

Raising Staff Concern / Whistleblowing Policy - WP4 - Investigation Report - into the concerns raised about the "Management of the Mental Health Clinical Programme Group in their dealings with the Hergest Unit and a variety of other issues relating to the Hergest Unit".

Appendix 1. Testimony Excerpts

A number of the testimonies offered were accompanied by a high degree of emotion. Many Staff were in tears, expressing feelings of helplessness, in terms of being able to improve standards of care, and hopelessness with regard to the future.

Members of staff on the Hergest Unit have no confidence [REDACTED]

"I've met [REDACTED] once".

"[REDACTED] we don't know who he is, I wouldn't know who [REDACTED] was. Quite often [REDACTED] show people around but they don't introduce you".

"I only know [REDACTED], I have met him once, I have never met the others".

"I've only ever met one of them - [REDACTED]"

"The three managers named, They are just names to me".

"Not had a presence on the wards".

"To be honest I think I have seen these people on the Ward once. Seen [REDACTED] I think once, possibly twice.

"Overload (of Patients) from the eastern side seems to be ignored or disregarded, [REDACTED] I'm fed up with hearing about this East/West business. People should just get over it".

"I'd have to say if someone had been sent in deliberately to destroy the morale of the team, they couldn't have done a better job".

"They don't ask us or tell us, you just get a memo and you're told".

"They seem to make all the decisions but you don't see much of them".

"I've only ever seen [REDACTED] once, I've seen [REDACTED] 2 or 3 times, [REDACTED] occasionally".

"To start with, I don't know what any of them look like".

"Like the [REDACTED] - people like that. They just suddenly appeared one day. No one knew who they were, what their role was: and then they just suddenly appeared on the Unit on occasions. There was never an introduction as to who they were".

"Definitely feels like it is us and them.... Management and us. Permeates throughout the Unit".

"Since I signed the petition there is a definite atmosphere. When you pass in the corridor there is no hello even if there is eye contact".

"We're told just make it happen, they didn't want to listen-get it done".

"Every body is working in a little bubble".

"Nobody owns an issue".

"The lady from Wrexham who was running Cynan when [REDACTED] was off, a very pleasant lady; they didn't even have the decency to tell her when [REDACTED] was coming back; Staff Nurse had to inform her. If they treat people like that, I'm sorry".

"They wouldn't even know who I was if I was a Staff Nurse".

"[REDACTED] came into our office one day and I didn't know who he was. He just clicked himself into the office and sat down and the ward clerk said sorry can I ask who you are?, [REDACTED]"

“At first a new broom sweeps, does its own thing dont they, like set out their own way of working. But it seems to be going wider and wider you know . There doesn't seem to be a compromise where we all come together, it just seems you do this or you do that. You do as I say or lump it”.

“I couldn't identify [REDACTED] if I passed him in the corridor. I think I've seen [REDACTED] I think I have but I couldn't identify the man as being [REDACTED]. The only reason I know who [REDACTED] is he included a picture of himself in the newsletter”.

“We began to joke about the fact we had never met [REDACTED]. We joked that they were urban myths”.

“He wants this, wants that, but in terms of directly I have never seen the man, I've never met him. I only know obviously his management style;it's not communicating with people even sort of, even on a spurious level. I dont know the individuals directly”.

“We dont find our Managers approachable at the moment”.

” We see [REDACTED] more, not coming on the Ward though, just around the Unit”.

“ I think out of the three of them I could more or less say I have spoken to the one person in the couple of years they have been there”.

A lack of understanding from Management that Patients needs always come first.

“If you are called away it goes off (the screen) so its very difficult to fill in the incident forms. You need time”

“They said they didn't even have time to fill in the incident report”.

“All I can say is when we cant give the Patients what they need and what they want it creates anger. We have ended up restraining a patient where he had section 17 leave from his Consultant and we couldn't give, it happens a lot lately”.

”It's unsafe on the Ward I feel, It's the workload plus were not giving Patients the time really”.

“ As part of the HIP we review incidents. To me they were just interested in the forms that were filled in, whether time limits were met, whether policies were followed rather than the substance of what we do that is why did the woman kill herself? And [REDACTED] actually said that, we're not interested in that we're just interested in the processes and to me that typified the whole attitude, which I find totally bewildering”.

“Basic needs as in if someone needs a bath every day – sometimes we can't even do that; because of lack of time; and lack of Staff”.

“How can I assess a Patient with all I see is, oh right-they've taken a tablet; and that is not on the odd day; that is increasingly; the workload and the Patients are getting neglected; for me its horrendous”.

“They send policies through saying read and sign. A policy says you shouldn't do status 3 for more that one hour. Sometimes it can be one and a half hours. They send polices through to sign but they dont work”.

“Again, we dont have time really for a lot of Patient contact; it looks like we are sort of overtaken by paperwork, audits, looking at things like that you know

Two Ward Managers were asked to leave their shift, staff on the unit are shocked by this action and feel because they have spoken out they have been moved. The two Ward Managers have been removed the same week the the Unit Manager returned

“An e-mail went around Ty Llewelyn informing staff that a named member of their staff was being redeployed as Cynan Manager. Clearly they had no intention that we were returning”.

“If [REDACTED] can be removed who else can be removed”.

"We were left Manager less".

"Devastated-they were just moved".

"We were all shocked, it could happen to anybody, we were really upset-we think a lot of our Ward Manager-she is there for the Patients and she is there for the Staff".

"I haven't seen it in history – Management doing something like that – as if they're Gods, I think they think they are above the law; they can do anything; and they think we won't be affected; we are seriously affected by it, they are our advocates."

"It seems like Management can do what they like despite what you do or dont do".

"We were never informed formally by anyone that ██████ had been asked to leave and never formally introduced to the Ward Manager. And the same when ██████ came back, they didn't have the courtesy to tell ██████ (Interim Ward Manager) that he was coming back the next day".

"I went to work the following morning (I had been off). I was the only Band 6, I was holding the bleep. I went down to the training room, all the Managers were there including the Modern Matrons as well. I just was not acknowledged at all, nobody said anything to me.- you know despite what had happened: it was like I wasn't in the room really. I expected somebody perhaps to say something. To be honest that was the first time that I had actually met ██████ I didn't even know what he looked like until that day. I then didn't see anybody until about ten to five. I was in the office when ██████ and ██████ came to the door with a memo and put it in front of myself and a colleague, and said "that will be your Ward Manager from tomorrow, with a name".

Removing the Ward Managers from the Unit has affected Staff morale adding to the chaos.

"It just seems in pandemonium. The workload is incredible".

"We've had days where there are 18 patients on the Ward with 11 Consultants looking after them".

"We were left without a Manager on a very busy Ward and we couldn't understand why as we know ██████ is is very committed and hard working".

"I think we feel sometimes that Managers feel we are not doing our work properly".

"For example I came in one day and the office had been moved all around. We didn't have notes----that caused chaos, instead of just waiting----thinking----of an easier way to do it".

"That's where I would say the chaos is----trying to ensure the Patients get something from us".

"Our long term Patients-----absolutely knew something was going on-----and we couldn't answer their questions.

"Constantly worrying that someone is going to come along and ask you to leave".

"Terrible, terrible chaos, nobody knew what was going on".

"The Nurses are so swamped, the Health Cares run the ward".

"I've never in 10 years felt so shocked".

"The morale was awful. I started in the late 70's and I've never thought in all those years - steel yourself."

"Almost frightened to speak because I was so angry and I was almost frightened what I might say".

"One day you hear from Staff that ██████ is on gardening leave; You walk in and there is a lady there in uniform who didn't introduce herself, although she was very nice".

"We found out that that a Ward Manager from Ty Llewelyn was coming over. How we found out about that, it stinks it really does; every member of Staff on Ty Llewelyn was informed, but we weren't, there was a memo on the Ty Llewelyn notice board, before we knew".

"One of the members of Staff from our Ward were told when they went to funeral. Oh, ██████ going to be your Manager for a year. You know if things like that happen surely you should be told by a Manager".

"It's because of low staffing levels. I feel a lot of things are being missed in terms of paperwork, care plan reviews, Patients needs as well, you know section 17; the work load is so chaotic at the moment that things get missed".

"By the time you have done six status 2's its time to start again. You cant concentrate on anything else, so we find that the Patients are not having quality time".

"You can't leave the status 3's so its usually the status 2's that get missed".

"We have handover then I quickly go to the clinic and give morning medication because by 9 AM one person has to take part in the morning meeting; thats the new thing. So there is an extra responsibility, but i'm thinking when I get hurried through the medication - what if I had made a mistake, it would be my registration, but the pressure is there; theres not enough qualified to do all the jobs".

"Nowadays it takes me 2 days to switch off and I know as well there're other members of Staff they phone up on their days off to say have I done this?, have I handed over that?, is everything OK?".

"I'm tearful: I'm trying to hold it together in my work but there have been moments when I have been crying".

"You think you dont know how to do everything and I remember looking at the clock and it was 8:50 and I thought oh my god I've got another 12 hours here".

Staff feel insecure about their own positions if they speak out are reluctant to express concerns via the Whistleblowing Policy in case of repercussions and consequences.

" People feel well if I say anything it could happen to me too".

"I have to add, she used the words I think they are out to get me, in the months before".

"There are so many people in temporary positions and that puts people in a very difficult position in their ability to say no to things".

"I haven't got examples but it is my personal opinion - It's how I feel - I think everybody in every job would be scared to challenge the Senior Managers. Nobody wants to lose their jobs now do they".

"Dont know what is going on or if something is going to happen to you next".

"I really do feel they want to get rid of me".

"It's the general consensus round the whole Unit, they want to get rid of people".

"There was a period where it felt, they've got rid of ██████ and I felt, I'm next".

"Its a very unhealthy environment down there, very unhealthy. Everybody is scared, frightened, everybody wants to maintain their post".

"I think you would have lots more people come forward, but there are a lot of Staff who are just looking forward to retirement".

"You know you just fear that there's been this kind of drive to push everything through irrespective of your kind of worries, or if you spoke out in what you believed was in the best interests of the Patients; that you feel that there will be repercussions about repercussions with it really; purely because what has happened you know, we have not just had ██████ - various other people. You just feel there would be repercussions if you were actually to open your mouth really, it's a worry; and I feel the same now to an extent, you just have to keep your head down and crack on"

Staff morale on the unit is low.

“Morale is the worst I have ever seen, I have been there 16 years and have never seen an atmosphere. Stressed as soon as they come in through the door.
“I knew it was going to be an awful day as soon as I came in”.
“Come on shift looking forward to days off”.
“Qualified Staff have been in tears, unable to take breaks on a 12 hour shift”
“Regularly Staff are stressed out because they haven’t had a break, go home worried”. “
“Sometimes Staff ring in to check they have done things, after they have gone home, because they are so busy and stressed”.
“There is an inability to provide acceptable levels of care”.
“Levels of care with the Staff we have got are basic”.
“Not having a Ward Manager was a very low point”.
“People just dont seen an end to it”.
“The building not fit for use”.
“I’ve worked with a few Nurses and we have all gone home crying”.
“Nobody had a smile on their face”.
“Feel quite powerless”.
“It was almost surreal, it was just grim, you know really grim”.
“I’ve seen them in tears at the end of a shift, - because they are people with a conscience”.
“There are days when we have given out the tablets when we are supposed to, fed people, nobody has absconded, we’ve got the right number of Patients at the end of the shift. Thats as much as we can achieve. Thats really frustrating”.
“When you’ve got Management saying, how are you going to give one to one time for every Patient. Every Patient should have one to one time and have the box ticked. The implication is that people dont want to do this, they desperately want to but they can’t”.
“I loved my work, now I hate it, I hate it, I really hate it”.
“Its not being able to spend time with the Patients, rumours constantly that things are going to change. Why not get people enthusiastic about making positive changes for their Patients”.
“I’d say its the worst I’ve known it in 7 years”.
“To be honest its more paperwork than anything now”.
“I’ve been there 15 years its got to the point where everybody is dreading going into every shift; its never been like that”.
“I’ve been thinking what can I do to get this either changed or get out of the system, because I cant see myself working another 20 years like this”.
“I have been Nursing for 40 years and I have never known anything like it”.

No one questions why an experienced respected Manager has been off [REDACTED], now also two Ward Managers.

“Just accepted the [REDACTED] would come in and [REDACTED] seemed to be sidelined into [REDACTED] position”.
“We were told [REDACTED] had gone off sick with work related stress”.
“Nobody was informed of what arrangements would be, were put into place in [REDACTED] absence”.
“It was a big loss, You know [REDACTED] would walk around the Unit, she knew you. She would say hello (by name). If there were concerns it would go through your Ward Manager and then through [REDACTED] there was kind of umbrella”.

The Ward Managers have been stripped of all autonomy to make decisions on a day to day basis.

"They felt like that when the offices were segregated".

"This is another point people feel, decisions made off the Ward. Dont even know who made them".

"When I returned to work she said the person who had been covering the e-rostering would continue to do it. I said I am coming back , I will do it from the 1st October, left it at that. Since I have been back in work I've had the person from home treatment turning up on the Ward announcing she is doing it. I'm saying no, I'm doing it".

Ward Manager post filled by a Band 7 who has been working with the elderly for 14 years, who left the position after one week as expected to be responsible for two positions. She asked to leave due to the excessive workload.

"She was also doing another job so she used to have to leave about 2 o'clock. To be fair I think it was just too much for her."

"The backfill for the community post never occurred. Couldn't do both jobs as professionally couldn't be in charge of both"

There is an atmosphere of bullying and intimidation from Senior Management. Also a lack of communication from Senior Management to Ward Staff.

"This is how it was communicated to us, this has to happen. We've got 2 weeks and if we didn't carry it out we would be personally be held accountable. ██████ said that. He said he would meet us individually to see if we had done it. Very intimidating"

"When I met ██████ after a night shift I can honestly say that was the first time that I have seen him, that was in the last 2 months"

"These people could walk past me and I would be hard pushed to know who recognise one".

"They dont come onto the Ward to introduce themselves and me personally to know who they are".

"My judgement is that that they've just got the balance wrong between taking people with you and getting things done in totally the wrong direction. Getting things done without taking people with you".

"Like I say, Ive only met ██████ and he was nice with me".

"Comments at the end of e-mails say things like "Its not optional", "must attend", "non attendees names will be reported to ██████".

"Almost a sinister undertone".

"At one time ██████ was told to bang heads together. ██████ is a very decent person and found it difficult to deal with these comments".

"He ██████ became more angry and hostile as the meeting went on. When asking for clarification at one point he said "You don't crap on me and I wont crap on you". That set the tone since. We were aghast at that response. I have never been spoken to like that by a Senior Manager. We were really taken aback. We didn't know what to do, it was the first time we met".

"That sort of statement it just breaks down a relationship straight away".

"This is not an option".

"I'd been saying for some time that they are out to get us, you just pick up the body language, the tone".

"If you don't stop being negative (she meant raising concerns about staffing levels, levels of acuity demands on beds and so on) they will move you on. She wasn't voicing it as a threat, she was voicing it as a warning".

"The question that should be asked is how someone like me could be reduced to how I am at present, stripped of all autonomy, feeling despairing, lacking in trust and fearful for the future".

"For the last 6 months I had the feeling we are going to be persecuted. It was happening to [REDACTED]. Once [REDACTED] had gone - we would be the next target. Once [REDACTED] went: it started".

"When I raised the issue about training in supervision (the only one that took place). I was told I just have to get it done".

"Managers were coming around the Wards doing Patient satisfaction questionnaires, going round talking to the Patients" (The issue here is Ward Managers were not told why) I had a funny feeling it was about let's try and pick up some dirt. I had nothing to hide, I was quite transparent about things".

"A Deputy Manager post was advertised. There was no Job Description. When asked about the Job Description told; that your job description is to do as you are told".

"Bullying from Senior Managers? There is more bullying from the Consultants, that would be the main thing more from the Consultants than the Senior Managers".

"You are lucky to get a response from anyone. I know I have sent e-mails with different concerns and issues. I usually go to the Interim Modern Matrons first with any concerns, but quite often I never get a response to any of my concerns".

"You get to the stage where you think, they are not bothered, they are absolutely not bothered, and then you take things on your own back, you know, so we address things ourselves".

There is a lack of communication from Senior Management re the changes; Staff has been hit by a barrage of changes with no acknowledgement of the day to day clinical need. Interview room recently changed into an office.

"I think the changes have been done far too quickly and we haven't been listened to."

"With the interview room we were just not told."

"I did hear a rumour they were going to do this zone thing - but that not been put into place."

"There was no rationale and no attempt to get us on board". "

"Everyone should be spoken to at least once on each shift. I mean of course they should. But then it was all about, how do we audit it, so how do we tick the box?".

"Discussed with Staff who are able to attend the meetings (HIP). But difficult to attend because we are short staffed".

"The admission paperwork, it just arrived, nobody knows where it came from".

"Attended meetings at the beginning when things were spoken about, very hard to provide staff".

"We learned that the Band 6 role would be changing from the Trust newsletter".

"I'm sure if you mentioned the HIP to most staff they would just think it was a joint in the body".

"HIP tried to set up communication groups; personalities group; to deal with challenging behaviour people; it has tried to set up communication groups; meetings didn't happen for a while. I had to write to apologise I can not send staff because there's no staff to send because of the ward; so I know they restarted last week the communication group. Personality I haven't heard; don't really know if that is still going on".

"You need to have a vision, instead of giving verbal information about what is going to change".

"The Staff on the floor would be happy to change, they want to spend more time with the Patients. They want to work therapeutically. It is the system that needs to change".

"This new documentation was produced. Again there was little involvement of any clinician on that group. One day we were told here you go - this is what you are using now".

"The site foreman had to tell us we were moving over the corridor at one time".

"They are literally across the corridor, it's not lack of opportunity or time".

"We have never been party to the discussion as to how many Staff are needed-never been party to the number of staff required".

"The Ward Clerk moved from the Ward office when I (Ward Manager) wasn't there. The place was in utter chaos, the phone lines weren't connected up. It was unbelievable the mess".

"I did express my concern it will be driven by Management, I said I seriously hope all of us will be involved. I was never involved".

"There is a notice board there, you might have to climb up some steps to read it. It is very confusing, you have to have time to stand there and read it all".

"We hear things through chinese whispers".

"There is no clear vision of what we are supposed to do".

"It's process driven very bureaucratic".

"I was in HIP training and I said "you know what I feel like [REDACTED] a little gerbil in a wheel providing electricity", because we are never involved in anything.

"These gentlemen come into the office, they never even say hello, they never introduce themselves".

"Oh right we want this too happen today. Its just they'll come in, drop something on us, cause upheaval and then turn around and say thats your fault isn't it!".

"It's in the foyer I believe. Its all colour co-ordinated and really impressive; to be honest this is kind of laughable, haven't even been able once to stand in front of it and have a look".

"The notice board? Yeah it was raised at the time, staff were not involved"

"Informed there was a notice board somewhere in the Unit with information. We're not told where the notice board is or what is on it".

"I mean you can write them a letter or e-mail them and not get a response, that's quite often the case".

"You just dont know what you are walking into really maybe thats the thing, because there are all these kind of changes, and things happening to you that you dont have knowledge about; you just, you just walk in thinking what will be there to face me today".

Staff has not been happy with the way the changes have been done. There has been no consultation with Staff regarding changes and their views have not been taken into account.

"I think the changes that they are bringing, to be fair to management, I think some of the changes are good. I think the changes are being brought in too quickly".

"I'm not against change, I think change can be really good. I'm not stuck in my ways but let's do it properly".

"The closure of Gwalchmai Ward took place at very short notice. Done when Ward Manager was on holiday. Staff redeployed to other Wards temporarily. Staff were told there would be two new Wards created from the three previous Wards, with all the Ward Staff being considered for the new Wards. No such thing happened and consequently the Gwalchmai Staff who were redeployed have struggled to integrate."

"Its just been rumours that the shift patterns were going to change and then the uniforms.
"I know there has got to be improvements. I welcome any change but we are the ones on the shop floor, we're accountable as Nurses. If change is enforced we need to know why".
"Feels like an undercurrent of stuff going on, dont know why and what, then suddenly something happens, scary really".

"A bit of hearsay and then it all happened".

"There may be a memo on the noticeboard but I am too busy to attend the meetings".

"I was working that day and we were just told. The office is moving today".

"It's a rumour zone. Nobody ever tells you properly".

"I think sadly Staff are getting to the point where there is no point in complaining anymore, nothing changes".

"Reception was changed. You know, change is good but the wouldn't listen-----risk management had to come in the end to sort it out."

"The form has become the issue. The process has become the issue".

" Small section of staff are taken into account, I've hardly seen any point in going because whatever I say is going to be ignored".

"Thats the impression I get from Managers, you go to them with a problem and nothing is done about it".

"The meetings they arrange. The HIP meetings, they dont invite anyone, they don't cascade down the minutes. They announce the meetings on the day".

"We used to have regular Ward Manager's meeting with [REDACTED] but that has gone".

"The HIP doesn't seem to be going very far, no massive amount of engagement from Staff. its like you're not listening to us so we 're not going to engage with you".

"Very much a feel of were not budging, fight everything".

" Not that I have been very involved in it. I've heard about it more than actually been involved in it".

When their has been consultation Staff have been paid lip service and Management has not listened to Staff views.

"I think things can be changed for the better, Staff need to be listened to. It felt like a lot of process. Change had taken place from above down instead of looking actually how the Ward is working".

"We were expressing our concerns about Staffing levels, levels of acuity on the Wards, bed occupancy rates, but we were accused of being negative, when really we were being realistic".

Lack of resources to make the changes.

"I'd say extremely short staffed, 4 staff on a shift is not enough".

"The only way Ward Managers can do these things is by not doing something else which would have been clinical".

"The more work that Managers try to put on the Nurses the less time there is to spend with Patients".

There is a constant pressure on beds since Gwalchmai Ward closed, with Patients constantly being accepted from out of area.

"It's awful. Some times we can have 19 Patients on our ward (18 beds). Patients in the lounge with a sofa and quilt waiting for either Heddfan or Ablett".

"Before Gwalchmai closed we knew more of our Patients, now we can get a lot of people in who we know nothing about them."

"We're getting a lot of Patients from other places, it's not fair on the other Patients really."
Why not do an inpatient improvement programme across the board? The message we are given is that Wrexham is wonderful".

"On our Ward we've a handful of young men early 20's with 90 year old ladies with Zimmer frames needing toileting every 2 hours. Not practical. Not a good mix".

"We were told Gwalchmai was closing today and they started moving Patients over".

"We've had patients from the Intensive Care Ward who probably shouldn't be out---- assaulted a member of staff, it upset the whole Ward".

"It just shut. It was as simple as that. The Ward Manager was on holiday or annual leave at the time

Dr Tranter's patch covered by approximately 10 Consultant Psychiatrist over 12 months. This was confusing for Patients and Staff.

"Oh my goodness it was awful".

"Again that was insane. People were being told on Friday afternoons whether they were going to be employed again on the Monday - much more sensible to offer people 6 month contracts".

CPG have made changes to the Doctor's Rota.

"It's been totally chaotic".

"Sometimes we're left with no Doctor cover and we're left with a Patient with no medication or prescribed medication".

"Trying to manage really difficult Patients on the ward with no PRN medication".

"There have been lots of occasions when there just has not been a Doctor". "Bleeped Doctor and Doctor's gone. They never tell anybody. Ringing for hours and the Doctors dont answer, we discover there is no Doctor. We do have a lot of that. For a couple of years that did happen a lot".

There has not been medical cover on Hergest between the hours of 6 AM to 9AM and 5PM to 9PM. Also some weekends have not been covered.

"You dont know what the Rota is and who's on call and when they're on call".

"You never quite knew, usually it would be the person going home who would say there was nobody coming on".

"Nobody ever told us there was no Doctor on that day".

"I walked onto a shift today to be told there is no Doctor on call tonight. It just happened to you - very risky isn't it"

A recent incident (in the past 8 weeks) when a Client attempted to hang [REDACTED] on the Unit , there was no Doctor available. The bleep was found in the Doctor's room. This happened on a Saturday.

"I know there used to be a sacrosanct system that the Junior Doctor would never lose the on call bleep. Now the bleep is left when someone finishes it's not automatically the Junior Doctor's role to check".

"The worrying thing was if we bleeped a Doctor, we didn't know if the Doctor was there.

On numerous occasions in the end I would go looking for the Doctor to find the bleep had been left on the Doctor's table. A major Patient safety issue".

On certain days on Aneurin Ward there have been 6 Ward Rounds which are difficult to manage.

“We are rushing with medications as we now have to attend the 9 o’clock meeting (off the ward) and Consultants will turn up at 9 o’clock for a Ward Round.”

“It’s awful, the other day I had to do 3 Ward Rounds and leave a Bank Nurse on his own.”

“Yep Wednesday is horrendous for Ward Rounds”.

“You know, these Ward Rounds. It’s so busy doing the Ward Round and then writing up, people are discharged maybe, doing TTOs, as Health Cares we dont have a handover to know what is happening”.

“The problem at the moment is that there is a split in the delivery of things. There’s a move toward an acute care model but there are still Sector Consultants as well who want to keep their admissions. There are pro’s and con’s to both systems, but it can’t be a mixture of both. It confuses the hell out of everyone”.

“You are relying too much and Health Care Assistants, who are excellent, but you are very much relying on them to be out on the floor because you are taken away for a whole morning, or a whole afternoon to sit in a Ward Round”.

Four Staff on each shift is inadequate in relation to bed occupancy and turn over of Patients. The care delivered as a result is basic.

“We should be able to sit with our Patients. Every Patient should have one to one with us, whether it is painting their nails or doing their hair, instead of zooming past. That’s not care is it?”.

“They will get basic care off the Health Cares”.

“We are finding it very difficult to do at the moment, you know, they are asking us, we are supposed to do a one to one, perhaps on a daily basis and its almost impossible and it is very frustrating from our point of view as Nurses”.

“If you have somebody who is clearly unwell and you have got a frail old lady sat in her room, you know they tend to get missed, you know, because you know your time is being taken elsewhere”.

“I’d love to be able to take people out for walks, you know I would love to give them them the type of freedom and liberty”.

Two Band 6 Nurses constantly on nights to cover the demands of the out of hours liaison service.

“Used to be done by Junior Doctors, taken from the Unit to do these new roles. Just been given additional work. Rostered for duty on the Ward but then asked to leave the Ward to do assessments”

Short staffing has resulted in, Staff being unable to take their breaks on 12 hour shifts, The Ward Manager struggling to cover the off duty, The Ward Manager not being supernumerary because clinical needs are priority. Staff have expressed concerns that they are not able to meet the demands of the day and have been upset and concerned that they have not been able to spend enough time with the Patients.

"When I get home I worry, there's stuff you think about when you get home, did I do it, did I document it.....that's another big issue isn't it."

"It's very rare to have one to one time because you're getting called away to do something else."

"YG and the Hergest Unit have worked well over the years. You're governed by Wrexham now, as if we have lost our identity in a way. You would see [REDACTED] (a previous General Manager) 2 or 3 times a week, he was a hands on man."

"You very rarely get any time to do anything non clinical with a Patient, never ever get the opportunity to do that anymore. The only time we go out of the Unit now is if a Patient has absconded".

"I go home, think about something and then phone work, forgotten to write in someone's notes, didn't put meetings in the diary, people do forget things, we are not robots".

"Quite angry and upset about it, worked to the bone really".

"You know, it happens a lot. The other night, if you have got a lot of bank staff not experienced in de-escalating situations, you feel vulnerable".

"The Unit does not feel safe sometimes".

"I just don't feel like I am doing a good job even though I have been struggling to do everything I can. You know you've done everything you could have done but you know that [REDACTED] was neglected".

"The quiet ones (Patients) that are actually too ill to speak out. Sometimes you sort of forget about them and maybe they haven't had a drink".

"I've been left on my own, singlehandedly. On my own answering phones, dealing with the Patients; chaotic".

"You go home at the end of it, drained and you haven't done what you are there to do, care for people. Disheartening".

"At the moment we have got a few elderly people. Not so mobile. Might need prompting with fluids and helping with eating. We're so busy I don't think they get what they really need. Sometimes when people are that quiet they just get left".

"If everybody is still alive at the end of the day that's the best I can do".

"I've done the best that I can, I haven't done everything I would have liked to have done. It's a bit like, nobody's dead, there have been no major incidents. I've worked flat out and I can do no more".

"I've gone home in tears, the worst thing is, I mean it's an example of most days anyway, it's the loudest that get heard. It's the little old ladies that get missed".

"I had days when I am driving home thinking, I've spoken to no one, rushing around going here's your tablets, are you ok?-great; that's it that's my input for the day. You're thinking to yourself you know Patient care is being compromised".

"You go off shift and you think, the opportunity wasn't there, then you feel that you've let that person down; that you haven't been able to give them the time really. In the field we are working that's highly valuable isn't it, it's valuable to their recovery, it's just not there".

"Paper work and meds. yeah, that's all it is. Patient contact is very limited. There are some Patients you only see to give them their medication".

"You finish a 12 hour shift and you feel guilty wondering if you've done everything good enough".