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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	17th January 2019	Agenda Item	4b
Meeting	Workforce & Organisational Development Committee		
Report Title	Nurse Staffing Levels (Wales) Act update		
Report Author	Rob Jones, Corporate Matron Helen Griffiths, Interim Corporate Head of Nursing		
Report Sponsor	Cathy Dowling, Assistant Director of Nursing & Patient Experience		
Presented by	Gareth Howells, Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to inform the Workforce and Organisational Development Committee of the recent work undertaken by the Nurse Staffing Levels (Wales) Act Steering Group.		
Key Issues	<ul style="list-style-type: none"> Nurse staffing requirements are met and that the Health Board has an active recruitment/retention plan. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
			✓
Recommendations	The Workforce and Organisational Development Committee is asked to: <ul style="list-style-type: none"> Note the contents of this paper 		

1. SITUATION

The Health Board Nurse Staffing Act Steering Group has the delegated responsibility to lead the work programme required to implement the Nurse Staffing Act. The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016, with a phased commencement. The Health Board has an overarching responsibility which came into effect in April 2017, requiring them to ensure they had robust workforce plans, recruitment strategies, and structures and processes in place to ensure appropriate nurse staffing levels across their organisations. The Health Board is making good steady progress against meeting the requirements of the Act.

2. BACKGROUND

The Nurse Staffing (Wales) Act Steering Group was established in September 2017 to develop systems and processes to capture data required for the Act. Section 25A entitled Overarching Responsibilities, came into force in April 2017 and requires all Welsh Health Boards to ensure there are robust workforce plans, recruitment strategies, and structures and processes in place to ensure appropriate nurse staffing levels across the organisation. Section 25B and 25C came into force in April 2018 and required the Health Board to use a specific method to calculate appropriate nurse staffing levels initially within Adult Medical and Surgical wards and to inform patients of the Nurse Staffing Level. Under section 25E the Health Board must submit bi-annual reports to their board and three yearly reports to Welsh Government. The role of the Steering Group is to bring a specific focus to the Act regarding compliance. The Steering Group accepts the delegated responsibility to lead on the implementation of the Act on behalf of Workforce and Organisational Development Committee. The meeting is split into two sections.

Part A concentrates on reviewing Act compliance by assessing existing risks and the utilisation of the triangulated method of establishment calculation.

Part B focuses on recruitment & retention strategies whilst also exploring efficiency & effectiveness projects to achieve compliance with the Act/minimise risk.

3. PROGRESS AGAINST CALCULATING THE REQUIRED ESTABLISHMENTS IN LINE WITH THE ACT.

In accordance with the Act, bi-annual reports must be submitted to the Executive Board and three-yearly reports to Welsh Government in relation to their compliance with the 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. The Health Board has complied with the Act by conducting bi-annual reviews/recalculations using the triangulated method, acuity audits have been undertaken in both January and June 2018.

The reviews are undertaken and submitted on an All-Wales template to the Designated Person (The Director of Nursing & Patient Experience) for evaluation and approval before presenting the results to the Executive Board.

The Executive Board paper presented in June 2018 recommended a risk assessed, prioritised approach to the required uplift identified through the nurse staffing levels triangulation process, investing the resource into 'Hot Spot' wards where the thematic analysis has identified areas of care quality concern and/or risks to patient outcomes. Quality performance objectives would be enhanced e.g. falls reduction, incident reporting timescales and complaints management. Due to the number of registered nurse vacancies currently within the Health Board, the initial stages of implementation have concentrated on Health Care Support Workers as illustrated in the table below:

Unit	Wte	18/19 £	Recurrent £
POW	9.36	139,230	238,680
Morrison	55.27	822,141	1,409,385
Singleton	26.06	387,643	664,530
Total	90.69	1,349,014	2,312,595

The Health Board has invested £2,312,595 to date in order to meet the staged risk based implementation of the wards identified within the act.

Summary of progress against key milestones

Phase 1	Action	Timescale	Progress
Phase 1	Ward Managers to be budgeted within the wards establishments to work in a supervisory capacity.	April 2018	Complete
Phase 2	All areas within the Act to have 26.9% headroom to accommodate staff absence and statutory training.	April 2018	Complete
Phase 3	Complete a triangulated review process of rosters within acute medical and surgical inpatient wards. Identify areas of care/quality concern (Hot Spots) and uplift the HCSW establishment to the level presented within each SDU's Nurse Staffing Acts triangulated calculation.	September 2018	Complete
Phase 4	Complete a triangulated review process of rosters within acute medical and surgical inpatient wards. All acute medical & surgical inpatient wards to have their HCSW establishments uplifted in line with each SDU's Nurse Staffing Acts triangulated calculation.	April 2019	

Phase 5	Complete a triangulated review process of rosters within acute medical and surgical inpatient wards.	April 2020	
Phase 6	All acute medical & surgical inpatient wards to have their Registered Nurse establishments uplifted in line with each SDU's Nurse Staffing Acts triangulated calculation.	September 2020	

Phase 4

It is anticipated that April 1st 2019 will result in a budget uplift of the remaining health care assistants. Recruitment is underway and it is anticipated that by April 2019 all wards will have their required health care support workers in post.

A further paper has been presented to the Development Board in November 2018. It is expected that February's Board paper will be presented detailing the bi-annual establishment review and cost implications.

4. ALL WALES SUB-GROUPS

There are a number of All Wales Nurse Staffing Sub-groups with representation from all Health Boards across Wales. Each sub-group has a Work stream lead and Executive Nurse Sponsor. The Health Board Nurse Staffing Act Steering Group is the forum where updates are provided from the Health Board leads. The sub-groups include the following;

- **Health Visiting**

In alignment with other all Wales nurse staffing work streams, a set of work force principles has been developed to support Welsh Health Boards in identifying the appropriate work force required to deliver the health visiting service. The Principles have been drafted as an interim measure to act as a bridge whilst working towards the development of a health visiting acuity tool to assist in calculating health visitor staffing levels. The draft principles have been provided for early consideration and Health Boards have been asked to complete impact assessments

- **Paediatrics**

Draft Interim Paediatric Principles have been developed. Health Boards have completed an impact assessment. Quality indicators have been discussed and proposed. The Paediatric wards continue to capture data 12 hourly.

- **District Nursing**

Draft Interim Guiding District Nursing Principles have been developed and Health Boards have been asked to complete an impact assessment. A Draft Quality Indicator Audit Tool has also been discussed, and is being tested. District Nursing Welsh Levels of Care are subject to further scrutiny.

- **Mental Health**

A set of All Wales Principles have been drafted and presented. Impact assessments are being completed. The group are exploring approaches to improved patient feedback and perceptions of care. Audits have been undertaken.

- **Care Homes**

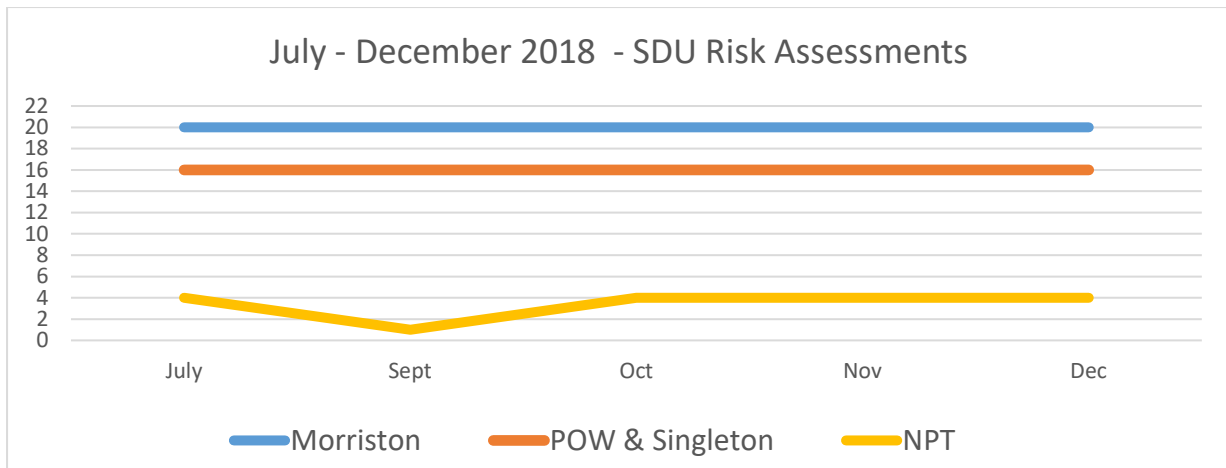
This is a new work stream. Given the breadth and complexity of this work and the involvement of multi stakeholders, a business case outlining the resources is being compiled on an All Wales basis.

5. IMPLEMENTATION OF THE OPERATIONAL FRAMEWORK

The Steering Group has produced an Operational Framework (**Appendix 1**) that provides an overview of the statutory duties and responsibilities of those delegated officers for ensuring the calculation, maintenance and reporting of nurse staffing levels. The responsibility for meeting the requirements of the Act applies to staff at all levels from the ward to the Board, with the Board and Chief Executive Officer being ultimately responsible for ensuring the health boards compliance with the Act.

6. RISK ASSESSMENTS

Risk assessments are submitted by the Unit Nurse Directors in relation to their responsible Service Delivery Units (SDU) on a monthly basis to the Steering Group. They provide an overview of the current risks regarding staffing issues and the actions being taken to minimise the potential risks. The risk scores for the SDU's during the last 6 months are illustrated in the graph below:



7. PROGRESS AGAINST DEVELOPMENT OF THE DASHBOARD

Linked to the act is a requirement for individual Health Boards to report any breach of the act. This consists of local reporting to the board bi-annually and 3 yearly to Welsh Government. Areas of reporting include:

- Harm caused by pressure area damage attributed to breaches with the safer staffing legislation
- Falls causing harm attributed to breaches with the safer staffing legislation
- Medication errors attributed to breaches with the safer staffing legislation

In order to facilitate rapid and accurate reporting of incidents linked to the Nurse Staffing Act, the Health Board has developed a dashboard that will focus on key areas linked to statutory reporting requirements. The information repositories for the dashboard are currently DATIX and the Health and Care Monitoring System (HCMS).

• **Implementation Of Electronic Devices (Ipads)**

Acuity audits are conducted on all wards requiring to calculate and report their staffing levels. The Steering Group have supported the collection of information digitally. IPads have been purchased and configured incorporating a touch screen version of the HCMS for each of the reporting clinical areas. ABMU Health Board are the first in Wales to collect our acuity data using mobile devices, reducing the time taken to transfer data from paper to PC, also increasing the accuracy of information by being able to complete at the bedside. The new Nurse Staffing Module itself is much more user friendly meaning the time taken to complete the audit is also reduced.

8. PART B

Good progress has been made addressing a number of areas within nurse retention and recruitment. These include the following;

- **‘Growing our own’**

There are 26 HCSWs undertaking the part time degree in nursing in Swansea University. The course is either 2 years 9 months or 4 years in length, which is dependent on the academic entry level on commencement. Therefore, output of registered nurses from these courses will not be until September 2021 onwards. The Health Board had 11 commissioned places in 2017/2018 and 15 places in 2018/2019. The numbers are expected to increase progressively and recruitment open days for interested HCSWs are planned for early 2019. In addition, we have six places for the Open University Degree in Nursing (part time over 4 years) and we have successfully filled all places to commence in February 2019. These nurses will qualify in February 2023.

- **Overseas Nurse Recruitment**

Forty Philippine nurses have successfully passed OSCE and are working as Band 5 nurses in Singleton, Morriston and Princess of Wales Hospitals. There are a further 23 at varying stages in the recruitment process and expected to arrive during 2019. A recent change introduced by the NMC to the English Language requirements has meant that 11 of the 23 now meet the required level and can progress sooner than expected through the next stage.

A business case is being submitted In January 2019 for funding to support new overseas recruitment during the 2019/2020 financial year. If the request is successful, a mini-tender competition will follow.

Our programme for HCSWs with overseas registration has been less successful than anticipated due to the challenges in obtaining the required English Language level. 17 HCSWs were originally assessed as being suitable to commence the programme. To date, one is working as a Band 5 and one will commence OSCE training in January. The others are either awaiting results of the English language test, or studying towards it.

- **Student Streamlining Project**

The first cohort of nursing students recruited via the Student Streamlining Project will commence their posts in March 2019. 36 students were successfully recruited via the new scheme and 19 others recruited via NHS Jobs. All nursing students in Wales will now be recruited via this scheme and a time-line has been developed for the next cohort who will qualify in September 2019. The project has been evaluated across Wales and the learning incorporated into plans for the second cohort.

- **Return To Practice**

An evening to attract previously registered nurses back into the profession by undertaking a Return to practice course at Swansea University was held at Morrision's education centre. During the evening potential students could speak to lecturers from the university, Matrons/staff from the service delivery units and also service users. In conjunction with the university we also interviewed the candidates for a position within ABMU on successful completion of the course.

- **E-Rostering**

The Health Board is migrating all nurses to an electronic rostering system that is integrated with the Nurse Bank module. The benefit of this that it will be possible to have a complete view of substantive rosters and temporary staff to ensure adequate staffing levels.

- **National Nurse Staffing Standards (Other Areas Covered Under Section 25a)**

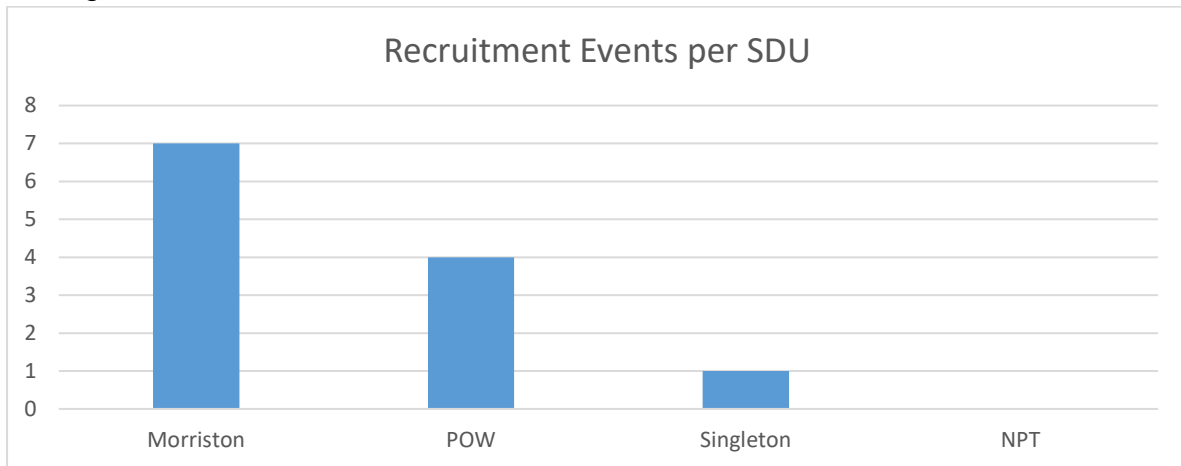
The Nurse Staffing Level (Wales) Act requires health service bodies to make provision for an appropriate nurse staffing level wherever nursing services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively. This requirement extends to anywhere NHS Wales provides or commission's care. 25A refers to the Health Boards' overarching responsibility to have regard to providing sufficient nurses in all settings. When exercising their responsibilities, the Board must consider and have due regard to the duty on them under this section to have the appropriate number of nurses to allow them to care for patients sensitively wherever nursing services are provided.

Since March 2016 and certainly leading up to the implementation of the Act in April 2018, a large emphasis has been placed on wards that fall within the Act – Acute Medical & Surgical inpatient wards. As a Health Board we must have due regard for all clinical areas and safeguard the patients within these environments by ensuring we have guidelines in situ to accurately calculate, supply and report on the staffing levels. The steering group have compiled the staffing standards (**Appendix 2**) all areas adhere to and have requested a submission/review of each speciality by the 18th February 2019.

Further work is being undertaken to identify any additional resources required. To date a business case has been submitted to meet compliance for midwifery in singleton service delivery unit to meet birth rate plus.

- **Recruitment Plans & Events**

During the last 6 months a total of 12 recruitment events have been held:



Further events have been scheduled for 2019.

9. RECOMMENDATION

The Workforce and Organisational Development Committee is asked to:
Note the work undertaken in 2018 by the NSA steering group and contents of this paper.

Governance and Assurance							
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships	
			✓				
Link to Health and Care Standards <i>(please ✓)</i>	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓					
Quality, Safety and Patient Experience							
Financial Implications							
Legal Implications (including equality and diversity assessment)							
Staffing Implications							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
Report History							
Appendices		N/A					

Appendix 1



Nurse Staffing Levels (Wales) Act 2016

Operating Framework

Abertawe Bro Morgannwg University (ABMU) Health Board in order to meet its obligations under the Nurse Staffing (Wales) Act 2016 is required to have a robust set of corporate governance structures in place. The Nurse Staffing (Wales) Act 2016 received Royal Assent in March 2016 and made law the duty of Local Health Boards to provide sufficient nurses to care for patients. The Act requires Health Boards to have regard for the importance of providing sufficient nurses to allow the nurses time to cater for patient sensitively wherever nursing services are provided

This document provides an overview of the statutory duties, responsible officers and inclusion of escalation policy. Underpinning this structure delegated officers will have responsibility for ensuring the operating framework, escalation and business continuity plans within their Service Delivery areas of responsibility are reflective of the Act.

The purpose of this Framework is to support Health Board staff in the calculation, maintenance and reporting of the nurse staffing levels in accordance with the Nurse Staffing Levels (Wales) Act 2016.

Contents:

- Background of the Act
- Calculating the Nurse Staffing levels
- Duties and responsibilities of staff
- Reporting the Nurse Staffing levels
- When is the information gathered and reported
- Maintaining the Nurse Staffing levels

This framework should be read in conjunction with the Nurse Staffing Levels (Wales) Act 2016 & the Statutory Guidance issued by Welsh Government (2017).

Background of the Act

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016, with a phased commencement. The Act requires Health Boards to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. The Health Board has an overarching responsibility which came into effect in April 2017, requiring them to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

The purpose of the Act is to:

- Ensure there are systems and processes in place and specify the decisions in relation to maintaining the nurse staffing level.
- Specify the actions to be taken, and by whom, to ensure that all reasonable steps are taken to maintain the nurse staffing level on both a long term and a shift-by-shift basis.
- Specify the arrangements for informing patients of the nurse staffing level on each ward along with the date this was agreed by the Board. The information should be set out in an easily accessible format and must comply with requirements under the Welsh Language Standards.

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:

- **Professional judgement** – of the Unit Nurse Director in conjunction with relevant ward sister and senior nursing team using their knowledge of the clinical area plus the evidence available to make an informed decision.
- **Patient acuity** - using the evidence-based workforce planning tool to determine the nurse staffing level that will meet all reasonable requirements of care. The tool used determine the acuity of each patient is the Welsh Levels of Care.

Level 5	One to One Care - the patient requires at least one to one continuous nursing supervision and observation for 24 hours a day
Level 4	Urgent Care - The patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors.
Level 3	Complex Care - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment
Level 2	Care Pathways - The patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided.
Level 1	Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.

• **Quality indicators** - consider the extent to which patients' well-being is known to be sensitive to the provision of care by a nurse. Part of the triangulated approach involves considering those quality indicators that are particularly sensitive to care provided 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).

The Act also advises that complaints about care provided to patients by nurses made in accordance with the Complaints Regulations, may also be considered. However a decision has been made within the All Wales Nurse Directors meeting and by the Chief Nursing Officer that this information is not required as part of the method for calculation for the 2018/19 period as further work is being undertaken to clearly define the indicator to ensure consistency across Wales. Each health board/trust will be required to use the indicator from the beginning of the 2019/20 period onwards.

In addition to the quality indicators listed above, other indicators that are sensitive to the nurse staffing level may be deemed appropriate. The statutory guidance suggests that: patient feedback; unmet care needs; failure to respond to patient deterioration; staff wellbeing; staff ability to take annual leave; staff compliance with mandatory training; and staff compliance with performance development reviews can all be considered as potentially relevant.

The triangulated evidence should be reviewed independently and then interpreted to arrive at an informed decision on the nurse staffing levels/planned roster for each ward:

- Firstly apply a sense check to the information outlined in the triangulation. Are there any obvious inaccuracies or omissions?
- Look at the quantitative and qualitative information and decide what the data tells you about the workload of the ward and the skill mix of the staff that is needed.
- Use the three source of information – professional judgement, Quality indicators and Patient Acuity to determine the correct & safe planned roster for the clinical area.
- The designated person must be provided with the rationale behind the calculation.

Duties and responsibilities of staff

The responsibility for meeting the requirements of the Act applies to staff at all levels from the ward to the Board, with the Board and Chief Executive Officer being ultimately responsible for ensuring the health boards'/trusts' compliance with the Act.

Board

When exercising their responsibilities, the Board must consider and have due regard to the duty on them under section 25A of the Act to have sufficient nurses to allow the nurses time to care for patients sensitively wherever nursing services are provided.

In addition, specific members of the Board - the Executive Directors of Nursing, Workforce & Organisational Development, Finance and Operation - are required under sections 25B and 25C of the Act to provide evidence and professional opinion to the Board to assist with its decision making in relation to calculating and maintaining the nurse staffing level in adult acute medical and surgical in-patient wards.

The Board is required to:

- Designate a person (or a description of a person) to be responsible for calculating the nurse staffing level in settings where section 25B of the Act applies.
- Determine which ward areas meet the definitions of the adult acute medical and surgical inpatient wards.
- Determine what the Planned Roster should be for each ward under the act.
- Receive and agree written reports from the designated person on the nurse staffing level for each adult acute medical and surgical inpatient ward at a public board on an

annual basis and at any other time when the designated person deems this to be required.

- Ensure that systems are in place to record and review every occasion when the number of nurses deployed varies from the planned roster.
- Agree the operating framework which will:

The **Director of Workforce and Organisational Development (OD)** is required to ensure that:

- An effective system of workforce planning, based on the Welsh Planning System, is in place in order to deliver a continuous supply of the required numbers of staff.
- There are systems to ensure active and timely staff recruitment (at both a local, regional national and international level).
- There are effective staff well-being and retention strategies in place that take account of the NHS Wales Staff Survey.

The **Director of Operations** is responsible for developing, implementing and reviewing the organisation's operational framework that will need to describe the processes that are required to:

- Enable the use of appropriately skilled, temporary (bank or agency) nursing.
- Effectively manage the temporary use of staff from other areas within the organisation.
- Effectively manage the temporary closure of beds if the required staffing cannot be delivered.
- Provide guidance on when changes to the patient pathway as a means to maintaining nurse staffing levels might be considered and deemed appropriate.

The **Director of Finance** is responsible for:

- Ensuring that the nurse staffing level is funded from the health board's/trust's revenue allocation and that it takes into account the actual salary points of staff employed on the wards where section 25B applies.

The **Designated person** is authorised within the health board's/trust's governance framework to calculate the nurse staffing level for each adult acute medical and surgical inpatient ward within the health board/trust on behalf of the Chief Executive Officer.

The designated person is the executive Nurse Director and Patient Experience.

The designated person is responsible for:

- Establishing the processes and timetable for the annual cycle required within their health board/trust, supported by appropriate professional nursing, finance, operational and workforce personnel, to facilitate the biannual (re)calculation of the nurse staffing level.

- Calculating the number of registered nurses - and those staff undertaking nursing duties under the supervision of or delegated to by a registered nurse - appropriate to provide person-centred care that meets all reasonable requirements in adult acute medical and surgical inpatient wards in ABMU HB. This is to be undertaken by exercising professional judgement when applying the triangulated approach, through senior nursing structure.
- Undertaking and recording the rationale for the calculation. This will be done every 6 months as a minimum or more frequently if there is a change in the use/service which is likely to alter the nurse staffing level, or if they deem it necessary.
- Formally presenting the nurse staffing level for each ward to their Board on an annual basis and in addition provides a written update to the Board at any time if they deem it necessary to change the nurse staffing level for any reason.

Nursing management structure

The opinions of the nursing management structure for each adult medical and surgical inpatient ward should guide the designated person when they are calculating the nurse staffing level. This should include providing the information required to enable the designated person to exercise their professional judgement when calculating the nurse staffing level.

Named roles within the health board nursing management structure will be responsible for ensuring the consistent use of the system put in place to review and record every occasion when the number of nurses deployed varies from the planned roster.

The recording system should include a mechanism for recording the use of temporary staff, including bank and agency staff; and also the occasions when nursing staff are temporarily moved from other clinical areas/duties within the organisation in order to support the nurse staffing level within a ward.

The **Assistant Director of Nursing and Quality** must:

- Provide professional leadership and guidance in the calculation of the Nurse Staffing Levels based upon the requirements set out in section 25B & 25C of the Act.
- Be responsible for monitoring the professional standards in relation to the nurse staffing level at operational level and agreeing the nurse staffing levels for acute services.

The **Unit Nurse Director** provides professional leadership and guidance in the calculation of the Nurse Staffing Levels based upon the requirements set out in section 25B & 25C of the Act and must:

- Contribute to calculating the nursing staff levels for the situations where 25B applies every six months at minimum, and when there is a change in service/use which is likely to change the nurse staffing levels and on an annual basis for all other areas.

- Calculate the nursing staff levels for the situations where 25B applies every six months at minimum, and when there is a change in service/use which is likely to change the nurse staffing levels and on an annual basis for all other areas.
- Review the patient acuity and quality indicator data and provide information that enables the Director of Nursing to exercise professional judgement when calculating the nurse staffing levels.
- Ensure that when the planned roster varies in response to the clinical situation, the ward sister/charge nurse and senior nurse are continuously assessing the situation and keep the “designated person” appraised.
- Ensure that the systems in place to review, record and report every occasion when the number of nurses deployed varies from the planned roster are utilised.
- Ensure that all “reasonable steps” are undertaken to maintain the nurse staffing level.
- Ensure any staffing risks or concerns are managed appropriately and timely and that patient care and safety and that nurses are not compromised over Nurse Staffing Levels. Identify all risks that require a corporate management or professional intervention must be escalated to the appropriate Executive leaders within the organisation.
- Ensure adequate operational management capacity is in place to enable appropriate response to escalating staffing concerns both in and out of hours.

General Managers and Service Delivery Managers must:

- Ensure own knowledge of this policy, the Act and the statutory guidance.
- Ensure systems are in place within Directorates/services to ensure that the nurse staffing level is calculated as per the requirements of the statutory guidance for the situations where Section 25B of the Act applies and annual for all other areas, including budget setting.
- Ensure that this policy, the Act and statutory guidance are applied to hospital site management decision making both in and out of hours.
- Ensure that systems are in place to enable any required multi-disciplinary team learning from individual as well as collated nurse-staffing related Datix reports within the service, ensuring trends identified and acted upon.
- Ensure that service planning (e.g. those within IMTP) takes account of the requirements set out in the Nurse Staffing Levels (Wales) Act. Ensure efficient and effective vacancy approval processes are in place within the Directorate/service to minimise delays within recruitment processes and escalate any delays that are outside the control of the operational team.

Matrons and Senior Matrons contribute to calculating the nursing staff levels for the situations where 25B applies every six months at minimum, and when there is a change in service/use which is likely to change the nurse staffing levels and on an annual basis for all other areas. They must:

- Support teams within their service area to undertake the bi-annual acuity audits (or more frequently if required) and is responsible for validating and confirming the acuity data collected.

- Ensure effective and efficient use of nurse staffing resources to support safe, effective and fair advance planning by signing off the planner roster.
- In accordance with paragraph 14 of the statutory guidance the Senior Nurse, along with the Ward Manager, should continuously assess the clinical environment and keep the Head of Nursing formally apprised of the situation.
- Proactively manage daily workforce planning across areas of responsibility to ensure staff are distributed according to clinical need.
- Ensure risk assessment is complete.
- Ensure that all “reasonable steps” are undertaken to maintain the nurse staffing level and escalate any concerns.
- Escalate to relevant professional heads of nursing areas of concern or inability to fill shifts.
- Should ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident.
- Review, record and report every occasion when the number of nurses deployed varies from the planned roster, and ensure the mitigating actions are sufficient to maintain a safe service to both service users and staff.
- Review all Datix reports and undertake final grading of all investigations and identify any trends or issues that arise and that these are actioned.
- Ensure that the vacancy process is undertaken in a timely manner.

The **Ward Sister/Charge Nurse** is responsible for assessing the holistic nursing care needs of the patients and for categorising these under the Welsh Levels of Care descriptors as part of the evidence-based workforce planning tool process. They should also:

- Make available their professional judgement about the nurse staffing levels to the designated person when they are calculating the nurse staffing level.
- Ensure they utilise the system designated by the health boards/trust to review and record every occasion when the number of nurses deployed varies from the planned roster, and maintain the system for informing patients of the nurse staffing level.
- Escalate immediately any nurse staffing concerns.

The **Clinical Site Manager** must:

- Ensure own knowledge of this policy, the Act and the statutory guidance.
- Maintain an overview of staffing and patient acuity across the site.
- At operational site meetings escalate staffing issues to the responsible Senior Nurse.

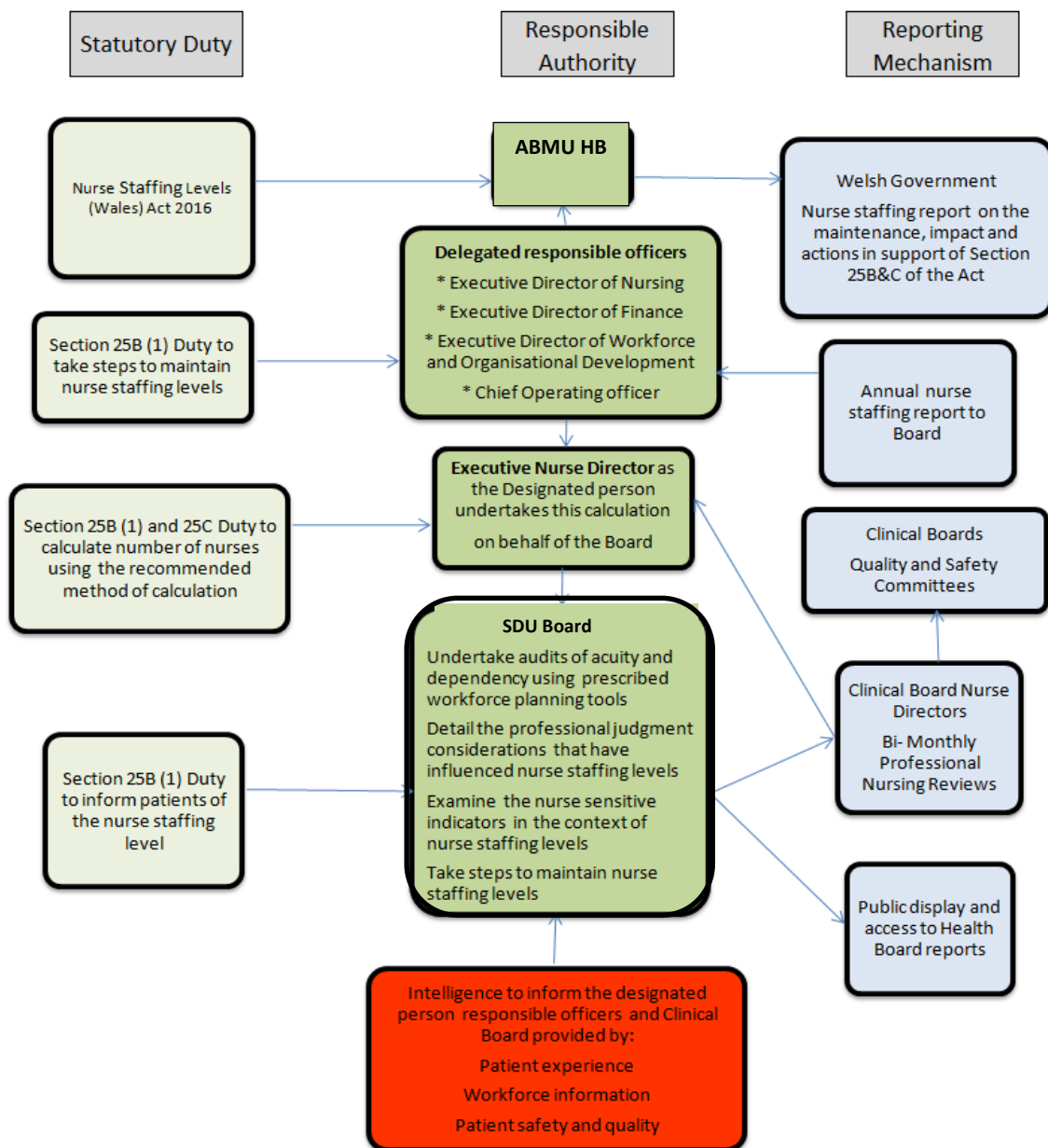
- Out of hours: ensure that all “reasonable steps” are taken to maintain nurse staffing levels including adjusting the nurse staffing levels to match the patient workload or changing the workload to match the nurse staffing level and step down of any surged beds (Clinical Site Managers should consider and take due regard of the duty placed upon the organisation in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided).
- Ensure a risk assessment is completed.
- Escalate concerns to the on call manager.

The **On-call Manager** must:

- Ensure own knowledge of this policy, the Act and the statutory guidance.
- Ensure that all “reasonable steps” are taken to maintain nurse staffing levels including adjusting the nurse staffing levels to match the patient workload or changing the workload to match the nurse staffing level and step down of any surged beds (the on call managers should consider and take due regard of the duty placed upon the organisation in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided).
- Ensure a risk assessment is completed.
- Escalate concerns to the on call executive

The **On-call Executive** must:

- Ensure own knowledge of this policy, the Act and the statutory guidance.
- Ensure that all “reasonable steps” are taken to maintain nurse staffing levels including adjusting the nurse staffing levels to match the patient workload or changing the workload to match the nurse staffing level and step down of any surged beds (the on call managers should consider and take due regard of the duty placed upon the organisation in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided).



Formal presentation to the Board on the Nurse Staffing Levels

Each Service Delivery Unit will submit a completed ward calculation template for each clinical area that is included within the Act (diagram below).

Health board/trust: Ward Name: Site:

Planned Roster (Current)

Number of beds		SUN	MON	TUE	WED	THU	FRI	SAT
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)

Number of beds		SUN	MON	TUE	WED	THU	FRI	SAT
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		+ 26.3%		1WTE	=	WTE

Outcome Summary

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date	<input type="text"/>

The Information gathered via these templates will be presented to the executive team, finance and finally the Board for signing off and agreeing the reviewed establishments needed for the wards included within the Act under section 25B.

Summary of Nurse Staffing Levels

Health board/trust:	Abertawe Bro Morgannwg University Health Board							
Period reviewed:	1/1/2017 – 1/4/2018							
Number of adult acute medical and surgical inpatient wards where section 25B applies:	Site: Morriston		Site: Singleton		Site: Princess of Wales		Site: Neath Port Talbot	
	Medical	Surgical	Medical	Surgical	Medical	Surgical	Medical	Surgical
	7	14	5	2	5	4	0	1

Nurse staffing level per ward where section 25B applies (*)	RN (wte)	HCSW (wte)	TOTAL (wte)
SGH Ward 2			
SGH Ward 3			
SGH Ward 4			
SGH Ward 6			
SGH Ward 8			
SGH Ward 9			
SGH Ward 12			
MGH Pembroke			
MGH Cyril Evans			
MGH Dan Danio			
MGH Clydach			
MGH Ward D			
MGH Ward 5			
MGH Gowers			

Nurse staffing level per ward where section 25B applies (*)	RN (wte)	HCSW (wte)	TOTAL (wte)
MGH Ward V			
MGH Ward G			
MGH Ward T			
MGH Ward K			
MGH Ward H			
MGH Ward A			
MGH Ward B			
MGH Ward C			
MGH Ward J			
POW Ward 2			
POW Ward 5			
POW Ward 6			
POW Ward 7			
POW Ward 8			

When is the information gathered and reported

January	- Acuity audit undertaken. - Formal presentation of annual report to the Board of the nurse staffing level of each ward covered by section 25B.	Ongoing capture and monitoring of pertinent data relating to the agreed quality indicators and professional judgement criteria. Also, ongoing review and recording of any variation from planned rosters
February	- Validation and sign-off of the January acuity audit data.	
March/April	- January acuity audit data available.]	
May/ June	- Nurse staffing level calculated using the triangulated approach. - Board to be updated if the nurse staffing level is changed for any ward covered by section 25B, following the routine bi-annual recalculation.	
June	- Acuity audit undertaken.	
July	- Validation and sign-off of the June acuity audit data.	
August/September	- June acuity audit data available.	
October/November	- Nurse staffing level calculated using the triangulated approach.	
December		

Maintaining the Nurse Staffing levels

Ward Managers and Matrons have the responsibility of producing a roster that meets the needs of the patients within the clinical area. If the ward has vacancies, based on patient need and mitigation of risk, substantive staff must be distributed equally throughout the roster and efforts made to fill the gaps by moving staff from other areas if available, working overtime, utilising the Health Board Nurse Bank and in some cases using an external nursing agency. Efforts to fill vacant posts must be maximised during recruitment events/advertising. The senior nurse on duty must be informed that there is a shortfall in required nurses on duty. The senior nurse with work with the ward manager to review options and conduct a risk assessment, and a Datix report must be completed if efforts made to resolve the shortage fail or the situation is deemed unsafe.

The Health Board is duty bound to ensure all ‘reasonable steps’ are taken to maintain the nurse staffing level in all areas. They will review, record and report every occasion when the number of nurses deployed varies from the planned roster and ensure reasonable steps are taken to maintain nurse staffing levels.

At a **strategic** level steps “reasonable steps” include:

- Workforce planning for a continued supply of required staff.
- Active recruitment in a timely manner at local, regional, national and international level.
- Retention strategies that includes consideration of the NHS Wales Staff Survey.
- Well-being at work strategies that support nurses in delivering their roles.







At an **operational** level “reasonable steps” include:















- Adjusting the nurse staffing levels to match the patient workload.
- Use of temporary staff from nurse bank or agency.
- Temporary use of staff from other areas within the organisation although when considering using staff from other areas within the organisation individuals should consider and take due regard of the duty placed upon the organisation to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided. In addition, decisions about moving staff should take into consideration the staff member's competency and skills.
- Changing the workload to match the nurse staffing level
- Consideration to the temporary closure of beds.
- Changes to the patient pathway.

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Appendix 2

Speciality	National Standards
Adult Acute inpatients	<p>Nurse Staffing Levels (Wales) Act</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Nurse Staffing Levels (Wales) Act 20 </div> <div style="text-align: center;">  Operational Handbook.pdf </div> <div style="text-align: center;">  Welsh Levels of Care.pdf </div> </div>
Paediatrics	<p>All wales interim principles for nurse staffing in paediatrics</p> <div style="text-align: center;">  Paediatrics stream.pdf </div>
Critical Care	<p>Core standards for intensive care units</p> <div style="text-align: center;">  Core Standards for ICUs Ed.1 (2013).pdf </div>
Mental Health	<p>Adult Mental Health services – A national service framework</p> <div style="text-align: center;">  National_Service_Framework_for_Mental_Health.pdf </div> <p>Standards for Acute inpatient services</p>

	  Mental Health Workbook Overview Alignment-Mental Health.pdf
Operating Theatres	Association for Perioperative Practice 2014 Staffing for Patients in the Perioperative Setting  Association for Perioperative Practic
Midwifery	Birth rate plus   Birthrate Plus Report.pdf 8.2.1 - Birthrate plus 2016.doc
Neonatal	BAPM   All Wales Neonatal Standards 2nd Editi Neonatal Position paper.docx
Health Visiting	Healthy Child Wales  Healthy child Wales.pdf All Wales Principles for Health Visiting Staffing Levels   Health Visiting Service Workforce Pi HV Sub-group Update.docx
District Nursing	Interim District Nurse Guiding Staffing Principles  Interim Guiding District Nursing Staf
Emergency Department	Royal college of emergency medicine for paediatrics   Royal college of emergency medicineren_and_young_pec Standards_for_child Core standards for intensive care units - Resus department  Core Standards for ICUs Ed.1 (2013).pdf