

#TEXTMMFionaWalker-Sen Staff Nurse Nights Sultan-Thursday

19years/20 years Night Sister, part time. All wards and hospital.

October – minor injuries, ward closed 2000 this resulted in downgrading by Sue Hutchinson, St Christopher, then during Skill Mix review with new manager it was explained about the downgrading which was the first she knew. This had led to her being demoralised, unhappy with no respect or trust. This has been communicated to managers and union rep.

G grade up to 4 years ago was 3 – 1 retired, 1 left under a cloud. Nights F grades 2, B grades.

Out of hours with no medical cover, more responsibility so need G grade.

Based on Sultan ward last few months with 2 trained staff on nights. Medical problems – will attend, Medical problems on Mulberry – called in frequently.

Staffing levels – change due to more risk event reports.

Patient care would be compromised eg. time spending with patients lacking.

2 trained nurses has upped staffing levels, levels are ideal now but still need a G grade.

While on Mulberry ward – other trained nurse will assist.

Training

- ENB 998 – assessing and teaching clinical
- ENB 931 – palliative care
- ENB 932 – sexual health
- Gerantological project, 6 months training once a month study day. Not learning, not at right level – others feel the same. Management has been told about this feeling. Mandatory.
- Other courses able to attend – keen to update.

Discuss skills with IPR [sick for last month]

Patients and Palliative care

- 1-2-6
- motoneurone, MS, cancer, Parkinsons, old age

Strategy for palliative care – policy, no particular strategy.

Assessment – symptom control, access Countess Mount Batten

Pain assessment chart

- chart filled when admitted
- assessment of sight, mental health, constant, intermittent
- scale 1-10
- scale recorded in medical notes

Pain management staff on other wards.

Difference between GPs, prescription to obtain consistencies.

- Different on nights, Healthcall
- Healthcall very reluctant to interfere with other GP

Syringe drivers - patients that need symptom control – terminal pain, morphine if having previous opiates.

Patient agitated – medazaline instead.

Staff are trained to deal with dosages for suffering patients.

No conflict between dosages that were being given by nurses.

Alternative medicine for Elderly care not used.

No nurse involvement in pain management policy – awareness.

Documentation changed with syringe driver.

Intro. Policies

- Placed on desk
- Do not go to clinical management meetings so now policy lands on desk.
- No support in developing career

Very demoralised all staff.

Info. development – read journals, internet.

Not aware what is going to be placed on computers.

Leads on Elderly care – not immediate manager, clinical manager for Sultan Ward.

NSF older people – no discussion, no opportunity to discuss new research and effect on staffing.

Meeting – not always at right time, weeks could go by before had opportunity to discuss nursing issues.

No benchmarking.

Clinical supervision – groups, open, create a better atmosphere, people bring case histories, 1 month.

CHI Report – to write a glowing report, pointing to good examples, nothing.

Staff had no support. Good senior management, 6 months later meeting.

Trust had no investigation.

Trust sent letters about police, not aware of allegations, read 6 pages, solicitors, time and dates.