

Cynulliad Cenedlaethol Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol
a Chwaraeon
Ymchwiliad I wasanaethau Nyrsio
Cymunedol a Nyrsio Adal
HSCS(5) CDN AI 18
Ymateb gan unigolyn

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

Evidence from an individual

Do you work in the community? The National Assembly of Wales is currently holding an Inquiry into Community Nursing and wants to hear from frontline nurses and health care support workers.

- **Do you feel there are enough senior nurses, nurses and HCSWs in your team to care for patients effectively?** The past five years has seen diminishing resources in front line services. Nurses leaving and recruitment issues. We do not always look after our staff very well, we expect more and more from them. I think front line staff are seeing a top heavy organization being extremely complex. If our processes were easier there would be less waste in the system which would effectively then free up staff to undertake the role they are supposed to and ensure better outcomes for individuals. We are an organization that work in silos and are not seamless.
- **Do you have enough time to care for patients effectively?** No there is not enough time in the day however again to reiterate if waste was removed from our day to day working it would free us up to care.
- **Does your team have enough administrative support?** No administration support
- **Do you have the right technology such as a handheld device to support your work?** We have very little IT to support integration and CRT working. District Nurses are on paper; some therapy staff are on therapy manager; social care colleagues on WCCIS (please also see paper attached for other IT issues that we have)
- **What would help you do your job?** Adequate IT to support integration not to hamper it; an organization that learns from mistakes rather than criticises staff; one vision and principles – all singing from the same hymn sheet; adequate time for training, we need to be investing and supporting staff in the change of thinking and culture. An organization that listens and embraces a bottoms up approach to change. Admin support.

Rather than a focus on community nursing why are we not looking at the CRT as a whole, does this give the right message does it reinforce silos?

HCSW roles are extremely fragmented and include numerous job descriptions, we have a wealth of resources here but yet again they work in their silos. Time needs to be invested within the organization to look at thiswhat have we got now?

which will then possibly evidence what is required. Money usually invested on sticky plaster/single loop solution rather than an investment into the long term.

We have extremely complex processes insitu due to separate budgets ? pooled budgets.

Re look at CHC it must be costing a fortune in retrospectives etc and back room staff as well as valuable nursing time spent on completion of reams of documentation (see attached photo)

I could go on and on, my background is community nursing but my current role is transformational lead for health & social care, despite the pressure of work and the nonsense staff have to deal with, I will always admire their dedication, tenacity and their can do attitude to change and the difference that they make to individuals every second of the day. Maybe we need more of this resilience and thinking from our middle managers (and I would class myself as a middle manager)

Many thanks for the opportunity to have our say

Regards

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Identified IT barriers

1. Shared Drive platform

Current problems

Problems with information sharing

No available platform for sharing of information: Meetings; MDT updates. Therefore CRT communications for effective patient care delivery between professionals is difficult.

What do we want?

All members of the CRT have simple direct access to a shared drive to enable accessible update of information and prevention of duplication

Brief summary of barriers:

- Separate health and social care networks
- BCUHB: Current shared drives either stored in secondary care drive or primary care drive therefore staff have access to shared drive depending on where they are located does not support mobile working of the CRT e.g. informatics portal not accessible from primary care site having to travel 10 miles to log a call.
- Not all staff have regular' direct access to IT hardware
- NO Wi-Fi in primary care sites to enable access to a shared drive. Connectivity of GP practices managed by NWIS.
- Information governance of the CRTs

Current problem

All patient documentation are undertaken separately documentation is not easily shared resulting in duplication of work; fragmentation in care; ineffective use of resources; missing fundamental pieces of the patients journey.

What do we want?

All members of the CRT have simple direct access to a single patient record as required to ensure safe delivery of care; prevent duplication.

Brief summary of the barriers:

- All patient documentation are undertaken separately documentation is not easily shared resulting in duplication of work; fragmentation in care; ineffective use of resources; missing fundamental pieces of the patients journey.

- E.g. District Nursing assess on paper; Local Authority on WCCIS; Palliative CANISC; Therapy on therapy manager; GPs on EMIS/Vision etc
- Inability for staff to have access to EMIS off GP sites.

2. Connectivity

Network

Inability to routinely access IT software at CRT sites

What do we want?

The ability to access own network at sites that staff are required to work from.

Brief summary of barriers

- No Wi-Fi in the majority of primary care sites
- Some sites will have local authority Wi-Fi (such as GP practices) but BCU staff will be unable to access.
- Current firewalls impacting on integration of work
- Inability to share network printers therefore installing two printers at each site.
- Inability to install BCUHB printers at primary care sites due to network constraints.
- Inability to share calendars between health; Local Authority and other partners.
- Majority of BCUHB staff access IT via Citrix login.

Further consideration:

How do we overcome geographical network challenges?

Will site bandwidth be sufficient at each site?

Will we require wireless or wired connectivity?

Should CRT members have generic email addresses for both organizations?

Telephones

Current telephone systems are fragmented is there a need to consider a common telephone system?

Current mobile phone provision not fit for purpose

What is required?

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Mobile phones fit for purpose

Brief summary of barriers:

Current mobile phones have extremely poor signal coverage, many staff now reverting to use their own personal phones.

No photographing capability on the phone therefore staff having to make unnecessary travel to base to pick up shared camera resulting in ineffective use of resources.

Archaic methods of printing photographs

Inability of the phones to access emails/ calendars remotely.

Further consideration

Telephones IP or analogue?

Possibly a common telephone system for IAA/SPOA

3. Governance: Sharing of information between professions and organizations

Staff reporting difficulty in sharing of information across disciplines via email

What is required?

Compatible IT System

All members of the CRT will have an integrated protocol (WASPI)/process on accessing and sharing of information between all disciplines.

Current problems

E mails being bounced back via differing professions both within BCUHB and between Local Authority colleagues.

Not one agreed method of sharing and transferring of information - egress; moveit password protect

No compatible IT system when designing IAA/SPOA provision

4. Kit

Lack of basic IT equipment

What is required?

All members of the CRT have simple direct access to IT that is fit for purpose and will assist staff to undertake their work.

Current problems:

Poor access to computers, (average 1:8) historical poor investment.

No scanning or printing facilities in bases necessitating the need to travel excessive mileage to print or scan documents, resulting in effective use of resources and waste activity.

Inability to install BCU printers in primary car sites due to differing networks.

Limited understanding of IT by front line staff highlighting the need for IT experts to work with staff to better inform for future investment. There is perceived to be a lack of engagement with potential users of digital technology.

An over reliance on the imminent introduction of WCCIS, preventing investment and progression in digital transformation.