

8.a Appendix 1

NURSE STAFFING LEVELS (WALES) ACT

1. INTRODUCTION

During the last year regular update reports have been provided on the steps being taken to enable the Board to declare compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 (hereafter referred to in this document as 'the Act') and also demonstrate application of the statutory guidance issued to Health Boards in November 2017.

This report sets out the outcome of the extensive nurse staffing level reviews which have been led by the Interim Director of Nursing and Patient Experience in collaboration with the Unit Nurse Directors, Heads of Nursing, Ward Sisters/Managers and senior members of the finance team. A total of 38 wards were identified as requiring consideration under the Act. The Board is asked to consider the outcome of the review of nurse staffing levels across the 38 included wards and the options identified to enable implementation of the findings from the review to achieve compliance with the legislation. Recognising that any uplift to nursing establishments will be challenging to deliver from both a workforce and financial perspective, and because of the constraints that these specific challenges will pose full implementation of the requirements is likely to extend into 2019/20 in common with other Health Boards in Wales. Three options have been identified for the Board to discuss and a recommendation made to endorse.

2. BACKGROUND

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016 and has had a phased commencement. The Act requires health service bodies to make provision for appropriate nurse staffing levels and ensure that they are providing sufficient nurses to allow them time to care for patients sensitively. It is acknowledged that not all patients' needs are the same and therefore one patient does not equal one amount of work. A triangulated method to calculate the appropriate nurse staffing levels is to be used across Health Boards in Wales which consists of:

- Patient Acuity
- Quality Indicators
- Professional Judgement

Section 25A of the Act relates to the overarching responsibility placed upon each Health Board, requiring Health Boards and Trusts to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017. Section 25D of the Act required that Welsh Government devised statutory guidance to support the Act, this was launched on 2nd November 2017. An operational handbook was subsequently

developed to assist Health Boards and Trusts interpret and implement the requirements of the Act, this was issued at the end of March 2018.

The Statutory guidance and associated operational handbook relates to sections 25B and 25C of the Act and requires Health Boards and Trusts to:

- * use a specific method to calculate appropriate nurse staffing levels;
- * take all reasonable steps to maintain the nurse staffing levels within adult in-patient medical and surgical wards; and
- * inform patients of the Nurse Staffing Level.

These duties, together with a requirement to formally present the nurse staffing levels information to Board on an annual basis, came into effect from 6th April 2018.

Furthermore, under the reporting duties outlined in section 25E, the Health Board must submit a three-yearly report to Welsh Government, along with an annual report to Board outlining compliance with the nurse staffing levels, the impact upon the quality of care where the nurse staffing level was not maintained and the actions required in response to this.

3. BOARD RESPONSIBILITIES POSITION

Sections within the Act relate to certain responsibilities which Health Boards had to deliver to reach full compliance:

25A relates to the Health Board's overarching responsibility, which came into effect in April 2017 requiring Health Boards/NHS Trusts to ensure they had robust workforce plans, recruitment strategies, and structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

Actions taken to achieve compliance:

- Confirmed designated person as the Director of Nursing & Patient Experience.
- Developed a monthly Health Board Multidisciplinary Nurse Staffing Act Task & Finish Group, chaired by the Interim Deputy Director of Nursing & Patient Experience, which reports to Nursing and Midwifery Board and the Workforce & Organisational Development Committee.
- Conducted a review of workforce planning procedures, for 2018 to 2021, which include; Health Board recruitment events, retention, workforce planning & redesign, training and development.
- Representation on the All-Wales Nurse Staffing Group and its sub groups.
- Contributed in the work undertaken across Wales on patient acuity levels of care.
- Undertaken a formal review across all acute Service Delivery Units for calculating and reporting nurse staffing requirements to ensure a Health Board wide consistent approach is adopted.
- Present a Health Board position status papers to the Board.
- Provided acuity feedback sessions to all Service Delivery Units included in the audit.

- Formally launched the Nurse Staffing (Wales) Act Guidance

Status: **Compliant**

The Statutory Guidance relates to sections 25B and 25C effective from April 2018 and requires Health Boards to use a specific method to calculate appropriate nurse staffing levels, to take all reasonable steps to maintain the nurse staffing level within adult in-patient medical and surgical wards and to inform patients of the nurse staffing level.

Actions taken towards meeting full compliance:

- Confirmed the 38 adult acute medical & surgical wards within the Health Board. These areas have been agreed using the criteria set out in the Operational Handbook.
- Risk Assessments completed by each Service Delivery Unit to assess readiness.
- The Welsh levels of Care document edition 1 was signed off by Nurse Directors and the Chief Nursing Officer for Wales on the 19th December 2017.
- The Welsh Levels of Care and Operational Handbook have been circulated to Service Delivery Unit Leads and uploaded on the Clinical online information network via our Health Boards intranet.
- Introduced a rigorous data approval process to ensure accuracy of the 6 monthly acuity data prior to sign off. There have also been a number of workshops organised across the organisation to ensure a consistent approach to data collection of acuity data.
- Raised the issue regarding Information Technology barriers around the capture of data required for the Act on an All- Wales and Health Board basis. There is national work on solutions for electronic capture of acuity data.
- Completed the template (APPENDIX 1) set out in the Operational Handbook for the 38 acute medical & surgical wards included in the Act. The Service Delivery Units, in partnership with nursing, finance and workforce colleagues completed the All Wales Templates.
- Mobile devices implemented for use within adult acute medical and surgical wards included within the Act.
- Developed a Health Board Operating Framework to support local compliance with safe staffing in the event of staff absences etc

Status: **Compliant**

Section 25D of the Act, Welsh Government devised statutory guidance, which following a period of consultation, was received and launched on the 2nd November 2017.

Actions taken:

- The Health Board supported the launch of the statutory guidance and ensured its publication on the intranet and distribution to Unit Nurse Directors, Executive Directors and Service Directors.

Status: **Compliant**

25E which took effect from April 2018 requires Health Boards/NHS Trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward.

Actions to be taken to meet compliance:

- Mechanisms in place within our Service Delivery Units to evaluate/monitor rosters, whilst introducing an electronic rostering system in line with the spend to save project initiation document
- Processes in place to escalate rota gaps to Nurse Bank which maintains a 75% fill rate
- Clinical Nursing areas within nurse staffing Act wards are in the process of transferring to electronic rostering as part of the Electronic Rostering Project plan, to support the escalation and monitoring of non-compliance. Date for full implementation to be identified within the project plan with key milestones throughout 2018/2019.
- A Board report will be presented in June 2018.
- A three yearly report will be completed for Welsh Government using the agreed National Template. The first report is due in April 2021, which will include the previous 3 year compliance position.
- Implement all Wales Templates, which are visible and signed within the agreed 38 ward areas, informing patients of planned roster (APPENDIX 2).

Status: **Compliant**

4. CALCULATING THE NURSE STAFFING LEVELS

The Health Board must calculate the number of nurses - and those Health Care Support Workers undertaking nursing duties under the supervision of or delegated to by a registered nurse - required to provide patient centred care and to meet the holistic needs of patients, in every adult acute medical and surgical ward.

A triangulated approach is used for this calculation, utilising three sources of information to determine the required nurse staffing level. In this situation the information triangulated is both qualitative and quantitative in nature. The triangulated approach must include:

- **Patient acuity** - using the evidence-based workforce planning tool (Welsh Levels of Care) to determine the nurse staffing level that will meet all reasonable requirements of care. The aging population of the UK contributes to a higher level of acuity seen within our wards. The higher the acuity of patients the more at risk they are of developing pressure ulcers and falling – both of which are reported to Welsh Government as quality indicators. The increased level of acuity on wards requires a greater number of nursing staff to safely manage the clinical area, sensitively care for the patients and provide one to one nursing care or increased levels of observation to maintain safety. Increasing numbers of patients

require total care – from feeding and drinking, through to high level emergency specialised support with responses to the rapidly deteriorating patient.

- **Professional judgement** – the Unit Nurse Director in conjunction with relevant ward sister and senior nursing team using their knowledge of the clinical area plus the evidence from the acuity data to make an informed decision.

- **Quality indicators** - Part of the triangulated approach involves considering those quality indicators that are particularly sensitive to care provided only by a nurse. To reduce the burden of measurement, quality indicators that have an established data source should be used and the Act advises the designated person to consider the following quality indicators as these have been shown to have an association with low staffing levels:

- **Patient falls** - any fall that a patient has experienced whilst on the ward;
- **Pressure ulcers** - total number of hospital acquired pressure ulcers judged to have developed while a patient on the ward; and
- **Medication errors** - any error in the preparation, administration or omission of medication by nursing staff (this includes medication related never events).

5. WHERE WE WERE

For the 38 Wards that were to be included within the Nurse Staffing Levels Act our costs analysis for the financial year 2017-18 were as follows:

SDU	No. of Wards	Registered Nurse Establishment	HCSW Establishment	Total Establishment	Registered Nurse cost	HCSW cost	Total Cost
Morrison	21	443.14	214.15	657.29	£16,839,320	£5,460,825	£22,300,145
NPT	1	11.81	4	15.81	£448,780	£102,000	£550,780
POW	10	227.79	119.55	347.34	£8,656,020	£3,048,525	£11,704,545
Singleton	6	124.04	70.97	195.01	£4,713,520	£1,809,735	£6,523,255
TOTAL	38	806.78	408.67	1215.45	£30,657,640	£10,421,085	£41,078,725

- Costs are based on average costs for staff including standard level of enhancements.

Supervisory status for Ward Managers was only partially met across a number of wards. The wards previously had only 23% headroom, which was insufficient for annual leave, statutory and mandatory training and post registration training for advanced clinical skills.

5.1 WHERE WE ARE CURRENTLY

As part of the 2018-19 budget setting process the nursing establishment identified within the Act criteria were rebalanced to meet the existing roster requirements, included an uplift of 26.9% headroom and 1 whole time equivalent (WTE) supervisory ward manager. The rebalanced budgets also meet a 1:1 WTE nurse-to-bed ratio as recommended in standard calculations for **minimum** nurse staffing establishments.

SDU	No. of Wards included	Registered Establishment	HCSW Establishment	Total Establishment	Registered Nurse Cost £	HCSW Cost £	Total Cost £
Morrison	21	440.03	244.27	684.30	£16,721,140	£6,228,885	£22,950,025
NPT	1	14.05	5.08	19.58	£551,900	£129,540	£680,540
POW	10	228.87	122.16	351.03	£8,697,060	£3,115,080	£11,812,140
Singleton	6	134.06	78.1	212.16	£5,094,280	£1,991,550	£7,085,830
TOTAL	38	817.46	449.61	1267.07	£31,063,380	£11,465,055	£42,528,535

5.2 WHERE WE NEED TO BE

An assessment of proposed planned rosters, acuity data, quality indicators and professional judgement for the reportable wards has been presented and discussed using a scrutiny panel approach on April 4th 2018. The flow chart (Appendix 4) has been applied during this process. Core attendees at the panel included the Interim Director of Nursing and Patient Experience, Director of Finance, Deputy Director of WOD and Service Delivery Unit's senior management teams.

SDU	No. of Wards included	Registered Establishment	HCSW Establishment	Total Establishment	Registered Cost £000	HCSW Cost £000	Total Cost £000
Morrison	21	484.65	331.29	815.94	18,416,700	8,447,895	26,864,595
NPT	1	14.5	5.08	19.58	551,000	129,540	680,540
POW	10	223.16	148.05	371.21	8,480,080	3,775,275	12,255,355
Singleton	6	147.41	100.8	248.21	5,602,580	2,570,400	8,171,980
TOTAL	38	869.72	585.22	1,454.94	33,049,360	14,923,110	47,972,470
UPLIFT		52.26	135.61	187.87	£1,985,880	£3,458,055	£5,443,935

Based upon the calculations undertaken using the required triangulated methodology, an uplift of 52.26 registered nurses and 135.61 Health Care Support Workers at a cost of £5.444m will be required across the 38 included acute medical and surgical wards within the Health Board. Individual ward templates for all reporting areas within the Nurse Staffing Levels (Wales) Act were submitted.

The highest staffing deficit risk has been identified as Morriston Service Delivery Unit (SDU), which correlates with other high risk triangulated data such as incidents and quality indicators.

5.3 Vacancies

Within the Health Board we currently have significant band 5 vacancies. Service delivery vacancy details across all areas for band 5's as of 11/6/2018 are as follows:

Morriston	156.86 WTE
Neath Port Talbot	8.71 WTE
POW	87.98 WTE
Singleton	35.01 WTE
Total	288.56

Variable pay expenditure is displayed in Appendix 3 and illustrates the bank and agency costs over the last 6 months for the areas with the greatest discrepancies. Each of these areas fall within the Nurse Staffing Act wards. Despite every effort to fill roster gaps with relocated nurses, bank and agency it is not always possible to provide the staff required. Serious incidents have resulted in areas with staffing deficits, each of which is required to be reported to Welsh Government and is reported to the High Risk look back weekly meeting, attended by Executive Directors.

5.4 RECRUITMENT

Given the current overall vacancy position amongst the registered nursing workforce across the Health Board, it is highly unlikely that the full uplift of registrants identified as being required to meet the nurse staffing calculations could be recruited to in the immediate or even short term future given the UK-wide shortage of registered nurse.. There is also need to recognise that whilst the historical pattern of recruitment of Health Care Support Workers is relatively successful and achievable, any approach by the Health Board to recruit a large number of HCSWs from local communities has the very real potential to destabilise the domiciliary and care home workforce, which is already under extreme pressure. Destabilising this sector would have a significant detrimental impact on system wide working and the availability of care for patients within our community. As in Option 1, given the recruitment issues, the Health Board must consider the employment of Health Care Support Worker apprentices to minimise the risks to the greater Health and Social care system.

6. REASONABLE STEPS

A key requirement imposed upon Boards by the Nurse Staffing Levels (Wales) Act 2016 is that following calculation of nurse staffing levels, the Board is required to demonstrate that it has taken '**all reasonable steps**' to maintain the staffing levels identified. In doing so, the Board must also ensure that nurse staffing levels within wards and departments not covered by section 25B of the Act are themselves not detrimentally impacted by staffing deployment decisions. In practice, what this requires is that nurse staffing establishments in areas not included under Sections 25B and C of the Act must also be subjected to a triangulated nurse staffing level review and must not be adversely affected by staff redeployment, in an effort to ensure that wards under section 25B do meet the calculated staffing levels.

An agreed framework for all reasonable steps decision-making and evidencing action is being developed across Wales, whilst principles already widely adopted in Health Boards' across Wales have been applied in the ABMU process.

Strategically, this equates to ensuring that, as a minimum, the following steps have been put in place:

- A reporting mechanism to Welsh Government on nursing workforce requirements which influences national strategic commissioning decisions
- A workforce planning process which enables the identification of nurse staffing needs to inform the workforce commissioning numbers at a national level
- A mechanism which ensures that the development of strategic service and clinical models reflects workforce planning requirements
- Arrangements which enable workforce development needs to be shared with education providers to ensure that not only the necessary numbers and access to courses/commissions are achieved and the staffing skill set is optimised
- Workforce policies and procedures which support effective staff management
- A Risk Management Framework which sets out risk management arrangements within the organisation and is supported by a live Corporate Risk Register
- Quality governance and assurance arrangements which ensure that patient safety matters are identified, brought to the attention of the Board and used to inform strategic service planning

Operational 'all reasonable steps' include:

- The provision of a rostering tool which facilitates effective deployment of nursing staff on a daily basis/shift by shift
- The utilisation of an acuity tool to support and inform professional decision-making about staff deployment
- Escalation arrangements which enable ward based nurses to highlight staffing requirements and deficits to senior nursing colleagues
- A clinical risk assessment process which articulates risks and impact on patient safety
- A system for requesting temporary staffing: bank and agency
- Flexible staffing deployment protocols/procedures which enable temporary movement of staff based upon professional assessment
- A reporting system which enables staff to report staffing related incidents ranging from near miss incidents to those which result in harm to patients and/or others
- Service level quality governance arrangements which enable the timely scrutiny of patient incidents which inform decision making relating to capacity and activity.

7. BOARD OPTIONS

Having considered some of the major themes arising from the analysis of the Nurse Staffing Level review processes and benchmarking against other organisations within Wales to whom the Act applies, it is considered that the process gave rise to three main options for consideration. These are listed below, along with an appraisal of each option against the criteria which are deemed critical to the option appraisal process:

Option 1

Fully fund the (re)calculated nurse staffing levels at the levels calculated and develop a recruitment strategy to attempt to recruit to all registered and support worker posts as soon as possible. Acknowledge that these staffing levels may require revision during subsequent 6 monthly (re)calculation cycles as further evidence and outcomes become available

The requirements of the Act to ensure that **all reasonable steps** are taken to maintain the nurse staffing levels calculated

Although all HCSW posts should be able to be recruited to from the local population, this will need to be carefully planned as this has the very real potential to destabilise the domiciliary and care home workforce, which is already under pressure. Alternative options should be explored involving Apprentice schemes and career pathway initiatives which have already been successfully implemented in a number of areas. The recruitment of registered

	nurses will create greater challenges as there are significant vacancies across the Service Delivery Units currently.
The duty of care that the HB has to ensure the sensitive care and avoidance of harm for all its patients	The staffing levels have been calculated paying significant attention to the current incidence of patient harm in each ward; and the evidence base underpinning the predicted staffing requirements in order to reduce these incidents in the future.
The financial position of the Health Board	The total costs of this option is £5,524,303 per annum. This represents a significant investment at a time of cost pressures and savings being made across every service of the Health Board. Money invested in nurse staffing levels for the acute adult inpatient wards would have to be disinvested from elsewhere for the Health Board to afford this option. (NB There would be a need to ensure that the requirements of Section 25A of the Act were not inadvertently compromised during any disinvestment planning).
The operational performance and access targets of the Health Board	This option provides the greatest likelihood that the performance and service access targets will positively benefit from the Act, although that will be dependent upon the recruitment of the staff into the funded posts
The impact of nurse staffing levels on the staff themselves	If the staffing levels calculated for every ward were fully funded AND fully recruited to, it is likely that the effect on staff well-being would be positive as workload was shared amongst a greater number of staff.
The feasibility of achieving a rapid implementation/employment against any investment made for the benefit of our patients	The planning and implementation of the plan to effectively recruit and induct/train all of the advised 54.92 WTE registered nurses and 134.79 WTE Health Care Support Workers across the four SDU's would require a significant resource to manage/coordinate this during 2018/19: That said, the current recruitment rate for registered nurses does not provide for optimism in relation to the likelihood of recruiting many of these posts in the short term as we are currently have 288.56 band 5 full time vacancies.

Option 2

Fund none of the (re)calculated nurse staffing levels/required establishments advised by the Interim Director of Nursing and Patient Experience (designated person) and reconfigure wards to fit the number of registered nurses available to meet patient care needs across all Service Delivery Units.

<p>The requirements of the Act to ensure that all reasonable steps are taken to maintain the nurse staffing levels calculated</p>	<p>This requirement is unlikely to be addressed if this approach were taken as the judgement in relation to what would constitute 'all reasonable steps' is unlikely to extend to taking little or no action in the face of the calculations that have been undertaken.</p>
<p>The duty of care that the HB has to ensure the sensitive care and avoidance of harm for all its patients</p>	<p>Bed reduction/ward reconfiguration and reallocation of the existing registered nursing workforce would enable patients to be cared for sensitively however the current vacancy situation would necessitate a significant service reconfiguration and have a wider impact across the system than just the acute medical and surgical wards. There would be an increased risk that patients are nursed in a mixed speciality environment where the skill set of the workforce is not matched with the specialist needs of the patient group.</p>
<p>The financial position of the Health Board</p>	<p>The option carries the least impact on the Health Board's challenging financial position there would be some costs associated with re-training required to support staff who would be required to move to work in areas outside their current skill and expertise.</p>
<p>The operational performance and access targets of the Health Board</p>	<p>The current challenges in meeting performance targets will remain and potentially worsen. There are risks to patient experience and outcomes as increased delays could be experienced if the alternative pathways are not designed and implemented at pace and the mix of specialities in clinical areas increases.</p>
<p>The impact of nurse staffing levels on the staff themselves</p>	<p>There will be limited if any potential of a positive impact on nurse morale. There may be a negative consequence if nurses perceive that the Board has paid limited attention to the calculations/requirements of the Act and</p>

	nurses feel they are being required to move to posts in clinical areas which do not reflect their skill set, experience and clinical knowledge.
The feasibility of achieving a rapid implementation/employment against any investment made for the benefit of our patients	This option is essentially a status quo option however a plan would be required to implement the required bed reconfiguration/reductions and staff consultation process undertaken to facilitate staff redeployment across wards and specialities.

Option 3

During 2018/19, undertake a risk assessed, prioritised implementation of the uplift required (in both financial and staffing numbers) identified through the nurse staffing levels review process, investing the resource (financial and workforce) into 'Hot Spot' wards where the thematic analysis has identified areas of care quality concern and/or risks to patient outcomes.

The requirements of the Act to ensure that ' all reasonable steps ' are taken to maintain the nurse staffing levels calculated	This option could achieve the requirements of the Act in terms of taking 'all reasonable steps'.
The duty of care that the HB has to ensure the sensitive care and avoidance of harm for all its patients	This option could support this duty if the prioritisation of investment was carefully targeted and took account of the wards where there were particularly high levels of patient harm incidence reported over the past twelve month. The recruitment of registered nurses will create greater challenges as there are significant vacancies across the Service Delivery Units currently.
The financial position of the Health Board	This option could achieve a balance between the 'do nothing' and the 'fully fund' approach and will impact on the finances of the Health Board in 2018/19. A prioritised implementation plan would need to take account of the fact that there will not be a full year effect of the changes to be made during 18/19 and would ensure a detailed Board briefing takes place following the next nurse staffing levels calculation cycle (Autumn 2018) as part of 2019/20 planning work. This would coincide with our Health Boards strategy and that of moving

	towards an IMPT with possible changes to clinical/service models.
The operational performance and access targets of the Health Board	This option allows for the requirement to improve specific performance and access targets to be taken into account as one of the criteria when prioritising the investment into specific wards and services. Quality performance objectives would be enhanced e.g. falls reduction, incident reporting timescales and complaints management. Current implementation work surrounding e-rostering and the standardisation of shift patterns will contribute to the operational performance of the clinical areas
The impact of nurse staffing levels on the staff themselves	This option represents an opportunity to take account of the current position in relation to staff well-being; and, given the evidence associated with the impact of staff well-being on patient care quality, to consider the potential benefits on staff wellbeing as one of the criteria in advising on the prioritisation of the investment
The feasibility of achieving a rapid implementation/employment against any investment made for the benefit of our patients	The feasibility of achieving a rapid implementation would be one of the criteria for the prioritisation of any investment, given that the next (autumn 2018) (re) calculation cycle will be looking for evidence of the impact of any improved nurse staffing levels on care quality.

8. FINANCIAL IMPLICATIONS

	COST £000
Option 1	£5,443 per annum
Option 2	Variable pay costs whilst re-designing our clinical strategy + unquantifiable cost of retraining staff
Option 3	£3M per annum prioritising Hot Spot wards

In both options 1 & 3 it is unlikely that we will be able to recruit the additional registered nurses, therefore the cost rather than being £2m for registered substantive staff, if covered by agency would be closer to a £3m financial cost. The non-registered staff are also not likely to be appointable in one go and therefore likely to have to be reliant on contingent workforce with an additional cost.

The Nurse Staffing Levels (Wales) Act obviously has huge financial implications throughout Wales. For example Hywel Dda have 32 wards that need to report under the Act and require an additional £4,995,475 in order to comply with the requirements. Aneurin Bevan University Health Board required an additional £830,000 for the 27 wards included however it is worth noting that in 2014/15 all acute wards were funded to meet the All Wales Nursing Principles and their review process identified only 2 wards that need establishment changes to meet the Nurse Staffing Levels (Wales) Act.

7. RISK ASSESSMENT

All Service delivery unit which hold reportable wards under the Act have completed risk assessments on their compliance with the Act. We have also entered our Health Boards position onto the corporate risk register.

8. RECOMMENDATION

Whilst three options have been provided for discussion, the preferred and therefore recommended option for implementation is Option 3.

In recommending Option 3 to the Board, it should be noted that the outline work programme that lies behind this option is substantial. Regular reporting to the Executive Team – as well as through the Workforce and OD Committee and the Finance Committee - will be required from the Nurse Staffing Levels Steering Group which is chaired by the Interim Assistant Director of Nursing, Quality and Patient Experience and will operate with revised Terms of Reference as it moves from its planning work into an implementation phase. A further iteration of the work plan to support the controlled implementation of this option will be developed in consultation with all key stakeholders and in particular finance, workforce and

operational team colleagues. The further prioritisation of the implementation plan will be based on the rationale for the assessed staffing need at individual ward level, as well as knowledge of the available supply of staff.

To ensure a managed approach, all Ward Sisters/Charge Nurses will continue to be communicated with and engaged in this process through the operational nursing structure, to ensure that expectations are managed and that accountability for maintaining the nurse staffing levels, at the agreed levels, is clear.

9. REQUIRED ACTIONS

- Note the position to the board against its responsibilities in implementing all sections of the Nurse Staffing Act, effective on the 6th April 2018.
- Note the ward establishments determined by using the triangulated methodology as defined with the Act's statutory guidance.
- Support to progress with option 3 to maintain the ongoing compliance with the Act.

10. REFERENCE LIST

1/ Nurse Staffing Levels (Wales Act) 2016

<http://www.legislation.gov.uk/anaw/2016/5/enacted>

2/ Welsh Levels of Care

<http://howis.wales.nhs.uk/sites3/Documents/926/CID2682%20Welsh%20Levels%20of%20Care%20%28Edition%201%29%20-%20December%202017.pdf>

11. APPENDICES

Appendix 1/ Ward Reporting template

Health board/trus Ward Name Site

Planned Roster (Current)								
		SUN	MON	TUE	WED	THU	FRI	SAT
Headcount per shift	Number of beds							
	Morning (LD)	RN						
		HCSW						
	Afternoon	RN						
		HCSW						
	Night (LN)	RN						
HCSW								


workforce planning tool

Quality Indicators

professional judgement

Authorisation	Ward / Service	<input type="text" value="Sister / Charge nurse"/>	<input type="text" value="Senior nurse"/>
	Divisional/Dir	<input type="text" value="Nurse"/>	<input type="text" value="Operational Manager"/>
	Board/Ex	<input type="text" value="Designated person"/>	<input type="text" value="Director of Operations"/>

Period Review from to




Planned Roster (proposed after review)								
		SUN	MON	TUE	WED	THU	FRI	SAT
Headcount per shift	Number of beds							
	Morning (LD)	RN						
		HCSW						
	Afternoon	RN						
		HCSW						
	Night (LN)	RN						
HCSW								

Required Establishment	WTE Planned Roster	+	Uplift	+	Sister / Charge Nurse Supervisory	=	Total No. Staff WTE
	Current	<input type="text"/>	+	26.9%	1WTE	=	<input type="text" value="WTE"/>

Outcome Summary

<input type="text"/>	<input type="text"/>	Date	<input type="text"/>
<input type="text"/>	<input type="text" value="Workforce Representative"/>	Date	<input type="text"/>
<input type="text" value="Director of Finance"/>	<input type="text" value="Director of Workforce"/>	Date	<input type="text"/>


Staff Nyrsio
Nurse Staffing

Ward Name

The Health Board is required to ensure that patients are informed of the nurse staffing level on each adult acute medical and surgical ward and the date the nurse staffing level was agreed by the Board.

REQUIRED ESTABLISHMENT
(Total number of staff required)

Date Nurse Staffing
Level agreed by Board

/ /

Number of staff (registered nurses (RN) and healthcare support workers (HCSW) required on each shift to meet the planned roster

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Early	RN							
	HCSW							
Late	RN							
	HCSW							
Night	RN							
	HCSW							

If you have any questions or feedback please contact the ward manager / Charge nurse. An information leaflet with Frequently Asked Questions is [available](#) in English and Welsh.

Appendix 3 / Hot Spot wards – Bank and agency costs from December 2017 – May 2018

	WTE's Needed	COST	Bank/Agency pay 12/17 – 05/18
Morrison			
Ward F	13.85	£381,314	£165,473
Ward G	14.38	£451,704	£3806
Ward R	20.95	£651,121	£47,278
Ward S	9.83	£250,665	£82,433
Anglesey	12.08	£408,802	£75,231
Cardigan	9.36	£266,814	£20,916
Gowers	12.07	£358,047	£152,643
Singleton			
Ward 3	8.05	£205,283	£104,610
Ward 12	11.61	£396,692	£130,952
Total	112.18	£3,370,442	*£783,342

*- This cost is to attempt to achieve the current staffing levels, it does not include overtime pay to staff the area or re-utilisation of staff from other clinical areas.

Appendix 4 / Duties & Responsibilities of Staff

