

2 Staffing levels and other issues in a large NHS trust

Background

Name: Wendy Hughes

Safety representative: Eight years

Job-title: Deputy sister

Employer/size: NHS trust in Wales

Speciality: Acute stroke ward



“I had been a steward for 10 years and realised that many of the issues I was putting forward were health and safety matters. Another safety representative suggested that I did the training and I became a safety representative. I have found it immensely rewarding as you are able to take issues forward that benefit both patients and staff. It is much more patient focused and to an extent involves less negotiation as we have very good legislation, protocols and standards that guide us.

Our trust is very much focused on partnership working now. This has changed the role of safety representatives in that previously we would bring problems to the attention of management, whereas now representatives are much more involved at strategic level in assisting management to find solutions, address challenges and be fully involved in policies and guidelines. This enables RCN members to influence others via their contribution, as well as representatives becoming more informed and feeling more valued in their role. Last year I began doing joint health and safety audits with our Directorate Risk Management Officer – just one example of partnership working. We have eight safety representatives working within the trust representing different trade unions and professional organisations.

Our trust is in the process of securing dedicated paid

time for safety representatives and stewards. This is very welcomed and commendable and the trust aims to have the best representation ratio for the number of employees in comparison to other trusts in Wales. This will enable much better partnership working as it is very difficult for most managers to release representatives from the clinical environment. Health and social care are becoming more complex. Workloads have increased and patient dependencies have increased as people are living longer with complex and multiple chronic illnesses that demand a great deal of skill and intervention from nurses. Despite these factors, nurses rarely complain about the demanding workloads, it is the concern over the effect on standards of care that is the main issue for nurses.

Staffing levels

I had been concerned about staffing levels for some time. It is a common problem nationally for many trusts, but it was when RCN Scotland launched their *Right for nurses, right for patients* campaign at an RCN Congress fringe meeting that I decided to do something about it. I carried out some research to identify our own staffing levels and took my concerns forward to our directorate H&S meetings. During the winter months in 2006-2007 the trust was having to admit more patients than usual and had to open extra unfunded beds on a ward, but was

unable to provide adequate staffing levels at all times. When staffing levels were already minimal, placing additional patients meant staff working with sub-minimal staffing levels. Following discussions, the directorate general manager resolved the problem, and staffing levels improved as a result.

More recently one directorate requested a review of staffing levels and it was well received. The executive nurse director and the heads of nursing are now looking at reviewing staffing levels throughout the trust.

Other issues

The very first issue I became involved with was getting large cumbersome mobile x-ray display units replaced with wall mounted ones. Wall mounted units take up less space and involve no manual handling. The large protruding bases of the mobile units were hazardous and also involved more cleaning time.

I have also:

- introduced a copy of a policy for staff who are new or expectant mothers. Managers were then encouraged to carry out written risk assessments
- initiated a project which led to complicated and sometimes unreliable suction units that failed in emergency situations, to be changed to a simpler, more reliable design
- asked for guidance regarding the use of digital imaging for patient wounds

- requested that laundering of staff uniforms and changing rooms be reinstated. The trust is now carrying out a feasibility study
- asked for violent patient warning systems and more efficient 'Ascom' alarm systems for lone workers
- raised the issue of subcutaneous infusion needles posing risks to patients and staff when confused patients were removing the devices. We now have metal free devices.

Advice for new representatives

- concentrate on your own ward or department until you acquire more confidence, skills and experience
- keep it simple – try to address only a few problems at a time, otherwise it can become overwhelming
- always put concerns in writing as you are more likely to get a response. Keeping records is essential
- do ask for help from trust experts in their field of practice, the Risk Management department and more experienced representatives
- a good working relationship with management and other trade union, and professional organisations representatives is essential.”

Becoming a RCN safety representative

If you are interested in becoming a safety representative you can find further information on the RCN website www.rcn.org.uk/support/becoming_activist/how_to_become_a_representative