



## **VIEWS AND REVIEWS**

## **ACUTE PERSPECTIVE**

## David Oliver: The health secretary and upstanding nurses

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I'm worried about what our health secretary's remarks at the chief nursing officers' conference reveal about his understanding of the modern health service. The full text of Matt Hancock's speech can be found on the government's website, and he made some valid points about recognising the skills of our nursing workforce.

Sadly, he also said: "I find it shocking that, in my grandmother's day, nurses were expected to stand up when a doctor entered the room. And worse, I find that's still the case in some antiquated, archaic corners of the NHS. I want it to stop. If anything, it should be doctors standing up for nurses. Because who runs a hospital at 2 am in the morning? Who keeps the show on the road?"

The reaction to these remarks on social media made it into the national press.<sup>23</sup> It was hard to find a doctor or nurse still practising who had seen or heard of such behaviour or expectations. Not least because nurses are so overstretched that sitting down in the first place would be a luxury.

We should debate hierarchies and professional power in healthcare—but in the context of modern roles and culture, not the kind depicted in *Doctor in the House* in the 1950s.

As well as bemusing the nurses, Hancock managed both to offend doctors working overnight in hospitals and to look as though he was trying to drive a wedge between the two biggest clinical professions. Doctors and a range of allied health professionals are very much available on call or working on site overnight, and Hancock's remarks echoed his predecessor Jeremy Hunt's inaccurate views on weekend and evening working.<sup>45</sup>

In our political system it's rare for ministers of state to have serious experience or credibility in the public service for which they're accountable. Even competent ministers will take a year or more to get up to speed with some content expertise by studying, listening, and learning. Misspeaking on public platforms is understandable among ministers new to their brief: we're all human and fallible.

Hancock has been in his post for eight months, so one might think that basic errors could be avoided with the help of senior officials, staff in his private office, and communications teams, with input from doctors and nurses in government bodies. Yet he's already managed a few gaffes, such as publicly favouring Babylon Health among a sea of health tech providers<sup>6</sup> or sending a tweet appearing to claim that deaths from sepsis were all preventable, when most are not, and having to backtrack semi-apologetically online.

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The real shame of his rhetorical trip to an NHS no one seemed to recognise was that it detracted from the points he and others made about the serious challenges to nursing and the need for solutions, some of which were set out at the same conference by the new chief nursing officer, Ruth May.<sup>9</sup>

I'm glad that both Hancock and May recognised the need to boost the engagement and influence of nurses at every level of NHS leadership, from local services to Whitehall. I'm glad that he recognised the crucial contribution nurses make, their high level skills that go well beyond outdated conceptions, and their key role in managing and leading services.

But the single most "mission critical" challenge is workforce shortages, which independent analyses have shown will get worse before they get better. Around 40 000 nursing positions are unfilled in England—one in eight.<sup>10</sup> Numbers of posts in health visiting, community nursing, and learning disability nursing have fallen. That's what Hancock and his government should focus on tackling.

He should stand up for nurses with concrete action and investment, not bizarre rhetorical fantasies based on a long gone age.

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