

Looking back, looking forward

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This will be my last editorial as editor-in-chief of the *Future Healthcare Journal*, a privileged and absorbing role that I have undertaken for the last 4 years. I am delighted to be handing over to Dr Andrew Duncombe. He is positively fizzing with ideas and will be communicating these to the membership and readership in the coming months.

But I start this final editorial by looking back. It is 10 years since the publication of Robert Francis' report on the failings of Mid Staffordshire NHS Foundation Trust.¹ It was sobering reading then and it's sobering reading now. In this issue we have brought together organisations and individuals with specific expertise to reflect on progress towards implementing the 290 recommendations from the inquiry: the Health Safety Investigation Branch (currently undergoing transformation into the Health Services Safety Investigations Body),² the Patient Safety Association,³ and Anne Marie Rafferty, previous president of the Royal College of Nursing, writing with Anne Leary.⁴ Openness, transparency and candour were the dominant themes identified as lacking. Do consider re-reading the executive summary to get the most out of our contributors' reflections,⁵ although Box 1 gives Robert Francis's own distillation of the aims of his recommendations.

By way of contrast, the many other articles in this issue take forward key FHJ themes.

Education and training: Tamara Ritsema and Lillian Navarro-Reynolds report on the importance of skills training, champions and clearly defined roles to integrate physician associates into secondary care.⁶

Workforce and working better: Clive Lewis reviews 13 studies which clearly show that incivility between professionals is detrimental to team performance.⁷

Technology and artificial intelligence: Scott Hemphill and co-authors look at implementing artificial intelligence in radiology and more specifically on the patient involvement and perspectives.⁸

Patients at the centre of care: Polly Mitchell and colleagues takes us on a tour of the language we use around patient-centred care and its impact.⁹

Sustainability: Jordi Rovira-Simon and colleagues demonstrate the use of a patient flow model to optimise climate control in an operating theatre block, leading to significantly reduced energy usage.¹⁰

Infrastructure: Nigel Edwards and colleagues summarise the submissions for the Wolfson prize for future hospital design and highlight the important themes of providing a calming environment, optimal distribution of services, use of technology and going green, and the trade-offs that this necessitates.¹¹

The many other papers address these themes as well quality improvement and professional reflection. A balanced and varied selection which I hope you will enjoy.

This is a moment to say some important thank yous. First, to the editorial board of the FHJ. In their advisory role we have had vibrant and valuable debates about the direction of the journal. In their work as associate editors guiding submissions through the

Box 1. Key recommendations in the Francis Report⁵

- > Foster a common culture shared by all in the service of putting the patient first.
- > Develop a set of fundamental standards, easily understood and accepted by patients, the public and healthcare staff, the breach of which should not be tolerated.
- > Provide professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff who have to provide the service.
- > Ensure openness, transparency and candour throughout the system about matters of concern.
- > Ensure that the relentless focus of the healthcare regulator is on policing compliance with these standards.
- > Make all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service.
- > Provide for a proper degree of accountability for senior managers and leaders to place all with responsibility for protecting the interests of patients on a level playing field.
- > Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do.
- > Develop and share ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the public, and all other stakeholders in the system.

process of peer review they have been timely and efficient. Their diversity has been their strength and it has been a pleasure working with them. To the editorial team at the RCP, I am greatly indebted. Their enthusiasm and diligence through challenging times has been remarkable even as their workload trebled at the height of the pandemic. They are the engine room of the journal and have been at my side at all times. I am grateful to the senior colleagues at the RCP, who have held faith with the journal. I believe the FHJ is a key communication between the College and its members, demonstrating a commitment to their work and their wellbeing both now and into the future. To those who have accepted commissions and those who have submitted papers – I appreciate how much time goes into preparation of each and every manuscript. It goes without saying that the journal would not exist without you. Finally, I want to thank you, the readership, for reading and reflecting on the journal's contents. It is our mission to engage with you and I hope in this we have achieved some success.

If I may, I will indulge in some reflections on the current state of the NHS and the way forward. The journal's role is to encourage reflection and debate. My concern is that at present the debate is too narrow. We

have tried to address this in recent issues through a diverse authorship, including senior politicians¹² and royalty¹³ Health services rely on balancing supply with demand. We certainly must increase supply through workforce and resource but I do personally feel we need to have more prominent debate about demand. I often use the analogy that we are trying to be like a department store aiming to repair its escalators during the January sales. It's not a viable plan. Reducing demand might create space for more meaningful reorganisation but may in the end be too unpalatable. Primary care is the foundation of the health service and I hope our primary care input into the FHJ board reflects this. I recognise that the only way forward is to create an effective entry point to health services. The exit point, a perhaps too brutal description of the last phase of life, also needs reform where applying substantial resource is replaced by a shared patient-centred focus on wellbeing. We have regularly published articles about the end of life.¹⁴ We need to expand the debate on what health service we want. Our 'Value and values' issue last year explored this.¹⁵ I would ask: do we seek a three-star service that is timely, effective, efficient and accessible, or a five-star service that falls short and would require a far greater proportion of the nation's resource? What do the healthcare professions and the public want and what do they value?

With these thoughts in mind, I reflect on all the articles we have published in recent years. I believe they have informed and challenged and therefore contributed to Future Healthcare. Long may it continue. ■

Dr Kevin Fox
Editor-in-chief

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