



**Council**  
**29 January 2014**  
**Francis report action plan**

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	This paper provides an update on the Government's response to the Francis Inquiry report and the GOsC's proposed actions in response to the recommendations.
<b>Recommendations</b>	To consider the content of the report.
<b>Financial and resourcing implications</b>	The cost of the activities identified are provided for within existing budgets.
<b>Equality and diversity implications</b>	None identified.
<b>Communications implications</b>	We will continue to communicate the significance of the Francis Report to our registrants and make public our response.
<b>Annex</b>	Francis Report action plan summary
<b>Author</b>	Tim Walker

## Background

1. In June 2013 Council considered a paper on the findings of the Francis inquiry and the Government's initial response to that report. The Council paper sought to identify those areas which were of most relevance to the work of the GOsC and the osteopathic profession.
2. In September 2013, at its strategy day, Council also considered how the Francis findings were broadly applicable to the GOsC and how we might apply a 'Francis lens' to our work.
3. In November 2013, the Government published its final response to the Francis Inquiry (<https://www.gov.uk/government/publications/mid-staffordshire-nhs-ft-public-inquiry-government-response>). The response also addressed six other reviews that the Government commissioned in the light of the Francis report.
4. This report seeks to bring together a number of existing and proposed streams of activity that provide the framework for our Francis Report Action Plan which is annexed.

## Discussion

### *The Government's response*

5. The Government's response to the Francis Report is a substantial document which sets out both an overview and a response to every recommendation. The report identifies a number of areas in which there is an expectation that the healthcare professional regulators will take action:
  - a. Agreeing consistent approaches to candour and reporting of errors
  - b. Moving towards a 12 month target for resolving fitness to practise cases.
6. Elsewhere in the report there are areas which point to the need for further action by the GOsC, either directly or in partnership with others, including:
  - a. Listening to patients, encouraging feedback and complaints
  - b. Continuing fitness to practise
  - c. Culture change, professionalism and leadership.

A number of these are areas where work is already underway.

### *Openness and candour*

7. The Government has stopped short of introducing a statutory duty of candour for all healthcare professionals. Instead it believes that the professional duty of

candour should be strengthened through changes to professional guidance and codes.

8. There is a clear expectation that the regulators will revise their guidance in relation to candour and the reporting of errors. The response says:

'The General Medical Council, the Nursing and Midwifery Council and the other professional regulators will be working to agree consistent approaches to candour and reporting of errors, including a common responsibility across doctors and nurses, and other health professions to be candid with patients when mistakes occur whether serious or not, and clear guidance that professionals who seek to obstruct others in raising concerns or being candid would be in breach of their professional responsibilities. We will ask the Professional Standards Authority to advise and report on progress with this work.

'The professional regulators will develop new guidance to make it clear professionals' responsibility to report 'near misses' for errors that could have led to death or serious injury, as well as actual harm, at the earliest available opportunity and will review their professional codes of conduct to bring them into line with this guidance.

'The professional regulators will also review their guidance to panels taking decisions on professional misconduct to ensure they take proper account of whether or not professionals have raised concerns promptly.'

9. An initial meeting of the regulators on how common guidance for registrants could be developed is planned for the New Year. In addition we will need to undertake a revision of sanctions guidance which will also need to take account of this work.
10. In the 2014-15 Business Plan we also propose to undertake a scoping exercise for the revision of the *Osteopathic Practise Standards*, which will be informed by the Francis Report and the Government's response.
11. The passing of the Enterprise and Regulatory Reform Act 2013, for the first time, brought osteopaths into the scope of the Public Interest Disclosure Act – the Act that protects whistle blowers. In the light of this, we have included in the 2014-15 Business Plan a proposal to develop a comprehensive whistle blowing policy for the GOsC.
12. In partnership with NCOR we have continued to work on mechanisms for the reporting of adverse events. Last year NCOR developed two pilot projects for online reporting and learning from adverse events – one aimed at patients and the other at osteopaths. NCOR is now hoping to operationalise these projects and make them available via the NCOR website. The aim of the projects is not to circumvent the complaints process but to develop a culture of openness, and encourage dialogue and learning around adverse events and 'near misses'.

### *Listening to patients*

13. Key themes of Francis and also the Clwyd/Hart review on complaints (<https://www.gov.uk/government/publications/nhs-hospitals-complaints-system-review>) were listening to patients, the importance of effective complaint handling and learning from those complaints. While there are no specific new requirements placed on the GOsC, there are a number of steps that we propose to take in this area.
14. The GOsC's engagement with patients has improved considerably with the development of the Patient Partnership Group. We will continue to use this group to engage on key policy and operational issues. We intend also to recruit more members to this group aiming to increase the diversity and geographical spread of its membership.
15. We are seeking to develop our relationships with Healthwatch and its regional groups to further broaden our engagement with patients.
16. Understanding the reasons for complaints and any trends that might be occurring requires improvements in our reporting and analysis of fitness to practise information. We intend to improve public reporting (to Council and online) of fitness to practise matters through a revised quarterly report to Council and a more in-depth annual fitness to practice report.
17. In the early part of 2014-15 we will also have the first report on data from the common classification of complaints by the insurers, professional association and ourselves.
18. The *Osteopathic Practice Standards* already contain guidance to osteopaths on operating complaints procedures and also ensuring that anyone making a complaint knows that they can refer it to the GOsC.
19. One of the eight development projects that is being coordinated by the Osteopathic Development Group (ODG) relates to service standards in osteopathy. In working with our partners in the ODG we will seek to ensure that any new service standards incorporate standards for the management of patient complaints.

### *Fitness to practise and information sharing*

20. The Government expects the regulators to take what steps they can to expedite fitness to practise proceedings. The response says:

'It is important for patients, employers and professionals themselves that complaints and concerns about health professionals are investigated quickly. While some cases are legally complex or may have to await the completion of police investigations before they proceed, it is reasonable to expect that the overwhelming majority of cases are investigated and resolved or brought to a

hearing within no more than 12 months and the General Medical Council is already achieving this.

The professional regulatory bodies are currently hampered by a cumbersome and complex inheritance of legislation, but the Government has asked the Law Commission to review this and bring forward proposals to simplify and modernise professional regulation law. We will seek an early opportunity to legislate, enabling all the professional regulators to move rapidly to a maximum 12 months period for concerns raised about professionals to be resolved or brought to a hearing, in all but a small minority of cases.

21. The GOsC's current target is for a median age of 14 months for cases heard by the Professional Conduct Committee. While a small number of cases are inevitably longer in duration, the majority are concluded within 12 months. Therefore we intend to reduce our median target to 12 months with immediate effect.
22. We recognised in our report to Council in June 2013 that we should be doing more to ensure that information that we have about osteopaths' fitness to practise is shared with others with a legitimate interest. In October 2013 Council approved a policy for the sharing of fitness to practise information with employers.
23. We propose in the year ahead to take this work further and seek to increase our information sharing with systems regulators, relevant healthcare professional regulators and other organisations where necessary.

#### *Education, training and professionalism*

24. A significant part of the response to the Francis Report relates to the healthcare workforce and to ensuring that staff are trained and motivated. Over the past few months we have sought to highlight to the osteopathic educational institutions the importance of the Francis Report and to relate its findings to their work.
25. In November 2013 we held a successful best practice seminar with the OEIs exploring some of the issues raised. This included presentations from Stephen Tyreman, a Professor of Osteopathy and Philosophy, and Hilary Jones, the Dean of the Faculty of Health at the University of Staffordshire, a nurse and a midwife, who has done a lot of work on the impact of the Francis Report on nursing and midwifery education in Staffordshire.
26. We will continue to work with the OEIs over the coming year to promote the importance of patient-centred care and professionalism, not least through our continuing work on student professional behaviours and values, and the development of guidance for osteopathic pre-registration education.

27. The Government's response also confirmed its support for the development of a proportionate, effective and affordable revalidation scheme for nurses. A key project for the GOsC over the next year will be its own profession-specific approach to continuing fitness to practise.
28. Another theme that has been identified with the response has been improving leadership within healthcare. One of the projects that is being coordinated by the ODG is the development of a leadership programme for the osteopathic profession.
29. All of the work identified in this report is also incorporated in some form into the GOsC Business Plan for 2014-15. It is our intention to keep this work under review throughout the course of the year.

**Recommendation:** to note the content of the report.

**Action plan summary**

<b>Theme</b>	<b>Proposed actions</b>	<b>Timescale</b>
Openness and candour	Develop new guidance in relation to candour and reporting of errors.	TBC as work is being coordinated by the GMC and NMC
	Review indicative sanctions guidance to take account of duties relating to candour.	TBC as must take account of new guidance above
	Develop, consult and implement new policy on whistleblowing for the GOSC, incorporating any requirements arising from the Enterprise and Regulatory Reform Act 2013.	October 2014
	Support the development and implementation by NCOR and the profession of online reporting and learning tools for adverse events (ODG project).	Summer 2014
Listening to patients	Continue to ensure patient input to our consultations and other work, including enlarging the Patient Partnership Group and establishing links with Healthwatch.	All year
	Improve the reporting of fitness to practise cases and trends through a quarterly reporting dashboard, an expanded annual fitness to practise report and through analysis of complaint data.	March 2014
	Encourage the inclusion of enhanced mechanisms for considering complaints in the development of service standards for the osteopathic profession (ODG project).	June 2014

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Accountability	Seek to work with systems regulators, relevant professional regulators and others on information sharing in relation to NHS-based osteopaths and dual-registered practitioners.	All year
	Prior to the enactment of new legislation, seek to meet a 12 month target for cases to be brought to a hearing.	Immediate
Education, training and professionalism	Continue to work with the osteopathic educational institutions to promote patient-centred care and professionalism,	All year
	Implement a new framework for continuing fitness to practise within the osteopathic profession.	2015
	Support the development of a leadership programme for the osteopathic profession (ODG project)	June 2014