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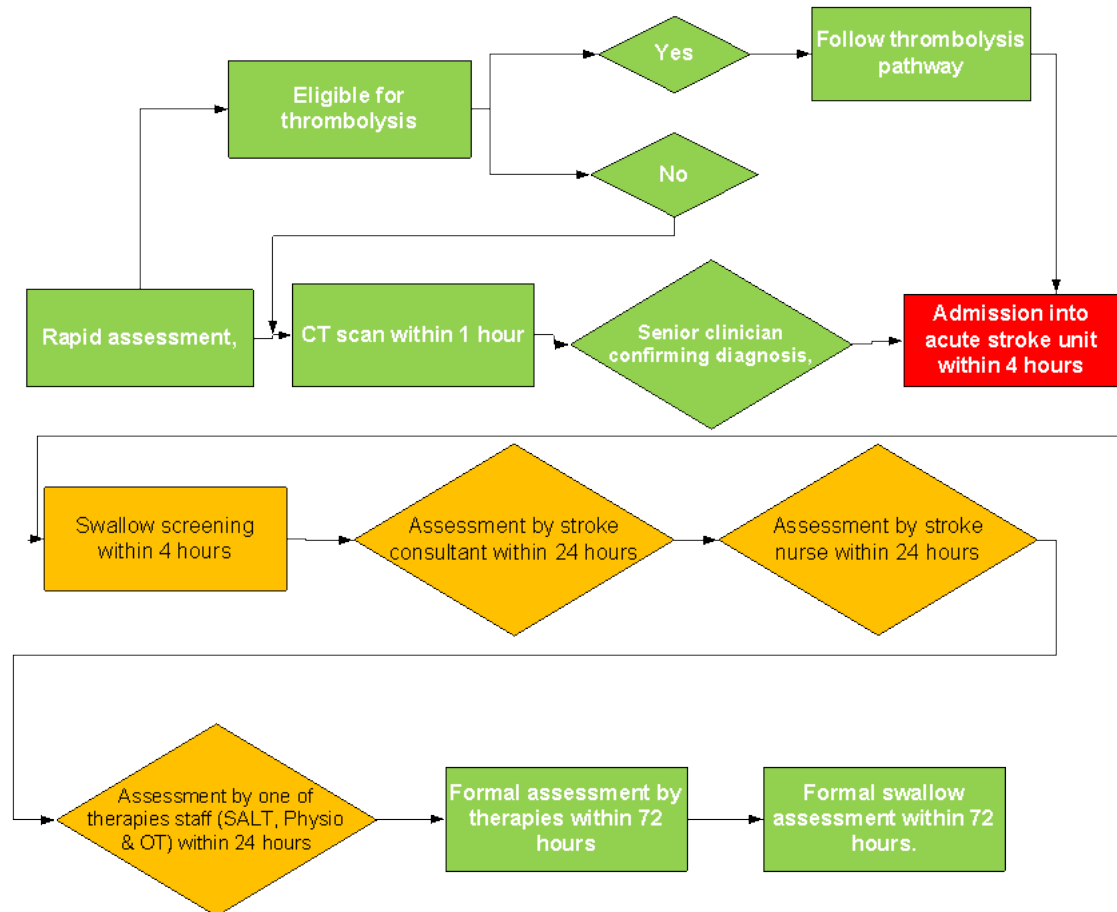
**Quality, Safety and Experience Committee**  
**7<sup>th</sup> December 2021**  
**Stroke Services:**  
**Nurse Staffing Levels**  
**Risk 233**

# Situation



- The nurse staffing levels for each of the Acute Stroke/Rehabilitation wards have been calculated as per the requirements of the Nurse Staffing Levels (NSL) (Wales) Act 2016 since March 2018 and with reference to the recommended nurse staffing levels for stroke units set out in [2016-National-Clinical-Guideline-for-Stroke-5t-\(1\).aspx](https://www.strokeaudit.org/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx) ([strokeaudit.org](https://www.strokeaudit.org))
- The biannual reviews have identified that the service provision for acute stroke care in each of the 4 acute hospitals in Hywel Dda University Health Board (HDdUHB) varies, which in turn has influenced the decision making around the nurse staffing levels required on each ward and potentially the care and experience of patients.
- Following the Autumn 2021 NSL Calculation Cycle, consideration is being given to having Band 4 Assistant Practitioners within the planned roster replacing one Registered Nurse per day shift.

# Risks and Mitigation – variation in service provision



## The Thrombolysis Pathway:

**Risk:** The role of the ward nursing team in the thrombolysis pathway varies depending on local arrangements. Withybush General Hospital (WGH) and Bronglais General Hospital (BGH) both have ward based nurses as part of the emergency stroke response, whereas typically Prince Philip Hospital (PPH) and Glangwili General Hospital (GGH) do not.

**Mitigation:** This variation is taken into account when calculating the nurse staffing level for each ward

# Risks and Mitigation – variation in service provision

**Risk:** Having 17 ‘Type 1’ beds (i.e. beds for acute care in the first 72 hours of care) is an unsustainable model for HDdUHB, particularly when taken in the context of the number of patients who are admitted

**Mitigation:** the NSL will continue to be calculated based on the provision of 17 ‘Type 1’ beds and 49 ‘Type 2’ beds (i.e. beds in the immediate post acute/rehabilitation phase). However, consideration needs to be given to the HDdUHB model for the provision of acute stroke services in the long term

	Total number of beds	Number of Type 1 beds	Number of type 2 beds	other
BGH Ystwyth	18	4	4	10
GGH Gwenllian	20	4	16	0
PPH Ward 9	29	5	19	5
WGH Ward 11	14	4	10	0
<b>Total</b>	<b>81</b>	<b>17</b>	<b>49</b>	<b>15</b>

Number of patients your team directly admitted (As reported on the Sentinel Stroke National Audit Programme (SSNAP) data)				
	BGH	PPH	GGH	WGH
April-June 2021	36	55	66	50
Jan - March 2021	28	38	55	35
Oct- Dec 2020	30	41	46	49
July- Sept 2020	36	48	65	62
April - June 2020	24	24	44	no data
<b>Total</b>	<b>154</b>	<b>206</b>	<b>276</b>	<b>196</b>

# Nurse Staffing Levels

Recommended NSL for Stroke Units : [2016-National-Clinical-Guideline-for-Stroke-5t-\(1\).aspx \(strokeaudit.org\)](https://www.strokeaudit.org/5t-1.aspx)

	Nurse (WTE per bed)
<b>Hyper acute stroke unit</b>	2.9 (80:20 registered: unregistered)
<b>Acute stroke unit</b>	1.35 (65:35 registered: unregistered)

- The above standards have formed the basis of the discussion for the Registered Nurse (RN) staffing levels calculation for the four wards since March 2018. The above standards were used as the basis for the Health Care Support Worker (HCSW) staffing levels set in March 2018 however, the number of HCSW required as part of the planned roster since then has been changed on some of the wards to reflect the changes in patient acuity over time.

# Risks and Mitigation – Nurse Staffing Levels

**Risk:** there is no identified clinical lead nurse for Stroke Services within the Health Board (HB) which can lead to the services being fragmented

**Mitigation:** work with the Stroke Services team to explore whether a Clinical Lead Nurse for Stroke Services is required

**Risk:** there is inconsistency in the Clinical Nurse Specialist (CNS) provision across the sites

**Mitigation:** work with the Stroke Services team to review the CNS provision across the sites to ensure equity in banding and time allocated

# Risks and Mitigation – Nurse Staffing Levels – inpatient wards

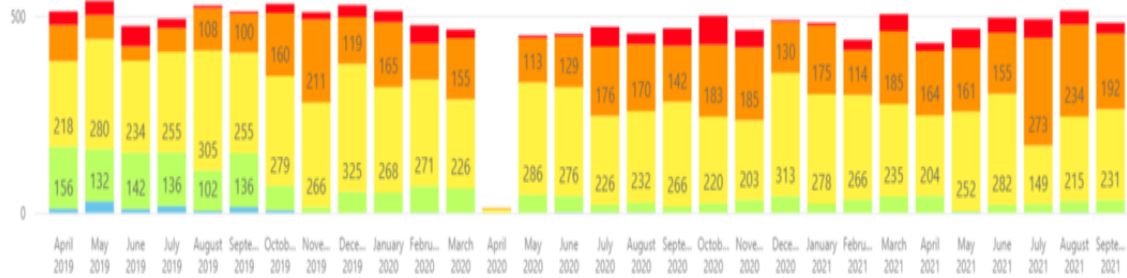
Risk	Mitigation
<p>RN deficits are often not filled or if filled are by temporary staff</p>	<p>Employing Band 4 roles within the ward would secure a consistent skilled workforce which would be familiar with the ward routine and the patient group. This would fit with the 'Team around the Patient' work currently taking place</p>
<p>It is recognised that the introduction of a Band 4 instead of an RN would deviate from the current national standards.</p>	<p>The decision to explore Band 4 posts is based on the professional judgement of the Director of Nursing, Quality and Patient Experience and informed by discussions that have taken place through the nursing leadership structure (which includes the Ward Manager, Senior Nurse Manager and Head of Nursing).</p>
<p>Employing Band 4 Assistant Practitioners instead of RNs may have an impact on the</p> <ul style="list-style-type: none"> <li>• care quality indicators</li> <li>• SSNAP data</li> </ul>	<p>The care quality indicators are monitored as part of the biannual calculation cycle and this monitoring will continue. If a deterioration in care quality indicators is seen, then this will trigger a review of the nurse staffing levels</p>

# Acuity – April 2019 - Sept 2021

- BGH - Ystwyth

Number of Patients Receiving Level 1 - 5 Care

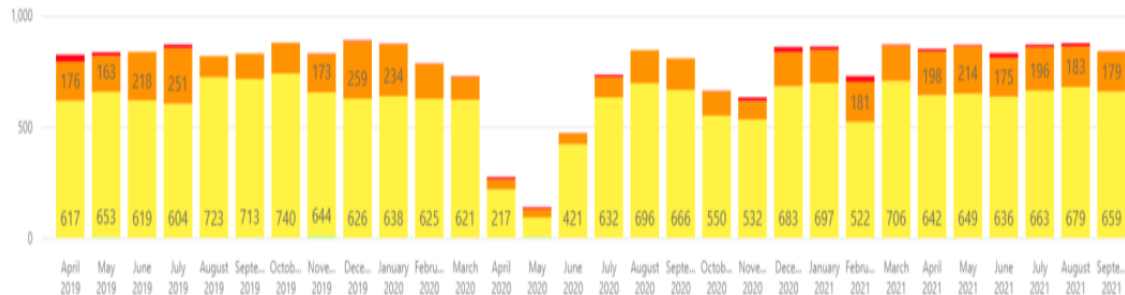
Level 1 Level 2 Level 3 Level 4 Level 5



- PPH – Ward 9

Number of Patients Receiving Level 1 - 5 Care

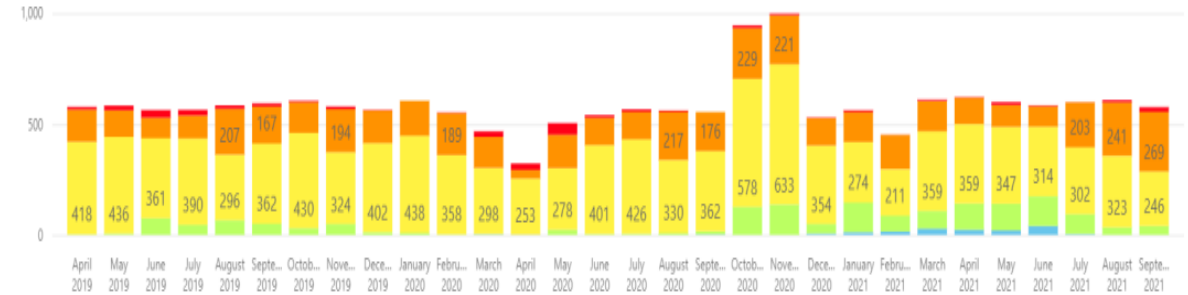
Level 1 Level 2 Level 3 Level 4 Level 5



- GGH – Gwenllian

Number of Patients Receiving Level 1 - 5 Care

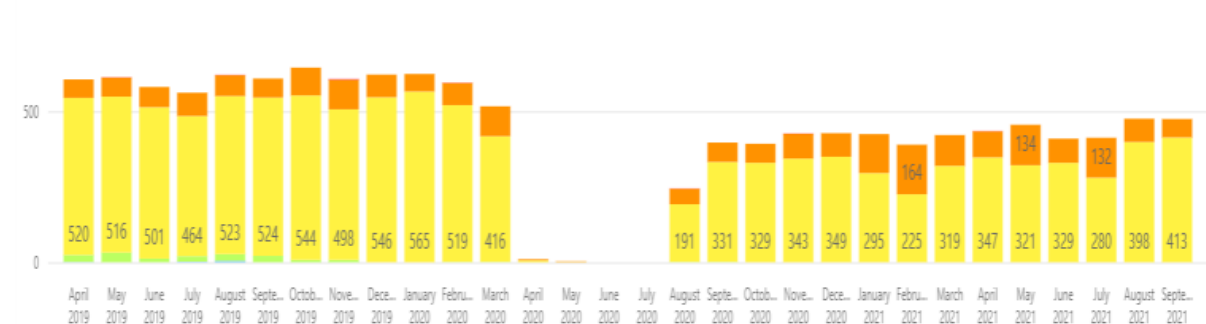
Level 1 Level 2 Level 3 Level 4 Level 5



- WGH – Ward 11

Number of Patients Receiving Level 1 - 5 Care

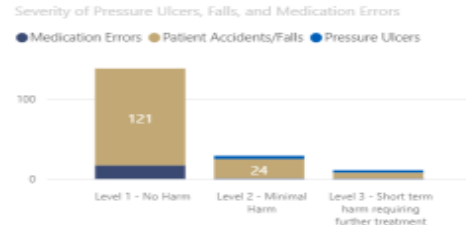
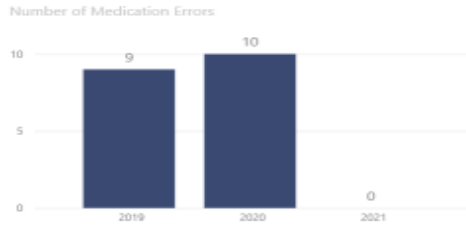
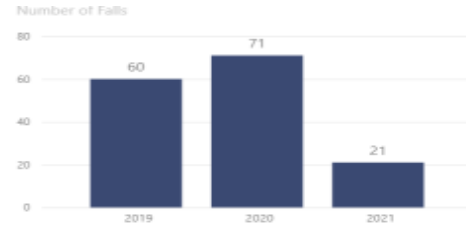
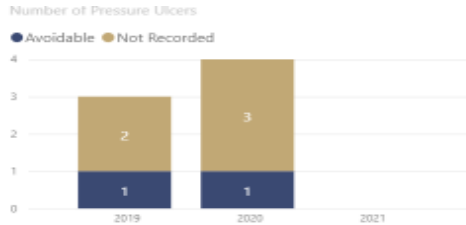
Level 1 Level 2 Level 3 Level 4 Level 5



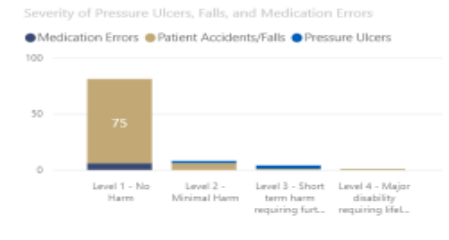
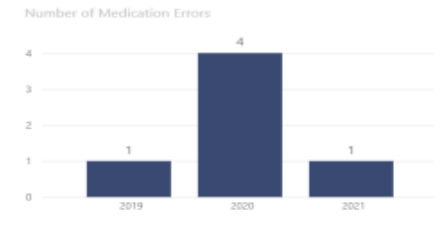
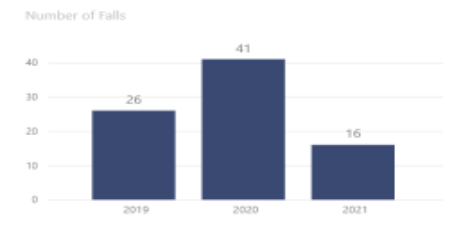
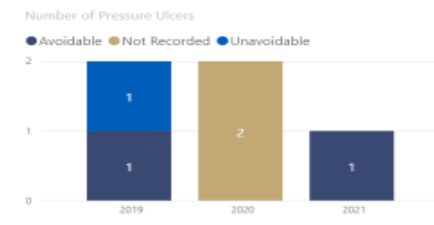


# Care Quality Indicators 01/04/2019-01/04/2021

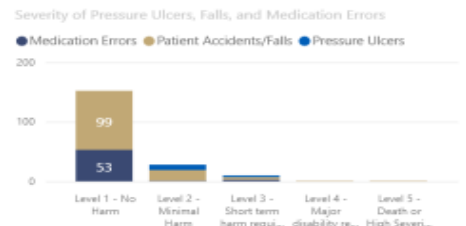
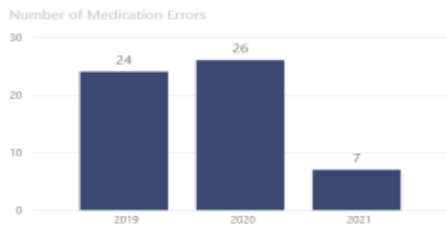
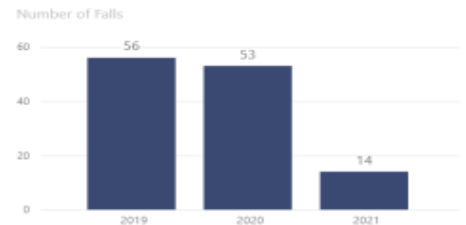
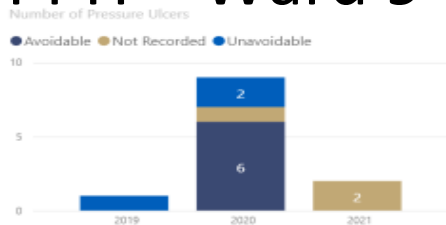
## • BGH – Ystwyth



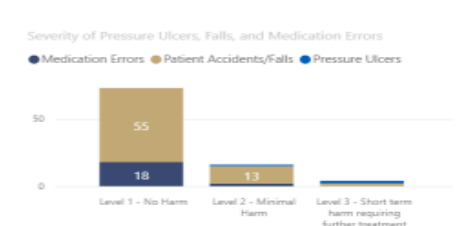
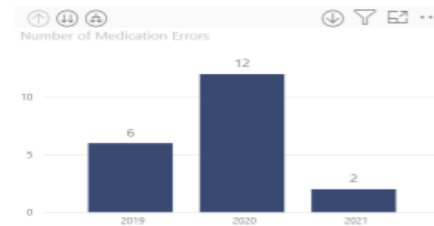
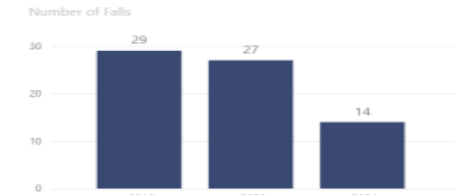
## • GGH – Gwenllian



## • PPH – Ward 9



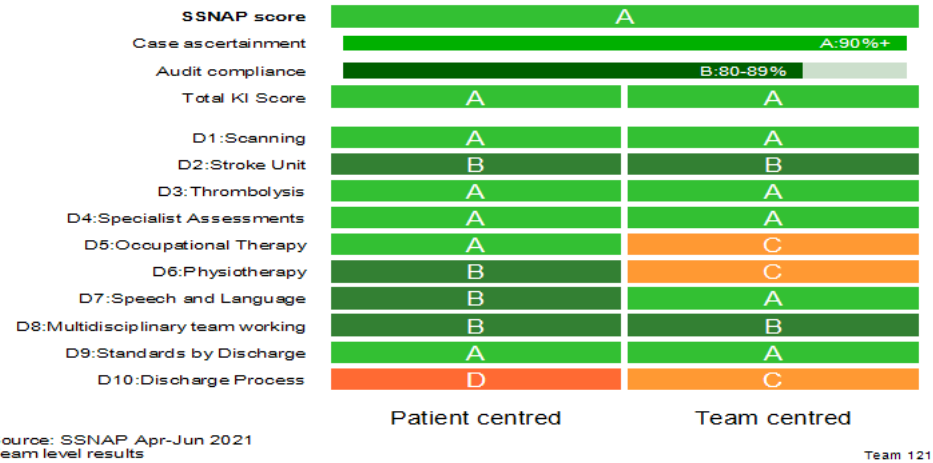
## • WGH – Ward 11



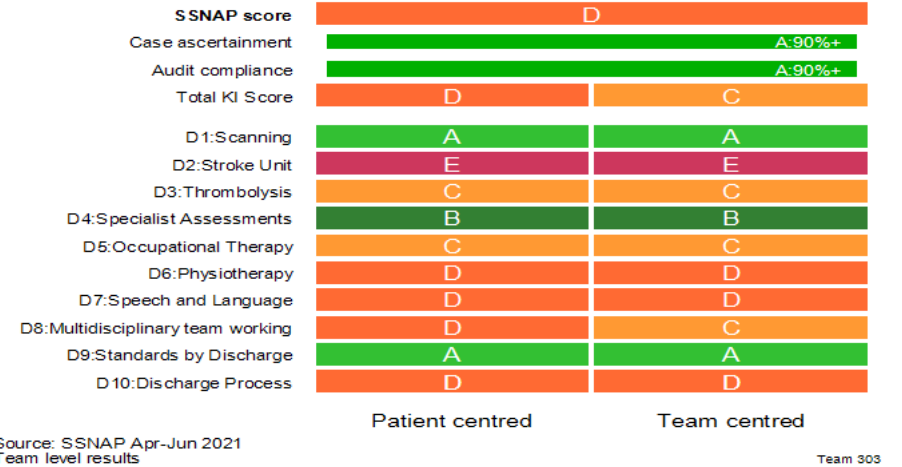
# SSNAP April – June 2021



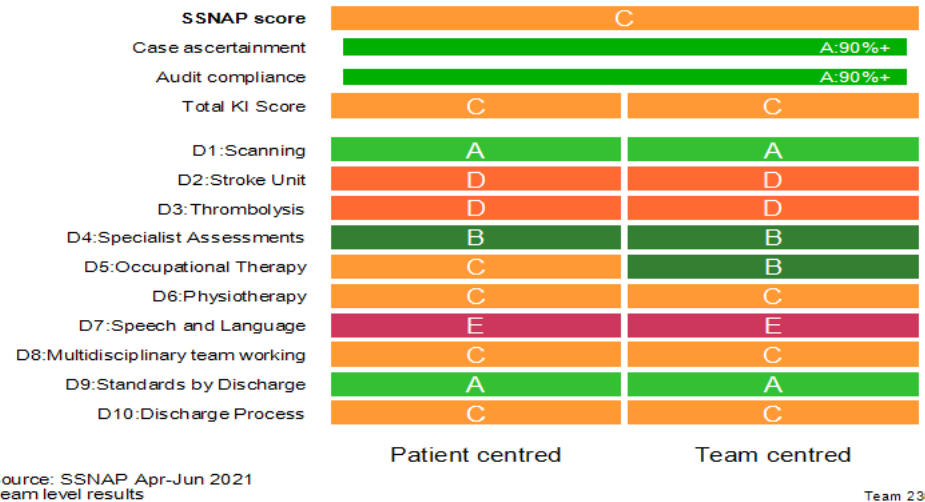
## • BGH



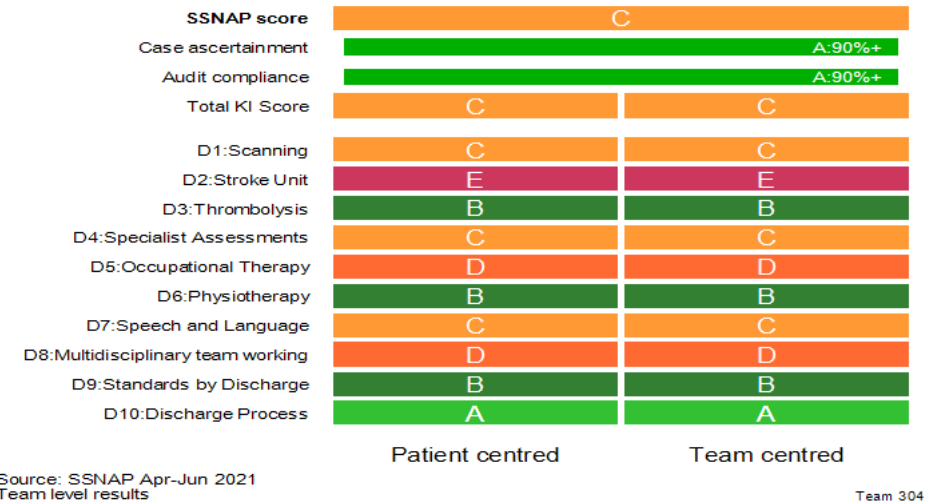
## • GGH



## • PPH



## • WGH



# Recommendation

For QSEC to take an **assurance** that the nurse staffing levels that **are** in place for the current HB model have undertaken a robust challenge and scrutiny process. These have been agreed by the 'Designated Person' as professionally appropriate, whilst recognising that the nurse staffing levels within the HB are not in line with the national standards when bed numbers alone provide the criteria upon which nurse staffing levels are set.

To update risk 233 to reflect the current position with nurse staffing levels within the 4 units/wards