**Trusts in trouble need supportive help, not excessive intervention**

A recent King’s Fund report says that staff have a greater say in organisations that are run along the lines of a John Lewis ‘mutual’ model (News July 23).

The report (tinyurl.com/k5ysb72) makes for interesting reading in that it also discusses the potentially disempowering effects of top-down regulatory intervention.

When trusts are failing financially, the regulators require trusts to appoint an interim turnaround director, bring in external consultants and a contingency planning team, and a special administrator may be appointed to replace the board. The Care Quality Commission, Monitor and the NHS Trust Development Authority are all involved in trusts placed in special measures.

These approaches have drawbacks. Excessive top-down intervention runs the risk of disempowering and disengaging the leaders and staff responsible for making the turnaround plan work.

We need more supportive intervention, rather than adding to the pressures already felt by providers in difficulty. Far from being a ‘soft’ response to problems in the delivery of care, supportive intervention encourages the kinds of behaviours that underpin a culture of positive engagement.

Naomi Lyth, by email

SAFE STAFFING DISCUSSIONS ALWAYS OVERLOOK COMMUNITY NURSING

Whenever I read about crises in staffing numbers, it always seems to be about hospital nurses (News July 16).

We have similar issues in the community, and it would be refreshing to see some attention given to the pressures on our services.

Unlike hospital nurses, we community nurses do not have the luxury of being able to say that our patch is full. If a referral comes in, we have to take it.

When practice nurses are off sick, guess who gets to see their patients? And at weekends and on bank holidays, when practice nurses are enjoying a well-earned rest, guess who gets to see their patients?

To add insult to injury, even when a member of staff is off sick, we are told that we cannot use bank to cover that absence, even if it is for several months.

Community nurses work extra, unpaid hours every week. We have more and more paperwork added to our workload, but never any acknowledgement that this adds to the time of a visit.

We would all love to be giving holistic, evidence-based care to our patients, but the sad truth is that sometimes the only way to get through a day is to be task-orientated. Is this what our managers mean when they tell us to ‘work smarter’?

Name and address supplied

THE RCN STANCE ON NURSES’ PAY SEES TO HAVE HIT STONY GROUND

Your news story, ‘Welsh nurses offered £160 instead of 1 per cent pay rise’ (July 16) comes on the back of health secretary Jeremy Hunt’s rejection four months ago of the pay review body’s recommendation for a 1 per cent pay increase for nurses in England.

The RCN stance appears to have hit stony ground. It is refraining from even contemplating industrial action, preferring to attempt to win over politicians to the concept of fair pay for nurses. Most MPs who were contacted by nurses about their rejected pay rise have responded and generally have been unsupportive.

So the news that the Royal College of Midwives (RCM) is going to ballot...