

Lessons From Mid Staffs: Good Journalism, Bad Healthcare

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Local Reporter Stumbles on Scandal

I've had an extraordinary journey, covering a scandal which is now quite well known, and the terrible events at Mid Staffordshire which have had a profound impact on me but also on hundreds of patients and their families and potentially thousands of patients up and down the country now.

Mid Staffordshire has become a by-word for failure in the NHS. It was a hospital where the management betrayed the local population, it's fair to say. Hundreds of people suffered appalling neglect and poor care and the details of that have been pored over repeatedly.

I describe myself as an accidental health journalist. I do recall once saying years ago to a colleague that I wouldn't want to specialise in health because it didn't attract me at all – and here I am. I've been doing this now for 4 or 5 years and I was just a general news reporter on a local daily newspaper and I covered everything from the church fetes to the crown court murder trials.

One day in 2007 I overheard a telephone conversation between a colleague of mine and a member of the public complaining about poor care at the hospital. My colleague wasn't that enthusiastic about the story. We probably had a picture caption that he was late filing for deadline and the call was delaying him. But I was desperate for a story that day, harassed as we all regularly were and are in local newspaper journalism. I so I called the person back and said 'let's start again'. That lady was July Bailey, and she went on to set up Cure The NHS – a local group of families – and I worked with them to essentially tell their story individually to investigate their complaints and over a period of time disparate stories came together to form a narrative that eventually became so overwhelmingly powerful that it forced the system to respond.

There were investigations, inquiries, numerous reports. This wasn't a single exclusive story of mine, this was an incremental process that built up over a long time. Wouldn't it be great if all these stories were packaged together with just one great exclusive? But I don't think it works like that. So we had in February 2013 the culmination of all of this work which was the publication of the public inquiry by Robert Francis and 290 recommendations. That's dominated the agenda since then.

I'm very keen to talk about the story of Mid Staffordshire. I think it's relevant to every hospital up and down the land and possible in every country. I just wanted to briefly quote Robert Francis and in his verbal summary of the publication, just to give you an overview of what happened at Mid Staffordshire:

'There was a lack of care, compassion, humanity and leadership. The most basic standards of care were not observed and fundamental rights to dignity were not respected. Elderly and vulnerable patients were left unwashed, unfed, and without fluids. They were deprived of dignity and respect. Some patients had to relieve themselves in their beds when they were offered no help to get to the bathroom. They had to endure filthy conditions on their wards.'

There were incidents of callous treatment by ward staff. Patients who could not eat or drink without help did not receive it. Medicines were prescribed but not given. The accident & emergency department as well as some wards had insufficient staff to deliver safe and effective care. Patients were discharged without proper regard for their welfare.'

One comment that particularly always sticks in my mind was from one of the hospital's junior doctors, who described the A&E department as an absolute disaster, and said that 'as a department, we were immune to the sound of pain', which all these years later is still quite a chilling comment from a doctor of an A&E department in a modern-day NHS hospital, albeit a few years ago.

Staff did try to raise the alarm, there was bullying and I will state it quite clearly here: we know that patients did die. Sadly we'll never know the true number of patients who died needlessly, and there is a what I would term a distraction debate about whether it was X number or Y number. I think in fact the tragedy is we'll never know the true number and that doesn't take away from the poor care that was delivered to a significant majority of patients in that hospital.

I've stayed with this story over the last 7 years and it's now my career, it's my specialism. I cover health. I work for the *Health Service Journal* which is a great place to be a health journalist. As a health journalist I'm not going to take the credit for exposing Mid Staffs. The credit goes to the families. I simply gave them a voice and dug a little deeper into what they had to say. I think rally that's ultimately the job of a journalist, to give people a voice and to make a difference and that's what I came into this industry to do 13 odd years ago. I feel that I was able to do it for those families there but I wasn't the only one. I stuck with it for quite some time so I've been associated with it.

The Crucial Role of Critical Journalism

Journalism can be a tremendous source for good and health journalism in particular, and I think Mid Staffordshire would evidence that in that we have seen in the last 18 months a system change in reaction to the report of Robert Francis. Not everything's perfect but we know that we have thousands more nurses working in hospital wards at the moment. Is that enough? Nowhere near, in some estimates maybe 15,000 vacancies of qualified nurses. Are they the right level, specialty, and in the right place? Who knows. Probably not. But we've got more now than we've ever had since September 2009.

There are new laws. Regulators are taking a very different approach to the health system now, where quality is on an equal footing with finance.

I think things have been positive as a result of Mid Staffs but by no stretch is everything rosy. This government's wasteful reforms, which many people argue were unnecessary, and their asphyxiation of the service on financial grounds. There is a tension between what they've done in response to Francis and what they're doing in terms of finance etc. There is a real risk to patient safety there, potentially.

But there can be bad forms of health journalism as well. I've seen it in relation to Mid Staffordshire. I've seen repeatedly the public inquiry and the report by Robert Francis mis-quoted often to say that

he found X or he found Y, and I scream at my laptop or my television because no he didn't, and I wonder how the BBC, the *Guardian*, the *Telegraph* or any other number of people who've done it continue to do it. And we've seen errors in the way health journalism works. The obvious one is the MMR scandal, but there's also the LCP furore last year. The Liverpool care Pathway. Principally led by the *Daily Mail* and the *Daily Telegraph*. And I think there is a new care of the dying audit out today which I think actually illustrates the point that some of us were making a year ago. Which is that the problem wasn't with the LCP, it was the implementation of end-of-life care by individual NHS staff. The furore was about the LCP and the LCP was removed and has been scrapped and there seems to be little to replace it.

That kind of health journalism could potentially lead to worse care for patients.

I think health journalists have a responsibility. We're no different to any other journalist. We have a story to tell and we have to do that in the same way. There is I think an extra level of responsibility for a health journalist because our topic covers people when they are at their most vulnerable and their most frightened and there is a responsibility there for us to get that right and we don't always.

The Need for Support

I think editors and news organisations need to invest in good strong health journalism, giving journalists the time to be specialists. When I was a health journalist on a local newspaper I still had to cover the church fetes and the crown court murder trials and I loved it. But there is a limit to how much I could be a specialist in health and how much of an expert I could offer my newspaper when I'm doing those kinds of things as well.

It's easy to lay the blame at news organisations as well, as I've just done. Editors are the ones with the budgets. But I also think each health journalist needs to recognise the role that they have and to educate themselves to take that responsibility for themselves. Nobody else can read the policy document for you. Nobody else can be brave enough to say to a contact 'I actually don't know what you are talking about'. I continually am educated by the people I speak to. As a journalist, I am only a conduit for other people's knowledge. I can give some insight perhaps but ultimately I am a messenger. I think journalists have to understand their role in collecting facts, taking that responsibility and owning it themselves. Of course there's a tension there when your editor isn't giving you the time etc. I remember painfully 2 o'clock in the morning, finishing my work on the Francis Inquiry or other such things to do with Mid Staffordshire because the rest of the day had been spent filling the pages.

Should all journalists stay up to 2 o'clock in the morning working? I would never advocate that, but journalists have to take that responsibility for themselves. As an accidental health journalist I can't help but keep feeling I'm a bit of a fraud to be speaking to you all today. I really was just in the right place at the right time to spot something was happening and to do my job, that all journalists want to do when go into their career.

But if we don't invest in health journalism and if reporters themselves don't take that greater responsibility to do the job properly, which I have to say on occasion they don't, they can cause damage doing that. I see it. At *Health Service Journal* we painfully try to get to the detail of a story and we often look at our national colleagues, who do some great work but on other occasions they skim the surface. They miss the story or they conflate two issues and whereas Health Service Journal's audience is pretty much already more knowledgeable than its journalists in some ways, the audience for the *Daily Mail* maybe isn't, and it's a shame sometimes as a journalist to see a bit ashamed of my own industry sometimes in the way that it behaves.

I would advocate an ethical question for all health journalists around that. I've stood toe to toe with editors before now arguing my case. Maybe we should do a little bit more of that. But if we don't invest in health journalism and if reporters don't take that greater responsibility for what they write, I fear for future July Bailey's who call their local newspaper. They might not get that return telephone call that she got and that should be a real worry for all of us. When I left my newspaper I wasn't replaced. The idea of a huge regional newspaper not having a health correspondent is becoming quite common across the country. There are still a few places which have them but I just think specialist journalism is crucial to a good all-round newsgathering operation. If we lose that we're losing something valuable. Editors who are worried about falling sales of their local newspapers or TV producers worried about falling viewing ratings, maybe one of the reasons for that is that the quality is going down.

In the future as news aggregation continues and everyone can access news everywhere via Twitter etc and now people read press releases on Royal College websites, they don't need to read my take on it. The future is about analysis and about the thing that isn't in the press release. That comes with knowledge and a journalist being able to spot that and dig it out and give that analysis that you won't find in the press release, that you won't find on Twitter and that you possibly won't find in a 3-minute news segment on BBC1 at night.

That's my take on this: the education and specialism that's important. We will lose something if we let that go.