Response – scrutiny panel NSA

Velindre has one ward in the category of 25B.   Staff have responded positively to the introduction of the Nurse Staffing Levels (Wales) Act 2016 and see the value of measuring patient acuity and nurse staffing levels. They see the benefits of being able to evidence their workload and negotiate more staffing when patient needs increase.

Recruitment of nursing staff has been more challenging over the last 12 months, there is a national and global shortage of nurses and all health boards and trusts are struggling to recruit from a diminishing supply of nurses. There is a legal obligation for us to calculate and take all reasonable steps to maintain the nurse staffing level but this may become more challenging if the supply of registered nurses is not addressed. In Wales we are looking at a multidisciplinary approach to the team around the patient and legislation may need to alter to reflect the whole team caring for the patient.   The assistant practitioner role will also need to be considered as in Velindre we have recruited into this role in the outpatients department with the aim of future rollout to the ward area. Will this role be recorded separately to the band 2 and 3 HCSW?   Templates may need to alter as the reportable planned roster could look quite different to the current version.

Although every attempt is made to make sure that each shift is covered with enough nurses to effectively care for patients this can be challenging on occasions due to last minute reported staff sickness, an increase in admissions and fluctuating acuity levels. SafeCare has enabled nurses to raise concerns in relation to patient care. Positively nurses can now raise live red flags if they feel nurse staffing levels are insufficient and that patient care is compromised. The triangulated approach allows the nurse to use professional judgement which also gives a level of autonomy.

A challenging aspect throughout the process has been the digital infrastructure. SafeCare implementation has helped to bring together acuity and nurse staffing levels, however, there are remaining challenges in the extraction of data from the

system. A package of data retrieval is still being negotiated and costed, retrieving the data to create meaningful visual metrics is challenging and labour intensive. It would have been helpful if these issues had been ironed out from the outset as we have a system that currently doesn't offer all functionality to make it fully effective.