assistants”** to better illustrate the pathway to nursing.
- ◆ The Chief Inspectors will ensure that employers are using the Disclosure and Barring Service to **prevent unsuitable staff from being re-employed elsewhere.**

# The Government's full response to Francis report

## Minimum requirements for entry to nursing

### Francis recommendations

- ◆ There should be a national entry-level requirement that student nurses spend a minimum period of time, at least three months, working on the direct care of patients under the supervision of a registered nurse.
- ◆ NMC, working with universities, should consider the introduction of an aptitude test to be undertaken by aspirant registered nurses at entry into the profession.

### Government response

- ◆ **Govt re-stated its commitment to a pilot programme, where every student who seeks NHS funding for nursing degrees will serve up to a year as a healthcare assistant.**
- ◆ **Mandatory for all new NHS funded training posts to incorporate testing of values.**



# The Government's full response to Francis report

## Nursing education and skills

### Francis recommendations

- ◆ There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering care.
- ◆ Nursing training should be reviewed so that sufficient practical elements are incorporated to ensure that a consistent standard is achieved by all trainees throughout the country. This requires national standards.
- ◆ Consider the creation of a status of Registered Older Person's Nurse.

### Government response

- ◆ NMC has introduced **new education standards**, to be evaluated in 2014.
- ◆ **National minimum training standards published.**
- ◆ Dept of Health will commission **NHS Employers to encourage NHS organisations to strengthen their local knowledge and skills frameworks.**
- ◆ Health Education England, to review the content of pre-registration nurse education to ensure all new nurses have the **skills to work with the large numbers of older people being treated.**
- ◆ **An older persons' nurse post graduate education programme** to be developed.

# The Government's full response to Francis report

## Nursing leadership

### Francis recommendations

- ◆ Training and continuing professional development for nurses should include leadership training at every level.
- ◆ A forum for all directors of nursing from both NHS and independent sector organisations should be formed to coordinate the leadership of the nursing profession.
- ◆ All healthcare providers and commissioning organisations should be required to have at least one executive director who is a registered nurse, and should be encouraged to consider recruiting nurses as non-executive directors.

### Government response

- ◆ The Chief Nursing Officer has established the **Federation of Nurse Leaders**, a national forum that has been established to raise the awareness and profile of the nursing voice at a national level. Its membership is drawn from various bodies, including the CQC, the NHS Trust Development Authority, Health Education England, Department of Health and Public Health England. It provides advice, challenge and scrutiny of nursing issues and provides the oversight of the delivery of *Compassion in Practice*, the vision and strategy for nursing in England.
- ◆ **NHS Leadership Academy's new leadership development programmes** will focus on values, attitudes and behaviours.

# The Government's full response to Francis report

## Supporting a more caring culture for patients and staff

### Francis recommendations

- ◆ Ward nurse managers should operate in a supervisory capacity.
- ◆ Introduction of a 'named nurse' for each patient.
- ◆ The Knowledge and Skills Framework should be reviewed with a view to giving explicit recognition to nurses' demonstrations of commitment to patient care.
- ◆ There should be national training standards for qualification as a registered nurse to ensure that newly qualified nurses are competent to deliver a consistent standard of the fundamental aspects of compassionate care.

### Government response

- ◆ **Government has accepted in principle the recommendation for supervisory ward nurse managers. Providers reviewing supervisory status for ward managers and team leaders.**
- ◆ Each patient should be allocated for each shift a **named key nurse**. Academy of Medical Royal Colleges producing key principles on how this change can be implemented.
- ◆ NHS Employers to lead work to ensure a clear link between the **values** in the NHS Constitution, the vision and strategy for nursing in England, its values and behaviours as set out in the '6Cs', and the organisation's own local values.
- ◆ **Chief Nursing Officer providing leadership through Compassion in Practice, the vision and strategy for nursing in England.** Key action areas include developing a set of tools that enable organisations to measure their culture, providers undertaking reviews of their organisational culture and publishing the results, reviewing implementation of the cultural barometer once pilots have taken place and strategies to secure meaningful staff engagement.

# The Government's full response to Francis report

## Appraisal systems and re-validation

### Francis recommendations

- ◆ NMC should introduce common minimum standards for appraisal and support.
- ◆ Dept of Health and NMC should introduce the concept of a Responsible Officer.

### Government response

- ◆ NHS England working with Health Education England and NHS Employers to support the introduction of **values-based recruitment and appraisal**.
- ◆ Dept of Health will commission NHS Employers to help local organisations develop and improve value based appraisal and performance management.
- ◆ NMC has committed to introducing a model of **revalidation**.

# The Government's full response to Francis report

## Time to care and bureaucracy

- ◆ Every national NHS organisation has signed a **compact to reduce the national bureaucratic burden** on frontline organisations and frontline staff.
- ◆ NHS England to establish **Clinical Bureaucracy Index** to track how well Trusts use digital technology for collecting information.
- ◆ Starting with over-75s from April 2014 there will be a **named accountable clinician** for out-of-hospital care for all vulnerable older people.

# The Government's full response to Francis report

## Candour, openness and accountability

- ◆ Introduction of **new criminal offence for wilful neglect**: the Government will legislate at the earliest available opportunity to make it an offence to wilfully neglect patients - so that organisations and staff, whether managers or clinicians, responsible for the very worst failures in care are held accountable.
- ◆ A **statutory duty of candour for organisations** will come into effect in 2014.
- ◆ A **duty of candour for individuals** will be **added to the NMC and GMC code of conduct**.
- ◆ **Better reporting of safety incidents**: Experts will be asked to advise the Government on how to improve reporting of safety incidents, including whether the statutory duty of candour on organisations should cover incidents of death and severe harm, or death, severe and moderate harm.
- ◆ DH to consult as to what would happen to hospitals if they fail in their duty to report failings of care, and if this could possibly result in their indemnity being removed by the NHS Litigation Authority.
- ◆ DH has asked **Social Partnership Forum to produce guidance on good staff engagement**.
- ◆ **NHS Employers to develop guidance to support performance management of very senior managers**.

# The Government's full response to Francis report

## Patient safety

- ◆ **A new national safety website** will publish all the information relevant to safety in every hospital in the country on a monthly basis, so that patients have the same information about their hospitals that the system has.
- ◆ **A new national patient safety collaborative programme** across England will spread best practice and build safety skills across the country. NHS England will start the programme in April 2014 and will bring together frontline teams, experts, patients, commissioners and others to tackle specific patient safety problems, develop and test solutions, and learn from each other to improve safety.
- ◆ **5000 patient safety fellows** will be trained and appointed by NHS England within five years, to be champions, experts, leaders and motivators in patient safety. The fellows could be anyone, from a frontline nurse to a senior manager, who has demonstrated a commitment to and success in delivering quality improvement.
- ◆ **NHS England will make patient safety data more accessible and 'Never Events' data will be published monthly**, broken down by NHS Trust.

# The Government's full response to Francis report

## Regulation

- ◆ Strengthening the statutory independence of CQC. The care quality regulator will be able to prosecute when standards are breached. Foundation Trust's (FTs) in special measures will have their autonomy suspended. Trusts who want to become **FTs must now be rated as "good" or "outstanding"**.
- ◆ **CQC will monitor staffing levels and take action where non-compliance puts patients at risk of harm. Staffing levels will be a core part of the inspection regime.**
- ◆ From January 2014, **CQC will rate hospital's quality of care from outstanding to inadequate.**
- ◆ **Quality Surveillance Groups** will bring together key organisations at a local level to share information.
- ◆ **A new Fit and Proper Person's Test which will enable the Care Quality Commission to bar unsuitable senior managers** who have failed in the past from taking up individual posts elsewhere in the system.



# The Government's full response to Francis report

## Complaints

- ◆ **All patients will be able to access independent advice on complaints**, which will be clearly visible on wards.
- ◆ **Trusts will report quarterly on complaints data and lessons learned.**
- ◆ **Health Service Ombudsman will increase the number of cases considered.**
- ◆ **Chief Inspectors of Hospitals will inspect complaints procedures.**
- ◆ All hospitals will be required to set out clearly how patients and their families can raise concerns or complain, with independent support available from their Local Healthwatch or alternative organisations.
- ◆ **Greater senior involvement in complaints handling**

## Key quotes



**Robert Francis QC**  
**Press briefing, 6/2/13**

“The Trust Board was weak. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust’s attention. It did not tackle the tolerance of poor standards and the disengagement of senior clinical staff from managerial and leadership responsibilities. These failures were in part due to a focus on reaching targets, achieving financial balance and seeking foundation trust status at the cost of delivering acceptable standards of care”



**Jeremy Hunt, Secretary of State for Health**  
**Speech, 19/11/13**

“Today’s measures are a blueprint for restoring trust in the NHS, reinforcing professional pride in NHS frontline staff and above all giving confidence to patients. I want every patient in every hospital to have confidence that they will be given the best and safest care and the way to do that is to be completely open and transparent.”



**Robert Francis QC**  
**Interview with HSJ on 19/11/13**

“These measures would not have necessarily stopped a Mid Staffs from beginning to happen but it would have been detected much more quickly.”

# RCN initial response (1)

## **The causes of the failures at Mid-Staffordshire**

- ◆ The final report of the public inquiry into what happened at the trust marks a watershed in the history of our health service, and the detailed commentary diagnoses accurately the causes of the failures at Mid Staffordshire.
- ◆ We will do all we can to improve professional standards and expose the factors that contribute to unacceptable care.

## **Staffing levels**

- ◆ RCN pleased that the government has acknowledged how critical it is to ensure safe levels of staffing on all hospital wards. This measure could have the single biggest impact on improving care in the NHS today.
- ◆ The RCN has been calling for some time for greater transparency in identifying the number of staff on each ward – by making this information available on a monthly basis we are going some way to ensuring that each hospital in the country offers patients access to the care they deserve.
- ◆ Nursing numbers need boosting as part of long-term workforce planning.

## **Health Care Support Workers**

- ◆ The RCN welcomes the focus on consistent training for healthcare support workers through the Care Certificate. Although we remain convinced that the mandatory regulation of all healthcare support workers is the most effective way of protecting patients, the announcement today is an important first step.

## RCN initial response (2)

### **Willful neglect**

- ◆ When things go wrong, as well as looking at the actions of an individual clinician, we also need to look at the whole system that surrounds a care failing. As well as the actions of individuals, it is equally important that we focus on the decisions that employers make about their staffing levels.
- ◆ RCN cannot excuse those who wilfully neglect patients and where individual clinicians are guilty then it is right that they are held to account. However, remedies already exist to tackle staff who are guilty of harming patients and we question whether a new law is required.

### **Culture**

- ◆ The RCN supports Robert Francis' vision to change the culture in the health service. We believe that staff need the right level of support and resources to deliver on this for patients.

### **Minimum standards for training**

- ◆ The RCN believes that there is already enough practical experience built into pre-registration programmes. The key issue is providing a high quality, supportive learning environment for students.

### **Named nurse**

- ◆ The named key nurse proposal may provide a useful way to organise work around the needs of patients. Appropriate levels of staff and proper implementation will be needed to deliver this successfully.

## The role of the RCN

- ◆ The Francis report said that the RCN should **consider** whether we should formally divide our professional and trade union functions.
- ◆ At Congress 2013, 99% of members stated they believe **the relationship between our trade union and profession functions are complementary** to one another and make the RCN a stronger organisation.
- ◆ We have invested in better support and supervision for RCN stewards, health and safety and learning representatives.
- ◆ We are making access to the right professional standards, knowledge, information and networks to support improvements in practice clearer and easier.
- ◆ In its response to the Francis report the Government said it believed the separation of the RCN's professional and trade union roles, which are both important, would enhance the authority of its work, so that those outside the profession would know when they were speaking in the interests solely of patients and when they were speaking solely in the interests of their members.
- ◆ The RCN are undertaking a significant stream of activity in order to improve the work we deliver in all practice settings and bring the two aspects of our activity closer together. We will highlight where we need to better explain the distinction between these two roles and the instances in which they are rightly separate.

Thank you - for more information on the RCN's work please see [www.rcn.org.uk](http://www.rcn.org.uk)

