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Nurse Staffing Levels (Wales) Act 2016: Operational Guidance

Contents

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Foreword

We are the first country in Europe to write into law an obligation for health boards and trusts in Wales to ensure there are sufficient nurse staffing levels to meet the needs of patients receiving care. The evidence unequivocally tells us that having the right number of registered nurses and the right skill mix reduces patient mortality and improves patient outcomes. Ensuring patients have a safe, high quality standard of care is at the heart of why we supported the introduction of the Nurse Staffing Levels (Wales) Act.

This non-statutory operational guidance has been developed as a handbook for staff in the NHS from ward to board level, reinforcing the contents of the statutory guidance (published November 2017) in more practical detail. The focus of the guidance is on sections 25B and C of the Act (the calculation and maintenance of the nurse staffing level), however details on sections 25A and E (having regard to providing sufficient nurses in all settings and reporting on the nurse staffing level) are included where there is crossover. It will enable NHS organisations to consistently implement the specific duty to calculate and maintain nurse staffing levels on adult acute medical and surgical wards as set out in the Nurse Staffing Levels (Wales) Act 2016.

This is a living document that will be tested, reviewed and refined on an annual basis based on the experiences of you, the nurses that will be using the document from day to day.

Professor Jean White CBE
Chief Nursing Officer (Wales)/Nurse Director NHS Wales

Executive Summary

In September 2016 the Nurse Staffing Levels (Wales) Act became law, requiring organisations across NHS Wales to calculate and monitor the number of nurses required to care sensitively for patients. The Act was constructed to enable a phased implementation and in August 2017 the Welsh Government announced that the Act would take effect for Adult Acute Medical and Surgical Wards from April 2018.

The All Wales Nurse Staffing Group, helped to inform the production of the Act having led the development of the necessary concepts, methods and tools required to forecast nurse staffing levels, over the preceding 5 years. This important groundwork was formalised in 2016 with the establishment of the All Wales Nurse Staffing Programme, designed to support NHS Wales to implement the Act.

In October 2017 Welsh Government also published the required Statutory Guidance to provide additional information to help support implementation of the Act. This Guidance describes in greater detail the concepts, methods and tools to be used in calculating nurse staffing levels. The Guidance also prescribes a triangulated approach to bring together three critical sources of information that must be considered to provide a robust evidence base for the calculation. Each participating Ward is expected to conduct the triangulation every 6 months, review the staffing levels and agree the establishment required. This process is governed by a designated member of the Board who in turn will report adherence to the Act to Welsh Government every three years.

The All Wales Nurse Staffing Programme achieved a milestone in December 2017 with the publication of the First Edition of the Welsh Levels of Care. This document provides the evidence based clinical guidance for staff to identify the levels of need for every individual patient. The Welsh Levels of Care are used as part of the biannual Nurse Staffing Audits that are the principle process by which nurse staffing levels are reviewed and calculated.

This Operational Guidance has been developed and designed to provide participating organisations with advice on using the Welsh Levels of Care, participating in the biannual audits, analysing the results and undertaking the triangulation to calculate and report nurse staffing levels. This document should be used to assist health boards and trusts in developing their operational framework and support local implementation.

Ruth Walker
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Cardiff and Vale University Health Board

Overview

Introduction

This operational guidance has been developed by a working group on behalf of the All Wales Nurse Staffing Group. The working group had membership representation from each health board/trust and consultation with Executive Directors of Nursing and the All Wales Nurse Staffing Group members was undertaken during its development.

The purpose of this document is to provide guidance to all staff working within NHS Wales' organisations who have responsibilities under sections 25B and 25C of the Nurse Staffing Levels (Wales) Act 2016. However, 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.

This handbook should be read in conjunction with the statutory guidance (Appendix 1) issued by the Welsh Government; the Nurse Staffing Levels (Wales) Act 2016 (Appendix 2); and each health board's/trust's own operational framework.

In addition to outlining and providing guidance on the responsibilities of each health board/trust – and in particular the operational, finance, workforce and organisational development and nursing teams - this handbook also aims to provide specific assistance to clinical nursing teams who participate in the national acuity audit exercise for adult acute medical and surgical wards. It should be noted that hereafter, the Nurse Staffing Levels (Wales) Act 2016 is referred to as *the Act*.

Glossary of terms

To assist staff and ensure clarity, a glossary of terms has been compiled. The words and terms found within this glossary are underlined throughout the rest of the operational guidance.

Adult acute medical inpatient ward	An area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent medical intervention, provided by or under the supervision of a consultant physician. Patients are deemed to be receiving **active treatment** if they are undergoing interventions prescribed by the consultant and/or their team, and/or advanced practitioners for their acute injury or illness.
Adult acute surgical inpatient ward	An area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent surgical intervention, provided by or under the supervision of a consultant surgeon. Patients are deemed to be receiving **active treatment** if they are undergoing interventions prescribed by the consultant and/or their team, and/or advanced practitioners for their acute injury or illness.
Deployed roster	Refers to the actual number and skill mix of staff that were on duty, rostered to provide care to patients. Supernumerary persons such as

	students and ward sisters/charge nurses/managers should not be included in this number.
Designated person	A person designated by the health board/trust who is responsible for calculating nurse staffing levels on behalf of the CEO/Board. The designated person should be registered with the Nursing and Midwifery Council (NMC) and be of sufficient seniority within the health board/trust, such as the Executive Director of Nursing for the Board.
Escort off-site	The number of times a nurse and those staff undertaking nursing duties under the supervision of or delegated to by a registered nurse is required to escort a patient to another hospital/site.
Escort on-site	The number of times a nurse and those staff undertaking nursing duties under the supervision of or delegated to by a registered nurse is required to escort a patient to another department within the hospital e.g. OPD appointment or taking the patient to theatre.
Evidence-based workforce planning tool	*Refer to the glossary definition for the Welsh Levels of Care.*
Nurse	This refers to a registered nurse who has a live registration on sub parts 1 or 2 of the NMC register.
Nurse staffing level	The nurse staffing level refers to the total number of registered nurses plus the number of persons providing care under the supervision of, or discharging duties delegated to them by a registered nurse, e.g. health care support worker (HCSW). The nurse staffing level refers to the required establishment and the planned roster.
Nursing management structure	This refers to all those nursing posts within the management structure that sit between the ward sister/charge nurse and the Executive Director of Nursing.
Patient acuity	In line with the Welsh Levels of Care, acuity is defined as the measurement of the intensity of nursing care required by a patient. For the purpose of this work, we use the term *acuity* as an umbrella term which encompasses other terms such as dependency, intensity and complexity to describe the expanse of care that a patient requires based on their holistic needs. The term *acuity* has 2 main attributes: 1. Severity, which indicates the physical and psychological status of the patient; and 2. Intensity, which indicates the nursing needs, complexity of care and the corresponding workload required by a patient, or group of patients.
Planned roster	Refers to the number and skill mix of staff on duty at any time required to enable nurses to provide care to meet all reasonable requirements. Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster. The planned roster is agreed at the time of setting the nurse staffing level for the ward and has been signed off by the designated person.
Professional judgement	Professional judgment refers to applying knowledge, skills and experience in a way that is informed by professional standards, law and

	ethical principles to develop a decision on the factors that influence clinical decision making in relation to patient safety.
Quality indicators	Health boards/trusts are required to consider quality indicators which are a robust measure of those factors considered to demonstrate the outcomes for patients and staff. Quality indicators reflect patient outcomes that are deemed to be nursing-sensitive.
Reasonable requirements	This refers to the patients' nursing needs and their activities of daily living as assessed by the ward nursing team, taking into consideration the holistic needs of the patient, including social, psychological, linguistic, spiritual and physical requirements. The ward sister/charge nurse is responsible for ensuring that these needs are identified, assessed and classified using the Welsh Levels of Care descriptors.
Reasonable steps	A series of national, strategic and operational steps that need to be undertaken to maintain the nurse staffing level.
Required establishment	The number of staff to provide sufficient resource to deploy a planned roster that will meet the expected workload to provide care to meet the patients' nursing needs for the area. This includes a resource of 26.9% to cover all staff absences and other functions that reduce their time to care for patients. Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster.
Sensitively	This refers to nurses being responsive and sensitive to change in care needs. This requires an understanding that the patients' wellbeing and holistic nursing care needs are particularly influenced by the care provided by a nurse.
Serious incident	A serious incident is an incident which results in: • unexpected or avoidable death or severe harm of one or more patients; and/or • a never event.
Triangulation/ triangulated approach	This refers to the method used when calculating the nurse staffing level. Triangulation is a technique that facilitates validation of information from the following three sources of data through a process of cross verification: • patient acuity; • professional judgement; and • quality indicators. Data from each of these three sources are taken into account when calculating the nurse staffing level.
Ward attenders	Patients who attend a ward for nursing care or attendance primarily for the purpose of examination or treatment that involves nursing time. Day cases and inpatients would not be classed as ward attenders (NB this definition may vary from the definition used for health board/trust patient administration systems).
Welsh Levels of Care	A tool developed within NHS Wales that has been validated for use by establishing an evidence base of its applicability in Welsh clinical settings, and determined by the Chief Nursing Officer as being suitable for use.

	http://fundamentalsofcare.dev.wales.nhs.uk/nurse-staffing/doclib/Welsh%20Levels%20of%20Care%20Edition%201.pdf

What is the Nurse Staffing Levels (Wales) Act?

The Nurse Staffing Level (Wales) Act 2016 became law in Wales in March 2016. The 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 commissions a third party to provide nurses.

The Act consists of the 5 sections:

- 25A refers to the health boards'/trusts' overarching responsibility to have regard to providing sufficient nurses in all settings;
- 25B requires health boards/trusts to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards. Health boards/trusts are also required to inform patients of the nurse staffing level on those wards;
- 25C requires health boards/trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards;
- 25D relates to the statutory guidance released by Welsh Government (Appendix 1); and
- 25E requires health boards/trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward.

Roles and responsibilities

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;

- 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; and
- agree the operating framework which will:
    - 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; and
    - 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.

Review the Board's scheme of delegation and - if appropriate - job descriptions of directors, in order to ensure that the responsibilities necessary to comply with the Act are clearly reflected.

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); and
- 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; and
- provide guidance on when changes to the patient pathway as a means to maintaining nurse staffing levels might be considered and deemed appropriate.

In addition to being described within the health board/trust operating framework, these processes should also be reflected in the Board's escalation policy and business continuity plans.

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.

Designated person

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 will be registered with the Nursing and Midwifery Council; understand the complexities of setting clinical nurse staffing levels; and be sufficiently senior within the health board/trust.

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. This is to be undertaken by exercising professional judgement when applying the triangulated approach;
- 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; and
- 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 be considered by 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.

On the rare occasions when the planned roster varies in response to the clinical situation across the system, the ward sister/charge nurse - along with other identified members of the nursing management structure - should continuously assess the situation and keep the designated person appraised.

Named roles within the health board/trust 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.

Named roles within each health board/trust nursing management structure will be responsible for validating and confirming the acuity data collected on a bi-annual basis or more frequently if required.

The specific responsibilities of named roles within the nursing management structure of each health board/trust should be outlined in the health board/trust operating framework.

Ward sister/charge nurse

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.

The ward sister/charge nurse should 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.

Calculating the nurse staffing level

Which wards are included under section 25B and section 25C of the Act?

As of April 2018, section 25B of the Act applies to adult acute medical and surgical inpatient wards. The Welsh Government has the power to make regulations to extend the duty to calculate nurse staffing levels to other areas in the future.

The statutory guidance provides broad definitions of adult acute medical inpatient ward and adult acute surgical wards . These are as follows:

- Adult acute medical inpatient ward means an area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent intervention, provided by or under the supervision of a consultant physician;
- Adult acute surgical inpatient ward means an area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent surgery, provided by or under the supervision of a consultant surgeon.

A list of the types of wards which are excluded is available within the statutory guidance (Appendix 1).

The All Wales Nurse Staffing programme structure will provide a forum to enable peer review of the characteristics of wards where there is uncertainty as to whether section 25B applies. Initial discussions within this forum have indicated that, where such uncertainty exists, to focus on the '**primary purpose'** of the ward provides a helpful approach to determining whether a ward meets the inclusion criteria. It is likely that future editions of this handbook will be able to provide greater clarity as these matters are worked through in further detail. However, the individual health board/trust is ultimately responsible for determining which

wards meet these definitions and the decisions regarding which wards are included and excluded should be presented to the Board.

What is the method of calculation used to determine the nurse staffing level?

Each health board/trust in Wales must calculate the number of nurses - and those staff 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 (refer to Figure 1). The triangulated approach should include:

- professional judgement;
- patient acuity - using the evidence-based workforce planning tool to determine the nurse staffing level that will meet all reasonable requirements of care; and
- quality indicators - consider the extent to which patients' well-being is known to be sensitive to the provision of care by a nurse (i.e. medication administration errors, patient falls, pressure ulcers, complaints about nursing care). In addition to these indicators, the designated person may consider any other indicator that is sensitive to the nurse staffing level they deem appropriate for the ward where the calculation is taking place.

Figure 1 - Triangulated approach for calculating nurse staffing levels within medical and surgical wards.

The designated person is required to draw on evidence, using a triangulated approach, to determine the nurse staffing level.

The designated person will calculate the nurse staffing level every 6 months as a minimum and more frequently if the use of the ward changes which alters the nurse staffing level, or if the designated person deems it necessary. The evidence and rationale used to determine the nurse staffing level must be recorded. The Nurse staffing level for each ward will be presented to the Board annually , along with an annual report outlining the Board's position/ planned actions in relation to the Act. The template included in Appendix 7 should be used as a template for this report.

Written reports will be provided if there is a change of use/service that has resulted in a change to the nurse staffing level for the ward.

Why use the triangulated approach?

When considering the nurse staffing level from many aspects and data sources we will more reliably arrive at the required establishment that is needed to deliver a planned roster based on holistic nursing care needs.

Which information source within the triangulation is the most important?

As per the graphical representation of the triangulated approach (Figure 1), equal weighting is given to all of the information that informs the process. The guidance is clear that during the process of calculation there is no pre-determined hierarchy in terms of the evidence. The designated person will make that determination based on an analysis of all the information collected about the ward. For example, the acuity data may suggest a ward is over established but the ward has many single occupancy rooms and a vulnerable patient population prone to falls as indicated by a review of the quality data. It would be reasonable in this example for the professional judgement and quality indicators to be the determining factors in setting the nurse staffing level.

How do we triangulate the evidence?

All the information collected should be reviewed independently and then interpreted together to arrive at an informed decision on the nurse staffing level for each ward.

- Firstly apply a sense check to the information outlined in the triangulation.
    - Are there any obvious inaccuracies or omissions?
    - Does it reflect an accurate picture of the ward to which it applies?
- What is the information saying?
    - Look at the quantitative and qualitative information and ask key questions. For example, what does the data tell us about the workload of the ward and the skill mix of staff that is needed?
- What is the significance of the results?
    - After deciding if the information is reliable and looking at what it says, we will need to decide how much weight to give that information when making a decision. That is, how important is that information in helping to determine staffing numbers? For example, a ward where there are ward attenders every day may be more significant than a low number of hospital acquired pressure ulcers.
- The nurse staffing level is to be determined using three sources of information: professional judgement; patient acuity; and quality indicators.
- The calculation should be informed by the registered nurses within the ward along with staff within the nurse management structure for the ward.
- The designated person must be provided with the rationale behind the calculation, must confirm the calculation based on the prioritisation that has been given to the information, and make a recommendation to the Board regarding the nurse staffing level for each adult acute medical and surgical ward.

What is the evidence-based workforce planning tool?

Evidence-based workforce planning tools help managers determine what demand there will be for services. This enables them to calculate what level of staff is required to deliver that service. In healthcare, it is difficult to predict demand, but tools have been developed to measure patients' levels of acuity which gives an indication of how much care is required to meet their reasonable care requirements. This information will form part of the evidence that is used to calculate the nurse staffing level. Under the responsibilities outlined within the Act, each health board/trust has been informed by the office of the Chief Nursing Officer (CNO) that the evidence-based workforce planning tool to be used is the Welsh Levels of Care. Since 2014 work has been undertaken to develop and test the Welsh Levels of Care to enable it to be used within adult acute medical and surgical inpatient wards to assess patient acuity (Appendix 3).

The capture of acuity data across all adult acute medical and surgical in-patient wards in NHS Wales takes place bi-annually in January and June as directed by NHS Executive Directors of Nursing. It is anticipated that this acuity measurement will identify seasonal trends in response to changing demographics and healthcare needs. This information when used as part of a triangulated approach alongside the use of quality indictors and professional judgement will determine the nurse staffing level for the ward.

What is professional judgement?

The designated person is required to exercise professional judgement when calculating the nurse staffing level for any given ward area.

The statutory guidance describes some of the considerations that may be taken into account when exercising their professional judgement, as listed below. In addition, the designated person is required to consider relevant expert professional nurse staffing guidance, principles, research and current best practice standards to inform their decisions.

1) **The qualifications, competencies, skills and experience of the nurses providing care to patients.**
   This is a crucial component that influences staffing numbers. Such skills, knowledge and competencies may in turn be guided by best practice standards as explained above, with the aim of the nurses within the establishment being equipped with the requisite skills to care for patients sensitively and meet the specific clinical care needs of their patients. Workforce planning and required establishments should take account of the need to provide a workforce with an appropriate level of clinically focussed professional and practical skills and knowledge. The guidance also recognises the need to ensure the required establishments enable the workforce to achieve the mandated levels of organisational training requirements. This means structured and detailed workforce planning and calculation of the necessary resource to achieve the required levels of competencies, as well as compliance with mandatory and statutory training should be taken into account.

2) **The effect of temporary staff on the nurse staffing level.**
   The level of familiarity that staff members have with ward/organisational systems and processes may impact upon the efficiency with which they can undertake their work and deliver continuous care to patients. Vacancy levels and recent historical patterns

relating to the use of temporary staff will therefore need to be considered when calculating the nurse staffing level. As this is a potentially fluid position, this may also need to be a consideration for prompting an establishment review outside of the normal bi-annual cycle.

3) **The effect of a nurse's considerations of a patient's cultural needs.**
Responding to specific cultural and religious practices (e.g. when providing end of life care) can take significant time. If there are significant numbers of patients with higher levels of holistic nursing needs being cared for on a particular ward, then the designated person will need to be able to demonstrate how they have considered these specific needs in calculating the nurse staffing level so that the team can provide sensitive care to all its patients.

4) **Conditions of a multi-professional team dynamic.**
Complex care needs, requiring a multi-disciplinary team approach, may require the nursing team to be involved in a significant amount of indirect care coordination work. This work is vital in order to ensure that there are shared goals; and effective and sensitive care provision of care by each multi-disciplinary team member, delivered in a timely manner. This indirect care coordination work can be challenging to quantify but often requires skilled and expert decision making and can be time consuming. As such, it will need to be carefully considered by the designated person.

5) **The potential impact on nursing care of a ward's physical condition and layout.**
The layout and other physical features of a clinical area will impact on the efficiency of use of the nursing hours available at any time. For example, whether patients are cared for in single rooms or in multiple bedded-bays may influence the number of patients who can be observed and kept safe by one staff member; and the location of treatment, medication, storage and sluice rooms within the clinical area can influence the non-productive time if staff members have to walk long distances repeatedly to obtain essential supplies or prepare medications.

6) **The turnover of patients receiving care and the overall bed occupancy.**
Most adult acute medical and surgical inpatient wards deliver inpatient care to a frequently changing group of patients. The level of variation in both the nature and the type of activity that is additional to the delivery of care sensitively to the patients who are actually in the bed can be immense and is often dependent on the nature of the specialty. Some wards will have high numbers of patients who return to the ward for a post-discharge check, thus avoiding an elongated stay in hospital whilst retaining clinical contact/open door for the patient for a short period after discharge. Some will undertake procedures on the ward as a more efficient approach to care than arranging a planned admission. In other wards the numbers of patients admitted and discharged in a single day - representing a time of intense care management and communication with the patient and often, between health care professionals – can be particularly high.

Though reflected to some extent through the Welsh Levels of Care acuity audit findings, such variations in the nature and type of activity may not be fully captured and thus may need to be reflected in the professional judgement applied by the designated person.

7) **Care provided to patients by other staff or health professionals, such as health care support workers.**
The nature of the care needs of the patients in each clinical area will influence both the numbers and the skill mix - including the knowledge, skills and competencies - of the nurse staffing level. In addition, the role responsibilities of staff from other teams within the hospital workforce (e.g. hotel facilities, porters, medical records) can impact upon the duties that the ward nursing team is required to undertake in order to ensure the provision of sensitive care. This can also then impact the nurse staffing level the designated person will calculate.

8) **Any requirements set by a regulator to support students and learners.**
Ensuring a robust learning environment for commissioned health care professional students is a priority responsibility of the NHS in Wales. It is through this route that the care provided in the future will be delivered by appropriately trained, educated and skilled nurses who will be available in sufficient numbers to meet the NHS Wales workforce requirements. This highlights the importance of creating a learning environment where time can be allocated to teaching, supervising and mentoring students. The numbers of student placements allocated within each clinical area should form an important consideration when calculating the nurse staffing levels, to ensure that each student can be adequately supported in practice.

9) **The extent to which nurses providing care are required to undertake administrative functions.**
As with Section 7 above, the scope of the responsibilities that sit within the nursing team will influence the number and skill mix of the required establishment. Importantly the designated person will consider skill mix and prudent healthcare delivery principles when calculating the roles a team requires within their required establishment.

10) **The complexity of the patients' needs in addition to their medical or surgical nursing needs, such as patients with learning disabilities.**
The designated person must take account of the individual holistic needs of patients in addition to their presenting medical or surgical condition would indicate. This means that the specific additional care needs of patients, for example, with mobility difficulties, cognitive impairment or learning difficulties must be taken into consideration when calculating the nurse staffing level.

11) **Delivering the active offer of providing a service in Welsh without someone having to ask for it**.
When calculating the nurse staffing level, the designated person will be required to demonstrate that specific consideration has been given to the provision of care

delivered through the medium of Welsh, as part of the Welsh Government's *More than Just Words* strategic framework requirements. In particular this may impact on the deployment of the staff establishment to ensure that the availability of the Welsh language skills among the staff on duty at any time can reflect the predictable needs of the patients within a given clinical area.

Part of the triangulation approach involves considering the data available which links to the above aspects of professional judgement. For example, compliance with mandatory training, vacancy and sickness rates, use of temporary staff, bed occupancy and/or student feedback.

What are the quality indicators?

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 by Nurse Directors and 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 quality 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.

How do I measure patients' levels of acuity?

The ward sister/charge nurse is responsible for ensuring that the social, psychological, spiritual and physical care needs are assessed and classified using the Welsh Levels of Care descriptors.

The Welsh Levels of Care consists of 5 levels of acuity ranging from Level 1 where the patient's condition is stable and predictable requiring routine nursing care, to Level 5 where the patient is highly unstable and at risk requiring an intense level of continuous nursing care on a 1:1 basis.

How do I use the Welsh Levels of Care?

Appendix 3 explains how nurses can use the Welsh Levels of Care to assign their patients to the right level of care, by providing descriptors of the needs of patients at each level of care. These descriptors are broken down into categories with increasing specificity:

- Lay descriptors – describe in simple terms the typical condition of the patient and types of care;
- Clinical descriptors – more detail including professional considerations at each level; and
- Nursing themes – technical detail about the condition and interventions required at each level.

These descriptors have been developed though detailed examination and iteration with a wide range of nursing staff from a number of disciplines. They are designed in such a way that the categories are coherent across the 5 levels of care, leading to a more consistent categorising of patients to the right level of care.

The Welsh Levels of Care are summarised as:

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.

For the majority of cases, the lay descriptors will be sufficient to assign patients accurately to one of the five levels of care. If the lay descriptors are insufficient, the nurse completing the acuity audit can refer to the clinical descriptors to assign the right level of care. If this once more proves insufficient, they can then refer to the following nursing themes descriptors: *Assessment & Observation; Respiration; Personal Care, Nutrition & Hydration; Cognition & Communication;* and *Medication*.

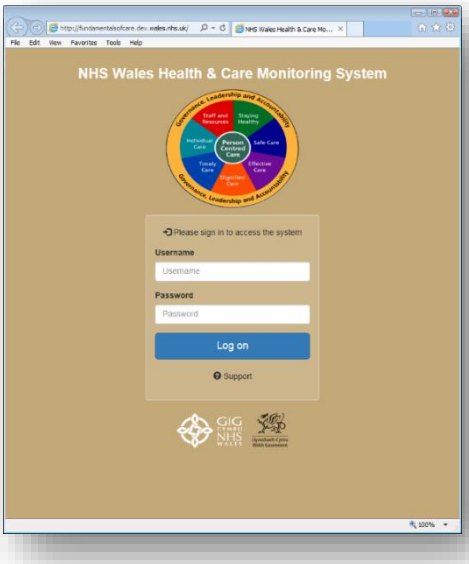
It is possible for a patient to have needs in different levels of care within the nursing themes. These descriptors are meant as a guide and ultimately the nurse completing the score will need to aggregate this information and make a reasonable professional judgement as to the level of care that best describes the patient in line with the requirements of the acuity audit. Clearly, the patients' levels of care will change and the score will need to be regularly reviewed.

Participation in the bi-annual audit

For the purpose of the bi-annual audit, the data must be collected during the months of January and June at 15:00 hrs each day during the months of the audit as stipulated by the Chief Nursing Officer. The more data that is collected, the more robust and reliable picture of a ward's caseload will be obtained.

Data must be recorded on every patient, 7 days a week, for the full calendar month for the period of the acuity audit.

Figure 2: HCMS login screen Tablet device view

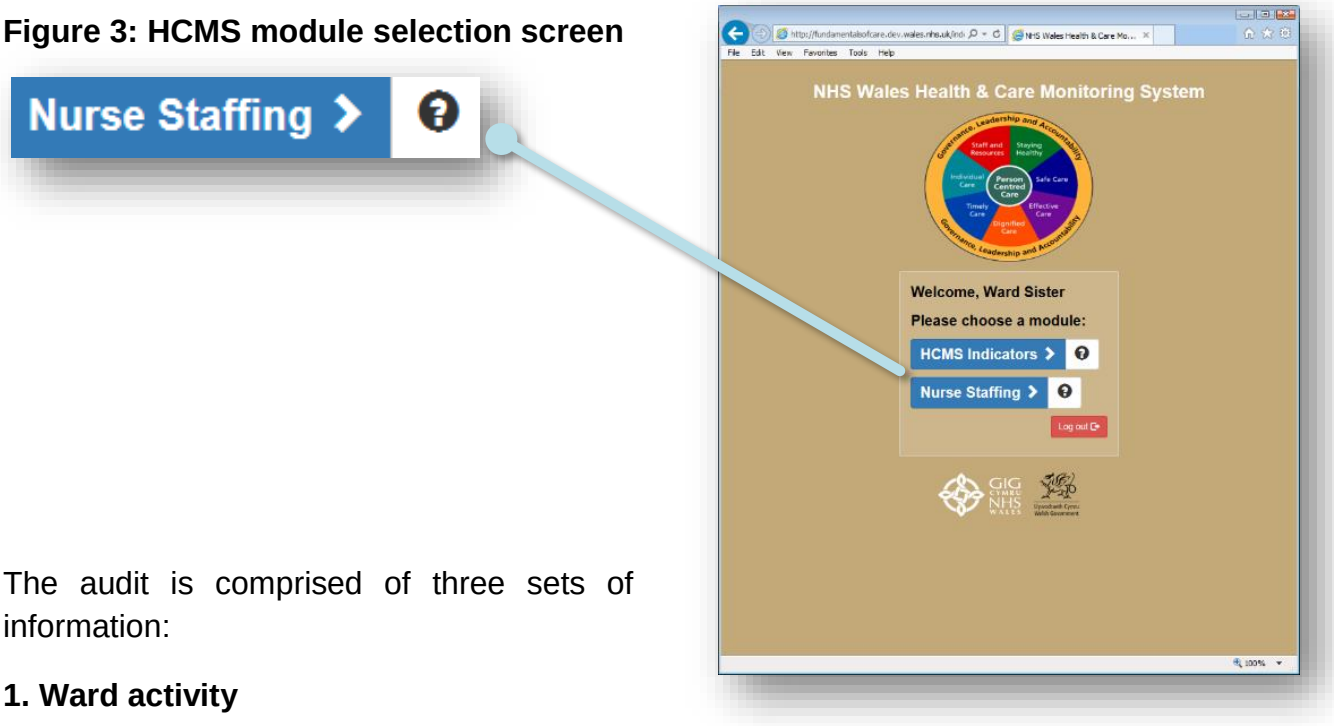


The data is required to be collected directly onto the Health Care Monitoring System (HCMS), which is the All Wales repository for the collection of this data (see Figure 2).

If the system is unavailable or due to operational pressures the acuity audit scores cannot be entered directly onto the HCMS at the time of the assessment, then there is a data collection form that can be used to gather the data in exceptional circumstances (Appendix 4). The data is entered onto the HCMS by selecting the *Nurse Staffing* module (see Figure 3). The information can be collected using a personal computer (PC) or via a mobile tablet device.

The acuity assessment is assessed by selecting the *Nurse Staffing* option from the menu.

Figure 3: HCMS module selection screen



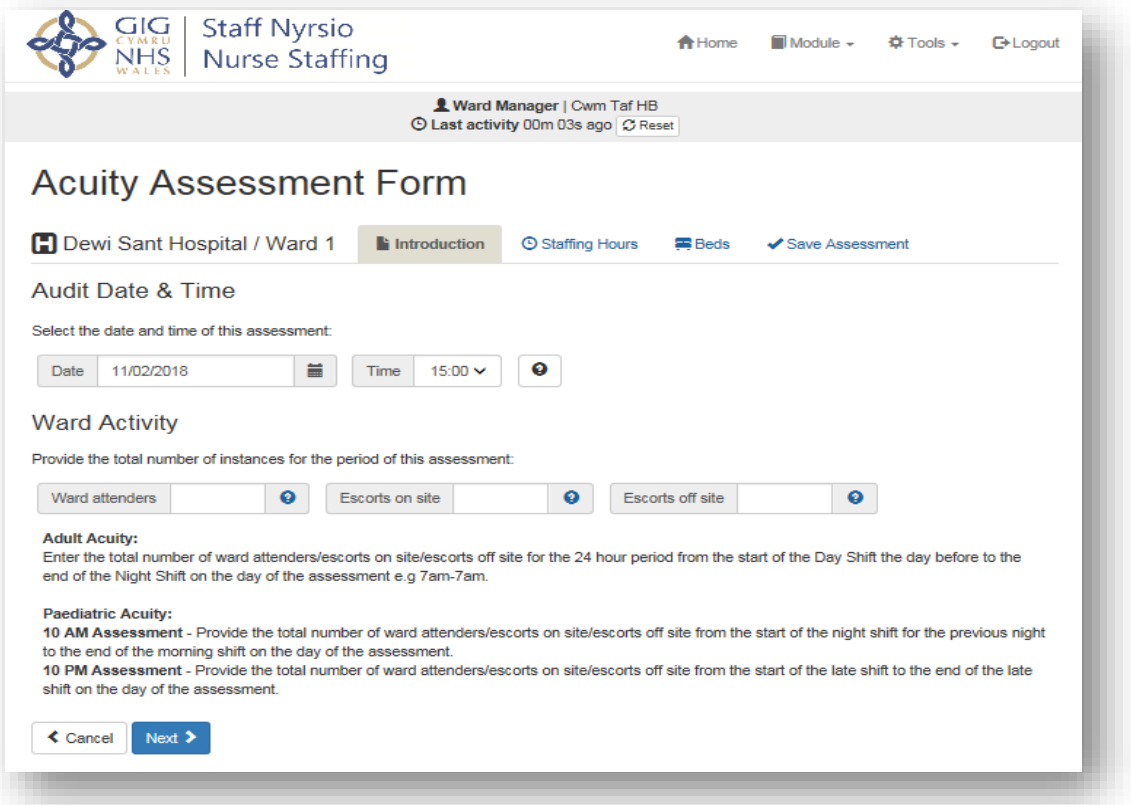
The audit is comprised of three sets of information:

1. Ward activity

As part of the data collection process in the HCMS, Ward activity data should be

collected for the previous 24-hour period from the start of the early shift the day before to the end of the night shift on the morning of the acuity ward staff will be prompted to input a daily total of the number of ward attenders and the number of escorts on and off site during the 24 hour period from the start of the early shift for the previous day until the end of the night shift on the morning of the assessment.

Figure 4: HCMS screen for the capture of ward attenders and escorts on and off the ward.



In addition, patient flow data is collected to provide a fuller picture of activity within the ward. Details of admissions, discharges, transfers and deaths but this will be gathered automatically from the organisation's *Patient Administration System* (PAS).

2. Staffing deployed

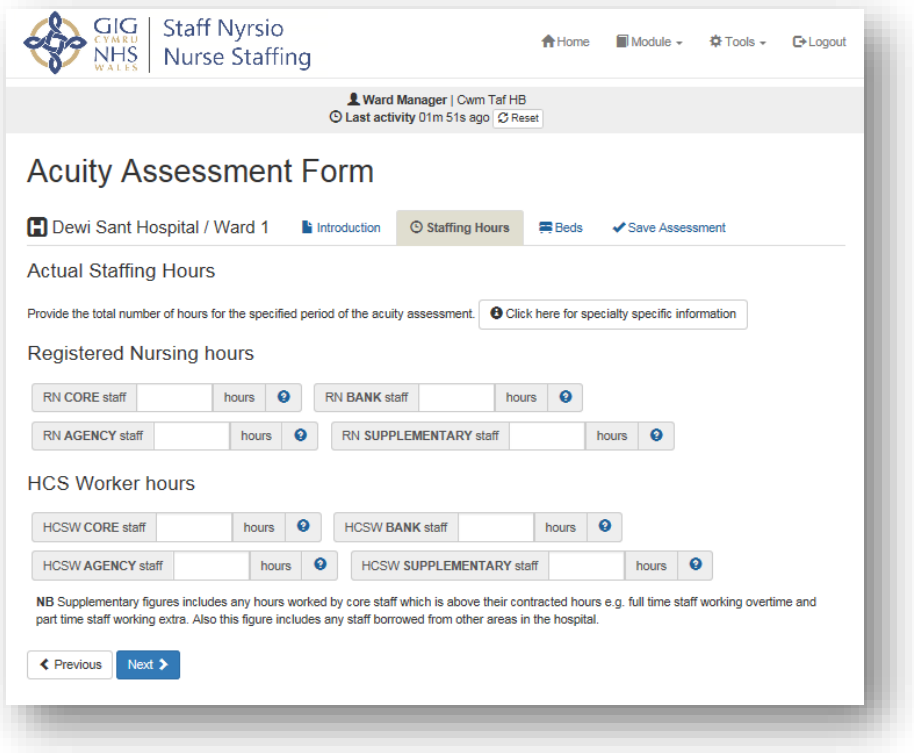
The total number of actual staffing hours needs to be collected each day for the 24 hour period commencing the start of the early shift the day prior to the assessment and up until the end of the night shift on the day of the acuity assessment. Actual nursing staff refers to the staff on duty during this 24 hour period. This data is collected by the registered nurse undertaking the assessment and should be entered onto the HCMS for the previous 24 hours.

The total number of staffing hours worked during the 24 hour period under assessment is broken down as follows:

- **Core registered nursing staff hours** – i.e. registered nurses who are on the ward establishment and working their core hours;
- **Core healthcare support worker hours** – i.e. healthcare support workers who are on the ward establishment and working their core hours;

- **Registered nursing supplementary hours** worked by core staff in addition to their core hours;
- **Healthcare support worker supplementary hours** worked by core staff in addition to their core hours;
- **Registered nursing bank hours** worked;
- **Healthcare support worker bank hours** worked;
- **Registered nursing agency hours** worked; and
- **Healthcare support worker agency hours** worked.

Figure 5: HCMS screen for the capture of staffing hours information.



3. Patient acuity

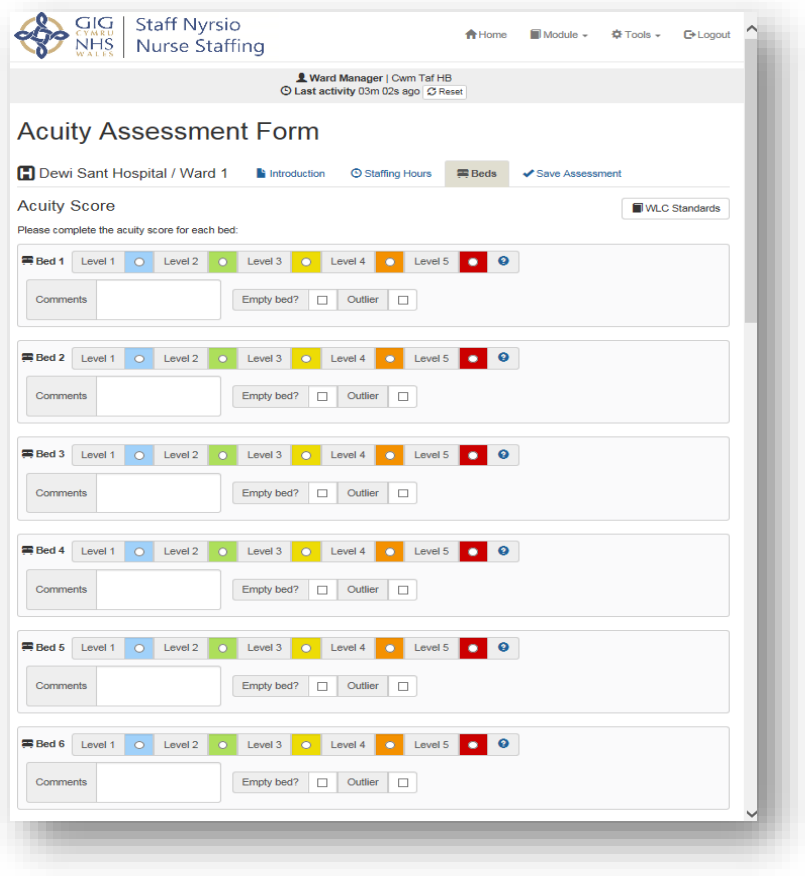
For each patient occupying a bed on the ward, an assessment is made of the level of care they require as at 15:00 hrs and each patient is assigned either a level of 1, 2, 3, 4 or 5 based on the Welsh Levels of Care. This data, where possible, should be entered directly onto the HCMS at the time of the audit by the registered nurse undertaking the acuity assessment.

All registered nurses should be experienced in making decisions around a patient's acuity and be able to complete, to a consistent level, the daily acuity assessments required. The ward manager needs to ensure that all the staff share a general consensus on which patients could fall into each level.

The registered nurse undertaking the assessment is responsible for entering the data onto the Nurse Staffing Module of the HCMS. The assessment will be undertaken on a daily basis. Once the assessment has been completed, the ward manager is required to validate

the data and sign off the assessment. The data will then be imported into the Staff & Resources module of the HCMS. Where possible, acuity assessments should be entered directly into the HCMS at the time of the assessment. In exceptional circumstances, paper assessment forms can be used but these need to be inputted onto the HCMS, at a minimum, on a weekly basis. Data collection sheets must be retained for one year.

Figure 6: HCMS acuity assessment screen.



The respective levels are colour coded in accordance with the Welsh Levels of Care.

Comments are important to provide a rationale for some of the decisions being made at ward level and it is recommended that at minimum comments are entered for all level 4 and level 5 patients, however, all comments entered will help to inform the patient acuity on the ward.

It is very important that the information entered is accurate and quality control is the key to successful data collection.

Any acuity data completed in the nurse staffing module but not validated by the ward manager will be flagged as part of the monthly sign off process. The ward manager will need to validate the data before completing the sign off process. It is essential that data is captured every day of the audit period to ensure that there is accurate on which to base the decisions on what the nurse staffing level needs to be for that ward. A numeric value needs to be entered into every box even if the number is zero, otherwise it will show up as no data.

The ward manager and senior nurse are responsible for regularly reviewing and validating the acuity assessments during the month and then for signing off the data as accurate by the tenth working day of the following month. Ward managers, senior nurses and lead nurses should ensure that further discussion of the results takes place at the earliest opportunity following validation/sign off.

What must I consider when participating in the acuity audit?

It is very important that the information entered is accurate and quality control is the key to successful data collection.

The registered nurse undertaking the assessment is responsible for entering the data onto the Nurse Staffing Module of the HCMS. The assessment will be undertaken on a daily basis. Once the assessment has been completed, the ward manager is required to validate the data and sign off the assessment. The data will then be imported into the Staff & Resources module of the HCMS.

All registered nurses should be experienced in making decisions around a patient's acuity and be able to complete, to a consistent level, the daily acuity assessments required. The ward manager needs to ensure that all the staff share a general consensus on which patients would fall into each level.

The following simple steps will ensure a consistent approach across participating wards:

- The data collection will take place, at minimum, twice per year: 1st - 31st January and 1st – 30th June;
- Data must be recorded on every patient, 7 days a week, for the full calendar month for the period of the acuity audit. Any acuity data completed in the nurse staffing module but not validated by the ward manager will be flagged as part of the monthly sign off process. The ward manager will need to validate the data before completing the sign off process. It is essential that data is captured every day of the audit period to ensure that there is accurate on which to base the decisions on what the nurse staffing level needs to be for that ward. A numeric value needs to be entered into every box even if the number is zero, otherwise it will show up as no data;
- Comments are important to provide a rationale for some of the decisions being made at ward level and it is recommended that at minimum comments are entered for all level 4 and level 5 patients, however, all comments entered will help to inform the patient acuity on the ward;
- Level of care scores should reflect the acuity of each patient in each bed at 1500hrs;
- Information relating to the quality indicators will be collected via the agreed incident reporting system and incorporated into the reports by the senior nurse, as required;
- Acuity assessments should be entered directly into the HCMS at the time of the assessment. In exceptional circumstances, paper assessment forms can be used but these need to be inputted onto the HCMS, at a minimum, on a weekly basis.
- The ward manager and senior nurse are responsible for regularly reviewing and validating the acuity assessments during the month and then for signing off the data as accurate by the tenth working day of the following month;
- Ward sisters, senior nurses and lead nurses should ensure that further discussion of the results takes place at the earliest opportunity following validation/sign off; and
- Data collection sheets must be retained for one year.

What happens if the use/service of the ward changes?

Many wards will change the number of beds, the use of the ward or the service provided. Under the Act, each time this occurs the designated person must consider whether the change has affected the nurse staffing level and if so the level must be recalculated, using the triangulated approach and the Board should be updated. For example, recalculation might be required as a result of changes of use of a ward area to create additional unscheduled care capacity during the winter months.

How is the calculation of the nurse staffing level recorded?

Each health board/trust should develop systems for recording the evidence used and the rationale applied when calculating the nurse staffing level for each adult acute medical and surgical in-patient ward.

The conclusions drawn from the calculation process and the evidence used will be recorded in a template (Appendix 5) to enable sign off from ward to Board.

When is the calculation of the nurse staffing level undertaken?

The routine bi-annual calculation of the nurse staffing level should take place around May and October of each year. This timetable takes into account the bi-annual capture of acuity data across all adult acute medical and surgical in-patient wards which takes place January and June as directed by NHS Executive Directors of Nursing and the time it takes to process and publish the data.

The following timetable provides a guide to assist each health board/trust in determining the annual cycle of actions required.

Table 1

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		

A detailed timetable for calculating the nurse staffing level can be found at Appendix 6.

Maintaining the nurse staffing level

What action will be undertaken to maintain the nurse staffing level?

Health boards/trusts should ensure all reasonable steps are taken to maintain the nurse staffing level for each adult acute medical and surgical inpatient ward on both a shift by shift and on a long term basis.

The statutory guidance outlines examples of reasonable steps that should be undertaken at national, strategic and operational levels to maintain the nurse staffing level. At an operational level reasonable steps could include adjusting the nurse staffing level to match the patient workload or changing the workload to match the nurse staffing level.

Wards should be staffed with permanently employed staff, however temporary workers (from nurse bank or, when required, nursing agencies) may be engaged if required to maintain the nurse staffing level. The skill mix should be appropriate to that required within the planned roster. Temporary use of staff from other areas within the organisation can be considered as a reasonable step to maintain the nurse staffing level. When undertaking these steps the health board/trust should consider and have regard to the duty placed upon them in section 25A to provide sufficient nurses to allow them time to care for patients sensitively wherever nursing services are provided.

Health boards/trusts are required to specify within their operating frameworks the actions to be taken and by whom, in order to maintain the nurse staffing level. These actions should also be referenced within the Board's escalation policy and business contingency plans.

On occasions, the planned roster might be appropriately varied in response to an assessment of the patient acuity across the system. In such circumstances, the ward sister/charge nurse and senior nurse should continuously assess the situation and each health board/trust should develop a system for keeping the designated person formally appraised. This will enable the designated person to consider whether a recalculation of the nurse staffing level is required. In this situation, a record should be made and the circumstances reviewed.

What records of the nurse staffing level are required?

Each health board/trust should put systems in place through which they can review and record every time the number of deployed nursing staff varies from the planned roster. These systems should include the reasonable steps taken to maintain the nurse staffing level and a mechanism for recording the use of temporary staff, including bank and agency staff; and 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.

On occasions the planned roster may be appropriately varied in response to an assessment of the patient acuity across the system and the professional judgement of the ward sister/charge nurse. As part of the record, a rationale is required to determine whether this variation has impacted, either positively or negatively on, for example, the patient experience or the prudent use of resources.

The record should be used as part of the evidence to support the routine six monthly recalculation of the nurse staffing level, and will also provide evidence to support the need

to recalculate the nurse staffing level at other periods if required. In addition, the conclusions drawn from these records will inform the reports to the Board and the Welsh Government (see Appendices 7 and 8).

How will staff know they are doing what they need to do to contribute to the nurse staffing level being maintained?

At an individual level, each nursing registrant involved with work associated with the Act should ensure that in this work, they uphold the requirements of the Nursing and Midwifery Council (2015) Code which requires all registrants to always prioritise people, practise effectively, preserve safety and promote professionalism and trust.

However, this operational guidance makes it clear that the systems to be used for calculating and maintaining the nurse staffing level are complex and multifaceted. It also shows clearly that the accountability for these systems rests with officers and staff at many levels of each health board/trust.

The Act requires each health board/trust to have systems in place to inform patients about the nurse staffing levels for each ward. In addition, it is advised that each health board/trust puts in place systems to keep its entire staff informed about the Act and the actions that the teams responsible for the adult acute medical and surgical wards are taking to ensure that the nurse staffing level is being maintained.

Furthermore, each health board/trust is particularly encouraged to establish systems for ensuring that the staff of each adult acute medical and surgical in-patient ward are informed about, and are helped to understand the work to ensure full compliance with the Act broadly within the health board/trust, and specifically within their ward. These systems should include how the following information is to be shared:

- What the Welsh Levels of Care (acuity audit) data is showing about patient acuity on each ward;
- What the quality indicator data is reflecting about the sensitive care of patients on each ward; and
- Any other data e.g. sickness absence rates or bank and agency usage rates that is being used to inform the professional judgement of the designated person.

This will need to make clear what the data is reflecting about the ward that it refers to.

These systems should also include consideration of how information about how well the ward team is doing in maintaining the nurse staffing level will be shared with the team.

The individual health board/trust systems to support the communications encouraged above should be described within the health board/trust operational framework.

National work has been undertaken to support each health board/trust to adopt a once-for-Wales approach by devising an information sheet listing frequently asked questions for staff (Appendix 9).

What happens if the nurse staffing level is not maintained?

It is the health boards/trusts at an executive level that are accountable for compliance with the Act. Any instances of non-compliance will be considered under the *Joint Escalation and*

Intervention Arrangements that have been in place since 2014. Under these arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall position of each health board/trust. A wide range of information and intelligence is considered to advise on the escalation status, any issues and ensure they are resolved effectively. Non-compliance with a piece of legislation such as the Nurse Staffing Levels (Wales) Act would be considered under these arrangements.

Reporting the nurse staffing level

What information will be reported to the Board and Welsh Government?

Under section 25E of the Act, health boards/trusts are required to formally report on the impact which they consider not maintaining nurse staffing levels has had on the care provided to patients by nurses. For the reporting period April 2018-March 2021, each health board/trust is required to demonstrate its consideration of the most significant level of harm (serious incidents) reported when it conducts its routine data capture and review of the core quality indicators:

- Number of serious incidents of pressure damage (grade 3, 4 and unstageable);
- Number of serious incidents of falls which result in serious harm or death (i.e. level 4 and 5 incidents); and
- Number of serious incidents of medication related never events.

The Act also advises that complaints made in accordance with the Complaints Regulations about care provided to patients by nurses may also be considered. However a decision has been made by Executive Directors of Nursing and the Chief Nursing Officer that this information is not required as part of the reporting requirements 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 report on the indicator from the beginning of the 2019/20 period onwards.

These incidents will be reported through the health board/trust incident reporting systems. The questions attached at Appendix 10 should be included within health board/trust incident reporting systems to assist the health board/trust when considering any impact that not maintaining the nurse staffing level might have had.

Each health board/trust must also set out and report any actions that have been taken in response to not maintaining the nurse staffing level.

National work has been undertaken to confirm the arrangements for meeting the requirements of section 25E of the Act. Reporting templates (Appendices 7 & 8) have been developed consisting of key information which, when populated by the health boards/trust, will provide their Board and the Welsh Government with clear, robust and comprehensive reports on the health boards'/trust's compliance in meeting the requirements of the Act.

A timetable to guide the reporting requirements to both the Board and Welsh Government is included in Appendix 11.

How do we inform patients of the nurse staffing level?

In line with the requirements of the Act and the statutory guidance, each health board/trust is required to inform patients of the nurse staffing level by displaying the nurse staffing level for the ward and should also inform patients of the date the level was agreed by their Board.

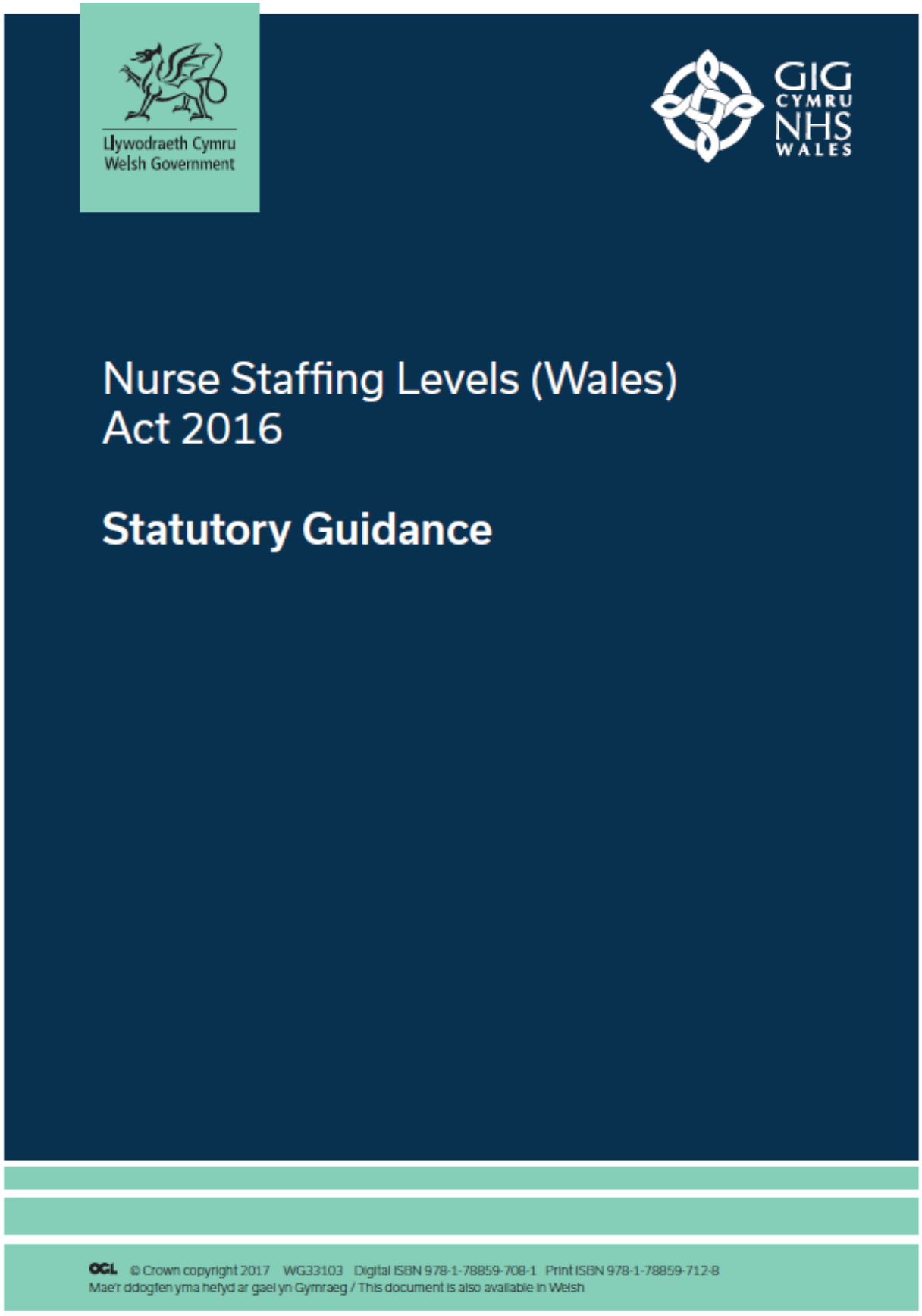
National work has been undertaken to develop a template (Appendix 12) which, if used to display the information specific to each adult acute medical and surgical in-patient ward, would enable each health board/trust to meet the requirements of paragraphs 20-25 of the statutory guidance. Each health board/trust is expected to determine how the information displayed on the template will be updated locally and it would be appropriate for the process agreed to be included within the operating framework. In addition, each health board/trust is required to ensure that the information provided to patients is also made available in Welsh to comply with the Welsh Language Standards.

National work has also been undertaken to support each health board/trust to adopt a once-for-Wales approach by devising an information sheet listing frequently asked questions to assist staff to provide patients with accurate information about the Act (Appendix 13).

Some adult medical and surgical inpatient wards may chose to provide additional information about the nurse staffing level, over and above the core information requirements which are specified within the Act and the statutory guidance. This might be particularly appropriate, for example, when it will help patients and visitors to understand the broader multi-disciplinary nature of the health care team.

Appendices

Appendix 1: Statutory guidance



Appendix 2: Nurse Staffing Levels (Wales) Act 2016

Nurse Staffing Levels (Wales) Act 2016

CONTENTS

Appendix 3: Welsh Levels of Care (Edition 1)

Appendix 4: Acuity data collection form

All Wales Nurse Staffing Programme: Acuity Audit Data Collection Form - 2017

Bed	1	2	3	4	5
1					
2					
3					
4					
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30					

Ward Name

Site Name

Audit Date & Time	DD	MM	YY	HR

Ward Activity: provide total number of instances for the 24 hours period from the start of the Day Shift the day before to the end of the Night Shift on the day of the assessment:

Ward Attenders

Escorts on Site

Escorts off Site

Actual Staffing Hours: Provide the total number of hours for the 24 hour period from the start of the Day Shift the day before to the end of the Night Shift on the day of the assessment:

	RN	HCSW
Core Staff		
Bank		
Agency		
Supplementary		

NB. Supplementary figures should include any additional hours worked on your ward by core staff, beyond their established hours. Do not record this extra time in the core staff category. The figures should also include staff that are borrowed from other areas.

Comments	Completed By	
	Signature	

Appendix 5: Record of triangulated approach to nurse staffing level review

Health board/trust		Ward Name		Site	

Period Reviewed	from		to	

GIG CYMRU NHS WALES | Staff Nyrsio Nurse Staffing

Planned Roster (Current)

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

Band 7		Band 6		Band 5		Band 4		Band 3		Band 2	

Planned Roster (proposed after review)

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

Band 7		Band 6		Band 5		Band 4		Band 3		Band 2	

workforce planning tool

Required Establishment

	WTE Planned Roster	+	Uplift	+	Sister / Charge Nurse Supervisory		Total No. Staff WTE
Current		+	26.9%	+	1WTE	=	WTE

Quality Indicators

professional judgement

Outcome Summary

Authorisation						
Ward / Service	Sister / Charge nurse	Senior nurse			Date	
Divisional/Dir.	Nurse	Operational Manager	Finance Representative	Workforce Representative	Date	
Board/Ex	Designated person	Director of Operations	Director of Finance	Director of Workforce	Date	

Appendix 6: Detailed timetable for calculating the nurse staffing level.

Apr-18				Quality Indicators Qtr 1 & Qtr 2 data	Qtr 1 & Qtr 2 complaints	Data to inform professional judgement Qtr 1 & Qtr 2
May-18						
Jun-18			Undertake Acuity Audit			
Jul-18			Validate & Sign off Acuity Data			
Aug-18			Acuity Data Available			
Sep-18						
Oct-18				Quality Indicators Qtr 3 & Qtr 4 data	Qtr 3 & Qtr 4 complaints	Data to inform professional judgement Qtr 3 & 4
Nov-18		Calculation				
Dec-18						
Jan-19	Report to Board		Undertake Acuity Audit			
Feb-19			Validate & Sign off Acuity Data			
Mar-19		Calculation	Acuity Data Available			
Apr-19				Quality Indicators Qtr 1 & Qtr 2 data	Qtr 1 & Qtr 2 complaints	Data to inform professional judgement Qtr 1 & Qtr 2
May-19						
Jun-19			Undertake Acuity Audit			
Jul-19			Validate & Sign off Acuity Data			
Aug-19			Acuity Data Available			
Sep-19						
Oct-19				Quality Indicators Qtr 3 & Qtr 4 data	Qtr 3 & Qtr 4 complaints	Data to inform professional judgement Qtr 3 & 4
Nov-19		Calculation				
Dec-19						
Jan-20	Report to Board		Undertake Acuity Audit			
Feb-20			Validate & Sign off Acuity Data			
Mar-20			Acuity Data Available			
Apr-20				Quality Indicators Qtr 1 & Qtr 2 data	Qtr 1 & Qtr 2 complaints	Data to inform professional judgement Qtr 1 & Qtr 2
May-20		Calculation				
Jun-20			Undertake Acuity Audit			
Jul-20			Validate & Sign off Acuity Data			
Aug-20			Acuity Data Available			
Sep-20						
Oct-20				Quality Indicators Qtr 3 & Qtr 4 data	Qtr 3 & Qtr 4 complaints	Data to inform professional judgement Qtr 3 & 4
Nov-20		Calculation				
Dec-20						
Jan-21	Report to Board		Undertake Acuity Audit			
Feb-21			Validate & Sign off Acuity Data			

Mar-21			Acuity Data Available			

Appendix 7: Health board/trust reporting template

Health boards/trusts are advised to use this template when submitting their annual report to Board. Health boards/trust may include additional information as part of their report as determined by the organisation.

Health board/trust reporting template	
Health board	Name
Reporting period	Specify dates
Requirements of Section 25A	The health board/trust may include here the processes used by the health board/trust to demonstrate that it has had regard to providing sufficient nurses (including those to whom registered nurses delegate care delivery) to allow nurses time to care for patients sensitively. This may include reference to processes used to calculate, monitor and/or review the nurse staffing level across both provided and commissioned services; and refer to any significant service changes which have resulted in recalculation of staffing levels within the reporting period. There may also be reference to the processes used for nursing workforce planning (including planning the recruitment, retention education and training of nurses)
Financial Year 2018/2019	
Date annual report on the nurse staffing level submitted to the Board	Date
Number of adult acute <u>medical</u> inpatient wards where section 25B applies	Include a list of wards included and the nurse staffing level for each ward & provide rational for those wards excluded.

Number of adult acute <u>surgical</u> inpatient wards where section 25B applies	Include a list of wards included and the nurse staffing level for each ward & provide rational for those wards excluded.
Number of occasions where nurse staffing level was recalculated in addition to the bi-annual calculation	Include a list of wards where re calculation in addition to the bi-annual calculation has been undertaken, the nurse staffing level for each ward & rational for the additional calculation being undertaken.
The process and methodology used to inform the triangulated approach	Provide narrative including an overarching statement of the method used and its development over the reporting period. Provide assurance that the triangulated approach was used and took into consideration the opinions of the nursing management structure, the requirements to levy an uplift of 26.9% and that the ward sister/charge nurse should be supernumerary to the planned roster.
Informing patients	Provide narrative to describe how patients were informed about the nurse staffing level.
Section 25E (2a) Extent to which the nurse staffing levels are maintained	
Process for maintaining the nurse staffing level	Provide narrative regarding the process used and the reasonable steps taken to maintaining the nurse staffing level. This should include reference to any national, strategic and operational steps taken.
Process for monitoring the nurse staffing level	Provide narrative including information regarding the process used for reviewing and recording variations from the planned roster.

Section 25E (2b) Impact on care of not maintaining the nurse staffing levels				
Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)	**Total number of closed serious incidents/complaints during last reporting period**	**Total number of closed serious incidents/complaints during current reporting period.**	**Increase (decrease) in number of closed serious incidents/complaints between reporting periods**	**Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor**
□ Hospital acquired pressure damage (grade 3, 4 and unstageable).				
□ Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).				
□ Medication related never events.				
□ Complaints about nursing care resulting in patient harm (*) (*)This information is not required for period 2018/19				

Section 25E (2c) Actions taken if the nurse staffing level is not maintained	
Actions taken	
Next steps	

Appendix 8: Welsh Government reporting template

There is an expectation that Health boards/trusts will aggregate the information presented within their annual reports to Board to inform the Welsh Government report

Welsh Government reporting template			
Health board	Name		
Reporting period	Specify dates		
Requirements of Section 25A	Outline the processes used by the health board/trust to demonstrate that it has had regard to providing sufficient nurses (including those to whom registered nurses delegate care delivery) to allow nurses time to care for patients sensitively. This should include reference to processes used to calculate, monitor and/or review the nurse staffing level across both provided and commissioned services; and refer to any significant service changes which have resulted in recalculation of staffing levels within the reporting period. There should also be reference to the processes used for nursing workforce planning (including planning the recruitment, retention education and training of nurses)		
	2018/2019	**2019/2020**	**2020/2121**
Date annual report on the nurse staffing level submitted to the Board	Date	Date	Date
Number of adult acute <u>medical</u> inpatient wards where section 25B applies	Include a list of wards included and the nurse staffing level for each ward & provide rational for those wards excluded	Include a list of wards included and the nurse staffing level for each ward & provide rational for those wards excluded	Include a list of wards included and the nurse staffing level for each ward & provide rational for those wards excluded

Number of adult acute <u>surgical</u> inpatient wards where section 25B applies	Include a list of wards included and the nurse staffing level for each ward & provide rational for those wards excluded	Include a list of wards included and the nurse staffing level for each ward & provide rational for those wards excluded	Include a list of wards included and the nurse staffing level for each ward & provide rational for those wards excluded
Number of occasions where the nurse staffing level recalculated in addition to the bi-annual calculation	Include a list of wards where re calculation in addition to the bi-annual calculation has been undertaken, the nurse staffing level for each ward & rational for the additional calculation being undertaken.	Include a list of wards where re calculation in addition to the bi-annual calculation has been undertaken, the nurse staffing level for each ward & rational for the additional calculation being undertaken.	Include a list of wards where re calculation in addition to the bi-annual calculation has been undertaken, the nurse staffing level for each ward & rational for the additional calculation being undertaken.
The process and methodology used to inform the triangulated approach	Provide narrative including an overarching statement of the method used and its development over the reporting period. Provide assurance that the triangulated approach was used and took into consideration the opinions of the nursing management structure, the requirements to levy an uplift of 26.9% and that the ward sister/charge nurse should be supernumerary to the planned roster.		
Section 25E (2a) Extent to which the nurse staffing level is maintained			
Process for maintaining the nurse staffing level	Provide narrative regarding the process used and the reasonable steps taken to maintaining the nurse staffing level. This should include reference to any national, strategic and operational steps taken.		

Section 25E (2b) Impact on care of not maintaining the nurse staffing levels				
Patients harmed with reference to quality indicators and complaints which are classified as serious incidents and reported centrally	**Total number of closed serious incidents/complaints during last reporting period**	**Total number of closed serious incidents/complaints during current reporting period.**	**Increase (decrease) in number of closed serious incidents/ complaints between reporting periods**	**Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor**
• Hospital acquired pressure damage (grade 3, 4 and unstageable).				
• Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).				
• Medication related never events.				
• Complaints about nursing care resulting in patient harm (*) (*)This information is not required for period 2018/19				
Section 25E (2c) Actions taken if nurse staffing level is not maintained				

Actions taken	
Next steps	

Appendix 9: Frequently asked questions for staff in adult acute medical and surgical inpatient wards.

What does the Nurse Staffing Level (Wales) Act 2016 mean to me as a member of staff on an adult acute medical or surgical ward?

Frequently Asked Questions

What is the Nurse Staffing Level (Wales) Act 2016?
The Nurse Staffing Level (Wales) Act 2016 became law in March 2016. The Act means that health boards/trust have:

- a legal duty to ensure appropriate level of nurse staffing in all settings;
- a legal duty to calculate and maintain the appropriate nurse staffing level in adult acute inpatient medical and surgical wards; and
- a legal duty to report on compliance with staffing requirements and take action if nurse staffing levels are not maintained.

What does nurse staffing level mean?
The nurse staffing level is the number of staff required by a ward to enable the team to provide care to the patients in a way that takes into account all of the patients' holistic nursing needs. This includes the planned roster and the required establishment.

How is the nurse staffing level for a ward decided?
In Wales we use a number of tools to assess what the nurse staffing level should be for different wards.

The nurse staffing level varies from ward to ward, depending on the number of patients and the kind of nursing that those patients need. For example: surgical wards may have more patients on the ward having surgery between Monday and Friday so there are more staff on duty during the week compared to the weekend; or some wards may have more staff on duty on days where there is a consultant ward round.

Each health board/trust in Wales must calculate the number of nurses required to provide patient-centred care by using a triangulated approach which brings together three sources of information. In Wales we do this by:

- using a tool called the "Welsh Levels of Care", which consists of 5 levels of acuity ranging from Level 1 where the patient's condition is stable and predictable, requiring routine nursing care, to Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis. The nurse in charge is responsible for ensuring that the social, psychological, spiritual and physical care needs are assessed and classified using the descriptors in the Welsh Levels of Care;
- looking at the quality indicators that are particularly sensitive to care provided by a nurse. This should include: patient falls; hospital acquired pressure ulcers; medication errors; and complaints. In addition to these, any other quality indicators deemed appropriate for a ward may be considered; and
- applying the professional judgement of the senior nurses who know the wards and the patients' levels of need. We consider the number of registered nurses on duty on each ward as well as the level of nursing skills, competencies, and experience of the nurses; the effect of temporary staffing; the turnover and overall bed occupancy; the physical condition and layout of the ward; the requirements of students and

learners; any administrative functions undertaken by the team; the complexity of the patients' needs including cultural needs and the multidisciplinary involvement in care; and the provision of care through the medium of Welsh.

How often will the nurse staffing level be reviewed?
Each health board/trust will review the nurse staffing level for each ward:

- every six months;
- if something changes on the ward, for example, if there is a change in the group of patients that are cared for on the ward or the number of beds being used on the ward; or
- if the nursing team thinks that a review needs to take place for any reason.

The nurse staffing level for each ward is presented to the Board on an annual basis, and a written update is provided on any occasion when it is deemed necessary to change the nurse staffing level for any reason.

Who is responsible for deciding what the nurse staffing level for each ward should be?
The decision on what the nurse staffing level is for each ward is ultimately made by the designated person (usually the Director of Nursing) on behalf of the health board/trust, but the decision is made following discussions with the nursing team responsible for the ward, including the nurses on the ward and the ward manager.

How do health boards/trust ensure that the nurse staffing level for a ward is maintained?
The nurse in charge will ensure that the number of staff on duty reflects what the nurse staffing level should be for each day for that ward and they will inform the senior nurse when there are gaps.

Information about the number of nurses and care staff who should be working on each shift is displayed on each ward.

The nursing team reviews and records the times that the number of nurses actually on duty varied from the nurse staffing level and what actions we took in response to this. The nursing team will also consider if not maintaining the nurse staffing level has had any impact on the care provided to the patients on the ward at the time.

Where incidents are reported through the health boards/trust incident reporting systems, consideration will be given as to whether not maintaining the nurse staffing level contributed to the incident.

What happens on the ward when there is a gap in staffing?
There are occasions when the deployed roster varies from the planned roster as set out in nurse staffing level because of unexpected staff sickness or other reasons outside of our control.

Health boards/trusts should ensure all reasonable steps are taken to maintain the nurse staffing level for each adult acute medical and surgical inpatient ward on both a shift by shift and on a long term basis.

Wards should be staffed with employed staff but temporary workers from nurse bank or agency should be engaged if required to maintain the nurse staffing level. The skill mix

should be appropriate to that required within the planned roster. Temporary use of staff from other areas within the organisation can be considered as a reasonable step to maintain the nurse staffing level.

On occasions the planned roster may be appropriately varied in response to an assessment of the patient acuity across the system and the professional judgement of the nurse management structure. In the short term, nurses on the ward may have to prioritise patient care to maintain patient safety.

What does it mean if there are more staff than the nurse staffing level requires on duty on a shift?
The nurse in charge, ward manager and senior nurse continuously assess the needs of the patients on the ward, and more staff on duty on the ward may be due to an increase in patient care needs, for example, where a patient may need one to one nursing care, where a group of patients require enhanced support, or where a patient has become more acutely unwell.

What happens if the nurse staffing level is not maintained?
It is the health board/trust at an executive level that is accountable for compliance with the Act. Non-compliance with a piece of legislation such as the Nurse Staffing Levels (Wales) Act would be considered under the Joint Escalation and Intervention Arrangements that have been in place since 2014.

Appendix 10: Incident reporting system questions

Is there a patient involved in this incident?

No - No further action required to comply with Nurse Staffing Levels (Wales) Act – continue to investigate incident in line with normal incident investigation procedures

Yes: was the patient receiving care provided by or under the supervision of a registered nurse during the period of the incident ?

Yes: During the period of the incident, was the nurse staffing level maintained i.e. the number of staff on duty was as per the planned roster?

Yes:

What was the planned roster?

Number of RN
Number of HCSW

What was the actual roster?

Number of RN
Number of HCSW

What actions had been taken to maintain the nurse staffing level? (tick all that apply)

□ planned roster achieved from core staffing
□ use of temporary staff from nurse bank
□ use of temporary staff from nurse agency
□ temporary use of staff from other areas within the organisation

Did you request any additional staff to the planned roster for this period? Yes/No

If yes, was the additional staffing provided for the request the shift(s)? Yes/No

How many of the following staff were on duty during the period of the incident?

Number of RN core staff
Number of RN bank
Number of RN agency
Number of core HCSW
Number of bank HCSW
Number of Agency HCSW

No:

What was the planned roster?

Number of RN
Number of HCSW

What was the actual roster?

Number of RN
Number of HCSW

What actions had been taken to try to maintain the nurse staffing level? (tick all that apply)

□ **u**se of temporary staff from nurse bank
□ use of temporary staff from nurse agency
□ temporary use of staff from other areas within the organisation

Did you request any additional staff to the planned roster for this period? Yes/No

If yes, was the additional staffing provided for the request the shift(s)? Yes/No

What actions had been taken to minimise the impact of not maintaining the Nurse staffing level during the period of the incident? Mandatory free text box to explain actions taken

How many of the following staff were on duty during the period of the incident?

Number of RN core staff
Number of RN bank
Number of RN agency
Number of core HCSW
Number of bank HCSW
Number of Agency HCSW

Do you consider that not maintaining the nurse staffing level contributed to the incident? Yes/No (Mandatory free text box to provide rationale for decision)

Appendix 11: Detailed timetable for reporting

	WG Report	Report to Board	Hospital Acquired Pressure Ulcers (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (Level 4 & 5)	Medication related never events	Complaints about nursing care resulting in patient harm
Qtr 1 April – June 2018			Qtr 1 and 2 serious incidents	Qtr 1 and 2 serious incidents	Qtr 1 and 2 serious incidents	Not required to be reported for the period 2018-19 pending development work on the definition of the indicator to be used consistently across Wales)
Qtr 2 July – Sept 2018						
Qtr 3 Oct-Dec 2018			Qtr 3 and 4 serious incidents	Qtr 3 and 4 serious incidents	Qtr 3 and 4 serious incidents	
Qtr 4 Jan – Mar 2019		Report to Board Jan 2019				
Qtr 1 April – June 2019			Qtr 1 and 2 serious incidents	Qtr 1 and 2 serious incidents	Qtr 1 and 2 serious incidents	Qtr 1 and 2 complaints about nursing care resulting in patient harm
Qtr 2 July – Sept 2019						
Qtr 3 Oct-Dec 2019			Qtr 3 and 4 serious incidents	Qtr 3 and 4 serious incidents	Qtr 3 and 4 serious incidents	Qtr 3 and 4 complaints about nursing care resulting in patient harm
Qtr 4 Jan - Mar 2020		Report to Board Jan 2020				
Qtr 1 April – June 2020			Qtr 1 and 2 serious incidents	Qtr 1 and 2 serious incidents	Qtr 1 and 2 serious incidents	Qtr 1 and 2 complaints about nursing care resulting in patient harm
Qtr 2						

July – Sept 2020						
Qtr 3 Oct-Dec 2020			Qtr 3 and 4 serious incidents	Qtr 3 and 4 serious incidents	Qtr 3 and 4 serious incidents	Qtr 3 and 4 complaints about nursing care resulting in patient harm
Qtr 4 Jan – Mar 2021		Report to Board Jan 2021				
Qtr 1 April – June 2020	April 2021 Draft report to WG		Qtr 1 and 2 serious incidents	Qtr 1 and 2 serious incidents	Qtr 1 and 2 serious incidents	Qtr 1 and 2 complaints about nursing care resulting in patient harm
Qtr 2 July – Sept 2021	September 2021 Final report to WG					

Appendix 12: Template to inform patients of the nurse staffing level

GIG CYMRU NHS WALES

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 inpatient 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 staff roster.

		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Early	RN							
	HCSW							

Appendix 13: Frequently asked questions for patients

What does the Nurse Staffing Level (Wales) Act 2016 mean to me as a patient?

Frequently Asked Questions

What is the Nurse Staffing Level (Wales) Act 2016?
The Nurse Staffing Level (Wales) Act 2016 became law in March 2016. The Act means that health boards/trust have:

- A legal duty to ensure appropriate level of nurse staffing in all settings;
- A legal duty to calculate and maintain the appropriate nurse staffing level in adult acute inpatient medical and surgical wards; and
- A legal duty to report on compliance with staffing requirements and take action if nurse staffing levels are not maintained.

What does nurse staffing level mean?
The nurse staffing level is the number of staff required by a ward to enable the team to provide care to the patients in a way that takes into account all of the patients' nursing needs.

How is the nurse staffing level for a ward decided? In Wales we use a number of tools to assess what the nurse staffing level should be for different wards.

The nurse staffing level varies from ward to ward, depending on the number of patients and the kind of nursing that those patients need. Intensive care, for example, has a higher nurse to patient ratio than a medical or surgical ward.

On some wards the nurse staffing level may vary from day to day depending on how the ward works, for example, some surgical wards have more patients on the ward having surgery between Monday and Friday compared to Saturday and Sunday so there are more staff on duty during the week compared to the weekend.

We take information from different sources and this information helps us to decide what the nurse staffing level should be. In Wales the information we use includes:

- Using a tool called the "Welsh Levels of Care" tool; we look at how sick or dependant the patients are on that particular ward and the level of care they need.
- Looking at the information we already have on the safety and quality of each service, and people's reported experience.
- Applying the professional judgement of the senior nurses who know the wards and the patients' level of need. We monitor not just the number of registered nurses on duty on each ward but also the level of nursing skill required, as well as other trained staff who provide care for patients, for example, physiotherapists and occupational therapists.

How often will the nurse staffing level be reviewed?
Each health board/trust will look at the nurse staffing level for each ward:

- Every six months;
- if something changes on the ward, for example, if there is a change in the group of patients that are cared for on the ward or the number of beds being used on the ward; or
- If the nursing team thinks that a review needs to take place for any reason.

The nurse staffing level for each ward is presented to the Board every year.

Who is responsible for deciding what the nurse staffing level for each ward should be?
The decision on what the nurse staffing level is for each ward is ultimately made by the Executive Director of Nursing on behalf of the health board/trust, but the decision is made following discussions with the nursing team responsible for the ward, including the nurses on the ward and the ward manager.

How do health boards/trust ensure that the nurse staffing level for a ward is maintained?
The ward manager will ensure that the number of staff on duty reflects what the nurse staffing level should be for each day for that ward and they will inform the senior nurse when there are gaps.

Information about the number of nurses and care staff who should be working on each shift is displayed on each ward.

The nursing team reviews and records the times that the number of nurses actually on duty varied from the nurse staffing level and what actions we took in response to this. The nursing team will also consider if not maintaining the nurse staffing level has had any impact on the care provided to the patients on the ward at the time.

What happens on the ward when there is a gap in staffing?
There are occasions when the nurse staffing level on a ward may be lower than what we planned because of unexpected staff sickness or other reasons outside of our control.

When this happens the nurse in charge will try to cover this shift by asking staff to change their shift, where possible. If there is still a gap, the nurse in charge will escalate this to the senior nurse on duty who will consider offering staff additional hours or overtime to fill the gap and will consider the possibility of moving staff around between wards and departments. There is a senior nurse on duty 24 hours a day, 7 days a week on each hospital site whose role includes managing nurse staffing and ensuring that the nurse staffing levels are maintained. The senior nurse will also consider whether we need to use staff from our hospital nurse bank or from a nursing agency. If the gap in staffing is still unresolved, the senior nurse will escalate this to the senior nurse manager and discuss what further actions need to be considered.

In the short term, nurses on the ward may have to work in a different way and focus on essential care to maintain patient safety.

What does it mean if there are more staff than the nurse staffing level requires on duty on a shift?
The ward manager and senior nurse continuously assess the needs of the patients on the ward and more staff on duty on the ward may be due to an increase in patient care needs, for example, where a patient may need one to one nursing care or where a patient has become more acutely unwell. On these occasions, and where required, staff may be requested to work additional hours or overtime to fill the gap, or alternatively temporary staff may be requested.

For more information about staffing levels in our hospitals or if you have any concerns or questions about the nurse staffing level or the care that you are receiving on the ward then please speak to the ward manager.