

VODG topline briefing on the Government's response to the Francis Report recommendations

Introduction

On 19 November, the Government published a full response to the 290 recommendations made by Robert Francis, following the public inquiry in to the failings at Mid Staffordshire NHS Foundation Trust.

- The Government response arranged thematically is available here
- The Executive Summary, (pages 12-24) is available here

This follows the Government's initial response in February 2013, which included the introduction of a new hospital inspection regime and legislation for a duty of candour on NHS organisations so they have to be open with families and patients when things go wrong.

Although the Francis report and the Government response refers to 'patients', many of its findings are equally relevant to people using social care services.

Some of the key points for social care providers are outlined below. The subject areas follow the order of the earlier VODG joint briefing Part 2 on the Implications of the Francis Inquiry for social care providers available here. More detailed information will follow, including information on commissioning and leadership.

Recommendation 173 – Organisations and staff must be honest, open and truthful

Francis Report: The Francis Report identified the principles of openness, transparency and candour as the 'cornerstone of healthcare' and that 'every healthcare organisation and everyone working for them must be honest, open and truthful in all their dealings with patients and the public, and organisational and personal interests must never be allowed to outweigh the duty to be honest, open and truthful.'

Government Response: From 2014 every organisation registered with the Care Quality Commission will be expected to meet a new duty of candour.

Timeframe: The new duty will be overseen by the Care Quality Commission and come into force during 2014.

The Care Bill, due to be implemented in 2015

- puts a requirement on the Secretary of State to include a duty of candour in the requirements for registration with the Care Quality Commission.
- contains a new criminal offence to stop providers giving false or misleading information.

Recommendation 16 - Provision of fundamental standards and Ratings

Francis Report: recommended a new set of fundamental standards of care

Government response: The Department of Health and the Care Quality Commission are developing fundamental standards which will be consulted on. The DH is using results of the CQC consultation A new start: Responses to our consultation on changes to the way CQC regulates, inspects and monitors care services, as a basis for developing its new draft regulations.

The final set of standards is likely to cover areas such as: care and safety of patients and service users; abuse, including neglect; respecting and involving service users, nutrition; consent; governance; cleanliness and safety of premises and equipment; staffing; fitness of directors; and duty of candour.

Five key questions will be: is a service safe, effective, caring, responsive and well led?

The fundamental standards, below which care should never fall, will be complemented by more stretching enhanced and developmental standards which commissioners will use to require providers to deliver services to patients and service users that are of a higher quality, and the Care Quality Commission will use to inform their ratings.

Timeframe: Subject to Parliament, these will come into force during 2014.

While the initial focus is on hospital services, new Chief Inspectors of General Practice and Adult Social Care appointed in October 2013, and the Deputy Chief Inspector of Mental Health) will extend and develop guidance on the regulations for providers in their respective sectors. Together they will ensure that the Care Quality Commission is providing assurance that health and adult social care services join up seamlessly from the perspective of people who use services.

Ratings

- From January 2014, CQC will rate hospitals' quality of care in bands ranging from outstanding to inadequate.
- In mental health, inspection will begin with wave one pilots in January to March 2014; followed by a second wave in April to June 2014. Ratings will be published from October 2014 for the NHS and January 2015 for the independent sector.
- In adult social care, inspection will begin with wave one pilots in Spring 2014 followed by a second wave in Summer 2014. All social care services will have been rated by March 2016.

Recommendation 79 - Fit and proper person's test

Francis Report: There should be a requirement that all directors of all bodies registered by CQC are and remain fit and proper persons for the role. This should include compliance with a prescribed code of conduct.

Government response: The government proposes that the fit and proper persons test will now be used as a mechanism for introducing a scheme for barring directors who are unfit from individual posts by the Care Quality Commission at the point of registration.

Timeframe: Further details will be set out in the Government's response to the consultation on corporate accountability which will be published shortly. They plan to publish the draft regulations for consultation at the same time.

Recommendation 209 – Registration for healthcare support workers

Francis report: recommended registration of healthcare support workers who provide direct physical care to a person in a hospital or care home setting.

Government Response: The Government rejected compulsory, statutory regulation, stating that regulation by itself does not prevent poor care. However, the Government is building on the recommendations of the <u>Cavendish Review</u> on improving recruitment, training, development and supervision of health and social care support workers. It proposes a new **Care Certificate** for Healthcare Assistants and Social Care Support Workers to ensure that organisations have the right staff with the right skills to deliver care in a safe way. Where employers find that a healthcare assistant or social care support worker no longer meets the standards required by the care certificate, there will be guidance on appropriate re-training and/or disciplinary action.

Timeframe: this is being lead by Health Education England, working with the Skills Councils and other delivery partners.