

3 Staffing levels and stress at a walk-in centre

Background

Name: Catherine Ikeh

Safety representative: Two and a half

Job-title: Senior Nurse Practitioner

Employer: West Essex Primary Care Trust

Setting/speciality: Walk in centre/clinics Primary Care



“Various issues came up in my job that related to staff safety and I wanted to do something more proactive. I realised that I could have more impact if I had an official role.

Staffing levels and stress

When I first worked in the walk-in centre (WIC), the staff ratio was quite good. It was a new initiative at that time. But as more people became aware of it, the number of patients using the centre increased and so have the workloads. However, staffing levels were not increased to match the increase in workload. As a consequence, people left and staffing levels got worse rather than better. There became an obvious increase in sickness levels and stress related illnesses. More patient safety issues began to arise as staffing levels fell.

Once I gained RCN accreditation as a safety representative, I was able to get more involved and recognise situations that posed dangers to both staff and patients. When the issue was not resolved, professional lives of staff became affected. As a result, more staff left which caused a drop in staffing. Many staff were on long-term sickness, thus reduced working time was implemented at some point. Meanwhile we had the same number of patients and even increased patients using the centre. This had a

huge impact on the primary care trust (PCT) as a whole as the walk-in centre has a recorded positive impact on the community at large. Although there was a massive recruitment drive to try and recruit, they had difficulty in recruiting more experienced nurses, so posts were filled with lower grade staff.

Intervention

I wrote several letters to the managers/PCT and went to various meetings and sought further RCN support. I highlighted how the lack of staff was affecting everyone – not just nurses working in the centre. I gave warnings on the anticipated gross consequences if the situation was not nipped in the bud. The WIC had been nurse led but with the lack of adequate experienced staff members; there was a need for some kind of back up.

Initially nobody wanted to hear about it. Letters were ignored and meetings cancelled. I had to physically walk into board meetings and introduce myself. I had to be quite assertive and tell the chief executive about problems directly. Although the walk-in centre makes a huge contribution to the local population it had lost the most experienced nurses and could not function properly with current staffing. It couldn't carry on as it was. We needed to get better support for nurses working in the centre to reduce the stress on staff, and stop

more people quitting or going on long-term sick leave. Recommendations were put forward to have GP support for nurses and to recruit more staff for the centre.

Outcome

As a result, the recommendation for GP support was taken up. Without making that change, the walk-in centre might have collapsed. The change in staffing changed the nature of the walk-in centre, and meant that we had need to think more carefully about the patients we can accept, and about the training needs of nurses.

Making changes happen – a message to others

Sometimes you have to take a risk, on behalf of your colleagues and patients, to get the issue across and raise awareness. I had good support from the RCN Regional office and worked very closely with my line managers. My advice to others is to copy every letter or communication you send to your managers or PCT to your RCN regional office. They can then help to check the legal issues of what you are doing and guide you through.

Being a safety representative increases your knowledge and awareness of what safety means – to me, to people, to patients, and to nurses in general. I would encourage other nurses to take on this role. It enables you to increase your personal knowledge of health and safety issues which is good for you professionally, individually and across the organisation. You will become more aware of your legal rights to staff and patient safety.

I do really enjoy working as a safety representative – I've dealt with some interesting cases and I enjoy working together with other representatives to deliver duties. It's good being part of a team; you tap into each others fields of expertise and knowledge. It also gives you lots of skills such as presentation skills, communication, assertiveness and negotiation skills. It empowers you to tackle issues that affect everyone. I find it very rewarding and fulfilling. I intend to continue working in this role for a good while."

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