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From the editor

Nursing – the supply side

Who would be a social worker, many of us must have asked, when that profession was buffeted by the full force of the Victoria Climbié affair and the Baby P scandal? Consequentially or otherwise, during 2012 some English regions reported social worker vacancy rates of over 30%,[1] and social workers in child protection constitute the only social worker category for which the UK Immigration Department will issue work permits.[2] Should we be asking the same question about another profession, even nearer to the interests of hospital patients and physicians? What is likely to be the cumulative effect of current adverse comments on the quality of nursing in English hospitals? The tenor of the media coverage following the two Francis enquiries[3] and the Keogh report[4] is scarcely conducive to encouraging recruitment to this most vital of callings.

A recent report by the Royal College of Nursing (RCN) – *Frontline First: nursing on red alert*[5] – paints a stark picture of the demography of, and recruitment to, the profession in the UK. Some of the picture derives from the 'Nicholson challenge' and the £20 billion efficiency savings demanded by 2015, with warnings of a further £30 billion by the end of the decade. The RCN reports that nearly 5,000 registered nursing posts have disappeared since 2010. (Inevitably, but reasonably, they comment that over the same period the medical and dental workforce has expanded by over 6,000.) However, less obvious, but potentially of far greater impact, is the issue of the workforce potentially available to staff the NHS.

First – and perhaps surprisingly – a long-term risk is age profile: the nursing workforce is an ageing workforce, again in contrast to the medical workforce. In England 45% of nurses are aged over 45 years, compared with less than one-third of the medical workforce. Second, and impacting over a shorter time frame, there has been a sharp fall in the number of nurse training posts: 13% between 2010 and 2013. Third – a problem that is affecting us now – the international mobility of nurses has quietly changed from a net inflow to a net outflow from the UK. Other anglophone countries provide a strong pull both for UK-trained nurses and for overseas nurses who otherwise might consider the UK for work. As a consequence of these and other issues, some projections suggest a shortage of 190,000 nurses in the UK within 3 years.[5] Certainly the moves towards a more community-based system of care 'closer to home' (while having a number of advantages, as discussed in Patrick Cadigan's editorial in this issue),[6] will require a more dispersed nursing workforce that will not mitigate this shortfall.

Solutions? Much clearly depends on government action. Buchan and Seccombe[7] point out that the future number of UK-trained nurses can be readily increased if more training posts are made available as there remains an excess of applicants over places in British nursing schools. Indeed this was the pattern in the 1990s in response to a shortage, and in Scotland a reduction in nurse training posts has recently been reversed. Calculations become more difficult within the context of the European Union (EU) as it enlarges further to the east. Although the influx of trained staff from some eastern European countries has waned recently, the further expansion of the EU may reverse this trend. Calculations have become even more difficult as decisions on training levels rest with local education providers, even if they are under the umbrella of bodies such as Health Education England (HEE) – covering England but not the devolved administrations. However, any approach to increasing the nursing workforce will require both funding and encouragement.

It is reassuring that the new inspector of hospitals has already pointed out the need for increased levels of nurse staffing,[8] just as the Francis report highlighted the role of low nurse–patient ratios in disaffecting ward staff and lowering the quality of care.[3] But encouraging and nurturing the future nursing workforce, as well as retaining the current cadre, also need action to lift morale. In the context of medical staffing, physicians have become very aware of the disenchantment felt by some doctors in training. *Clinical Medicine* and other RCP publications have highlighted the particular crisis at the medical registrar level and the difficulties of encouraging and retaining trainees in general medicine. When it comes to encouraging and retaining nursing staff, the stakes are arguably even higher for the hospital service. More vocal support from doctors for the nursing profession, as well as more good-news stories in the media to balance hand-wringing over compassion levels, might make a productive start.

References

1 Community Care. Social worker vacancy rates in the UK: a special report, 2010. www.communitycare.co.uk/static-pages/articles/social-worker-vacancy-rates/ [Accessed 1 August 2013].

2 Tier 2 shortage occupation list – government approved version – valid from 6 April 2013. www.ukba.homeoffice.gov.uk/sitecontent/documents/workingintheuk/shortageoccupationlistnov11.pdf [Accessed 1 August 2013].

3 Francis R. *Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry.* London: The Stationery Office, 2013. www.midstaffspublicinquiry.com/report [Accessed 1 August 2013].
4 Keogh B. *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report.* London: NHS, 2013. www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf [Accessed 1 August 2013].
5 Royal College of Nursing. *Frontline First. Nursing on red alert.* London: RCN, 2013. www.rcn.org.uk/__data/assets/pdf_file/0003/518376/004446.pdf [Accessed 1 August 2013].
6 Cadigan P. Picking up the dropped bedpan – how our leadership can transform patient care. *Clin Med* 2013;13:424–5.
7 Buchan J and Seccombe I. *RCN Labour Market Review. Overstretched. Under resourced. The UK nursing labour market review 2012.* London: RCN, 2012. www.rcn.org.uk/__data/assets/pdf_file/0016/482200/004332.pdf
8 Whipple T. Overworked nurses 'too busy to care'. *The Times* 2013;July 20. www.thetimes.co.uk/tto/health/news/article3821185.ece [Accessed 1 August 2013].

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Picking up the dropped bedpan – how our leadership can transform patient care

Patrick Cadigan

Aneurin Bevan famously announced at the birth of the NHS that the sound of a dropped bedpan would be heard in Westminster. Over the past 60 years, we have lost something along the way. While it may be difficult for central policy-makers to be aware of every 'dropped bedpan' in our increasingly complex service, the failures of care so clearly and painfully detailed by Robert Francis in his report on the Mid Staffordshire NHS Foundation Trust were not even noticed and acted upon in the hospital within which they happened.[1] Moreover, those of us working in trusts providing a high overall standard of care cannot be complacent. All of us are subject to the increasing strain on the NHS at the beginning of the 21st century – an apparently inexorable rise in emergency admissions, the increasing proportion of frail elderly inpatients with cognitive impairment and other comorbidities, and poor continuity of care and out-of-hours care breakdown – all set against a looming medical workforce crisis.[2] Against this background the RCP set up the Future Hospital Commission (FHC), chaired by Sir Michael Rawlins. By now you will have seen at least some of its content referred to in the media and medical journals, including our ideas for restructuring the 'front end' of the hospital.[3] However, there are two, less publicised, areas of our report that are worthy of particular focus – citizenship and integration.

Citizenship

The FHC used this term to reflect a broader responsibility than taking on the clinical care of an individual patient. It feels that physicians should also recognise a wider responsibility for the quality of basic care provided to patients throughout their working environment and take action whenever they become aware of inadequacies, regardless of whether the patient is 'under their care' or not. In short, the standard of care provided in any part of the hospital is the concern of everyone working within it; a responsibility extending beyond traditional ward or team boundaries. The FHC recommends that each trust should develop a charter in collaboration with its members and governors (foundation trusts), staff, patients and carers and community, to embed these principles and put them into practice.

In keeping with the RCP's previous work on medical professionalism (*Doctors in Society*),[4] the FHC report underlines the partnership between patient and doctor based on mutual respect, individual responsibility and appropriate accountability. Doctors must be committed to integrity, compassion, altruism, continuous improvement, excellence and working in partnership with members of the wider healthcare team.

In practical terms, this means doctors must expect to provide clinical leadership for the whole care of the patient, working individually and at the system level. What we refer to as 'whole care of patients' covers all specialties, all settings and all domains of quality (eg safety, outcomes and experience). We must commit to communicating effectively with patients, their families and carers, where necessary being trained in relevant methods, including those relating to the diagnosis and management of dementia and delirium. Finally, we must work to collaborate with and empower patients, acquiring skills for shared decision making and encouraging better self-management by patients.

In these ways, consultant physicians can take back responsibility for medical inpatients – responsibility that was somehow lost in some hospitals due to the challenges described earlier.

Integration with the wider health economy

The FHC believes much more clinical care should be delivered in, or close to, the patient's home. Physicians should

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