

Learning from Mid-Staffordshire

EVERY nurse and midwife will have heard about the Mid-Staffordshire Hospital Trust, and the reality that there were over 450 avoidable deaths there due to poor standards. The subsequent Francis Report issued 290 recommendations detailing how this must never happen again.

In February, more than 300 clinical nurse and midwife managers attended the INMO national education day on safe practice and heard of the lessons that must be learned from the Francis Report. Throughout the day, attendees heard that safe practice depends on many factors, including adequate staffing, clinical competence and robust documentation. It is also critical that the ward and unit manager is empowered with the authority and autonomy to ensure the required resources are always present to meet the needs of patients and clients.

Peter Carter, general secretary and CEO of the Royal College of Nursing, recommended that we should all study closely the 290 recommendations in the Francis Report and the lessons learned from the failings of the Mid-Staffordshire Trust and its blind adherence to targets and measurements, instead of patient care.

He pointed out that the UK government has accepted 281 of these recommendations, but sadly, has reinterpreted some of the recommendations so that any change may not potentially address the shortcomings originally identified. For

example, its proposal that anyone seeking to commence nursing would have to have worked for at least one year in a nursing assistant type role. This is neither logical nor viable and this proposal will not address the critical issue of the system not respecting the decisions of the qualified nurse or midwife, and implementing their demands to meet the needs of patients and maintain standards of care.

Another ongoing issue highlighted at the recent education day was that clinical nurse/midwife managers are not being listened to by senior management when they express their concerns, make legitimate demands for more resources or highlight the shortcomings, of the clinical environment in their unit or area.

It was also stated that the regulator for the nursing and midwifery professions must take a more dynamic stance and outline what is required to maintain safe practice and high standards. Attendees at the safe practice seminar clearly supported the demand that the Nursing and Midwifery Board of Ireland (NMBI) demonstrate a much greater awareness of the daily challenges facing the registered nurse and midwife.

It was also argued that the NMBI must confront the health system as it does not recognise or respond to the professional concerns of clinical nurse and midwife managers appropriately.

Underpinning the issue of safe practice



in the Francis Report was the need for adequate staffing and skill mix to ensure the full utilisation of the competencies of the registered nurse and midwife. All support services should be provided by appropriately trained personnel. This key issue of staffing will be central to all INMO activity for the remainder of this year.

In the coming weeks, members will see and hear more on the INMO campaign for safe nurse and midwifery staffing levels across our health service.

The Francis Report must be absorbed and applied by managers at all levels and in all areas. The Report clearly indicates that health service management is best done at ward and unit level. Therefore, clinical nurse and midwife managers must be empowered to do their job – all available evidence confirms that patients are safer in their hands than in the hands of a senior lay manager in some far away office.

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