
Public inquiries tracker

Executive Summary

In 2018, the Policy and Standards team created a tracker (the public inquiries tracker) to record and monitor the commitments it has made in response to the high-profile public inquiries, reports and other papers it has responded to. The team intends to use this tracker to annually update the Council on its progress on these commitments.

The tracker currently notes 50 relevant recommendations from 8 reports and inquiries. To date, the HCPC has addressed 15 recommendations from these reports, and are currently progressing work towards a further 24 recommendations. Key actions that are completed or in progress to address these recommendations include:

- publishing new policies and guidance, including whistleblowing guidance, the Sanctions Policy and the Threshold Policy;
- improving the resources available for registrants on our website to enhance understanding and awareness of our Standards, on topics such as prescribing and reflective practice;
- reviewing internal procedures and guidance in FTP to make processes more efficient;
- strengthening our approach to joint working with regulators and other stakeholders; and
- signing up to joint regulator statements in areas such as the role of expert witnesses and the benefits of reflective practice.

In response to 5 of the recommendations that conclude future research, or stakeholder engagement is required in a particular area, we have committed to contribute towards further research, or engage with stakeholders as appropriate. We are further awaiting the outcomes of further work from other stakeholders, before deciding our response to 4 of the recommendations.

The paper at Appendix A highlights the work the HCPC has undertaken to date to address recommendations arising from the reports and inquiries on the tracker.

Previous consideration	This paper has been considered by SMT on 11 November 2019 and was approved with minor amendments
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Decision	The Council is asked to note the contents of this paper.
Next steps	The Council will be updated with the progress of the HCPC's actions on the tracker annually.
Strategic priority	<p>Strategic priority 1: Continuously improve our performance across all our regulatory functions.</p> <p>Strategic priority 3: Ensure the organisation is fit for the future and able to anticipate and adapt to changes in the external environment.</p>
Risk	<p>Strategic risk 1 - Failure to deliver effective regulatory functions</p> <p>Strategic risk 2 - Failure to anticipate and respond to changes in the external environment</p> <p>Strategic risk 3 - Failure to be a trusted regulator and meet stakeholder expectations</p> <p>Strategic risk 5 - Failure of leadership, governance or culture</p>
Financial and resource implications	There are no financial and resource implications for this work.
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Summary paper on the public inquiries tracker

1. Introduction

- 1.1 As one of the ten statutory health and social care regulators, the HCPC often responds to high-profile public inquiries, reports and other papers that make recommendations, conclusions or findings that are relevant to the health and social care sector.
- 1.2 Following the publishing of a relevant report or public inquiry, the Policy and Standards team usually update the Council with a summary of how the report relates to the HCPC's work or its registrants, and how the organisation intends to address the recommendations from the report.
- 1.3 Due to the high number of responses to such reports and inquiries in recent years, the Policy and Standards team created a tracker (the public inquiries tracker) in 2018, which records and monitors the commitments it has made. The team intends to use this tracker to annually update the Council on the progress of these commitments.
- 1.4 The HCPC have separately briefed the Council on most¹ of the public inquiries and reports that are currently recorded on the tracker. This paper therefore focuses on highlighting the HCPC's continuing work to address recommendations arising from these reports and inquiries.

2. Current reports, inquiries and papers on the tracker

- 2.1 The tracker currently notes 50 recommendations and conclusions from the inquiries and reports below. Where applicable, the dates that papers were taken to Council, and hyperlinks to the Council papers, have been inserted for reference:
 - Inclusion health: education and training for health professionals;
 - The inquiry into Hypnotraemia-related deaths ([24 May 2018](#));
 - PSA – Lessons learned review ([19 September 2018](#));
 - The report of the Gosport independent panel ([6 December 2018](#));
 - Gross negligence manslaughter in healthcare: the report of a rapid policy review ([19 September 2018](#));
 - House of Commons Women and Equalities committee: Sexual harassment in the workplace;

¹ The HCPC have taken briefing papers to Council for 6 out of the 8 inquiries and reports currently recorded on the tracker. The two reports not taken to Council were on Inclusion Health and Sexual harassment in the workplace. Both these reports only had one recommendation of relevance to HCPC. We therefore considered that it was not appropriate to take a separate paper to Council on each of these.

- PSA – Telling patients the truth when something goes wrong ([22 May 2019](#)); and
- PSA – How is public confidence maintained when fitness to practise decisions are made? ([25 September 2019](#)).

2.2 The following provides a summary of the status of all recommendations from the reports and inquiries on the tracker:

- 15 have been successfully addressed;
- 24 are in progress meaning we have taken some action towards addressing them;
- we have committed to contribute to further research or engage with stakeholders in response to 5 recommendations that conclude further research, analysis, or engagement is required; and
- we are awaiting further work from other organisations before deciding our response to 4 recommendations.

2.3 We have highlighted some key examples of the work we have undertaken to date in response to these recommendations below. This does not cover the full extent of the organisation's work, but instead updates on our progress against these recommendations from the reports and inquiries on the tracker.

Apologies and the duty of candour

2.4 Since briefing Council on the PSA's report: 'Telling patients the truth' and the inquiry into hyponatraemia-related deaths, the HCPC has published a blogpost on its website about registrants' duty to be open and honest when things go wrong (Standard 8). The blogpost provides practical insights for both registrants and employers about the steps they can take to address or mitigate mistakes made in practise.

In July 2019, we also implemented a new Sanctions Policy that sets out our stance on apologies and places greater emphasis on the importance of registrants 'taking responsibility' when they have made mistakes. The policy assures registrants that we may consider an apology as an indicator of reduced ongoing risk to services users and not as an admission of liability.

Raising concerns

2.5 The PSA's 'Lessons learned review' made recommendations to regulators in the area of addressing concerns about patient safety. Our new Whistleblowing Policy, published in February 2019 sets out how registrants can raise concerns with us, including the information they need to provide, where to access further information, and information about the legal protections for whistleblowers. This policy was complemented with a further blogpost about how registrants can appropriately raise concerns. These resources aim to give registrants the confidence to come forward and call out unsafe environments and practices that affect patient safety.

Reflective practice for registrants

- 2.6 Following the Williams Review's recommendations on reflective practice, the HCPC signed up to the joint regulator statement on reflective practice² in June 2019. This sets out our commitment to encourage registrants to be reflective practitioners focusing on its benefits to them and their service. We will support this with additional resources on our website in the new year.

Expert witnesses

- 2.7 In response to recommendations pertaining to expert witnesses in the Williams Review, we have signed up to the Academy of Royal Medical College's guidance on the role of expert witnesses³. We have also further reviewed our vetting process for expert witnesses giving evidence in FTP hearings to better assess the suitability of their skills and training in line with this guidance.

FTP improvement

- 2.8 In light of the PSA's recommendations to the NMC and other regulators, our ongoing efforts to improve FTP processes, as informed by the FTP improvement plan have included publishing a revised threshold policy in January 2019. This policy was accompanied with the implementation of revised internal processes, guidance and templates to ensure that FTP concerns and decisions are accurately recorded.

Drugs, medicines, prescribing and medical entitlements

- 2.9 The Gosport inquiry advised professionals to adhere to 'governance arrangements for the use of controlled drugs'.
- 2.10 We have published information relating to which controlled drugs our registrants can prescribe in the 'Medical entitlements' section of our website. We have further issued an internet article for education providers making them aware of the rights of each of our professions in relation to the supply, administration and prescribing of controlled drugs. This article requests approved education and training providers to review and update their programme information in this area as appropriate.
- 2.11 Also, since the implementation of the new Standards for prescribing in September 2019, the Policy and Standards team have published an intranet article to enhance awareness of the rules around prescribing amongst staff.

² Available at: <https://www.hcpc-uk.org/globalassets/news-and-events/benefits-of-becoming-a-reflective-practitioner----joint-statement-2019.pdf>

³ 'Acting as a professional or expert witness' available at: <https://www.aomrc.org.uk/news-and-views/acting-as-a-professional-or-expert-witness-guidance-published/>

Stakeholder engagement

- 2.12 Multiple reports in the tracker make recommendations around improving the support, information available and communication with service users and other stakeholders. Our work in this area has included research to better understand how various key stakeholders perceive the HCPC. This has better enabled us to ensure the views of our stakeholders are better represented in the decisions we make.
- 2.13 We have further strengthened our collaboration and partnership working with other regulatory and public bodies to better identify concerns and improve consistency. For example, we have implemented a joint working protocol that enables the sharing of intelligence of serious, systemic, or widespread concerns with the CQC and other regulators. We have further co-authored the key principles of good practise expected by professionals that consult or prescribe to patients remotely. These principles were jointly authored by the HCPC with other health regulators, the CQC, and AMRC.

3. Next steps

- 3.1 The Policy and Standards team intends to annually brief Council on the progress of the relevant recommendations outlined in the Public Inquiries, reports and other papers on the tracker, and the HCPC's work to address these recommendations.