Francis-Individuals and Organisations, Acute hospitals and Mental Health

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In June 2010 Sec of State launched full **public inquiry into Mid Staffordshire Foundation NHS Trust**

Inquiry chaired by **Robert Francis QC**

**Terms of reference:** “to examine the operation of the commissioning, supervisory and regulatory organisations and other agencies, including the culture and systems of those organisations in relation to their monitoring role at Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009 and to examine why problems at the Trust were not identified sooner, and appropriate action taken”

- **Francis report published on 6th February 2013**
- All organisations in healthcare have to consider the recommendations of the report and decide how to apply them to own work

**Government responded on 26th March 2013**
Robert Francis Press Conference Statement 6/2/13

- “We need a patient centred culture, no tolerance of non compliance with fundamental standards, openness and transparency, candour to patients, strong cultural leadership and caring, compassionate nursing, and useful and accurate information about services”

- “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”
Key themes of the Francis recommendations

- Putting the patient first
- Common culture
- Standards of service
- Professional regulation of fitness to practice
- Regulating healthcare systems
- Complaints handling
- Performance management
- Medical training and education
- Openness, transparency and candour
- Nursing
- Leadership

290 recommendations in total
Nursing

- There should be an increased focus in nurse training, education and professional development on the practical requirements of delivering compassionate care in addition to the theory.

- 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.

- The NMC, working with universities, should consider the introduction of an aptitude test to be undertaken by aspirant registered nurses at entry into the profession, exploring, in particular, candidates’ attitudes towards caring, compassion and other necessary professional values.

- The Department of Health and NMC should introduce the concept of a Responsible Officer for nursing, appointed by and accountable to, the NMC.

- Without introducing a revalidation scheme immediately, the NMC should introduce common minimum standards for appraisal and support with which responsible officers would be obliged to comply.

- As part of a mandatory annual performance appraisal, each nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation.
Government initial response to Francis report (1)

- Students wanting to enter nurse training will need to spend up to a **year as a Health Care Support Worker before starting the degree course** (a pilot study will be launched – recognised this should not create financial barriers to those wanting to become a nurse).

- A **statutory Duty of Candour** will be developed covering providers including Trust Board members, including private providers, social care providers and domiciliary care providers, but not for individuals – Government is wary of creating culture of fear by having a duty of candour for individuals (there are reviews of this issue in progress).

- A Chief Inspector of Hospitals will be introduced and will assess hospitals holistically to raise any relevant concerns and will be able to give an element of judgement on how a hospital behaves. **The ‘score card’ which the Chief Inspector will use to inspect a hospital will be created alongside with Royal Colleges.** The Inspector will also inspect ambulance services – and won’t only look at statistics but also patient views. The Chief Inspector will report to the CQC.

- There will also be a **Chief Inspector of Social Care** and they are investigating creating a Chief Inspector of Primary Care.
Government initial response to Francis report (2)

- **The powers / role of the CQC will be changed** - they will now be predominately tasked with inspecting hospitals and raising any relevant concerns. Monitor will be tasked with implementing the changes, instead of the CQC, and the CQC can ask for Monitor to act upon their inspection recommendations.

- Ofsted style ratings for hospitals is endorsed and will be developed with the Nuffield Trust— it **will look at ward and department level too as one rating for a hospital will be misleading.**

- **Bureaucracy issue** – the NHS Confed and NHS information Centre are undertaking working to reduce the burden of paperwork by 33%.

- Response stated that vast amount of Drs and Nurses provide good care.

- There will be a **Board Barring Scheme** – so Board members can’t move around system following dismissal.

- DH will be first government department to give all **civil servants front line experience in NHS.**
Role of RCN

Francis report said:

- “At Stafford, the RCN was ineffective both as a professional representation organisation and as a trade union”
- “The evidence reviewed in this report suggests that the RCN has not been heard as might have been expected in pursing professional concerns about standards of care”
- **Recommendation 201** - “The RCN should consider whether it should formally divide its “Royal College” functions and its employee representative/trade union functions between two bodies rather than behind internal “Chinese walls”

The Government response said: “**The Royal College of Nursing has an important role in developing and promoting the art, science and practice of nursing. The Government believes a clearer distinction between its professional and trade union roles, both important, would enhance the authority of its work**”
Key Government announcements related to the Francis report

- Ann Clwyd MP to advise on how to improve the complaints system
- Don Berwick to spearhead a “zero harm” agenda
- Sir Bruce Keogh to lead an investigation into hospitals that are persistent outliers in hospital performance
- Law Commission to advise on the NMCs regulatory framework.
- Staffordshire Police to review evidence from the Francis report
- Camilla Cavendish review to look at how healthcare and care assistants will be better trained and supported
- Decision by the NMC to allow nurses accused of misconduct at mid Staffs to stay on the register will be reviewed by the Professional Standards Authority
- Secretary of State asks Trusts to check confidentiality clauses and compromise agreements to ensure they allowed openness about patient safety
- Mid Staffordshire to become first FT to be put into administration after Monitor decided “in principle” to do so.
An interesting comparison

'I would compare it to where we got to with the big asylums. If you remember what happened in the 1960s and 1970s, there was a whole series of national scandals about care of mentally ill patients'.

Sir David Nicholson, NHS chief executive
Have we had our “Francis “ moment?

Ely/Whittingham

- Staffing levels
- Neglect
- Cruelty
- Indifference/collusion
- Bullying
- Whistleblowing
No reason to feel smug!

Other catalysts for change?

- The case of Christopher Clunis, a schizophrenic patient who had been discharged from hospital and who stabbed and killed another man, was a “catalogue of failure and missed opportunity,” said an inquiry team. The team's report, which runs to 146 pages, says that psychiatrists, social workers, the Crown Prosecution Service, and the probation service must all share the blame for the tragedy. The inquiry finds that “the more disturbed Christopher Clunis became, the less effective was the care he received.” BMJ 1994
Protective factors

- MHAC/CQC
- Social vigilance
- User and carer involvement
- Non compliant workforce!
- Elevated expectations
An emerging “standard”

“a patient centred culture, no tolerance of non compliance with fundamental standards, openness and transparency, candour to patients, strong cultural leadership and caring, compassionate nursing”