2.4 Staffing Update

Presenter: Mandy Rayani

Nurse Staffing Principles for COVID-19

Apendix 1 COVID 19 escalation plan CRITICAL CARE DRAFT v1 23042020

Appendix 2 COVID 19 escalation plan DRAFT v1 23042020

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 May 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Nurse Staffing Principles for COVID-19
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Sian Passey Assistant Director of Nursing

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 the NHS in Wales has and continues to be under pressure to respond to an expected increase in demand for services, in particular critical care capacity and acute hospital care beds. An increase in demand and the need to scale up service provision has an inevitable impact on the staffing resource required. Public Health Wales has provided all Health Boards and Trusts in Wales with modelling data which has been used to plan and develop services in response to the pandemic.

Whilst many non-essential services have been stood down and wards reconfigured in line with planning assumptions, the Nurse Staffing Levels (Wales) Act 2016 has not been relaxed.

This paper sets out the Nurse Staffing principles to be applied to acute site inpatient wards and critical care units reflecting the planning assumptions for the pandemic response. It further advises on ratios of professional to patient in the field hospitals, although it is recognised that this is dependent on patient profile within these areas and is likely to change dependant on modelling assumptions.

Cefndir / Background

Since the enactment of the Nurse Staffing Levels (Wales) Act 2016, the nurse staffing levels for Section 25B wards and the nurse staffing levels for wards & departments where Section 25A applies have been calculated using the triangulated methodology set out in the Act.

The triangulated methodology includes reviewing patient acuity data, quality indicator data and aspects of professional judgement to determine the planned roster required.

However, due to the unprecedented nature of the Covid-19 pandemic there has been a need to review the models of nursing care and associated staffing establishments across the Health Board in the event of escalation of operational response and the opening of additional bed capacity.

The Chief Nursing Officer (CNO) Letter, received on the 24th March 2020, set out the CNO's expectations for when the Covid pandemic will disrupt the business-as-usual processes and work-streams associated with the Nurse Staffing Levels (Wales) Act 2016 (*the Act*). Whilst recognising the challenges, the CNO highlighted that the responsibility of minimising risk to patient safety through applying professional judgement will remain across all areas where nursing care is provided or commissioned.

As a result the Health Board has considered alternative professional to patient ratio models for areas outside of 25B.

Acute Sites inpatient wards:
There is no acuity data or quality indicator data available for wards caring for covid-19 patients, the nurse staffing levels for acute site inpatient wards proposed within this paper are based on professional judgement.

As acuity data becomes available, the nursing care model proposed in this paper will be reviewed and updated.

Critical Care Units:
The critical care nursing care model is based on the national guidance (Coronavirus: principle for increasing the nursing workforce in response to exceptional increased demand in Adult Critical Care).

Asesiad / Assessment

Nursing Care Models

Acute Site inpatient wards
The nurse staffing principles and the triangulated methodology will continue to be used to calculate nurse-staffing levels on wards that are deemed 25B wards; these are wards that can be defined as medical or surgical wards under the Act.

Ward function changes
When the function of a ward has changed and it is no longer deemed Medical or Surgical ward, eg. Covid-19 patients, there will be a requirement to recalculate the nurse staffing level.

In the absence of acuity data or quality indicators for this particular group of patients, the nurse staffing levels for acute inpatient wards will be based on professional judgement.

The principle of a minimum of two RN per shift will be maintained on all wards. Clearly if the impact of the pandemic escalates the staffing situation will need to be reviewed rapidly.

Covid-19 (CPAP) wards:
During the pandemic a number of wards where Section 25B of the Act would have previously applied will have to change their function to manage the anticipated number of Covid- 19 patients requiring hospital admission and a number of these wards will be required to support patients requiring CPAP.

The usual Registered Nurse to patient ratio for patients requiring CPAP is 1:2, however, due to the exceptional and unprecedented anticipated demand at critical points of the pandemic consideration has been given to extending the usual Nurse: patient ratio from 1:2 RN to a patient ratio of 1:6.

In order to implement this there is a requirement to significantly increase the HCSW workforce together with the introduction of a 'wrap around' support team from respiratory 'experts' (e.g. respiratory trained physiotherapists, physiologists or respiratory Clinical Nurse Specialists in addition to medical staffing colleagues).

The work around the wraparound team is currently in progress. It must be noted that using the RN to patient ratio of 1:6 will mean that on some wards this ratio may range from 1:5 to 1:7 because of ward configuration and bed numbers.

Non-Covid Wards:
A number of our wards will remain as 'non-covid' wards, however, the nurse staffing levels for these wards are also being reviewed, due to the change in their function during the pandemic.

It is expected that these wards will continue with their current planned roster as activity and acuity allows, however, it is recognised that at peak times of the pandemic the nurse staffing levels may have to be amended.

At the peak of the escalation to support the pandemic response the non-covid wards will operate at a minimum RN to patient ratio of 1:10 in the day and 1:15 at night.

To note due to the configuration of some of the ward beds, there will be times the ratio may range from 1:9 to: 1:12 in the day.

It is recognised that this ratio is lower than that identified for the Covid (CPAP) wards and the Head of Nursing on each site will have to utilise professional judgement if the patient acuity data indicates a need for a different RN to patient ratio.

HCSW all wards:
It is expected that the minimum HCSW to patient ratio for all wards will be 1:5 in the day and 1:7.5 at night.

Critical Care: The Registered Nurse to patient ratio for critical care historically has been 1:1 for a level 3 (intubated) patient and 1:2 for a high dependency patient.

The Coronavirus: principle for increasing the nursing workforce in response to exceptional increased demand in Adult Critical Care document states the "during peak periods it is envisaged that non-critical care staff will be required to deliver nursing care under the supervision of critical care trained nurses" with a need to have a "flexible pragmatic and staged approach with an emphasis on team-working rather than a ratio approach should be considered".

The nursing care model will continue on the recommended 1:1 RN to patient ratio for level 3 (ventilated patient) as long as it is feasible to do so. However, at critical points during the pandemic there will be a need to expand the critical care workforce to meet the demand anticipated and there will be a need to put into place the models of care identified in table 1.

Table 1.

.Number of Patients	Trained critical care nurse	Staff A: Nurses/AHPs with recent/previous critical care experience of some transferable skills.	Staff B: Registered nurses with no critical care skills	Staff C: : Nursing support workers
2	1	1 -2	1	
4	1	2	1	Team of 4
6	1	2	1	Team of 4

In addition, each designated critical care unit (established and newly formed surge units) will be expected to provide a designated critical care trained nurse-in-charge for each shift. This nurse must be supernumerary for the effective provision of supervision, advice, support and co-ordination.

Escalation Plans:
Escalation plans (adapted from the escalation plan set out Policy 409 Nurse Staffing Levels and Escalation Plan: Adult Acute Services) will be developed to support the decision making around what points the ratios included in this SBAR will be triggered (appendix 1 and 2 for draft versions of the two escalation plans being developed).

Field Hospitals
A capacity of 1079 Field Hospital beds has been created across 8 new sites within the footprint of HDUHB. The total staffing model for these hospitals is still under consideration. The nurse staffing model for these additional capacity 'field hospital' beds provided in response to the pandemic is based on the 3 'clinical levels' of patient - and their anticipated acuity/dependency levels as defined within the Welsh Levels of Care workforce planning tool. The modelling also takes account of the anticipated percentage of each patient category and represents a minimum staffing level:
Level 1 Patients: 1RN :30 Patients
Level 2 Patients 1 RN :20 Patients
Level 3 Patients 1RN :10 Patients

The above ratio will require refinement dependant on the modelling assumptions within these areas. Importantly the staffing model setting out these minimum RN: patient ratios is dependent upon the make-up of the 'wrap around' team reflecting the clinical needs of the patients occupying each facility. To accommodate this lean staffing model all existing roles, clinical and non-clinical, are being reviewed to ensure that delegation is effective and in line with the All-Wales Delegation Framework.

Argymhelliad / Recommendation

QSEAC is asked to:

- Receive assurance that detail modelling work has been undertaken to assist with the workforce calculations which underpin the RN:patient ratios.
- Be assured that the nurse staffing principles and the triangulated methodology will continue to be used to calculate nurse-staffing levels on wards that are deemed 25B wards; these are wards that can be defined as medical or surgical wards.
- Note that RN: patient ratios will change aligned to critical points of escalation in the pandemic as outlined above. The ratios set out within this paper establish the minimum ratios deemed acceptable based upon system risks.
- To note the proposed RN ratio for the field hospital based on patient profiles, is likely to change following further discussion relating to re-modelling.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	5.7 Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is

	the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 4. Dignified Care 7. Staff and Resources
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Protect Patients From Avoidable Harm From care
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chief Nursing Office (CNO) Nurse Staffing Levels (Wales) Act 2016
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Sicrhau Profiod: Parties / Committees consulted prior to Quality, Safety and Experience Assurance Committee:	Gold Command Structure

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The financial impact of the nurse staffing levels over the last two years has been significant with investments made both in the registered nurse and health care support worker workforce.

Ansawdd / Gofal Claf: **Quality / Patient Care:**	The intention underpinning the Act is to ensure safe, effective and quality patient care. One of the key requirements of the Act is to monitor the impact of nurse staffing levels on care quality; therefore, this metric will be carefully monitored as part of the work to implement the Act.
Gweithlu: **Workforce:**	Contained with the body of the report
Risg: **Risk:**	Any risks have been contained within the report
Cyfreithiol: **Legal:**	The reputation of the nursing services of the Health Board is enhanced through the level of engagement and contribution that staff of the Board are currently making to the All Wales work streams. This would be countered by the negative reputational risk if the Health Board were perceived to be not acting in the spirit of the Act.
Enw Da: **Reputational:**	The reputation of the nursing services of the Health Board is enhanced through the level of engagement and contribution that staff of the Board are currently making to the All Wales work streams. This would be countered by the negative reputational risk if the Health Board were perceived to be not acting in the spirit of the Act.
Gyfrinachedd: **Privacy:**	N/A
Cydraddoldeb: **Equality:**	N/A

NURSE STAFFING ESCALATION PLAN FOR COVID 19 PERIOD CRITICAL CARE UNITS

<table>
<tr><th>GREEN</th><th>YELLOW</th><th>AMBER</th><th>RED</th><th>BLACK</th></tr>
<tr><td>STATUS</td><td>STATUS</td><td>STATUS</td><td>STATUS</td><td>STATUS</td></tr>
<tr><td>No reported concern or compromise to patient care or safety due to the available staffing in an area</td><td>Reported concern over the Nurse Staffing Level however there is no predicted risk to patient care or safety

Deficits caused by unplanned absence</td><td>Risk of patient care of CPAP patients being compromised impacting on the patients required care interventions, progress, outcomes, or dignity</td><td>Reported concern over the Nurse Staffing Level with a significant risk that the care or safety of the CPAP patients being compromised</td><td>Unable to achieve a 1:6 RN to patient ratio for ventilated patients</td></tr>
<tr><td>TRIGGERS</td><td>TRIGGERS</td><td>TRIGGERS</td><td>TRIGGERS</td><td>TRIGGERS</td></tr>
<tr><td>Able to maintain the agreed staffing levels 1:1 RN to patient ratio for ventilated patient (level 3)</td><td>Unable to maintain a 1:1 Critical Care RN to patient ratio for ventilated patients (level 3) but can achieve 1:2 Critical Care RN to patient ratio</td><td>Unable to maintain a 1:2 Critical Care RN to patient ratio for ventilated patients (level 3) but can achieve 1:4 Critical Care RN to patient ratio</td><td>Unable to maintain a 1:4 Critical Care RN to patient ratio for ventilated patients (level 3) but can achieve 1:6 Critical Care RN to patient ratio</td><td>Unable to maintain a 1:6 Critical Care RN to patient ratio for ventilated patients (level 3)</td></tr>
<tr><td>ACTION</td><td>ACTION</td><td>ACTION</td><td>ACTION</td><td>ACTION</td></tr>
<tr><td>No action required

All areas safely staffed and operational

Continue to monitor</td><td>Utilise professional judgement in relation to staffing needs and consider:
Realignment of rotas including skill mix
Divert internal resources to areas of greatest risk
Consider utilisation of part time staff
Contact bank & agency
Deployment of non-critical care staff as below to work within the limits of their competence
<table><tr><th>Critical care nurse</th><th>Staff A:.</th><th>Staff B:</th></tr><tr><td>1</td><td>1 -2</td><td>1</td></tr></table>
Report on DATIX including risk assessment and mitigating actions</td><td>Utilise professional judgement in relation to staffing needs and consider:
Senior Nurse/HoN to review staffing across service area
Consider additional hours, overtime and agency authorisation
Deployment of non-critical care staff as below to work within the limits of their competence
<table><tr><th>Critical care nurse</th><th>Staff A:</th><th>Staff B:</th><th>Staff C:</th></tr><tr><td>1</td><td>2</td><td>1</td><td>Team of 4</td></tr></table>
Update DATIX including risk assessment and feedback outcome of escalation to Ward
Escalate to Directorate/Head of Nursing if inadequate staffing levels still exist</td><td>REVIEW MEETING WITH RELEVANT SENIOR DECISION MAKER (Directorate Nurse/ relevant HoN, Asst Director of Nursing/ GM/ Director of Service
Utilise professional judgement in relation to staffing needs and consider:
Deployment of additional non-critical care staff as below to work within the limits of their competence
<table><tr><th>Critical care nurse</th><th>Staff A:</th><th>Staff B:</th><th>Staff C:</th></tr><tr><td>1</td><td>2</td><td>1</td><td>Team of 4</td></tr></table>
Rpdate DATIX and feedback outcome to Senior Nurse/ Site manager
Escalate to Directors of Nursing and Director of Operations</td><td>REVIEW MEETING WITH DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE
Consideration to be given to moving towards a 1:10 RN to CPAP Patient model but only after discussion with DIRECTOR OF NURSING, QUALITY & PATIENT Experiencer ON CALL EXEC</td></tr>
</table>

DRAFT V1 April 2020 (to be used only during the COVID 19 PANDEMIC)
Reference: NHS England (2020) Coronavirus: principles for increasing the nursing workforce in response to exceptional increased demand in adult critical care. 25 March 2020 Version 1

NURSE STAFFING ESCALATION PLAN FOR COVID 19 PERIOD				
GREEN	**YELLOW**	**AMBER**	**RED**	**BLACK**
STATUS	**STATUS**	**STATUS**	**STATUS**	**STATUS**
No reported concern or compromise to patient care or safety due to the available staffing in an area	Reported concern over the Nurse Staffing Level however there is no predicted risk to patient care or safety Deficits caused by unplanned absence	Risk of patient care of CPAP patients being compromised impacting on the patients required care interventions, progress, outcomes, or dignity	Reported concern over the Nurse Staffing Level with a significant risk that the care or safety of the CPAP patients being compromised	Unable to achieve a 1:6 RN to patient ratio for CPAP patients
TRIGGERS	**TRIGGERS**	**TRIGGERS**	**TRIGGERS**	**TRIGGERS**
Able to maintain the agreed staffing levels 1:2 RN to patient ratio for CPAP patients	Able to maintain a 1:2 RN to patient ratio for CPAP patients	Unable to maintain a 1:2 nurse to patient ratio for CPAP patients but can achieve a 1:4 RN to patient ratio	Unable to maintain a 1:4 RN to patient ratio but can achieve a 1:6 RN to patient ratio	Unable to maintain a 1:6 RN to CPAP patient ratio
ACTION	**ACTION**	**ACTION**	**ACTION**	**ACTION**
No action required All areas safely staffed and operational Continue to monitor	Utilise professional judgement in relation to staffing needs and consider: • Realignment of rotas including skill mix • Divert internal resources to areas of greatest risk • Consider utilisation of part time staff • Contact bank • Report on DATIX including risk assessment and mitigating actions	Utilise professional judgement in relation to staffing needs and consider: • Senior Nurse/HoN to review staffing across service area • Consider additional hours, overtime and agency authorisation • Deployment of specialist nurses, educators, other professionals • Deployment of the wraparound team • Update DATIX including risk assessment and feedback outcome of escalation to Ward **Escalate to Directorate/Head of Nursing if inadequate staffing levels still exist**	**REVIEW MEETING WITH RELEVANT SENIOR DECISION MAKER (Directorate Nurse/ relevant HoN, Asst Director of Nursing/ GM/ Director of Service** Utilise professional judgement in relation to staffing needs and consider: • Reducing the bed base number until the available staff is able to meet the CPAP need • Deployment of the wraparound team • Deployment of non-clinical registrants • All non COVID wards to revert to 1:10 RN patient ratio in the day and 1:15 at night • Update DATIX and feedback outcome to Senior Nurse/ Site manager **Escalate to Directors of Nursing and Director of Operations**	**REVIEW MEETING WITH DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE** • Consideration to be given to moving towards a 1:10 RN to CPAP Patient model but only after discussion with **DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCEor ON CALL EXEC**

DRAFT V1 April 2020 (to be used only during the COVID 19 PANDEMIC)