

Responding to Francis: an update report from the Nursing and Midwifery Council

Introduction

The two reports by Robert Francis into Mid Staffordshire NHS Foundation Trust have had a profound impact on the health system in England and been heeded across the UK. Failings of care were compounded by shortcomings in the system's response and the distress caused to families is a matter of lasting regret.

Francis has redefined what 'good' looks like in healthcare regulation. It is no longer acceptable, if it ever was, for regulators to wait for problems to reach their attention and respond efficiently. Those we are accountable to, including the public, expect us to strive to prevent harm by making better use of what we know to detect early warning signs. Regulators can no longer take a narrow view of their duty to protect the public. When a professional regulator receives a concern upon which they lack powers to act they must now redirect that concern to the appropriate organisation. Organisations that have a duty to protect the public are urged to take action together in order to tackle risks more effectively.

The NMC understands and accepts the new imperatives for healthcare regulators, post-Francis. They present a considerable challenge for a regulator under public pressure to meet stretching targets in its core functions.

In July 2013 we made a [series of commitments](http://www.nmc-uk.org/About-us/Our-response-to-the-Francis-Inquiry-Report) in response to the Francis reports and their recommendations for us. These can be found on our website at www.nmc-uk.org/About-us/Our-response-to-the-Francis-Inquiry-Report.

We also promised a six month progress report. This report draws on Francis updates presented at every Council meeting, to make sure we deliver on our commitments. We have also responded to a number of reviews that have reported in the intervening months and participated in the Department of Health (DH) convened Safer Care working group.

During last six months we have been held to account by the parliamentary Health Committee for our response to the Francis report. We have also been set some new Francis-related actions by the government's own response to Francis, *Hard Truths*, published in November 2013.

Here are some of the ways in which the Francis reports are influencing how we regulate:

Standards for nurses and midwives

We are reviewing the *Code: Standards of conduct, performance and ethics for nurses and midwives* and this will be the subject of a public consultation during May 2014.

While the Code already makes explicit reference to the professional duty of candour we are also leading, with the General Medical Council (GMC), work on a joint statement on candour for healthcare professionals in response to *Hard Truths*.

We refreshed our guidance for nurses and midwives on raising concerns, which was launched by Mid Staffordshire nurse whistleblower, Helene Donnelly.

In the wake of striking off the Mid Staffordshire nurse director we are writing to nursing and midwifery leaders to restate that the Code applies to the conduct of leaders and that they must act if patient safety is jeopardised.

Raising our profile

We are redeveloping our website and our new improved site will launch at the end of 2014. Our e-newsletters continue to attract new followers. Our patient and public e-newsletter now has approximately 17,000 subscribers.

We are shortly publishing a leaflet for the public on how to raise concerns about the practice of a nurse or midwife and will promote and distribute this through patient and other third sector organisations as well as on our website. The Patient and Public Engagement Forum provided beneficial feedback on this leaflet and on another we have recently produced on how we assure safety and quality when students provide care during training.

Our patient and public engagement forum is meeting in [Glasgow](#) on 25 April 2014.

We will undertake a survey of perceptions of the NMC.

We committed to produce improved materials for employers on when and how to refer to the NMC by March 2014. However, we have pushed that deadline back in order to take advantage of a good offer of partnership from an English NHS Trust to co-produce animations on referral and fitness to practise hearing experiences.

We are scoping our approach to regional representation. This includes asking external stakeholders where they believe a regional presence and regional awareness would add value. Implementation is planned for the start of 2015.

Fitness to practise

In response to the Francis Report, the Prime Minister announced a series of changes to our fitness to practise legislation. We have worked closely with the DH to encourage them to take these changes forward but ultimately it is not in our gift to influence the timetable for these changes and progress has not been as swift as we hoped. Subject to any changes to the legislative timetable and ratification by Privy Council in November 2014, the changes could be in place in 2015.

We have been working on improving the witness experience of participation in fitness to practise hearings, and will recruit and train a witness support team by summer 2014.

We have enhanced our witness facilities in Edinburgh and will shortly be doing so in London.

Work with other regulators

We are reviewing our existing memoranda of understanding (MoU) with key partners and putting in place agreements where none exist at present. There have been some changes to the order in which we have progressed this work as it is dependent to some degree on the capacity and priorities of our partner organisations, but there has been a positive response from the organisations we are working with and an appetite for ensuring that the sentiments set out in MoU translate into operational actions. We have revised our MoU with the Care Quality Commission (England) and have similar arrangements in development with the Disclosure and Barring Service, Health Education England, NHS Education Scotland and the Trust Development Agency (England). We have received positive responses to approaches regarding MoU from Health Inspectorate Wales, Health Improvement Scotland and the Regulation and Quality Improvement Authority (NI). We are currently reviewing our existing MoU with Care Council Wales. We have not yet embarked on a MoU with GMC.

Revalidation

The NMC was urged to press ahead with an appropriate model of revalidation for nurses and midwives by the Francis report and the Berwick report. Our Council approved an approach to revalidation in September 2013 and the first of two public consultations on revalidation recently closed having received close to 10,000 responses. From March 2014 onwards, we are holding a series of UK wide revalidation summits to raise awareness of revalidation and secure feedback on the proposals. We will be piloting our approach during 2015 and implementing revalidation from the end of 2015.

Find out more

If you would like to see more detailed accounts of our progress with our Francis commitments please visit our website www.nmc-uk.org/About-us/Our-response-to-the-Francis-Inquiry-Report.

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