

Council meeting, 9 May 2013

## HCPC response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

### 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 looking at the recommendations made by the Inquiry which were directly relevant to the HCPC.

That paper said that the Executive would prepare a short 'policy statement' for consideration at the next meeting, which would describe the recommendations which are relevant to us; the actions we have taken or will take as a result; the timescales for implementation; and arrangements for reporting progress.

The attached paper covers these points and is intended to be a clear statement on the discrete, specific actions the HCPC will undertake in the short to medium term in line with the Inquiry recommendations.

At the last meeting, the Council agreed that further discussion would be necessary around the themes of the Report, and that this might identify further actions. This is scheduled to take place as part of a workshop at the Council's October 2013 away day.

#### **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>

#### **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**

29 April 2013

## **HCPC response to the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry**

### **1. Introduction**

- 1.1 In February 2013, the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry was published ('the Report'). 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' (page 10).
- 1.2 The report recommends the following for organisations in implementing the 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 (1; Introduction).
- 1.3 This short document outlines our response to the Report including discussing the recommendations most relevant to our work and some actions for us over the short to medium term. We have also outlined our position on the regulation of healthcare support workers.
- 1.4 Page or chapter references are references to the Report, unless otherwise stated.

## 2. Our response to the Report

- 2.1 As a professional regulator we have an important role to play in helping to ensure quality and safety in healthcare services. We are committed to working, with others where possible, to meet the Report's recommendations which are relevant to us.
- 2.2 We are not specifically mentioned in the Report's recommendations and some of the report's recommendations are not directly relevant to our regulatory functions. However, a number of recommendations are relevant to professional regulation more generally, or are relevant in a broader way to us as an organisation.
- 2.3 We have carefully considered in detail each of the recommendations which might be relevant to us in some way to decide what action, if any, we need to take.<sup>1</sup> The areas of the report that are particular relevant to us are.
- How regulators and others can support a culture in which professionals and others are able to raise and escalate concerns they have about patient safety (Chapters 2 and 22).
  - Handling fitness to practise concerns, including sharing information appropriately with other organisations (Chapter 12).
  - Quality assurance of education and training, with a particular emphasis on how standards and processes help to ensure the safety of the practice learning environment for service users (Chapter 18).
- 2.4 The action plan that follows (section four) identifies the discrete, specific actions we have identified for the short to medium term in order to meet, or contribute towards meeting, the Report's recommendations.
- 2.5 However, they are not intended to be exhaustive. In addition to identifying the immediate actions, we also want to continue to reflect on the report – to consider the themes of the Report as a whole and what they might mean for our role as a regulator. We also want to engage further with our stakeholders to inform our response to the Report. This may mean that we will identify further actions that we would wish to achieve, particularly over the longer term.
- 2.6 We will keep our action plan under regular review and publish a report on our progress at least once a year.

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<sup>1</sup> Our detailed consideration of the recommendations 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-ReportoftheMidStaffspublicinquiry.pdf>

### 3. Regulation of healthcare support workers

- 3.1 The Report recommends that healthcare support workers should be statutory regulated.
- 3.2 We are supportive of the introduction of a proportionate and targeted method of regulation which would ensure that those found unsuitable could be removed from the workforce.
- 3.3 We have proposed establishing a 'negative registration scheme' for adult social care workers in England which would deal effectively with the small number of individuals who are found unsuitable to work in the sector but without placing a disproportionate regulatory burden on the remainder of the workforce.<sup>2</sup> This would involve the following.
- A statutory code of conduct would clearly set out what the public expects of all adult social care workers in England (this could use or build upon the recently published Skills for Care and Skills for Health code).<sup>3</sup>
  - The regulator could investigate serious concerns about these workers and if, found unfit to work in social care, they could be entered onto a 'negative register'.
  - It would be a criminal offence to engage in adult social care in England whilst subject to negative registration.
- 3.4 This approach could be extended to healthcare support workers. Such a system would prevent support workers dismissed from one employer owing to serious concerns about their conduct being able to move to another employer, and would assist in preventing continuing harm to service users. It would provide an important 'safety net', providing a system of accountability similar to that of professional statutory regulation but in a more proportionate manner.
- 3.5 Legislation would be required in order to implement the proposals outlined above.

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<sup>2</sup> HCPC (2013). Proposal for regulating adult social care workers in England.

<http://www.hcpc-uk.org/aboutregistration/aspirantgroups/adultsocialcareworkersinengland/>

<sup>3</sup> Skills for Care and Skills for Health (2013). Code of conduct and National Minimum Training Standards for healthcare support workers and adult social care workers in England.

<http://www.skillsforhealth.org.uk/about-us/news/code-of-conduct-and-national-minimum-training-standards-for-healthcare-support-workers/>

**4. Action plan** – This sets out the initial actions we have identified, referenced against the relevant recommendations of the report

Area	Commitment	Timescale	Relevant recommendation(s)
<b>Fitness to practise</b>			
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	35, 222, 224, 225, 226, 234
	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	35, 222, 224, 225, 226, 234
Improving the fitness to practise experience	We will continue to review and improve the experience of complainants and witnesses during the fitness to practise process.	2013-2014	109, 110, 111, 112, 116, 117
	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	113
	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	113
Guidance for employers	We will develop guidance for employers on making fitness to practise referrals.	2013-2014 into 2014-2015	231, 232

Area	Commitment	Timescale	Relevant recommendation(s)
<b>Education and training</b>			
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	152, 153, 155
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	155
	We will pilot the inclusion of service users and carers as part of visit panels.	Pilot from 2014-2015.	155
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.	157, 158, 159, 160, 161, 162

Area	Commitment	Timescale	Relevant recommendation(s)
<b>Standards of conduct, performance and ethics</b>			
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.)	12, 173, 181, 183
	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.	See above.
<b>Complaints about the HCPC</b>			
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.	118. See also fitness to practise section.



	We will explore ways to increase the accessibility of information about complaints about the HCPC already included in public Committee papers.	2013-2014.	See previous page.
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DISCUSSION / APPROVAL MAY 2013