

Why have so many nurses stopped CARING? An investigation into the crisis-hit NHS

- Robert Francis QC's report was merely the latest damning indictment
- Health Secretary Jeremy Hunt warned that cruelty and neglect had become normal in some hospitals and care homes

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My 89-year-old mother has suffered with dementia for the past seven years. Over that time she has been in and out of hospital. Some of her care has been excellent, but some has been shocking.

Once, when she collapsed, she was taken to Kingston Hospital, in South-West London. After a long and stressful evening in A&E, a bed was eventually found for her at midnight.

What a relief, I thought — she was safe and I could go home. As I stooped to whisper goodbye, a nurse shoved something in my face. 'Sign this,' she said bluntly. It was a form to absolve the hospital for any loss of my mother's valuables.



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Shaming week: Evidence has been piling up suggesting that something is seriously, and systemically, amiss in our hospitals, with reports abuse and neglect leading to unnecessary deaths

Instead of relief, I now had to worry that someone might wrench her wedding ring off her finger. So much for a place of safety.

If her admission was worrying, it was the manner of her discharge which was particularly shocking. Although I had told the ward I would collect her when I finished work, the nurses dressed her and allowed her to leave alone.

When I arrived at the hospital a nurse told me that my mother had said she would go home by bus and they had let her go. I rushed off to see if I could find her, without success, and the hospital then alerted the police. She eventually turned up at her home, four hours after she had left the hospital.

I never witnessed any deliberate cruelty towards my mother during her many spells in hospital. Yet aspects of her care were still horrifying. Some of the staff were ignorant, apathetic or both. Nor was there proper continuity between the different people who saw her, or clarity about who had overall responsibility for her case.

It's a telling reflection on our hospitals today that whenever my mother seems ill now, I try to avoid any actions that might lead to a hospital admission.

Evidence has been piling up recently to suggest that something is seriously, and systemically, amiss in our hospitals. This week, the scathing report on the Stafford Hospital Scandal — after abuse and neglect led to the unnecessary deaths of hundreds of patients — said 'fundamental change' was needed in the NHS. It condemned 'failings at every level' and contained 290 recommendations for reform. However, Robert Francis QC's report was merely the latest damning indictment of the health service.

In November 2012 the Care Quality Commission found that ten per cent of hospitals and 15 per cent of care homes weren't treating their patients with respect. Health Secretary, Jeremy Hunt, warned that cruelty and neglect had become normal in some hospitals and care homes.

So endemic is the problem that the country's chief nursing officer, Jane Cummings, has been forced to tell nurses that they must put patients first, releasing guidelines which remind them that compassion and care are part of the job. As shocking — and ineffectual — as this may seem, the comments are long overdue.

Reports in 2011 from Age UK and The Patients' Association exposed some horrendous instances of abuse and neglect — not only enforced incontinence and unanswered buzzers, but patients left hungry and thirsty or in soiled bed-linen.



'Failings at every level': The scathing report on the Stafford Hospital Scandal said 'fundamental change' was needed in the NHS

In one dreadful case, a desperate patient had drunk the water in a flower vase. The Care Quality Commission's subsequent investigation made it clear that these failings were widespread.

There have also been concerns over foreign nurses' ability to communicate with patients. Growing numbers of the NHS's medical and nursing staff come from overseas, and some have such a poor grasp of English that they cannot understand what patients are telling them.

It seems like a long time now since the NHS was viewed as a national treasure.

How have we reached this situation where our hospitals, which ought to be places of refuge and care, seem frightening and potentially dangerous? What's happened to nurses who were once the embodiment of compassion? How could people employed to care, leave elderly patients confused, frightened and hungry?

In order to find out the answers to these questions, I spent three months looking into the NHS's problems. In this three-part investigation for the Daily Mail, I document a ward culture that puts bureaucratic targets before

care — and where a gulf is opening up between university-trained nurses and unregulated healthcare assistants.

My own experience with my mother is far from unique because it is in the area of nursing the elderly that the flaws in the system are writ large.

Liz Pryor witnessed the appalling treatment of her 79-year-old mother, Anne Robson, in West Suffolk Hospital after a minor fall. She believes her mother died because of the neglect she experienced in hospital, and thinks that the failings there come from a failure at a deep social level — from a failure of kindness. ‘Care and compassion for the vulnerable’, she says, ‘are no longer instilled in our upbringing.’

She was parched, horrifyingly thin and incoherent

Liz’s mother was admitted to a ward where the norovirus infection was present. As a result, Liz was barred from the ward, where her mother became increasingly confused as she waited for decisions about her treatment.

Nurses told Liz that her mother was ‘unfit for theatre’ and needed to be kept in hospital until she was fit. But after a few days, it emerged that they’d mis-read the doctor’s notes which actually said ‘not for theatre’ (the doctor established that no bones had been broken).

By then, Anne had developed a stomach upset and was moved to an isolation room. Desperate to see her, but forbidden to enter the room, Liz wrote her mother a card, expressing her love and trying to explain the situation. She handed it to a nurse who promised to read it to her and to make sure her mother had water.

Until this point they had been able to speak by phone, but a problem with the transfer of telephone credit meant her mother was initially unreachable in her isolation room. The family desperately tried to find out what was happening and were given contradictory information about Anne’s condition.

Since no operation was actually needed, Liz is convinced that her mother’s stay in hospital was unnecessary. She also believes it was fatal.

When the family finally reached her by phone, they were horrified to find their ‘coherent, stoical and uncomplaining’ mother had become confused and distressed. Weeping, she told them she had been left in a wet nightie, handled roughly, not had anything to drink and had no idea what was happening to her.

A few days later, Anne was suddenly released onto the ward — even though Liz had been told that her mother would have to have been free of the virus for 72 hours before she would be allowed out of isolation. More surprisingly, Liz was suddenly told that Anne was well and fit for discharge.

In fact she was parched, horrifyingly thin and incoherent. The family hired a private ambulance to get their mother back to what they now saw as the safety of her care home. But, sadly, Anne Robson died just hours later.



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NHS in crisis: The report handed down by Robert Francis QC was merely the latest damning indictment of the health service

Liz was broken-hearted that what had been a hospital admission for a minor fall ended in the death of her mother — isolated, confused and seemingly deprived of human compassion. The final straw was discovering her unopened card among her mother's belongings. The nurse had never read it to her.

So, do these distressing stories reflect a society which has lost its moral compass? Where kindness and compassion are no longer even part of a caring profession? Or is the reason more structural? Is it poor training or poor management? Or new pressures on nurses?

On occasions with my own mother, I witnessed wonderful nurses acting with the generosity of spirit always associated with their profession.

Television series such as Channel 4's 24 Hours In A&E and BBC 2's Great Ormond Street show nurses dealing with demanding situations, often responding with touching devotion. In a way, that makes these accounts of cruelties all the more puzzling.

It is deeply worrying that bad practice crops up so often when many nurses still have the right values. Deeply worrying, too, that some nurses, including one I spoke to for this article, say they don't feel it's safe to blow the whistle on incompetent colleagues.

Talking with a cross-section of hospital staff, older nurses told me where they feel the problems lie. They say it is not so much a question of cruelty and neglect — although they acknowledge that this can exist — but more that ward culture has changed.

In the past, the patient's comfort and needs came first, but now it is all too easy for elements of patient care to be missed as nursing staff focus on paperwork and meeting targets.

Alison Sikora, 59, has nursed all her working life, training at the Middlesex Hospital in London. She says: 'When it comes to treating emergencies, the NHS has always been and remains very good. However, it's when the chronically-ill are being cared for that the problems arise.'

'Partly because people are living longer and in bigger numbers, there's much more pressure. But the culture of care has also changed hugely. When I trained in the Seventies, we were trained on the ward. No nurses were university trained.'

'Today, they are so busy with the technical side, they don't learn the practical side.'

Elaine (who did not want to give her full name) is also in her 50s. Recently, she returned to a stroke ward as an occupational therapist and was appalled by the changes in the culture of patient care.

'It broke my heart,' she said. 'Patients kept calling us on the buzzer because they wanted to use the toilet. But more often than not, the buzzers wouldn't be answered. Then patients would have "accidents". Sometimes the nurses would say: "You're wearing a pad. Use that." Such an attitude is disgusting. If a patient wants to use a toilet, they should be helped. It's very important for them to retain their dignity.'

Elaine saw this happen to her own mother, who died two years ago of Alzheimer's. 'Mum knew she wanted to get to the toilet. But they insisted on pads. That's enforced incontinence. It destroys people's pride. It's humiliating.'

In the past, nursing practice meant that no patient was left without basic care. 'Thirty years ago,' says Alison Sikora, 'we worked really hard. It was quite physical work, but there were strict timetables and we had to stick to them.'

'We had to turn the patients over in their beds to relieve pressure points and rub their backs. We'd feed them and turn them again. We did everything. It meant we always passed through the whole ward and were fully aware of what was happening to all patients.'

'However, there has been a switch from a system whereby nurses did everything, to designated specialisms and designated teams of nurses caring for one patient.'

'These changes have meant nurses no longer know what's happening across the whole ward and no longer feel responsible for all patients, just those they consider their own.'



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Everyday hospital: Health Secretary Jeremy Hunt warned that cruelty and neglect had become normal in some hospitals and care homes

Alison adds: 'Even worse, no one seemed to assume responsibility for the overall essential care on the wards — even the managers.'

Criticisms like this lie behind repeated calls to 'bring back matron'. Some community hospitals have done just that.

But if the idea was for a return to eagle-eyed stalwarts who noticed everything from dust on the floor to dehydrated patients, this has not happened. Wards continue to be dominated, not by the old-fashioned matron, but by modern-day administrators.

Elaine blames the official performance targets introduced by the last government. 'Matrons today will not necessarily be concerned with the basics but with admissions, turn-over and discharges, care plans and staffing rotas,' she says.

In February 2010, the first report into the scandal of appalling nursing at Stafford Hospital — where patients were left in filthy sheets, their dressings unchanged while nurses shouted at and mocked them — concluded that in order to achieve the coveted Foundation status, the hospital trust's management had become obsessed with meeting government targets rather than looking after the patients.

Nurses elsewhere endlessly repeat this complaint. Everything has to be documented. Everything is driven by 'performance targets' which have to be audited.

Meg Wainwright, 59, trained at St Bartholomew's in London in the Seventies. She says that on today's wards, 'the amount of administration and paperwork involved is overwhelming. If you fill in all the paperwork, you haven't got time to care'.

You don't just have to listen to the nurses themselves to see how far standards have fallen. Hearings conducted by the Midwifery and Nursing Council, which is responsible for discipline in the profession, make disconcerting reading.

Patients are shouted at and drugs are stolen

Misconduct cases include nurses accused of stealing drugs, nurses reporting for duty smelling of alcohol, incompetently administering medicine and falsifying records. Most depressing are the cases of neglect or cruelty — a nurse leaving a patient in a chair for five hours or another shouting at their patients.

The Council's caseload tells us that, tragically, there are too many people in nursing who simply don't care.

Dr Peter Carter, of the Royal College of Nursing, insists that cases of abuse and neglect, though deeply concerning, are a minority. 'If you talk to the majority of nurses, you won't find them uncaring,' he says. 'You'll find them frustrated that they don't have the numbers to provide care.'

He argues that the real problem is a massive rise in elderly people with complex medical needs. On wards for the elderly, he says, 'the ratio is one nurse to 11 patients; whereas on children's wards it is one to four.

'Yet many elderly patients are highly dependent and need help with their most basic needs. It's not that nurses are not caring, but that our hospital system is struggling.'

Whatever the cause, some nurses trained in the old ways refuse to accept the changes. Meg Wainwright found the only way to reconnect with the traditional disciplines of nursing in which she was trained was to stop working in hospitals and move into hospice nursing.

She has been invigorated by her new work: 'I love it because it's proper hands-on nursing where you can really feel you are caring for a person and their family. That's what I went into nursing for.'

'Nursing in hospitals now isn't about caring for people. It's about reaching targets. It's awful how we've lost our way.'

In a system when nothing is valued unless it can be counted by bureaucrats and managers, what has been lost are the qualities that matter most to a frail patient — compassion, warmth and hands-on care.