

Council, 2 July 2014

HCPC response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Update on commitments

Executive summary and recommendations

Introduction

In February 2013, the Mid Staffordshire NHS Foundation Trust Public Inquiry reported to the Secretary of State for Health. At its meeting in March 2013, the Council considered a paper from the Executive which highlighted and discussed the recommendations made by the Inquiry which were relevant to the HCPC.

The Council considered a further paper in May 2013 containing a policy statement which addressed the relevant recommendations and laid out an action plan aimed at meeting those recommendations in the short to medium term. It was agreed that the action plan would be kept under regular review, with a progress update published at least once a year.

The attached paper and appendix provide an update on the work undertaken in relation to the agreed commitments of the action plan.

Decision

The Council is invited to discuss and approve the attached paper.

Background information

- Council, 27 March 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.
<http://www.hpc-uk.org/assets/documents/10003F71enc06-ReportoftheMidStaffpublicinquiry.pdf>
- HCPC response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (post May 2013 Council meeting).
<http://www.hpc-uk.org/assets/documents/10004097HCPCresponsetotheReportoftheMidStaffordshireNHSFoundationTrustPublicInquiry.pdf>

Resource implications

There are no additional resource implications as a result of this paper.

Financial implications

There are no additional financial implications as a result of this paper.

Appendices

None

Date of paper

18 June 2014

HCPC response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Update on commitments

1. Introduction

- 1.1 In February 2013, the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry ('the Report') was published¹. The terms of reference of the Public Inquiry were to examine the 'operation of commissioning, supervisory and regulatory organisations and other agencies...in relation to their monitoring role of Mid Staffordshire NHS Foundation Trust' (Executive Summary, p. 10).
- 1.2 In its introduction, the Report urges organisations to do the following in implementing its recommendations:
- 'It is recommended that:
- All commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations of this report and decide how to apply them to their own work;
 - Each such organisation should announce at the earliest practicable time its decision on the extent to which it accepts the recommendations and what it intends to do to implement those accepted, and thereafter, on a regular basis, but not less than once a year, publish in a report information regarding its progress in relation to its planned actions' (pp. 24-25).
- 1.3 This document provides a brief summary of the HCPC's response to the report as well as a progress update on our agreed action plan to implement the recommendations of the Report.

2. Our response to the Report

- 2.1 Two papers have previously been prepared for Council in response to the Report and accompanying recommendations. In March 2013, the Council considered a paper² from the Executive which summarised key areas addressed in the Report; grouped and analysed recommendations from the Report which were relevant to the HCPC; and proposed specific responses and actions to be taken.
- 2.2 In May 2013 the Council considered a policy statement³ acknowledging the important role that HCPC as a professional regulator has to play in helping to ensure quality

¹ The full report is available here: *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (chaired by Robert Francis QC). <http://www.midstaffpublicinquiry.com/report>

² Our detailed analysis of the Report is available here: HCPC Council meeting, 27 March 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. <http://www.hpc-uk.org/assets/documents/10003F71enc06-ReportoftheMidStaffpublicinquiry.pdf>

³ The policy statement and action plan can be found here: HCPC response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (post May 2013 Council meeting): <http://www.hpc->

and safety in health and social care services. While HCPC was not specifically mentioned in the Report, it was recognised that a number of recommendations were relevant to professional regulation or in a broader way to us as an organisation. An action plan was also presented to Council, including specific actions identified for the short to medium term, which would enable HCPC to meet, or contribute towards meeting, the Report's recommendations.

3. Agreed action plan

3.1 The action plan covers the following areas:

- Fitness to practise – improving the process and sharing of information
- Education and training – improving the quality assurance process, in particular ensuring the safety of service users in the practice learning environment
- Conduct, performance and ethics – clarifying expectations for professionals to raise and escalate concerns
- Professionalism – promoting professionalism among registrants
- Complaints about the HCPC – improving transparency and the availability of information about complaints

3.2 The action plan included timescales for implementation of each commitment, and it was agreed to keep it under regular review and to publish a report on our progress after one year. The following section provides an update on the progress made since May 2013 against the agreed commitments. The timescales included in the table are those agreed by the Council, and there is also an indication of which actions have been completed and which are ongoing.

3.3 A further update will be provided to the Council next year. At that time the Council may wish to consider whether the ongoing nature of the actions may be best monitored via approval of directorate workplans each year and scrutiny of operational reports at future Council meetings.

4. Update on the action plan

Area	Commitment	Agreed timescale	Updates
<i>Fitness to practise</i>			
Sharing of fitness to practise information	We will monitor and review the effectiveness of the existing Memorandum of Understanding (MOU) with the Care Quality Commission.	2013-2014 and ongoing	<p>To be completed in July 2014.</p> <p>The Executive has reviewed the existing MOU and is currently working with the Care Quality Commission (CQC) to develop and finalise three agreements:</p> <ul style="list-style-type: none"> • a revised MOU; • a joint operating protocol, setting out how the MOU will be operationalized; and • an information sharing agreement, setting out what, how, when and with whom information will be shared, along with any necessary security arrangements. <p>We anticipate that all three agreements will be in operation by the end of July 2014.</p>
	We will explore the scope to develop similar MOUs with other UK health and social care service regulators and other relevant organisations and to share information and trends analysis.	2013-2014 and ongoing	<p>Ongoing.</p> <p>Once the new CQC agreements (outlined above) are in operation, we will explore the possibility of developing similar agreements with the equivalent organisations in Northern Ireland, Scotland and Wales.</p> <p>Additionally, we are currently developing MOUs with the Data and Barring Service (DBS) and with NHS Protect, the organisation responsible for countering fraud and other crime in the health service.</p>

<p>Improving the fitness to practise experience</p>	<p>We will continue to review and improve the experience of complainants and witnesses during the fitness to practise process.</p>	<p>2013-2014</p>	<p>Ongoing.</p> <p>Following the publication of the ‘Review of the NHS Hospitals Complaint System Putting Patients Back in the Picture’ final report by Rt. Hon. Ann Clwyd MP and Professor Tricia Hart in October 2013, the Executive reviewed the report and the recommendations relevant to HCPC. A paper was presented to Council in March 2014⁴ outlining our response to the inquiry; the actions to be taken as a result of the recommendations; timescales for implementation; and arrangements for reporting progress.</p> <p>In order to improve the experience of complainants and witnesses, we have updated our fitness to practise service standards and reminded staff of our service standard commitments. We have also made amendments to the fitness to practise web pages to improve accessibility to the Standard of Acceptance policy document; our brochures with information for complainants and witnesses; and our feedback email addresses (for witnesses).</p> <p>We have developed internal operational guidance on ‘Managing complaints about FTP’ to ensure we are effectively using the complaints we receive to review, amend and revise our current processes where necessary.</p> <p>Furthermore, we are currently scoping how best to collect feedback from complainants who have been through the fitness to practise process; it is likely that we will start to do so using a specifically designed questionnaire.</p>
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⁴ The paper is available here: HCPC Council meeting, 27 March 2014. HCPC response to the Final Report of ‘A Review of the NHS Hospitals Complaint System Putting Patients Back in the Picture’ by Right Honourable Ann Clwyd MP and Professor Tricia Hart. <http://www.hcpc-uk.org/assets/documents/100045AEEnc02-AReviewoftheNHSHospitalComplaintSystemHCPCResponse.pdf>

	We will review the Patients Association's peer review into complaints at Mid Staffordshire and identify any learning for our handling of fitness to practise complaints.	May 2013	<p>Complete.</p> <p>The Executive undertook a review of the fitness to practise process in light of the Patients Association's 12 standards of effective complaint handling, in order to identify good practice or areas of improvement.</p> <p>Following the review, we identified five areas of work. To date, we have reviewed our operational guidance to ensure that complainants and registrants are notified if there is a change in the case manager managing their case, in order to maintain a single point of contact. We are also currently reviewing our publications and standard letters to ensure they clearly define and explain our role and responsibilities.</p>
	We will explore the potential for work with the Patients Association to peer review how the HCPC has handled fitness to practise complaints.	2013-2014	<p>Complete.</p> <p>The Patients Association was contracted to conduct a peer review of our fitness to practise process using the model they designed for Mid Staffordshire NHS Foundation Trust. HCPC is the first health and social care regulator to work with the Patients Association in this way.</p> <p>The peer review took place on 1 May 2014, and the report is due in late June 2014 (at the time of writing). At that time, we will examine ways to develop upon any good practice identified and to implement any improvements needed.</p>
Guidance for employers	We will develop guidance for employers on making fitness to practise referrals	2013-2014 into 2014-2015	<p>Ongoing.</p> <p>The development of more clear and detailed guidance for employers on making fitness to practise referrals is currently being scoped. A draft guidance document and next steps are planned to be presented to Council in December 2014.</p>

Education and training			
Sharing information – education and training	We will consider how we might routinely identify trends in practice learning environments, including the potential development of formal information sharing arrangements with other professional and systems-based regulators.	2013-2014 and ongoing	Ongoing. The Executive continues to develop partnerships with other organisations across the education sector to support the timely sharing of information. Specifically, discussions have been held with Health Education England and the Higher Education Academy in recent months to support this work. We will continue to develop these and other already established relationships with relevant organisations, including the Quality Assurance Agency and the Care Councils for Northern Ireland, Scotland and Wales.
Involvement of service users and carers in education and training	We will amend the standards of education and training to require the involvement of service users and carers in approved programmes.	Introduced on a phased basis from 2014-2015 academic year	Partially complete (phased introduction is ongoing). In July 2013 the Council agreed to add a standard requiring the involvement of service users and carers in the design and delivery of approved programmes ⁵ . This will be phased in as follows. The new standard will apply to the following programmes from the 2014-15 academic year: <ul style="list-style-type: none"> • New programmes being visited for the first time (excluding prescribing programmes). • Transitionally approved social work programmes. • Programmes requiring a visit as a result of a major change or an annual monitoring submission (wherever possible). It will apply to all other approved programmes, including prescribing programmes, from the 2015-16 academic year. The Executive has held seminars during the past year to explain the new standard to education providers, and information has also been included in the Education Update newsletter which is sent to all approved programmes.

⁵ See HCPC Council meeting, 4 July 2013. Service user and carer involvement in education and training programmes – consultation responses and our decisions. <http://www.hcpc-uk.org/assets/documents/100040C1Enc08-Serviceuserandcarerinvovementineducation.pdf>

			The criteria for approving Approved Mental Health Professional (AMHP) programmes also include a requirement in the same terms as the new standard, which has applied to AMHP programmes since the 2013-2014 academic year.
	We will pilot the inclusion of service users and carers as part of visit panels.	Inclusion from 2014-2015 academic year and ongoing	<p>Ongoing.</p> <p>Following a series of papers on this topic in June 2013 and September 2013, the Education and Training Committee agreed to include the involvement of individuals with service user and carer experience on visit panels⁶. This included the approval of a revised lay visitor role brief which removed the previous essential requirement that lay visitors hold specific educational experience. The newly revised role brief has instead been broadened to reflect the types of individuals who could perform the lay visitor role; individuals from a diverse range of backgrounds, with varying degrees of contact with HCPC registrants and professional training programmes, who could bring valuable lay, service user and carer perspectives to bear on our decision making processes.</p> <p>Lay visitors will form part of approval visit panels from September 2014 following planned recruitment and training activities. They will work alongside registrant visitors with profession specific and education based experience. A meeting with service users and carers will also become a specific requirement of all approval visits at this time.</p> <p>The Executive plan to review the inclusion of lay visitors to approval visit panels after the first academic year (2014-2015). A review paper will be considered by the Education and Training Committee in winter 2015.</p>

⁶ The papers can be found here:

HCPC Education and Training Committee meeting, 6 June 2013. Service user and carer visitors as part of visit panels. <http://www.hcpc-uk.org/assets/documents/1000402Cenc06-serviceuserandcarervisitorsaspartofvisitpanels.pdf>

HCPC Education and Training Committee meeting, 12 September 2013. The use of lay visitors in the approval and monitoring of education and training programmes. <http://www.hcpc-uk.org/assets/documents/10004195enc04-Theuseoflayvisitorsonapprovalvisitpanels.pdf>

Standards of education and training	We will begin to review and consider the scope for amendments to the SETs and SETs guidance which might better set out our expectations for education providers in ensuring the safety for service users of the practice learning environment (e.g. managing feedback from students on placement).	Paper to the Education and Training Committee – September 2013. Review of the standards of education and training – 2014-2015.	Ongoing. We are currently exploring the scope for a periodic review of the SETs and SETs guidance. A discussion paper on the review will be prepared for the Education and Training Committee in September 2014. The responsibilities of education providers in ensuring the safety of service users of the practice learning environment will be a key consideration during the course of the review.
Standards of conduct, performance and ethics			
Raising and escalating concerns	We will consider amending the standards of conduct, performance and ethics to better set out our expectations around reporting and escalating concerns about the safety of service users.	2014-2015 (Professional Liaison Group convened as part of our review of the standards of conduct, performance and ethics.)	Ongoing. The Executive is continuing its periodic review of the standards of conduct, performance and ethics, which is on track to be completed in 2016. Research of registrant and service user views undertaken as part of this review has identified a need for strengthening requirements in the standards for professionals to raise and escalate concerns. This will be taken into account during the course of the review as new and amended standards are considered. A Professional Liaison Group which was convened to facilitate the review held its first meeting on 2 June 2014. A further four meetings will be held between July and December 2014.

Professionalism			
Promoting professionalism	We will explore ways of continuing to engage with registrants about the importance of raising and escalating concerns as a part of our communications activities (e.g. continued engagement in the Department of Health's 'big conversation' initiative).	2013-2014	<p>Ongoing.</p> <p>As part of the review of the standards of conduct, performance and ethics, we expect to strengthen requirements for professionals to raise and escalate concerns about the safety of service users (see above).</p> <p>We continue to engage with registrants on the subject of professionalism as part of our communication activities --for example, through presentations at HCPC and other events.</p>
Complaints about the HCPC			
Improving the availability of information about complaints about the HCPC	We will include a section on complaints about the HCPC within the HCPC annual report.	2013-2014	<p>Ongoing.</p> <p>We have developed our approach to reporting the outcomes of complaints. The EMT continues to receive a monthly report summarising each complaint; the response; and any corrective action where applicable. The Council will now receive a review of the themes of complaints on a six monthly basis.</p> <p>The Executive will consider including a short section on complaints in the 2014-2015 annual report, drawing on the reports considered by the Council in that period.</p>
	We will explore ways to increase the accessibility of information about complaints about the HCPC already included in public Committee papers.	2013-2014	<p>Complete.</p> <p>The Executive has amended the customer service section of the website to provide more information about how complaints are handled and to provide links to reports considered by the Council. Although these are already available elsewhere on the website, this has increased their accessibility.</p>