# Government response to Francis report

**A summary for HFMA members**

Health secretary Jeremy Hunt described the measures in the government's full response to the Francis Report as a 'blueprint for restoring trust in the NHS, reinforcing professional pride in NHS frontline staff and above all giving confidence to patients'. *Hard truths: the journey to putting patients first*, published on 19 November, addresses all 290 recommendations made by Robert Francis QC following his inquiry into failings at Mid-Staffordshire NHS Foundation Trust. Some 204 recommendations have been accepted in full, 57 in principle and 20 in part. Nine recommendations have not been accepted.

The full report and individual responses to the recommendations can be accessed here:

Report: www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response

Responses to recommendations: http://francisresponse.dh.gov.uk/list-of-responses-to-recommendations/

Mr Hunt said the inquiry and the government's responses 'seek to build and strengthen a culture of compassionate care, looking to an NHS future in which world class leaders working with highly skilled and caring staff consistently strive to improve the care they give to patients'.

The report starts by listing changes that have already been made since the inquiry reported. These include:

- The Care Quality Commission (CQC) has appointed three chief inspectors of hospitals, adult social care and primary care
- A first wave of 18 trust inspections has begun
- There have been inspections of hospitals with the highest mortality rates
- A new system of ratings has been consulted on
- A new failure regime looking at quality and finance is being developed
- More independence is being given to the CQC.
- NHS England has published clinical outcomes by consultant for 10 medical specialties
- New nurse and midwifery leadership programmes have been developed

- A leadership programme to recruit clinicians to senior roles has been launched

New measures and actions are divided into five areas: preventing problems; detecting problems quickly; taking action promptly; ensuring robust accountability; and ensuring staff are trained and motivated. The key actions within each section are listed below.

## PREVENTING PROBLEMS

### Patient safety

- A range of new measures will take forward the findings of Professor Don Berwick's review of how to improve patient safety and develop a 'culture that is dedicated to learning and improvement' and strives to reduce avoidable harm in the NHS.
- A new patient safety collaborative programme will look to spread best practice and build skills in patient safety and improvement science.
- Every hospital patient will have the name of the consultant and nurse responsible for their care above their beds. Named accountable clinicians will also be introduced for people receiving care outside hospitals, starting with vulnerable older people.
- A dedicated hospital safety website will provide details on staffing, pressure ulcers, healthcare associated infections and other key indicators. Publication will begin in June 2014.
- Never events will be published quarterly before the end of the year and then monthly from April 2014.

### Openness and candour

- Trusts may be required to reimburse a proportion or all of the NHS Litigation Authority's compensation costs when they have not been open about a safety incident. These proposals will be subject to consultation.
- In addition to a statutory duty of candour on providers, a professional duty of candour on individuals will be strengthened through changes to professional guidance and codes. There will be a responsibility for doctors, nurses and other health professions to be candid with patients when mistakes occur whether serious or not.

### Listening to patients

- The family and friends test will be extended to mental health settings by the end of December 2014.
- Signs in every ward and clinical setting will make it clear to patients how they can complain.

### Safe staffing

- A guidance document from the National Quality Board and Chief Nursing Officer will set out the current evidence on safe staffing, clarifying the expectation on all NHS bodies that every ward and shift has the staff needed to ensure safe care

- Independent evidence-based guidance on safe staffing will be published by the National Institute of Health and Clinical Excellence by summer 2014. NICE will also review and endorse tools for setting safe staffing levels in acute settings and then start work on similar support for non-acute settings.
- From April 2014 and by June 2014 at the latest, trusts will have to publish ward level information on whether they are meeting their staffing requirements. Actual versus planned nursing and midwifery staffing will be published every month and every six months boards will have to review staffing levels using evidence-based tools. The Care Quality Commission will monitor performance in this area.

## DETECTING PROBLEMS QUICKLY

- Building on the recruitment of patients and health professionals to support expert hospital inspection teams, inspectors will spend more time listening to patients, service users and staff. Inspection visits will also take place at night and weekends with more unannounced inspections.
- From January 2014, the CQC will rate hospitals' quality of care in bands ranging from 'outstanding', through 'good' and 'requires improvement' to 'inadequate'.
- By the end of 2015, the CQC will have conducted inspections of all trusts. The first wave of 18 is underway with a second wave of 19 starting in January 2014. This will include re-inspecting the 14 hospitals investigated as part of the Keogh review of mortality outliers.
- Mental health inspections will begin with pilots in January to March 2014, with adult social care inspections following in spring.
- The Department of Health and the CQC are developing for consultation the fundamental standards recommended by the Inquiry.
- Five key questions will be used by the CQC to identify potential failures in care quality – is a service safe, effective, caring, responsive and well led?
- Fundamental standards will be complemented by more stretching enhanced and developmental standards, which commissioners will use to drive up quality and the CQC will use to inform ratings.
- The report underlines that gagging orders are unacceptable. The new chief inspector of hospitals will assess hospitals' culture to ensure it promotes openness and transparency.
- NHS England will develop a friends and family test for staff.
- New arrangements for regulators and commissioners will ensure roles and responsibilities are clear and unambiguous. The CQC will focus on assessing quality and publishing its findings rather than intervening to drive improvement – which falls to the NHS Trust Development Authority (TDA) and Monitor

## TAKING ACTION PROMPTLY

- Clear, meaningful ratings will be accompanied by clear, risk-based intervention. The failure regime will address quality as well as financial distress and failure.
- Inspections to assess providers as 'outstanding' through to 'inadequate' will be informed by hard data and soft intelligence.
- Would-be foundation trusts will have to achieve 'good' or 'outstanding' under the new inspection regime to be authorised.

- Clinical unsustainability will be grounds for failure procedures, including placing an organisation in special measures. A foundation trust in special measures will have its freedom to operate as an autonomous body suspended.
- Oversight and intervention frameworks have already been published by Monitor (new risk assessment framework) and the NHS TDA (accountability framework for NHS trusts). Monitor has also published enforcement guidance on how it will obtain compliance in foundation trusts where there are breaches of healthcare standards specified by the CQC and NHS England.
- Where cases of failure cannot be resolved at a local level, either by the trust board or local commissioners supported by NHS England, the use of special administration provides a mechanism for ensuring that issues are addressed as a last resort.

## ENSURING ROBUST ACCOUNTABILITY

- NHS England will hold clinical commissioning groups to account for quality and outcomes and for their financial performance and will have powers to intervene where there is evidence of failure.
- A new stronger fit and proper persons test for board level appointments will enable the CQC to bar directors who are unfit from individual posts at the point of registration. This will apply to providers from the public, private and voluntary sectors. The scheme will be kept under review.
- NHS Employers will be commissioned to work with the CQC, NHSTDA and Monitor to develop guidance to support the effective performance management of very senior managers in hospitals. This will be through appraisal and other means, including linking the chief inspector's ratings to individual contracts.
- The government agrees with Professor Don Berwick's recommendation that there should be a new criminal offence 'in the very rare cases where individuals or organisations are unequivocally guilty of wilful or reckless neglect or mistreatment of patients'. Legislation will be pursued and proposals consulted on.
- The Care Bill proposes a new criminal offence applicable to care providers supplying, or publishing certain types of information that is false or misleading.
- An updated code of governance for foundation trusts will be published by Monitor to accompany its guide for boards. This will make recommendations to strengthen corporate governance in light of the Inquiry.
- The medical revalidation programme will be transferred to NHS England.

## ENSURING STAFF ARE TRAINED AND MOTIVATED

- The Social Partnership Forum – representing staff and employers in the NHS – will produce guidance on good staff engagement.
- Action led by Health Education England will focus on ensuring improvements in continuous professional development and appraisal.
- A bespoke older persons' nurse postgraduate qualification training programme will be developed.
- A pilot of a pre-degree care experience programme for aspiring student nurses will be evaluated and considered for rollout.

- The Nursing and Midwifery Council has committed to introduce an 'affordable, appropriate and effective' model of revalidation for the nursing and midwifery professions to enhance public protection and continue to improve quality.
- A new Care Certificate, being developed by Health Education England and the Skills Council, will ensure healthcare assistants and social care support workers have the right training and skills to give personal care to patients and service users.
- A bureaucracy review led by the NHS Confederation has recommended three ways to reduce unnecessary burden: by understanding, reducing and actively policing the volume of requests from national bodies; by reducing the amount of effort it takes providers to respond to requests; and by increasing the value derived from information that is collected.
- A clinical bureaucracy index and audit of digital maturity, introduced by NHS England, will support trusts in tracking how well they are using digital technology to reduce the burden of information collection on front line staff.
- A new fast track leadership programme will attract senior clinicians as well as fresh talent from outside the NHS to manage NHS hospitals.

The government response also said it was encouraging that many trusts had considered the Inquiry report in public board meetings and had held listening events. The Department of Health has asked for feedback on these events by the end of 2013. Although its response was detailed, it added that the key message was: hear the patient, speak the truth and act with compassion.

Further coverage of the government's response to the Francis Report will be included in the December 2013 issue of *Healthcare Finance.*