We have recently heard the results of an inquiry into the systematic failures of care by Mid Staffordshire General Hospital NHS Trust (Francis, 2013). Whilst we hope that this is an isolated case, I fear it is not, given all the pressures put upon NHS staff in times of austerity. For the NHS to continue providing healthcare, we must work cost-effectively whilst maintaining quality. Is this possible?

According to the report, there was a delay in addressing staff shortage, which deprived the hospital of adequate nursing staff and provided a better picture of financial health for the trust than the true reality. Little attention was paid to the impact of proposed savings on quality. Is this any different where you are? A survey published by the Royal College of Nursing (RCN) in April 2013 found that 71% of nurses were not confident that staffing levels were safe and of these 74% said staffing levels dropped to unsafe levels at least once a month. A total of 36% reported unsafe staffing on a weekly basis, while 9.5% said staff numbers fell to an unsafe level on every shift (RCN, 2013).

As a result of poor leadership and staffing policies, an inadequate standard of nursing was offered on some wards in Stafford. The complaints testified not only to inadequate staffing levels, but poor leadership, recruitment and training, which has led to a declining professionalism and a tolerance of poor standards. Staff reported many incidents which occurred because of short staffing, exhibited poor morale and received ineffective representation from the RCN.

Despite the high-profile enquiry, 24% of nurses were discouraged from raising concerns. The RCN has expressed concerns about the “culture of fear and intimidation” in some workplaces. Out of those who raised concerns, 46% had fears over patient safety in the last 6 months, with 8% reporting these fears in the last week. Nearly half of issues raised were about staffing levels, and 21% were about patient safety. Worryingly, 49% said their employer took no action and 44% reported that victimisation or reprisals would make them think twice before whistle blowing.

There is an alarming potential conflict between the RCN’s professional role of promoting high-quality nursing standards and its union role – but this has been the case throughout the 35 years that I’ve been nursing. The report places emphasis on strong leadership in nursing. To achieve this, these three characteristics are required:

- Openness: Enabling concerns to be raised without fear and for questions to be answered.
- Transparency: Allowing information about performance and outcomes to be shared openly.
- Candour: Ensuring that patients harmed by a healthcare service are informed and that an appropriate remedy is offered.

The report proposes that training should have an increased focus on compassion and caring. The knowledge and skills framework should be reviewed to give explicit recognition to nurses’ commitment to patient care. Continuing professional development for nurses should apply to all career levels, and commissioning arrangements should reflect the need for healthcare services to be delivered by those who are suitably trained. I thought that this was already in place – obviously not! The report indicates that the Nursing and Midwifery Council should introduce a system of revalidation similar to the General Medical Council for competence reinforcement and additional public protection – guess who will have to pay for this?

It is a tragedy that the system has failed patients being cared for by this trust; we can only hope that lessons are learnt from the report and care improves drastically so patient and staff confidence in the NHS returns. I worry that similar situations are still occurring in other trusts throughout the UK; only time will tell.


Royal College of Nursing (2013) Cries unheard - nurses still told not to raise concerns. RCN, London