

Cynulliad Cenedlaethol Cymru  
Y Pwyllgor Iechyd, Gofal Cymdeithasol  
a Chwaraeon  
Ymchwiliad I wasanaethau Nyrsio  
Cymunedol a Nyrsio Adal  
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Ymateb gan unigolyn

National Assembly for Wales  
Health, Social Care and Sport  
Committee  
Inquiry into Community and District  
Nursing services

Evidence from an individual

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Dear members of the Senedd.

I have recently lost my job as a deputy team leader of a district nursing team in Mid Wales. My job changed significantly around 7 years ago when we became part of a team 3 times the size of our original team and the way of working was changed dramatically.

Our team became one of the first teams involved in a Health and Social care model and we were put in charge of our patients in the community, out patient clinics, a 12 bedded unit which works as a step up/step down unit and the evening service for community patients (initially covering the area covered by 4 teams in the day time). As well as that we have also been asked to take on work in the local surgery by the local health board. We work closely with Social services and a private partner who provides the carers who staff the unit, with our input for the nursing needs.

When this change was made a new building became our base. We were told we had to arrange our own storage whilst we were not able to fully move in. We had to move our own equipment/office and everything that was going to be used again in the new building. The responsibility over all manner of issues became ours because there were no clear arrangements. Our team was now seen as 'of a substantial size' so it was ok to give us more and more to do. We used to have one team leader and one deputy team leader for a total of 7 team members (including ourselves). Nurses from the community hospital were added to our team as well as some new team members. The manager and ward sister of the community hospital disappeared and instead one extra deputy team leader was added and the team became a team of 25 in total. Our team leader was expected to sort everything out despite the fact that she had said that this would be too much for one person and she certainly would not want to be that one person. She became increasingly more stressed and had to give up her job when senior management did not want to listen to her concerns about the levels of stress she was under. Soon after that the other deputy team leader found herself another job because she felt she could no longer cope with the level of stress. That left me. The vacancies for the team leader and deputy team leader were not advertised for 8-10 months. Pressure from senior management to supply data, attend meetings, comply with ESR, training requirements, meet targets and so on became ever increasing with little understanding for the fact that I simply could not fit it all into my days. Responsibility of so called supporting departments (HR, Payroll etc) changed and I was now expected to do everything myself from sorting out damage to the pool car to arranging advertising, paperwork to complete for

interview, interviewing and all the arranging that goes with a new member of staff. Replacing a light bulb in an otherwise dark sluice involved hours of trying to find out who is responsible for this (health, social or private company) until a colleague fell because water had been spilt and she did not see it. Then I had to do an incident report and still we had not had the bulb replaced. All this meant that I found it more and more difficult to spend any time at all with patients. I was supposed to be the clinical lead for our team but we were finding ourselves more and more caught up in administration and computer work and with less time for patient care. Our team had a few hours of administrative support but the appointed person also had 2 other jobs and was only able to minute team meetings and the virtual ward/unit meetings. All other administrative tasks had to be done by members of the team. Equipment needs to be arranged by the team leader, finding what it is you need, but only from a recommended buy list, then apply for the money from a fund and finally order it. It does not end there because then it needs to be recorded, entered on a list of items belonging to the team (asset register it) and then the maintenance needs to be arranged. Supplies are ordered as we go along. IT equipment brakes down and you have to email to ask for a visit, which takes a long time because the IT is busy with new programs and equipment which we will all need to be using soon. The helpful systems we have had over the years (smart phones with smart technology like CHAAP) was replaced as soon as you got used to it. The unified assessment process took years to be up and running and then we would have paper format but social services had electronic format. Signals are unreliable in the country side so lone working equipment does not work, nor do phones or electronic note taking devices..... Eventually I too indicated that the stress was too much. I had screaming pain in my right arm and neck and having been on sick leave for over a year was told my contract would now be terminated by mutual agreement. I have severe deterioration in my neck with two slipped discs and pressure on nerves. I also had a shoulder operation three months before my contract was terminated and had not recovered yet (still haven't). The stress was categorically brushed under the carpet and at no point did anybody seem to care about me.

What would help us nurses in the community? Administrative support by someone with knowledge of community nursing. Devices which work and better networks so phone signal/internet access is no longer a problem. A VERY critical review of all the responsibilities and expectations which are placed on the nurses and health care assistants which have no direct bearing on patient care. A reduction in paperwork and duplication of it. Lone worker equipment which works. A system where by supplies are available, equipment is in store and can just be requested to be replaced when it brakes down. And supportive departments support.

But I guess that would be too much to ask for.

Kind regards,

xxxx

A nurse of 37 years.

(And Dutch to boot, so not even sure why I did give 20 years of my life to this country as a nurse.)