

NURSE STAFFING LEVELS REPORT TO COMPLY WITH THE NURSE STAFFING LEVELS (WALES) ACT 2016	
Name of Meeting : Board	Date of Meeting : 31 May 2018
Executive Lead : Executive Nurse Director	
Author : Acting Deputy Nurse Director, Nurse Advisor Professional Practice	
Caring for People, Keeping People Well : This report underpins the Health Board's Sustainability, Service Priorities and Culture elements of the Health Board's Strategy.	
Financial impact : £1.2m in 2018/19	
Quality, Safety, Patient Experience impact : Nurse staffing establishments that deliver sensitive care requirements will reduce adverse experience/incidents and ensure an excellence of patient care	
Health and Care Standard Number 2, 3,4,5, 6 and 7	
CRAF Reference Number 7.1 Workforce	
Equality and Health Impact Assessment Completed: A specific Equality Impact Assessment is not required	

<p>ASSURANCE AND RECOMMENDATION</p> <p>LIMITED ASSURANCE is provided by:</p> <ul style="list-style-type: none"> the paper detailing the nursing establishment for the Health Board <p>The Board is asked to:</p> <ul style="list-style-type: none"> APPROVE the nursing establishments in compliance with requirements of the Nurse Staffing Levels (Wales) Act [2016] NOTE where further work is required to comply with the Act and other relevant legislation.
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SITUATION

The Nurse Staffing Levels (Wales) Act [2016] became law in March 2016, and has a phased commencement. Papers have been presented to Board in January and November 2017 to update on actions to ensure compliance with the Act. In addition a presentation on the responsibilities of the Health Board within the Act featured in the Board Development Day in December 2017.

The Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. Section 25A of the Act relates to the Health Boards overarching responsibility which came into effect in April 2017, requiring Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

The Nurse Staffing Levels (Wales) Act [2016] requires the Board to designate a person to be responsible for calculating the nurse staffing level in settings where section 25B of the Act applies. 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. The Executive Nurse Director in Cardiff and Vale University Health Board is the designated person and this report asks the Board to consider and;

- note the progress in ensuring compliance with Section 25a of the Act in ensuring sufficient nurses to care for patients sensitively
- note the ward areas that meet the definition of the adult acute medical and surgical inpatient wards;
- receive and agree the nurse staffing level for each adult acute medical and surgical inpatient ward.

BACKGROUND

Our Health Board mission, "Caring for People, Keeping People Well", describes our vision being that a person's chance of leading a healthy life should be the same wherever they live and whoever they are. To enable the delivery of this aim we need a healthy and engaged workforce that is productive, efficient and flexible. The nursing and midwifery workforce is one of the largest sectors of the workforce and ensuring that the right people with the right skills are in the right place is fundamental to a good patient experience and satisfactory outcomes.

There are many factors which will influence decision making regarding nursing establishments including professional standards, guidelines and national frameworks, for example, Quality Requirements for Adult Critical

Care in Wales (Welsh Government 2016) and Birth Rate Plus. There is no single ratio or formula that can calculate the answers to such complex questions.

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.

Section 25D of the Act sets out the requirement of Ministers to provide statutory guidance to NHS Trusts. This Statutory Guidance was released on November 2nd 2017 and the Health Board has contributed to the development of supporting Operational Guidance which was made available late March 2018. These documents have informed the programme of work going forward.

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. Responsibility is delegated to officers to undertake specific functions detailed within the Act on the Board's behalf and to provide advice and assurance.

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.

ASSESSMENT AND ASSURANCE

- **Preparation**

The Health Board instituted a task and finish group in January 2017 to bring together the key operational staff who will be central to ensuring compliance with the Act.

One of the key data requirements for determining nurse staffing levels for wards included in section 25b is a bi-annual audit of patient acuity and dependency. The Health Board has participated in auditing patient acuity since 2014. Following each of these audits the results have been fed back to clinical teams via several mechanisms.

- To the Clinical Board senior nursing teams
- To Ward Sisters via their formal meetings
- Individual or groups of ward sisters, including team meetings

The All Wales Project Lead for the work has been invited into the Health Board to present both the results and the implications of the Nurse Staffing Levels (Wales) Act 2016 to several forums. This has included the Clinical Board Senior teams and the Senior and Lead Nurse Forums. There was good representation from across the Health Board at the Nurse Staffing Conference hosted by Public Health Wales in September 2017.

Significantly, Ward Sisters from across the Health Board have participated in work to develop the Welsh Levels of Care Audit Tool. As the audit tool has developed and it is central to the understanding of the triangulation process two master classes were held at the end of 2017 and open to all staff to help in the interpretation of the data. At a Corporate Level the team has presented the Nurse Staffing Levels (Act) to the Nursing and Midwifery Board both in terms of the ongoing acuity audit but also the requirements within the Act. The Act was a theme within the Cardiff and Vale UHB Nursing Conference in October 2017 and presented as a concurrent session. The Health Board has also planned a Nurse Staffing Day supported by colleagues from Public Health Wales for June 2018

The Operational Guidance includes sections on frequently asked questions (FAQ) for both patients and staff; these FAQs provides a framework that

facilitates discussion between patients and staff. Therefore, in addition to the mechanisms described above participants on the Health Boards leadership programme and the Nurse Foundation Programme (newly registered nurses) will be included in future education programmes beginning April 2018.

In addition to the preparation described above the Health Board will inform patients of the nurse staffing levels and date of agreement on information boards at the entrance to wards. The template included in the Operational Guidance will be used (appendix 1) and the FAQ document will be made available to patients.

Discussions are being held with the Welsh Language Officer on the implications of the Act for the Welsh Language.

- **Section 25a – Duty to have regard to providing sufficient nurses**

The Health Board has an overarching duty to provide sufficient nurses to care for patient sensitively. This duty applies to all areas that provide a nursing service included commissioned services. Appendix 2 describes the standards and evidence that have been considered in determining the number of nurses required across the Health Board.

- **Section 25b**

Sections 25b&c require Health Boards to calculate the nurses staffing levels using a prescribed method of calculation. Wards included in this section of the Act are currently adult medicine and surgery ward. This is defined as an area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent surgery or medical intervention, provided by or under the supervision of a consultant surgeon/ physician. Patients are deemed to be receiving active treatment if they are undergoing intervention/s prescribed by the consultant, and/or their team, and/or advance practitioners for their acute injury or illness The Statutory Guidance includes a detailed list of exclusions (appendix 3).

For those wards included in section 25b the Health Board must calculate the number of using a triangulated approach (figure 1). This approach utilizes three sources of information:

- professional judgment;
- patient acuity - using the evidence-based workforce planning tool; 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).

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



The process should be informed by the opinions of the Ward Sister and senior nurse team before the designated person determines the staffing levels (Standard Operating Procedures for this process described in appendix 4).

An uplift of 26.9% is applied once the nurse staffing levels have been determined. The agreed roster does not include the 1 WTE Ward Sister who is in a supervisory role.

Following this process the nurse staffing levels for wards included in section 25B are detailed below:

Clinical Board	Ward	Number of beds	WTE	Agreed roster								Comments		
					Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
Specialist Services	B5	27	48.22	Early	RN	6	7	7	7	7	7	6		
					HCSW	4	4	4	4	4	4	4		
				Late	RN	6	6	6	6	6	6	6		
					HCSW	4	4	4	4	4	4	4		
				Night	RN	4	4	4	4	4	4	4		
					HCSW	2	2	2	2	2	2	2		
	T5	20	44.15	Early	RN	6	6	6	6	6	6	Band 6 on call 24 hours 7 days per week		
					HCSW	3	3	3	3	3	3			3
				Late	RN	6	6	6	6	6	6			6
					HCSW	3	3	3	3	3	3			3
				Night	RN	5	5	5	5	5	5			5
					HCSW	1	1	1	1	1	1			1
	B4 H	27	57.64	Early	RN	7	8	8	8	8	8			
					HCSW	4	4	4	4	4	4		4	
				Late	RN	7	8	8	8	8	8		8	
					HCSW	3	3	3	3	3	3		3	
				Night	RN	5	5	5	5	5	5		5	
					HCSW	2	2	2	2	2	2		2	
	TCT	8	27.00	Early	RN	3	3	3	3	3	3		The Teenage Cancer Trust takes patients from age 14-25 years. A decision was made to include this area within Section 25B of the Act as the primary purpose of the ward is to care for acutely ill teenagers.	
					HCSW	1	1	1	1	1	1			1
				Late	RN	3	3	3	3	3	3			3
					HCSW	1	1	1	1	1	1			1
				Night	RN	3	3	3	3	3	3			3
					HCSW	1	1	1	1	1				1

				Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
C4	25	38.88	Early	RN	3	6	6	6	6	6	3	C4 establishment includes provision of nurses to cover a Monday – Friday day unit Saturday and Sunday beds reduced to 18	
				HCSW	3	6	6	6	6	6	3		
			Late	RN	3	3	3	3	3	3	3		
				HCSW	3	4	4	4	4	4	3		
			Night	RN	2	2	2	2	2	2	2		
				HCSW	3	3	3	3	3	3	3		
B4N	29	50.55	Early	RN	6	7	7	7	7	7	6		
				HCSW	4	4	4	4	4	4	4		
			Late	RN	6	7	7	7	7	7	6		
				HCSW	4	4	4	4	4	4	4		
			Night	RN	4	4	4	4	4	4	4		
				HCSW	3	3	3	3	3	3	3		
C3/CCU	10 (C3)	44.51	Early	RN	9	9	9	9	9	9	The establishment for C3 includes a Coronary Care Unit and step down ward hence included in 25B		
				HCSW	3	3	3	3	3	3			
			Late	RN	6	6	6	6	6	6			
				HCSW	3	3	3	3	3	3			
			Night	RN	5	5	5	5	5	5			
				HCSW	1	1	1	1	1	1			
C5	37	39.18	Early	RN	6	7	7	7	7	7			
				HCSW	2	2	2	2	2	2			
			Late	RN	6	7	7	7	7	7			
				HCSW	2	2	2	2	2	2			
			Night	RN	4	4	4	4	4	4			
				HCSW	1	1	1	1	1	1			

	B1	28 - 37	39.23		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	The roster reflects the week day and weekend function of the ward. On the weekend the 4 trolleys and 5 beds are closed to reflect the service needs.
	Early	RN	5	7	7	7	7	7	7	7	5	
		HCSW	2	3	3	3	3	3	3	3	2	
	Late	RN	5	6	6	6	6	6	6	6	5	
		HCSW	2	3	3	3	3	3	3	3	2	
	Night	RN	4	4	4	4	4	4	4	4	4	
		HCSW	1	1	1	1	1	1	1	1	1	
	T4	18	46.90		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
	Early	RN	6	7	7	7	7	7	7	7	6	
		HCSW	2	2	2	2	2	2	2	2	2	
	Late	RN	6	7	7	7	7	7	7	7	6	
		HCSW	2	2	2	2	2	2	2	2	2	
	Night	RN	6	7	7	7	7	7	7	7	6	
		HCSW	1	1	1	1	1	1	1	1	1	
Medicine	A1	38	47.76		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
	Early	RN	6	7	7	7	7	7	7	7	6	
		HCSW	4	4	4	4	4	4	4	4	4	
	Late	RN	6	6	6	6	6	6	6	6	6	
		HCSW	4	4	4	4	4	4	4	4	4	
	Night	RN	4	4	4	4	4	4	4	4	4	
		HCSW	2	2	2	2	2	2	2	2	2	
	A4	38	46.49		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
	Early	RN	6	6	6	6	6	6	6	6	6	
		HCSW	4	4	4	4	4	4	4	4	4	
	Late	RN	6	6	6	6	6	6	6	6	6	
		HCSW	4	4	4	4	4	4	4	4	4	
	Night	RN	4	4	4	4	4	4	4	4	4	
		HCSW	2	2	2	2	2	2	2	2	2	

	A6S	18	27.61		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	An extra Registered Nurse is utilised at time of high acuity in relation to patients receiving thrombolysis?		
				Early	RN	3	3	3	3	3	3		3	3
					HCSW	3	3	3	3	3	3		3	3
				Late	RN	3	3	3	3	3	3		3	3
					HCSW	3	3	3	3	3	3		3	3
				Night	RN	2	2	2	2	2	2		2	2
					HCSW	1	1	1	1	1	1		1	1
	B7	35	43.64		Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
				Early	RN	5	5	5	5	5	5		5	5
					HCSW	4	4	4	4	4	4		4	4
				Late	RN	5	5	5	5	5	5		5	5
					HCSW	4	4	4	4	4	4		4	4
				Night	RN	4	4	4	4	4	4		4	4
					HCSW	2	2	2	2	2	2		2	2
	A7	31			Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
				Early	RN	6	6	6	6	6	6		6	6
					HCSW	4	4	4	4	4	4		4	4
				Late	RN	6	6	6	6	6	6		6	6
					HCSW	4	4	4	4	4	4		4	4
				Night	RN	3	3	3	3	3	3		3	3
					HCSW	3	3	3	3	3	3		3	3
	C6	38	47.50		Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
				Early	RN	5	7	7	7	7	7		5	
					HCSW	5	4	4	4	4	4		5	
				Late	RN	5	6	6	6	6	6		5	
					HCSW	5	4	4	4	4	4		5	
				Night	RN	3	3	3	3	3	3		3	
					HCSW	3	3	3	3	3	3		3	

	C7S	19	23.24		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
	Early	RN	3	3	3	3	3	3	3	3	3	
		HCSW	2	2	2	2	2	2	2	2	2	
	Late	RN	3	3	3	3	3	3	3	3	3	
		HCSW	2	2	2	2	2	2	2	2	2	
	Night	RN	2	2	2	2	2	2	2	2	2	
		HCSW	1	1	1	1	1	1	1	1	1	
	E1/West 3	13			Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
	Early	RN	3	3	3	3	3	3	3	3	3	
		HCSW	1	1	1	1	1	1	1	1	1	
	Late	RN	3	3	3	3	3	3	3	3	3	
		HCSW	1	1	1	1	1	1	1	1	1	
	Night	RN	3	3	3	3	3	3	3	3	3	
		HCSW	1	1	1	1	1	1	1	1	1	
	E1/West 3	8			Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
	Early	RN	5	5	5	5	5	5	5	5	5	
		HCSW	3	3	3	3	3	3	3	3	3	
	Late	RN	5	5	5	5	5	5	5	5	5	
		HCSW	3	3	3	3	3	3	3	3	3	
	Night	RN	3	3	3	3	3	3	3	3	3	
		HCSW	2	2	2	2	2	2	2	2	2	
	E1/West 3	4			Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
	Early	RN	1	1	1	1	1	1	1	1	1	
		HCSW										
	Late	RN	1	1	1	1	1	1	1	1	1	
		HCSW										
	Night	RN	1	1	1	1	1	1	1	1	1	
		HCSW										

The ward is currently undergoing refurbishment and the establishment will be recalculated once completed.

Uncommissioned capacity to support increased demand as per UHB Winter Plan. This area is opened and closed as per operational flow requirements.

Additional commissioned beds to support winter capacity to support extenuating circumstances opened as per escalation policy

As above

	E2	33	37.96		Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
				Early	RN	5	5	5	5	5	5		5	5
					HCSW	3	3	3	3	3	3		3	3
				Late	RN	5	5	5	5	5	5		5	5
					HCSW	3	3	3	3	3	3		3	3
				Night	RN	3	3	3	3	3	3		3	3
					HCSW	2	2	2	2	2	2		2	2
					E6	30	37.96		Sun	Mon	Tues		Wed	Thurs
Early	RN	4	4					4	4	4	4	4	4	
	HCSW	4	4					4	4	4	4	4	4	
Late	RN	4	4					4	4	4	4	4	4	
	HCSW	4	4					4	4	4	4	4	4	
Night	RN	3	3					3	3	3	3	3	3	
	HCSW	2	2					2	2	2	2	2	2	
	E7	29	37.96						Sun	Mon	Tues	Wed	Thurs	Fri
				Early	RN	4	4	4	4	4	4	4	4	
					HCSW	4	4	4	4	4	4	4	4	
				Late	RN	4	4	4	4	4	4	4	4	
					HCSW	4	4	4	4	4	4	4	4	
				Night	RN	3	3	3	3	3	3	3	3	
					HCSW	2	2	2	2	2	2	2	2	
					E4	30	37.96		Sun	Mon	Tues	Wed	Thurs	Fri
Early	RN	4	4					4	4	4	4	4	4	
	HCSW	4	4					4	4	4	4	4	4	
Late	RN	4	4					4	4	4	4	4	4	
	HCSW	4	4					4	4	4	4	4	4	
Night	RN	3	3					3	3	3	3	3	3	
	HCSW	2	2					2	2	2	2	2	2	

	Gwenwyn	8	14.89		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	A professional decision has been made to have a 0.5 Supervisory Sister in this area in the short to medium term during service development.		
				Early	RN	2	2	2	2	2	2		2	2
					HCSW	0	0	0	0	0	0		0	0
				Late	RN	2	2	2	2	2	2		2	2
					HCSW	0	0	0	0	0	0		0	0
				Night	RN	2	2	2	2	2	2		2	2
					HCSW	1	1	1	1	1	1		1	1
	CFU	7	15.21		Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
				Early	RN	2	2	2	2	2	2		2	
					HCSW	1	1	1	1	1	1		1	
				Late	RN	2	2	2	2	2	2		2	
					HCSW	1	1	1	1	1	1		1	
				Night	RN	2	2	2	2	2	2		2	
					HCSW	0	0	0	0	0	0		0	
	W6	29	35.11		Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
				Early	RN	4	4	4	4	4	4		4	
					HCSW	3	3	3	3	3	3		3	
				Late	RN	4	4	4	4	4	4		4	
					HCSW	3	3	3	3	3	3		3	
				Night	RN	3	3	3	3	3	3		3	
					HCSW	2	2	2	2	2	2		2	
	T2	22	31.46		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Expected to close 11/05/18 Winter funded ward		
				Early	RN	3	4	4	4	4	4		3	
					HCSW	3	3	3	3	3	3		3	
				Late	RN	3	4	4	4	4	4		3	
					HCSW	3	3	3	3	3	3		3	
				Night	RN	2	2	2	2	2	2		2	
					HCSW	2	2	2	2	2	2		2	

					Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
	W1	28	35.11									
				Early	RN	4	4	4	4	4	4	
					HCSW	3	3	3	3	3	3	
				Late	RN	4	4	4	4	4	4	
					HCSW	3	3	3	3	3	3	
				Night	RN	3	3	3	3	3	3	
					HCSW	2	2	2	2	2	2	
Surgery	B6	38	44.97									
				Early	RN	6	6	6	6	6	6	
					HCSW	4	4	4	4	4	4	
				Late	RN	5	5	5	5	5	5	
					HCSW	4	4	4	4	4	4	
				Night	RN	4	4	4	4	4	4	
					HCSW	2	2	2	2	2	2	
	Anwen	11-14	12.59									Ward works Monday – Friday
				Early	RN		1	2	2	2	2	
					HCSW		1	3	3	3	3	
				Late	RN		2	2	2	2	2	
					HCSW		2	2	2	2	2	
				Night	RN		2	2	2	2	2	
					HCSW		1	1	1	1	1	
	Heulwen	13	23.97									Planned to close 31/05/18
				Early	RN	3	3	3	3	3	3	
					HCSW	2	2	2	2	2	2	
				Late	RN	3	3	3	3	3	3	
					HCSW	2	2	2	2	2	2	
				Night	RN	3	3	3	3	3	3	
					HCSW	0	0	0	0	0	0	

				Sun	Mon	Tues	Wed	Thurs	Fri	Sat			
Duthie	18	25.26	Early	RN	3	4	4	4	4	4	3		
				HCSW	2	2	2	2	2	2	2		
			Late	RN	3	3	3	3	3	3	3		
				HCSW	2	2	2	2	2	2	2		
			Night	RN	2	2	2	2	2	2	2		
				HCSW	1	1	1	1	1	1	1		
A2	38	47.46	Early	RN	6	7	7	7	7	7	6		
				HCSW	4	4	4	4	4	4	4		
			Late	RN	6	7	7	7	7	7	6		
				HCSW	3	3	3	3	3	3	3		
			Night	RN	3	4	4	4	4	3	3		
				HCSW	2	2	2	2	2	2	2		
B2	38	44.37	Early	RN	6	7	7	7	7	7	6		
				HCSW	4	4	4	4	4	4	4		
			Late	RN	6	6	6	6	6	6	6		
				HCSW	3	3	3	3	3	3	3		
			Night	RN	3	4	4	4	4	4	3		
				HCSW	2	2	2	2	2	2	2		
A1 link	23	30.54	Early	RN	4	4	5	4	5	4	4		
				HCSW	2	2	2	2	2	2	2		
			Late	RN	4	4	5	4	5	4	4		
				HCSW	2	2	2	2	2	2	2		
			Night	RN	3	3	3	3	3	3	3		
				HCSW	1	1	1	1	1	1	1		

				Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
CAVOC	27	33.82	Early	RN								
				HCSW								
			Late	RN								
				HCSW								
			Night	RN								
				HCSW								
A5 Head and Neck	19	25.26	Early	RN	3	4	4	4	4	4	3	
				HCSW	2	2	2	2	2	2	2	
			Late	RN	3	3	3	3	3	3	3	
				HCSW	2	2	2	2	2	2	2	
			Night	RN	2	2	2	2	2	2	2	
				HCSW	1	1	1	1	1	1	1	
West 4	22	27.32	Early	RN	3	3	3	3	3	3	3	
				HCSW	2	2	2	2	2	2	2	
			Late	RN	3	3	3	3	3	3	3	
				HCSW	2	2	2	2	2	2	2	
			Night	RN	2	2	2	2	2	2	2	
				HCSW	2	2	2	2	2	2	2	
West 5	29	30.74	Early	RN	4	4	4	4	4	4	4	
				HCSW	2	3	3	3	3	3	2	
			Late	RN	4	4	4	4	4	4	4	
				HCSW	2	2	2	2	2	2	2	
			Night	RN	3	3	3	3	3	3	3	
				HCSW	1	1	1	1	1	1	1	

		Sun	Mon	Tues	Wed	Thurs	Fri	Sat						
	A6 North	19	33.87			Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
				Early	RN	3	4	4	4	4	4	4		3
					HCSW	3	3	3	3	3	3	3		3
				Late	RN	3	4	4	4	4	4	4		3
					HCSW	3	3	3	3	3	3	3		3
				Night	RN	3	3	3	3	3	3	3		3
HCSW	2	2	2		2	2	2	2	2					
	A5 Urology	19	25.26			Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
				Early	RN	3	4	4	4	4	4	4		3
					HCSW	2	2	2	2	2	2	2		2
				Late	RN	3	3	3	3	3	3	3		3
					HCSW	2	2	2	2	2	2	2		2
				Night	RN	2	2	2	2	2	2	2		2
HCSW	1	1	1		1	1	1	1	1					
	A3 Link	26	29.72			Sun	Mon	Tues	Wed	Thurs	Fri	Sat		
				Early	RN	4	4	4	4	4	4	4		4
					HCSW	2	2	2	2	2	2	2		2
				Late	RN	4	4	4	4	4	4	4		4
					HCSW	2	2	2	2	2	2	2		2
				Night	RN	3	3	3	3	3	3	3		3
HCSW	1	1	1		1	1	1	1	1					
Children and Women	C1	19-23	33.45			Sun	Mon	Tues	Wed	Thurs	Fri	Sat	The ward reduces to 19 beds on Saturday and Sunday	
				Early	RN	3	4	4	4	4	4	3		
					HCSW	3	3	3	3	3	3	3		
				Late	RN	3	2	2	2	2	2	3		
					HCSW	1	1	1	1	1	1	1		
				Night	RN	2	3	3	3	3	3	2		
HCSW	2	1	1		1	1	1	2						

As stated earlier the Clinical Boards and Executive Nurse Director have agreed establishments that they consider will meet all reasonable requirements. However the Board should take note of exceptions:

- Critical care has an agreed establishment that will deliver on sensitive care. However it should be noted that this establishment does not meet the Welsh Standards for Critical Care in terms of an uplift for staff to undertake the extended professional development required for this specialist area. This is not the standard that is currently commissioned by WHSSC. This has been determined not to be a clinical risk by the Director of Nursing for Specialist Clinical Board the area at the time of setting the agreed establishments.
- Within the Mental Health Clinical Board there are 13 wards where the establishment has not been agreed. Oak, Willow, Beech, Elm, Maple, Alder, Pine, Daffodil and East 10,12,14,16,18 , as all areas have one registrant on duty for 12 hours at night. This registrant is thus unable to leave the ward to have a break. The Clinical Board has benchmarked similar wards across Wales and the position is the same. However, the Health and Safety at Work Act [1974] states that it shall be the duty of every employer to ensure the health, safety and welfare at work of all employees and the Working Time Regulations [1998 amended 2006] introduced a provision that requires employers to ensure workers a break of a minimum of 20 minutes after six hours at work. It is clear that current practice does not safely allow registrants to have a clear break away from the clinical area. The Clinical Board is currently investigating how this can be addressed.
- The District Nursing Staffing Principles were established in 2017. There are significant changes required in terms of team structure and educational requirements, for example, there should be at least one deputy team leader District Nurse with a recordable qualification (SPQ) or a post registration community nursing degree and leadership training case manager within each District Nursing team. It is acknowledged by the CNO that there will be some lead up time required before Health Boards are compliant. In terms of the position within the Health Board the Primary Community Intermediate Care (PCIC) Clinical Board is working towards compliance. The current establishment has been agreed and a plan to achieve full compliance is being developed.
- The Health Board has just began to undertake work on how we can ensure we put in place a process that allows us to monitor staffing levels within our commissioned services to ensure compliance with Section 25A.

Recommendation

The Board is asked to approve the nursing establishments in compliance with requirements of the Nurse Staffing Levels (Wales) Act [2016] and note progress towards compliance in areas noted to require ongoing actions.

Appendix 1 Ward based template to inform patients of the Nurse Staffing Establishment



Staff Nyrzio Nurse Staffing

Ward Name

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

REQUIRED ESTABLISHMENT

(Total number of staff required)

Date Nurse Staffing
Level agreed by Board

/ /

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

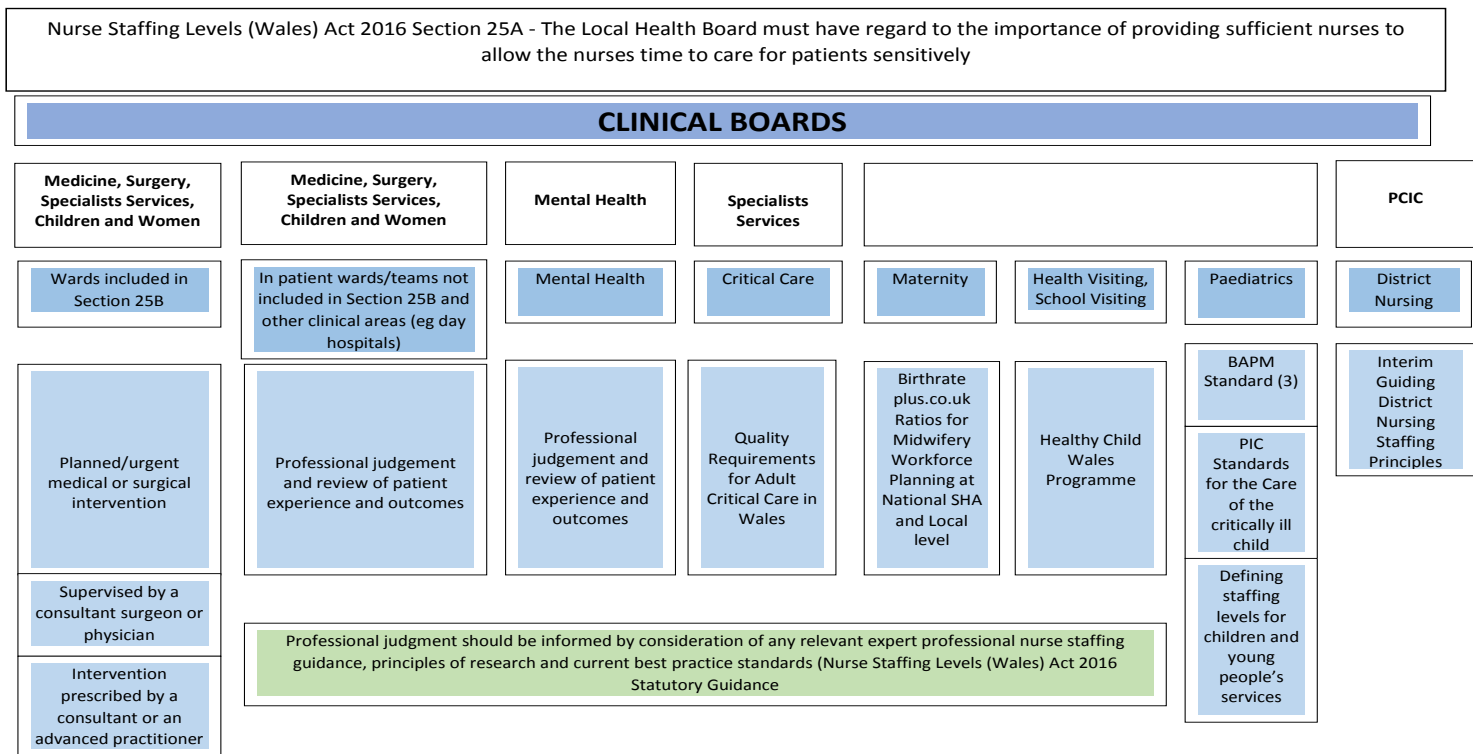
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Early	RN							
	HCSW							
Late	RN							
	HCSW							
Night	RN							
	HCSW							

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



Appendix 2 Compliance with Section 25A

The **Nurse Staffing Levels Wales (Act) 2016** places a duty on Health Boards to provide sufficient nurses to allow nurses to care for patient sensitively. In specific circumstances the Act requires the Health Board to undertake a method of calculation defined within the Act. The determination of nurse staffing numbers outside of those areas is undertaken with reference to guidelines and professional judgement and is described below:



Appendix 3 Wards currently excluded from section 25B & C

Exclusions: The following care settings are not considered to fall within the definition of “adult acute medical inpatient wards”:

- acute admission/assessment units that have short term admissions for assessment purposes that are demonstrably different to acute medical inpatient wards;
- intensive care units;
- high dependency units;
- coronary care units;
- renal dialysis units;
- maternity services;
- mental health services;
- learning disability services;
- day care units or wards; and
- rehabilitation wards

Exclusions: The following care settings are not considered to fall within the definition of “adult acute surgical inpatient wards”:

- acute surgical decision units that have short term admissions for assessment purposes that are demonstrably different to acute surgical inpatient wards;
- intensive care;
- high dependency units;
- maternity services;
- day surgery units or wards;
- learning disability services; and
- mental health services;

Appendix 4



BI-ANNUAL ESTABLISHMENT REVIEW STANDARD OPERATING PROCEDURES

For more detailed information and advice on the process and method of determining the nursing establishment please refer to the ***Nurse Staffing Levels (Wales) 2016 Operational Guidance***.

Acuity audit

Data from the most recent acuity audit should be used to inform the process.

Professional judgment

The Operational Guidance provides detailed descriptions defining professional judgment. Included in this description is a suggestion that data on, compliance with mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy and student feedback may be of use in supporting this aspect.

Quality Indicators

Quality Indicators to be considered as part of the triangulation process.

Patient falls	Any fall that a patient has experienced whilst on the ward
Pressure Ulcers	Total number of HAPU acquired whilst on ward
Medication errors	Any error in the preparation, administration or omission of medication by nursing staff (this included medication related never events)

This data will be available for extraction from the Clinical Dashboard. The Corporate team will support Clinical Boards in this process if required.

Calculation Periods

March Calculation	Quality Indicators for the period	July-December
September Calculation	Quality Indicators for the period	January-June

NB: Any changes to ward case mix, bed numbers, and moves into other areas will require review of establishment and reporting to Board

Sign-off Process - Areas of Responsibility for Individuals

