

THE FRANCIS REPORT:

What's the big deal?

A question for all of us



What is it?

In 2010, the government commissioned Robert Francis QC to report on failings in care at the Mid-Staffordshire NHS Foundation Trust between 2005 and 2008. His report is lengthy and damning in equal measures. Stories of patients left in their own faeces, so thirsty they had to drink from flower vases and suffering without adequate pain relief made for difficult and distressing reading. Worse still, it became clear that these were not isolated incidents but that the culture at Mid-Staffs had insidiously become so damaged that such occurrences had become normal practice. Francis wants this to change, so do we.

Culture Change

One of the overwhelming messages of the report is the concept of the 'culture' within the Trust (and perhaps the wider NHS) and need for it to change. Too often the system makes it easier to comply with or ignore poor care, rather than highlight it. In other industries, speaking out about inadequacies or problems is encouraged and rewarded. Why do we fear doing it so much in the NHS? Francis wants this to change, so do we.

EASIER SAID THAN DONE?

We don't think so. Here are 3 things you can start doing today:

1. Speak: Easier said than done? But we are the future of the NHS and making it better for our patients is in our hands. Do you remember when you didn't used to wash your hands between patients? Of course not. But it didn't use to be the norm, just as having the confidence to speak out isn't now. But we can make it change. If something we see isn't right, we need to start speaking up. And keep speaking until someone listens.

2. Act: We need to stop treating audits and quality improvement projects as 'CV fillers'! We're full of ideas and enthusiasm for how we can make things better on the wards, and it's such a waste if we don't put them to use. We need to stop seeing managers as the enemy; we all want the same thing: better patient care. Next time you walk past them in the corridor say hello. If you don't know who they are go and find out.

What's it got to do with me?

As trainee doctors working on the frontline we have a unique role. We see what happens day to day, and rotating through different hospitals throughout our training gives us the ability to make comparisons. We see the good, the bad and sometimes the downright ugly. The very nature of who we are, and why we became doctors in the first place, means we all go to work each day prepared to give everything we can and to strive towards excellence in patient care. But how many of us can say, hand on heart, that all the care we've ever seen delivered has always been good enough? Francis wants this to change, so do we.

Leadership?

The report challenges each one of us to think about the elusive concept of 'clinical leadership'. Not just leadership at the board or executive level, but at every level. We all have a responsibility to our patients, whether we are cleaners or porters, doctors or nurses, managers or senior executives. Leadership isn't something you need to go on a course or read a book to learn; it's something we do every day without realising, and a set of skills we need to identify and develop. We can't just blame senior executives within hospitals for the failings – it's time to accept that we all have a role, and that we all have a responsibility for improving the future.

3. Lead: We're all responsible for the whole system, not just the patient in front of us now. We need to start working out ways to solve the problems – improving the system rather than just working around the glitches. We don't need to wait until we are consultants before we stand up and lead. It's about us setting the right example, and us creating the culture that we want to work in.

Find out more at: <http://www.fmlm.ac.uk/francis>
FMLM trainee members