Act like there’s no staff shortage? That would just be farcical

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But less amusing was a recent news story about a trust in Essex whose chief executive has apparently instructed front-line personnel not to mention to patients that they are short-staffed.

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She then rushes behind a screen and emerges in housekeeping uniform, wielding a mop. A few seconds later she disappears into the linen room and materialises as a sprightly, straight-backed physio. Short-staffed? Us? Never.

What I would say to those issuing these types of instructions is this: instead of pressurising your staff into play-acting (okay, lying) just admit to staff shortages and take responsibility.

Invidious position for staff
It is the same all over the NHS. To save money, managers have cut back on recruitment and conveniently ignored the need for the correct balance of skills to run services safely and effectively.

They have put existing staff in invidious situations that have demoralised them and, in many cases, caused them to leave. And when things have gone wrong, it is seldom the management who are named, blamed and shamed, it is the front-line staff.

Perhaps managers should be regulated just like nurses, so they can be held accountable.

Jane Bates is an ophthalmic nurse in Hampshire

Should the government rethink the 2012 NHS reforms?

The NHS needs a complete rethink if it is to continue providing healthcare free at the point of delivery. But change can be time-consuming, expensive, exhausting, exasperating, demoralising and often senseless if carried out with a toxic agenda. Any such decisions need to be depoliticised. If we do not act immediately to rectify the serious damage done to the NHS, I fear it may be too late. NHS staff are rapidly running out of patience.

Liz Charalambous is a staff nurse and PhD student in Nottingham

@lizcharalambou

When something is broken, sometimes you need to strip it back and start again. While I appreciate that more reforms would be exhausting for staff and patients, a well thought-out restructuring, led by those on the front line, is in everyone’s best interests. Spending money on training more nurses and introducing them into a broken system would not be money well spent and it would not improve patient outcomes.

Rachel Kent is a mental health nurse in London

Any change will cause disruption, but the NHS can no longer rely on annual top-ups to its budget. The government needs to rethink the reforms of the Health and Social Care Act 2012, but any new funding plan will likely come with conditions attached, such as meeting more targets. Until details of the proposed multi-year funding deal are spelled out it is difficult to know what the impact is likely to be on staff, the service and patients.

Beverley Ramdeen is a senior nursing lecturer in Hertfordshire

@BeverleyRamdeen

The last winter crisis was not a one-off, and there are now winter pressures all year round. In the midst of all this, can the NHS really cope with more reform? The strong, strategic management that the NHS needs is not currently being provided by clinical commissioning groups, which replaced primary care trusts when the Health and Social Care Act 2012 was introduced. We need a better NHS structure but I doubt there is the political will to achieve this.

Drew Payne is a community staff nurse in north London

@drew_Jordon

READERS’ PANEL

JANE BATES

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