



## **Nursing Staffing Levels (Wales) Act (2016)**

### **All Reasonable Steps**

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Reasonable steps which should be taken at each of the following levels - national, strategic corporate (Local Health Board/ NHS Trust) and operational – to maintain the nurse staffing levels are considered to be:

#### **National steps**

- The sharing and benchmarking of corporate data.
- Leading of regular reviews of workforce and education commissioning requirements.
- Leading national initiatives to aid staff recruitment and retention.

#### **Strategic corporate steps**

- Workforce planning for a continued supply of required staff assessed using the Welsh Planning System.
- Active recruitment in a timely manner at local, regional, national, and international level.
- Retention strategies that include consideration of the NHS Wales Staff Survey results;
- Well-being at work strategies that support nurses in delivering their roles.
- Ensure strategic requirements of the Act embedded into the organisations IMTP/annual planning process.
- Robust workforce planning at ward/service level which are reviewed at least annually through IMTP education commissioning processes.
- Workforce policies and procedures which support effective staff management (eg: flexible working for staff).
- Robust organisational risk management framework.
- Effective risk assessment processes and systems are in place and utilised as required.

#### **Operational steps**

- Use of temporary staff from a nursing bank appropriate to the skill mix set out in the planned roster.
- Use of temporary staff from a nursing agency appropriate to the skill mix set out in the planned roster (once bank staff have been considered).
- Temporary use of staff from other areas within the organisation.
- The temporary closure of beds.

- Consideration of changes to the patient pathway (which should be clinically appropriate).
- Effective resource management, utilisation and deployment of staff e.g. appropriate allocation of annual leave and study leave, staff working overtime (within WTE), additional hours or use of hours owed.
- Use of a robust electronic rostering tool and strong governance systems to monitor and review the rosters and ensure effective utilisation of the nursing workforce (e.g. review the staffing roster on a day to day basis, explore with staff member rescheduling annual leave and/or change of shift, postponing staff training/ study leave).
- Ward sister/charge nurse to work within the planned roster.
- Regular review of the acuity of the patients on the ward, including the identification and risk management of patients requiring 'enhanced patient support' in line with local policy and professional judgement.
- "On Boarding". This is the term used when, in very unusual and exceptional circumstances, a patient is required to be placed on the ward and no bed is available. This practice has been extensively discussed within WG and NHS Wales and it is acknowledged that this is not best practice. In the rare event that this is deemed necessary, in line with NHS Wales escalation processes all Health Boards should have in place a clear escalation protocol that includes the circumstances in which this may be considered and the process for implementation. This should also include the requirement that any instance is immediately escalated/reported through the incident management systems within the Organisation and to the Chief Operating Officer and the Executive Nurse Director in hours and out of hours the Executive Director on call to be notified. On the rare occasion that on-boarding occurs this must be time limited and all HB's must have a de-escalation process in place. Should this rare situation occur, at the time of the audit, then the acuity of any such patient should be recorded on HCMS and the escalation / incident reporting situation must be followed.
- Appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk.
- Should this rare situation occur, at the time of the audit, then the acuity of any such patient should be recorded on HCMS and the escalation / incident reporting situation must be followed.

