Overview of Francis Report and potential implications for wider healthcare regulation

25th September 2013

Introduction

1.1 This briefing note highlights key recommendations arising from the Francis Inquiry, potential areas of work and potential risk for Association for Nutrition (AfN). It provides an understanding for AfN staff, Council, Committee members and for all UKVRN registrants on key areas of operation and policy development within AfN.

What is the Francis Report?

2.1 The Francis Report is the Report into the Mid Staffordshire NHS Foundation Trust Public Inquiry. The Report identifies key recommendations relating to patient safety relevant to professional regulators such as AfN.

Background to Francis Report

3.1 The Healthcare Commission carried out an investigation into high mortality rates in patients admitted as emergencies at Stafford Hospital. The report identified problems at Mid Staffordshire NHS Trust and inspections of the trust took place in 2008. The report heavily criticised senior management alongside general inadequacies at the hospital. Andrew Burnham, the then Secretary of State for Health announced an independent inquiry (report was published in 2010) which outlined the substandard care given to older and vulnerable patients. A second inquiry was announced in 2010 by the then Secretary of State for Health, Andrew Lansley about how the failings had occurred. This is the Francis report which highlighted failings “were systemic and therefore relevant to all healthcare professionals.”

3.2 The report itself is three volumes and contains 290 recommendations. AfN has identified key themes which relate to professional regulation. Although much of the report focuses on improvements required by the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC) there are recommendations relevant to the wider healthcare sector.

3.3 At a time when AfN is developing its strategic plan we have taken the opportunity to consider some of the recommendations in relation to education, setting of standards, registration, communications and fitness to practise and identify how AfN operations can be improved to ensure that protection of the the public remains central to our aims. Appendix 1 summarises these actions.

Protection of the public and Standards Setting.

4.1 Openness, transparency and candour are key themes in the Francis report: Openness to allow concerns to be raised to management freely without fear of intimidation. Transparency to ensure Managers allow true information about performance and outcomes to be shared with staff, patients and the public. Candour to ensure patients harmed by a healthcare service are informed of this and an appropriate remedy is offered, whether or not a complaint has been made or questions asked about it. Patients should expect to receive
effective services from caring, compassionate and committed staff working to common
goals, protected from avoidable harm and deprivation of basic rights. Regulatory and
performance standards are identified as key to developing this necessary environment. The
NHS will be required to develop and adhere to a common set of standards and values.
Francis has advised that these standards should be set by Govt. with different levels of
standards being developed by NHS commissioning boards (the H&WB and the CCGs), CQC
and individual care providers.

4.2 AfN will seek to achieve recommendation 173 by ensuring professionalism and public
protection/ patient safety is at the heart of the nutrition profession, through its setting of
standards and core competencies across all operational activity, its revised Standard of
Ethics, Conduct and Performance and by improving the accessibility of information.

Training and Education

5.1 The report dealt with medical education and training at Mid Staffs hospital and the
extent to which the oversight of training could have helped identify poor standards of care
which in turn would have improved patient protection and exposed failings earlier. The report
also highlighted that trainees themselves were subject to poor training.

5.2 The report highlighted that no provider of clinical placements should be permitted to
receive or employ students and trainees in areas of service not complying with minimum
patient safety and quality standards and placed responsibility on the regulators and
deaneries to monitor standards of education and training provision, assess and provide an
independent judgement whether providers comply with this.

Revalidation

6.1 The report advises the GMC and NMC to introduce common minimum standards for
appraisals and support which registrants will be obliged to comply with. Clinicians and
nurses must be required to demonstrate an ongoing commitment towards patients
evidenced by patient feedback & colleagues through a portfolio which should be made
available to the NMC and GMC upon request. The AfN is yet to develop standards and
guidance around CPD/revalidation but this is in our work plan for 2014.

Proactive Professional Regulation

7.1 The Francis Report recommends regulators should no longer be reactive in their
approach to FtP. There is emphasis that to be effective, the GMC and NMC need to be
proactive; complaints no longer need to always be about identifiable individuals and generic
complaints should be investigated. The report advised that consideration should be given to
the gathering of information and developing closer working relationships with other
regulators.

Raising the profile of Professional Regulators

8.1 Francis makes clear that regulators need to be proactive in raising their profiles
amongst the public. We are identifying many ways to raise our profile and have begun to
build links with external organisations.

Data and Information Sharing and Joint Working between Regulators
9.1 Francis advises a need to improve information sharing between organisations and regulators. Organisations were criticised for working in silos and not considering the wider implications of their role and were accused of guarding their territories. Francis sees joint working as more than just developing MOUs and refers to a “mutual system for allowing each other to know of the actions of the others and to understand their importance and significance for their own organisations.” The sharing of FtP information between regulators should occur. Although not directly referred to, social media was seen as an important part of information sharing and enabling an organisation to be proactive. Joint working isn’t a new concept – the idea of a super regulator has been floated for several years.

**English Language Proficiency**

10.1 The Francis inquiry did not identify that a failure to communicate in English contributed to the hospital failings, but noted that the GMC’s current requirements for English language proficiency could not be applied to those who qualified from the EEA. Francis did note that it is “of serious concern with regard to the safety of patients that it is possible for them to be exposed to the care of a medical practitioner without a sound practical ability to communicate in clear English, regardless of his/her origins.”

**Complaints Handling**

11.1 The report identified the need to avoid any perception of conflict between employment disciplinary proceedings and those of professional regulators. FtP procedures should not obstruct internal disciplinary matters but seek to operate the two in parallel. Regulators were recommended to ensure that their processes are clear to complainants who are treated as partners when making complaints to the regulator. Complainants should understand what is happening, why it is happening and what is being done about their complaint.

11.2 AfN will factor this recommendation into its FtP process development.

**Involvement of patients and user groups in the work of health care regulators**

12.1 Francis criticised the CQC for the lack of patient and service user information being used to influence the regulatory processes. This was seen as an indication that the public were not seen as a priority.

**Risk implications for AfN**

13.1 AfN is aware that a failure to take appropriate and proportionate action will have negative repercussions in terms of the perception of the organisation by the public, the Professional Standards Authority (PSA) and other organisations involved in healthcare regulation. Using the recommendations from the Francis Inquiry to underpin our forward strategic planning demonstrates our continued commitment to our key role of protection of the public. Appendix 1 describes the action agreed by Council in relation to each of the Francis Report recommendations relevant to the regulation of Registered Nutritionists.
## Francis Report Recommendations and AfN Actions

### 25th September 2013

**Francis Recommendations**

**Recommendation 1**

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 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.

**Recommendation 17**

The NHS Commissioning Board together with CCGs should devise enhanced quality standards designed to drive improvement in the health service. Failure to comply with such standards should be a matter for performance management by commissioners rather than the regulator.

**Recommendation 173**

Every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealing with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.

<table>
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<tr>
<th>Core Area</th>
<th>What AfN is doing</th>
<th>What AfN has identified as future workstream</th>
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| All operational activity, & governance arrangements | This briefing note outlines AfN’s action in relation to Francis Report recommendations. | • Application to PSA for accreditation of UKVRN planned for 2014  
• Business plan being developed by CE for Council sign off |
| Registration via its Fitness to Practise arrangements | Developing clear and explicit consequences for anyone who fails to comply with the standards where an individual is caused harm as part of its code/FtP review. | • NICE are currently drafting quality standards on a number of topics including nutrition to which AfN will respond  
• The AfN is already building contacts within the commissioning boards and will continue to do so. |

**Core Area**

**What AfN is doing**

**What AfN has identified as future workstream**
**Fitness to Practise Registration Declaration of good character**

- AfN is reviewing Code/ FtP guidance in light of the Francis Inquiry. 78 stakeholder organisations invited to respond to public consultation, along with registrants and public.
- AfN is reviewing its existing complaints procedures to ensure it is fit for purpose, meets the requirements for registration with the Professional Standards Authorities Accredited Voluntary Register scheme and takes into account recommendations from Francis.
- Revised Standards of Ethics, Conduct and Performance due to be launched in 2014.
- It is anticipated the revised complaints procedures (fitness to practise process) will be launched in early 2014.
- It is anticipated that AfN will submit an application to PSA for entry into its AVR scheme in 2014.
- Improve accessibility of information on professionalism

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**Recommendation 152**

*Any organisation which in the course of a review, inspection or other performance of its duties, identifies concerns potentially relevant to the acceptability of training provided by a healthcare provider, must be required to inform the relevant training regulator of those concerns. Specific recommendations of medical education and training are that professionals have the right attitudes and values to deliver compassionate care."

**Recommendation 188** discusses ‘professional values’

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| Accreditation                    | AfN is currently reviewing its accreditation processes to ensure our assessments remain robust justifying the trust which students, and the profession have in the accreditation process and the accredited courses. | • In autumn 2013, we are revising the standards of education and will be introducing revised guidance on professionalism for course providers.  

• We are also consulting on our standards guidance which is the first step in raising standards, ensuring professionalism is core to the role of a nutritionist and to the public’s understanding of that.  

• AfN launched its CPD endorsement scheme in 2011 to identify courses and learning activities provided by other organisations which help registrants maintain and extend their knowledge and skills in order to remain safe
to practise. For Associate Nutritionists CPD is an essential part of their progress towards full Registered Nutritionist status
• In 2013 AfN launched its Certification scheme which is aimed at the wider workforce to enable the wider workforce.
• The AfN is yet to develop standards and guidance around CPD/revalidation but this is in our work plan for 2014.

Recommendation 222:
The GMC should have a clear policy about the circumstances in which a generic complaint or report ought to be made to it, enabling a more proactive approach to monitoring FtP

Recommendation 223:
If the GMC is to be effective in looking into generic complaints and information it will probably need either greater resources or better cooperation with the CQC and other organisations such as the Royal Colleges to ensure that it is provided with appropriate information.

Recommendation 226:
To act as effective regulator of nurses, managers and leaders as well as more front line nurses, the NMC needs to be equipped to look at systemic concerns as well as individual ones. It must be enabled to work closely with the systems regulators and to share their information and analyses on the working of systems in organisations in which nurses are active. It should not have to wait until a disaster has occurred to intervene with its fitness to practise procedures. Full access to the CQC information in particular is vital.

Recommendation 43:
Those charged with oversight and regulatory roles in healthcare should monitor media reports about the organisations for which they have responsibility.

Recommendation 40:
It is important that greater attention is paid to the narrative contained in complaints data as well as to the numbers.

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<td>Fitness to Practise</td>
<td>AfN is seeking to ensure that Nutrition is professionally regulated. The establishment of a voluntary register is an indication that the profession is proactive and actively seeking</td>
<td>• AfN is currently reviewing its complaints (fitness to practise) process and these recommendations are being fed into that work stream. • AfN executives are</td>
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greater professionalism and recognition.

continuing to build links with nutrition organisations specifically the BDA, BNF, NS, IFST and BANT

- Consideration is being given to working collaboratively with the HCPC
- Developing the public’s understanding of the difference between a registered and non-registered nutritionist, nutritional therapists and dieticians.

**Recommendation 233:**
*While both the GMC and the NMC have highly informative internet sites both need to ensure that patients and other service users are made aware at the point of service provision of their existence their role and their contact details.*

**Recommendation 230:**
*The profile of the NMC needs to be raised with the public, who are the prime and most valuable source of information about the conduct of nurses. All patients should be informed, by those providing treatment or care, of the existence and role of the NMC together with contact details. The NMC itself needs to undertake more by way of public promotion of its functions.*

**Recommendation 58:**
*Patients, through their user group representatives should be integrated into the structures of the CQC. It should consider whether there is a place for a patients consultative council where these issues could be discussed to obtain a patient perspective directly.*

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<td>Registration</td>
<td>• We have identified a project to draw together a unified list of all stakeholders which we will target for our various work plans</td>
<td>Raising our profile is a significant challenge and requires input from all UKVRN registrants to succeed.</td>
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<td>CPD Endorsement</td>
<td>• Briefing notes, such as this, for registrants and council members will assist in spreading a core common and consistent message</td>
<td>• AfN plans to appoint a lay registrants to its Council from Jan 2014.</td>
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<td>Certification</td>
<td>• Increased use of social media will reach target audiences – development of a linked in and Facebook page</td>
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<td>Fitness to Practise</td>
<td>• Development of Regional</td>
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<td>Communications</td>
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### Recommendation 235
*The PSA together with the regulators under its supervision, should seek to devise procedures for dealing consistently in the public interest with cases arising out of the same event...involving professionals regulated by more than one body....Consideration should be given to the possibility of moving towards a common independent tribunal to determine ftp issues and sanctions across the healthcare professional field.*

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<td>All activities</td>
<td>AfN has signed up to the following e-newsletters:</td>
<td>AfN has described its plans for increased stakeholder engagement above</td>
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<td>- from the PSA providing advice on good practice for regulators, stakeholder engagement and the AVR scheme</td>
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<td>- CQC monthly updates</td>
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<td>- GDC monthly updates</td>
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<td>- Nursing Times daily alerts</td>
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<td>- Information Commissioners Office monthly updates</td>
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<td>- QAA monthly updates</td>
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<td></td>
<td>AfN reviews this information to ensure that operational activity is forward thinking</td>
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### Recommendation 172
*The govt. should consider urgently the introduction of a common requirement of proficiency in communication in the English Language with patients and other persons providing healthcare to the standard for a registered medical practitioner to assume professional responsibility for medical treatment of an English speaking patient.*

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<td>Registration</td>
<td>Registration and Accreditation committees are reviewing their guidance and recommendations in relation to course and UKVRN registration requirements esp. in relation to ILETS</td>
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### Recommendation 209
*"A registration system should be created under which no unregistered person should be permitted to provide for reward direct physical care to patients currently under the care..."*
and treatment of a registered nurse or a registered doctor...in a hospital or care home setting. The system should apply to healthcare support workers whether they are working for the NHS or independent healthcare providers in the community, for agencies or as independent agents.

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<td>Registration</td>
<td>This recommendation is of interest to registered nutritionists who work directly with clients on a one-to-one basis</td>
<td>Registration Committee/Council plans to review its existing guidance in relation to UKVRN registrants who currently work on a one-to-one basis or are dually registered.</td>
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