Reflections upon the Francis Report

Chris Bostock
Citizen Insight
Department of Health
A key theme running through the Francis Report was the observation that patients, their carers and families were not listened to during and after their care.
Patients First and Foremost - The initial Government Response to the Report of The Mid Staffordshire NHS Foundation Trust Public Inquiry:

“The system must learn and improve from general feedback and from any complaints and concerns raised by patients, service users, families and carers. Complaints can be an early symptom of a problem within an organisation. We need to make the complaints procedure much easier.”
Review

- Independent review to consider the handling of concerns and complaints in NHS hospital care in England including relevant recommendations from Robert Francis’ report.
- The Secretary of State for Health formally launched this review on 15th March.
- Led by Professor Tricia Hart, Chief Executive of South Tees Hospitals NHS Foundation Trust (advisor to Robert Francis during his two inquiries into the Mid Staffordshire NHS Trust), and the Rt Hon Ann Clwyd, MP for Cynon Valley.
- Supported by an ‘external review team’, which draws on the expertise of those who have experience of the complaints system from the patient and carer perspective.
• The evidence gathering is almost completed - through a series of national hospital visits, regional events and consideration of written evidence from those who have experience of complaints arrangements.

• The review team has engaged with patients and their carers and representatives, and NHS staff and managers to understand how the NHS manages and acts upon concerns and complaints.

• Expected to report to the Secretary of State for Health by the Parliamentary summer recess
The review may be expected to make recommendations about:

- any aspect of the NHS complaints arrangements and other means by which patients make concerns known;
- the way that organisations receive and act on concerns and complaints;
- how Boards and managers carry out their functions; and
- the process by which individual organisations are held to account for the way they handle concerns and complaints.
• Support for complainants (and staff)
• Barriers to complaining
• Standards for complaints handling
• External scrutiny of complaints
• Independent complaints management
• Transparency
Francis Key Themes

- Reluctance to complain - fear of consequences, and other barriers.
- Support for complainants, whether or not vulnerable.
- Advice and advocacy requires development - advocates to offer advice on the substance of the complaint.
- Feedback, learning and warning signals available from complaints not given a high enough priority.
- Information about content of complaints should, where permissible, be made more widely available.
- There is a case for independent investigation of a wider range of complaints.
Francis – Key Recommendations

• Methods of registering a comment or complaint must be readily accessible and easily understood.

• Provider organisations must constantly promote to the public their desire to receive and learn from comments and complaints.

• Patient feedback, not in the form of a complaint but which suggests cause for concern, to be the subject of investigation and response of the same quality as a formal complaint.
• Subject to anonymisation, a summary of each upheld complaint relating to patient care, in terms agreed with the complainant, and the trust’s response should be published on its website.

• Overview and scrutiny committees and Local Healthwatch should have access to detailed information about complaints.

• The Care Quality Commission should have a means of ready access to information about the most serious complaints.