

Health and Care Professions Council – Thursday 9 May 2013

Reports from Council representatives at external meetings

Executive Summary and Recommendations

Introduction

The following feedback has been received from Council Members reporting back from meetings at which they represented the HCPC:

- Launch of Healthwatch England - Anna van der Gaag; and
- The Francis Inquiry: Assuring patient safety and quality across the system of care - Anna van der Gaag.

Decision

The Council is requested to note the report.

Background information

None

Resource implications

None

Financial implications

The cost for attendance at conferences/meetings has been incorporated into the Council annual budget.

Background papers

None

Appendices

Copies of feedback forms

Date of paper

26 April 2013

Name of Council Member	Anna van der Gaag
Title of Conference/Meeting	Launch of Healthwatch England
Date of Conference	11 April 2013
Approximate number of people at the conference/meetings	500

This event marked the launch of HealthWatch England, the new consumer champion for health and social care in England. HW has two parts – a nationally focused HW and 152 community focused local HW, making up the network to ensure consumer’s views are represented nationally and locally. The event was video linked to audiences in other parts of England.

Jeremy Hunt, Secretary of State gave the keynote: he made the following points:“ We have realised that a target driven NHS is not going to deliver. We are moving to a patient driven approach and that is the right thing. We need to look at the person not the condition. We need to look less at the institutions need and more at the individuals need. This is an issue about the structure, not about a few bad apples. We need to allow the frontline professional to deliver compassionate care.

The time for a really strong independent patients voice has come. We have a lot to learn from pervious organizations. We want Healthwatch to be a genuinely independent patients voice on a non party political basis.”

Anna Bradley, Chair of HW England spoke about healthcare ‘needing to learn the language of the consumer’ – the right to safety, the right to be heard, the right to redress, the right to give feedback. She referred to a recent survey in which ‘far too many’ people were not complaining because it was too hard, or because they were worried this would compromise their care. She spoke about the need to speak for those whose voices are seldom heard, and ensure that the network is greater than the sum of its parts, but remaining connected to the needs of local communities.

Mike Adams, Chair of HW Essex, spoke about the need to listen to complaints and compliments about health care, gather evidence and advocate integrated care for people.

Key messages for HCPC:

1. Continue to build relationships with HW England and to look at ways we might share information and work jointly on campaigns particularly for those whose voices are seldom heard.

Name of Council Member	Anna van der Gaag
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Title of Conference/Meeting	The Francis Inquiry Assuring patient safety and quality across the system of care
Date of Conference	27 February 2013
Approximate number of people at the conference/meetings	350

This conference was attended by clinicians, policy makers and regulators. Robert Francis, Ian Kennedy, Elizabeth Buggins, Lucy Connolly and Harry Cayton were amongst the speakers.

Robert Francis spoke about the background to the inquiry, and the factors which make up the emergence of a negative culture – the pressure of targets, leading to low morale and fear, poor behaviours and in turn habituation, denial and tolerance of poor practice. He outlined his key recommendations – putting patients first, a review of fundamental standards of care, openness and transparency (“we need to welcome concerns”), compassionate caring and committed nursing. He said that he believed there needed to be a registration requirement for healthcare assistants. He said: “Its extraordinary that the cab driver who takes you to the hospital has more regulation that the healthcare assistant who wipes the bottom of your grandmother. This is not acceptable. We need to disqualify people who fail our patients” Francis also talked about the importance of strong leadership, rewards for good practice, accurate and useful information shared and in the public domain, using the performance of individual surgeons as an example. Accessibility to information is everything.

There was a session on the role of Boards, and the need for Boards to have the right values, the right skill mix, the right leadership and the attitude to transparency and openness. Boards are fundamental in setting the culture of an organisation.

Ian Kennedy thought that further layers of inspection were not the solution. There needed to be more focus day to day on the safety of patients. Harry Cayton said we needed to foster a common culture of putting patients first, and shift the focus from accountability to responsibility. Healthcare has allowed business and technical competence to drive the agenda, and there needs to be a re-focus on moral obligations.

Elizabeth Buggins, Chair of the Birmingham Womens NHS Foundation Trust, talked about the need to re-focus on staff’s personal development and nurturing the emotional balance for staff. There is no substitute for supporting staff. If staff feel safe, respected, cared for, they do a good job. Elite organisations engage people around the vision, create meaning, set stretching goals, and look outwards not inwards. Encourage accountability balanced with responsibility, not an emphasis on criminality in healthcare.

Lucy Connolly, York NHS Foundation Trust, gave an account of a values based approach to recruitment of assistants.(see www.hcpcb.blogspot for more details on this)

Conclusions

An excellent conference. Highlighted the complexity of the landscape as well as the breadth and depth of the Inquiry and its recommendations. Key elements for the HCPC

1. Regulation and registration of HCAs
2. Increasing openness and transparency across health and social care
3. Increasing access to information about services
4. Duty of candour versus support for staff
5. Putting the patients first – how to reinforce this

Further notes are available to members upon request.