



**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels (Wales) Act - Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality & Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Hayes, Nurse Staffing Programme Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The Coronavirus (COVID-19) pandemic across the UK (and globally) has meant that NHS Wales is under significant and, potentially, sustained additional pressure, with a direct impact on the nurse staffing resource. Based on patient modelling data, whilst continuing to take account of the requirements relating to the Nurse Staffing Levels (Wales) Act (the Act), there has been a requirement for Hywel Dda University Health Board (HDdUHB) to keep under continual review, both the 'normal' and the escalation positions for the planned nurse staffing levels within a number of settings where nursing care is provided. This paper aims to:

1. Update and assure QSEAC Members on the nature and effectiveness of the revised systems that have been put in place to ensure that the calculated nurse staffing levels within HDdUHB continue to be kept under constant review and where required, are systematically (re)calculated and confirmed within HDdUHB in line with the requirements of the Act; and to
2. Provide detail of how HDdUHB is taking account of the requirements of the Act within its planning work, with the aim of ensuring that HDdUHB continues to be able to demonstrate its compliance with the Act in the way it plans to respond to the operational demands it may face during the coming months.

Cefndir / Background

Since April 2018, and the commencement of the full scope of the Act, the nurse staffing levels for the 30 plus adult medical and surgical wards that are covered by Section 25B/C of the Act, have been calculated by using the triangulated methodology set out in the Act. In addition, in pursuit of achieving the best care quality for its patients, HDdUHB has sought to apply the principles which underpin this triangulated approach to the review of a significant number of other nursing services which currently fall under the more general requirements of Section 25A of the Act.

During the current pandemic period, the Chief Nursing Officer (CNO) for Wales has sought to acknowledge the recognised disruption that the pandemic is bringing to Health Boards, and to

clarify the reasonable expectations of Welsh Government (WG), in relation to the interpretation of the Act. The CNO outlined the WG position in a letter to all Executive Nurse Directors in Wales on 24th March 2020. This letter provided guidance to Health Boards on the expectations of WG during the extraordinary circumstances that the pandemic created, including a recognition that the professional judgement of the designated person would be the key determinant in ensuring staffing in all areas where nursing care is either provided or commissioned would be managed as appropriately as possible during this extraordinarily difficult time.

This guidance letter from the CNO continues to inform the approach being taken to the implementation of the requirements of the Act within HDdUHB at this time.

Asesiad / Assessment

1. HDdUHB has continued to meet the core requirements of the Act in its actions when calculating the 'norm' nurse staffing levels throughout recent months. Revised operational processes have been put in place and the routine, 6 monthly nurse staffing level (re) calculation processes have been supplemented with a 1-2 weekly review of the nurse staffing levels, with the Heads of Nursing responsible for all in-patient areas. In this way, all changes associated with the status of all wards e.g. whether they meet the requirements for inclusion under Section 25B of the Act; if there have been changes to bed numbers as a result of social distancing measures being implemented; if there are planned changes to patient pathways through acute sites as a result of red/green area streaming; if the acuity levels of the patients being cared for in any ward change; or if the quality indicators suggest there may be an issue with care quality for the ward, etc., can all be taken account of within the planning and calculating of nurse staffing levels in a timely manner. Through the adoption of these changed processes, the Quality, Safety & Experience Assurance Committee (QSEAC) can be assured that the statutory requirements of the Act to calculate the nurse staffing level are being met.

As the Act requires that the Board is 'informed of changes to nurse staffing levels' before they are displayed to the patients/ public, these changes will require that the revised nurse staffing levels are presented to QSEAC and reference is made to these in the QSEAC report to the Board. Going forward, it is proposed that this statutory requirement will be achieved through a standardised template which will outline the nurse staffing levels agreed for all Section 25B wards and highlighting any changes since the previous report, being presented to QSEAC on a regular basis.

It should be noted however that, operationally, maintaining the 'norm' registered nurse staffing levels for wards that fall under Section 25B of the Act, may prove extremely challenging if 'escalated' nurse staffing levels are required should a further 'wave(s)' of COVID-19 infections together with the predicted 'winter pressure' demands arise simultaneously in the forthcoming months.

2. The Act requires that HDdUHB takes all reasonable steps to ensure that it makes available sufficient nurses to provide sensitive care to patients. However, the CNO letter (March 2020) recognised that the COVID-19 pandemic created operational challenges that were not accounted for within the Act and that it was conceivable that the calculated staffing levels might not be met at all times. Whilst this, in itself, does not reflect non-compliance with the Act, it was reinforced in the CNO letter that the professional judgement of the Designated Person would be crucial during the pandemic in agreeing the extent to which an 'escalated' nurse staffing position could be in place.

In planning to meet the demands that the modelling suggests HDdUHB may face in the coming months, the nurse staffing levels which have been calculated and used for workforce planning purposes have been, to date, based on the triangulated methodology i.e. utilising a combination of patient acuity and care quality data together with professional judgement. However, as additional beds are required to be opened in areas previously unused as in-patient areas e.g. field hospitals, the nurse staffing level calculations will increasingly depend upon the application of professional judgement, together with a risk management approach. In addition, this scenario will, of necessity, require the use of the blunt instrument of 'registered nurse: patient ratios' to enable a 'whole system' understanding of the registered nurse WTE numbers. The potential reduction in the registered nurse: patient ratio will require careful professional judgement to be exercised when agreeing the extent to which (a variety of potential) 'support' roles can offset a reduced registered nurse: patient ratio as part of the planning processes.

It is recognised that 'calculating the nurse staffing levels' is a theoretical process, whereas 'maintaining the nurse staffing level' creates an operational challenge, even at the best of times, as nurse managers respond to operational demands and workforce changes on an hour by hour basis.

Anticipating that we need to plan now for the possibility that the nurse staffing levels may need to be escalated during any future increase in numbers of COVID-19 infected patients - which may be coupled with seasonal winter pressures during the coming months - the list of 'all reasonable steps' set out in the statutory guidance and accompanying operational guidance is being used as a framework to guide the actions being planned / taken in the Health Board's efforts to maintain an adequate and appropriate nurse staffing level for all patients.

These steps can be separated into two categories i.e. **Strategic corporate steps and Operational steps**. The steps currently being taken/planned within the Health Board, led either through Workforce and Organisational Development structures and/or through the professional nursing/operational teams, include:

Strategic Corporate Steps:

- Active recruitment of additional staff into permanent and/or temporary posts, or onto the bank, in order to meet the workforce requirements that may arise during the COVID-19 pandemic;
- Registered nurse recruitment drive to be launched in August 2020;
- Effective processes developed to manage the deployment of clinical and non-clinical staff from non-essential into essential services across the Health Board;
- Effective risk assessment processes and systems for staff to assess requirements for medical exclusions;
- A strategic well-being at work strategy to support and sustain nurses and the wider Multi-disciplinary team during the potentially long period of the COVID-19 pandemic;
- Agreement of organisation-wide trigger points/actions which would underpin the opening of additional beds. These actions will include the governance processes which ensure that professional judgement is applied if nurse staffing levels are required to move away from those previously notified to the Board and/or agreed with the Designated Person;
- Development of a Role/Team workforce design framework for general application across Health Board clinical services, together with a forum to develop possible Team Models;
- Establishment of a Workforce Planning infrastructure to co-ordinate and drive the 'supply' and 'demand' of the staffing resource across the Health Board, including Field Hospitals.

Operational steps

- Operational and Nurse bank teams working together to ensuring the effective use and deployment of temporary staff from a nursing bank to ensure the skill mix set out in the planned roster is achieved;
- Operational and nurse bank teams working together to access temporary staff from nursing agencies to ensure that the skill mix set out in the planned roster can be met (once all other use of substantive or bank staff have been considered);
- Temporary deployment of staff from other areas on a shift by shift basis;
- The longer term deployment of staff as a result of the temporary closure of clinical /non-clinical services within sections of the Health Board deemed (through COVID-19 governance mechanisms) to be non-essential;
- Clinically appropriate changes to the patient pathway if this can result in improved efficiency in deployment of staffing without compromising infection prevention processes;
- Support for operational managers in effective staff resource management, utilisation and deployment e.g. appropriate allocation of annual leave, staff working overtime (within whole time equivalent (WTE)), use of hours owed, effective sickness management;
- 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, negotiation to reschedule planned absence from work; postponement of non-essential training/ study leave;
- Use of additional 'COVID-19 workforce recruits to provide support to areas where staffing levels vary from planned roster;
- Usually supernumerary to the planned roster, the Senior Sister/Charge Nurse will work within the planned roster;
- Other healthcare professionals and support workers (e.g. frailty workers, dietetic assistants, therapists) to be deployed to roles which will contribute to the delivery of nursing care;
- Regular review of the acuity of the patients on the ward to ensure staffing levels flexed (up or) down as acuity levels require in line with appropriate governance;
- Robust record keeping and analysis of trends in relation to the extent to which the agreed nurse staffing levels are being maintained and/or are leading to care quality issues, enabling early escalation of any areas of concern;
- Development and implementation of a (revised/interim for COVID-19 period) Nurse Staffing Levels Operational Framework. This framework includes a detailed escalation matrix relating to nurse staffing which will reflect the specific governance processes developed within the Health Board during the COVID-19 period.

Nursing teams from across HDdUHB are working closely both on professionally–led developments and within the Workforce and Organisational Development led organisational processes to ensure that the requirements of the Act are consistently applied in the fast changing clinical scenarios posed by the COVID-19 pandemic.

Argymhelliad / Recommendation

QSEAC is asked to note the content of this report and be assured that the requirements of the Nurse Staffing Levels (Wales) Act :

1) Have been embedded within revised operational processes through which to calculate the nurse staffing levels; and

2) Are being fully considered during the Quarter 2- Quarter 4 workforce/nurse staffing level planning taking place within the Health Board as well as during the day to day operational work to maintain nurse staffing as per agreed levels.

A further report will be presented for assurance to QSEAC when the revised Nurse Staffing Levels Escalation Framework, for use during the remainder of 2020/21, is finalised

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.1 Monitor progress of and assure the Board in relation to its compliance with relevant healthcare standards, national practice and mandatory guidance.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate risk register 647 Potential of non compliance with reporting requirements of the Act Current score =8
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 4. Dignified Care 7. Staff and Resources

Effaith/Impact:

Ariannol / Financial: Ansawdd / Patient Care: Gweithlu / Workforce: Risg / Risk: Cyfreithiol / Legal: Enw Da / Reputational: Gyfrinachedd / Privacy: Cydraddoldeb / Equality:	As this report is for assurance that processes are in place and work is being undertaken to be presented to QSEAC at a later date (when an impact assessment will be required) , then no impact noted at present
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