Presentation to Health Minister & District Board

- I speak on behalf of Nurses at Concord ICU, and those nurses that have supported us from throughout the hospital. I have 4 points to make.
- 1.
- The means to report and escalate concerns about patient safety and staff well-being are inadequate.
- It is too easy for the higher echelons of the organisation to manipulate proceedings to their advantage.
- There is a distinct power imbalance between frontline workers and executive staff.
- It is too easy to feign plausible deniability of issues due to the layers of administrators and middle managers providing a buffer against grassroot dissent.
- The District and Hospitals control the data making it infeasible for individuals and small groups to make substantiated claims.
- There is too much scope for unilateral decisions to be made in proceedings that can't be challenged.
- Many of the tactics of intimidation used to stifle dissent are unofficial or off the record so there is no paper trail again favouring those in authority.
- Confidentiality clauses favour those in authority as they effectively isolate individuals from their peers and support networks.
- The story emerging from Cumberland Hospital resonates with more than a few of us based on our own experience of being on the wrong side of an investigation.
- Bullying and intimidation is largely covert and insidious.
- Unprofessional interactions between Nurses advocating for those in their care and those in higher authority are often dismissed as misunderstandings, poor communication, or explained away as a reaction to stressful job demands of staffing and bed provision.
- When those in charge of an organisation hold all the power cards and remain immune from persecution themselves a culture of bullying thrives.
- 2.
- Morale and job satisfaction has been on the decline at Concord for several years due to increasing workload and inadequate staffing. Nurses can't consistently provide best-practice care as there are too many conflicting demands placed upon them.

- ICU bed block is a problem heavily influenced by staffing and bed demand issues across the hospital. At its worse an acutely ill deteriorating patient can be denied timely Intensive Care for want of a staffed bed.
- But ICU is often left playing second fiddle to ED bed block or Theatre waiting lists. Why? Because these are KPIs that hit the headlines.
- For years the answer to meeting short-term staffing shortfalls has been to move staff from one ward to another. Because of ICUs higher patient acuity it has a higher demand than other areas
- It's unfair on ward staff:
  - Their wards & colleagues are left short-handed
  - Ward staff are placed in a compromising position where they are working outside their scope of practice
  - CNEs and CNCs are pulled onto the floor detrimentally affecting their normal role of education and development
- It's unfair on ICU staff:
  - There's an increase burden of supervision and responsibility
  - It's harder to equitably and safely allocate staff to patients
- Ultimately it's unfair on patients: if you are an ICU patient you are right to expect that you will be in the care of appropriately experienced and skilled clinicians.
- This improvised ad-hoc staffing provides fertile ground for animosity and jealousies between wards and units further reducing staff morale.
- When I tried to raise the Unit's concerns revolving around staffing and skill-mix with the Chief Executive they were either discounted or belittled with ICU portrayed as being ungrateful and inconsiderate of the needs of the greater hospital and wanting special treatment.
- That's the point that was missed- our patients are special, needing specialised care and we are right to demand the means to provide it.
- All nurses just want to be able to provide the best care they can without doing themselves, their patients, or their career any harm.
- This was the driving force for the demand for improved ratios.
- That the leadership of the District remained silent and inactive on this issue has irreparably damaged any faith that there was in the ability of the organisation to look after those in its care- patient or employee.
- Rather than demonstrably advocate for its concerned employees District Leadership has focused on good press and maintaining its reputation.
- 3.

- How the COVID pandemic was handled has amplified the mistrust and lack of faith in the leadership of District.
- The few scant lines that refer to COVID in District documents belie the efforts of those providing frontline care.
- Our service was only maintained to a degree that we could take some pride in by grit, fortitude, forbearance and a measure of luck.
- It was explicitly conveyed to me by the Chief Executive that the time for discussion about COVID has passed, just move on.
- Whatever has been learnt has so far not been conveyed to those involved.
- The refusal to delve more deeply and openly into how the Pandemic was handled at Concord strongly suggests that such scrutiny would show how wanting it was and how much harm has been done to those at the frontline.
- Without such scrutiny no lessons will be learnt to prepare for the future, nor will those involved feel effectively acknowledged for the hardships they experienced.
- 4.
- The new focus on staff wellbeing really brings to attention that staff are working in a system that has and can do them harm. But rather than fix the system it's incumbent on the individual to help themselves.
- All these problems contribute to poor staff retention and recruitment which adds to the stress of those who remain.
- A lack of advocacy for nurses and a lack of investment in nursing shows poor insight into what is really needed to provide best care to patients- dedicated, supported, empowered, skilled nurses. 5min 24s