

# Nurse Staffing Levels and Escalation Plan: Adult Acute Services Policy

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Brief Summary of Document:	The purpose of this policy is to support the calculation and maintenance of nursing staffing levels in Adult Acute Services, and the actions that are taken to review, report and escalate where nurse staffing levels are not maintained. To provide open transparent information on nursing staffing levels within Adult Acute Services.
Scope:	This policy is relevant to all managers, registered nurses and health care support workers working within the Adult Acute Services, unless otherwise stated.
To be read in conjunction with:	315 - Procedure for flexible deployment of staff 011 - Incident and Hazard Reporting Policy 186 - Business continuity policy 555 - Enhanced Patient Support Policy 727 – Temporary deployment of critical care nursing staff guideline
Owning Group	Nurse Staffing Levels (Wales) Act Implementation Group

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Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	11.09.2015
	Revised to reflect the Nurse Staffing Levels (Wales) Act 2016	26.04.2018
2	Interim revised version	24.7.2018
3	Fully reviewed and approved	9.1.2019

## Glossary of terms

EPS	Enhanced Patient Support
HCSW	Health Care Support Worker
AfPP	Association of Perioperative Practice
BADS	British Association of Day Surgery
GPICs	Guidelines for the Provision of Intensive Care Services
JAG	Joint Advisory Group
IMTP	Integrated Medium Term Plan
NICE	National Institute of Clinical Excellence
RN	Registered Nurse
BCI	Business Continuity Incident
TOIL	Time owing in Lieu
HB	Health Board
WTE	Whole Time Equivalent

Keywords	Nurse staffing, safe staffing, professional staffing, escalation
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### Glossary of terms

<b>Adult acute medical inpatient ward</b>	<p>An area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent medical intervention, provided by or under the supervision of a consultant physician. Patients are deemed to be receiving <b>active treatment</b> if they are undergoing interventions prescribed by the consultant and/or their team, and/or advanced practitioners for their acute injury or illness.</p> <p>It is acknowledge that patients between 16-18 years of age are sometimes admitted to our adult acute medical inpatient wards, however, the primary function of these wards is for patients aged 18 or over.</p>
<b>Adult acute surgical inpatient ward</b>	<p>An area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent surgical intervention provided by or under the supervision of a consultant surgeon. Patients are deemed to be receiving <b>active treatment</b> if they are undergoing interventions prescribed by the consultant and/or their team, and/or advanced practitioners for their acute injury or illness.</p> <p>It is acknowledge that patients between 16-18 years of age are sometimes admitted to our adult acute surgical inpatient wards, however, the primary function of these ward is for patients aged 18 or over.</p>
<b>Designated Person</b>	<p>A person designated by the health board/trust who is responsible for calculating nurse staffing levels on behalf of the CEO/Board. The designated person should be registered with the Nursing and Midwifery Council (NMC) and be of sufficient seniority within the health board/trust, such as the Executive Director of Nursing for the Board.</p>
<b>Enhanced Patient Support</b>	<p>Enhanced Patient Support (EPS) is a framework through which clinical services assess the need for, and monitor the implementation of, heightened levels of observation and support for inpatients with particular care needs. Some inpatients require closer observation, often with the primary aim of reducing risk and protecting the inpatient and /or others (e.g. they have increased confusion or are at risk of falling and sustaining injury). This activity is often referred to as “specialling” or ‘one to one’ care; it is, however, important to recognise that ‘specialling’ is only one method of enhancing the level of patient support</p>
<b>Nurse</b>	<p>This means a registered nurse who has a live registration on sub parts 1 or 2 of the NMC register.</p>
<b>Nurse staffing level</b>	<p>The Nurse staffing level is the total number of Nurses (i.e. registered nurses) AND those staff undertaking nursing duties under the supervision of or delegated to by a registered nurse (e.g. HCSW).</p> <p>The nurse staffing level refers to the planned roster AND the establishment required to meet the planned roster..</p>

<b>Patient acuity</b>	<p>Acuity can be defined as the measurement of the intensity of nursing care required by a patient. For the purpose of this work we use the term 'acuity' as an umbrella term which encompasses other terms such as dependency, intensity and complexity to describe the amount of care that a patient requires based on their health needs.</p> <p>The term 'Acuity' has 2 main attributes:</p> <ol style="list-style-type: none"> <li>1. Severity, which indicates the physical and psychological status of the patient; and</li> <li>2. Intensity, which indicates the nursing needs, complexity of care and the corresponding workload required by a patient, or group of patients.</li> </ol>
<b>Planned roster</b>	<p>Refers to the number and skill mix of staff required to enable nurses to provide care to meet all reasonable care requirements. The Nurse Staffing levels (Wales) Act statutory guidance states that 'Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster'.</p>
<b>Professional judgement</b>	<p>An informed opinion on the factors that influence clinical decision making in relation to patient safety: Factors that need to be considered as part of professional judgement are listed within the Statutory guidance. The statutory guidance requires that the professional judgement of the Designated Person as well as the registered nurses working within the ward are taken account of when calculating the nurse staffing levels.</p>
<b>Quality indicators</b>	<p>Health boards are required to consider quality indicators which are a robust measure of those factors considered to demonstrate the outcomes for patients and staff that are impacted upon by nurse staffing levels. Some indicators are more sensitive to nursing than others.</p> <p>There are 3 nurse-sensitive indicators that it is required to consider within the Act/statutory guidance:</p> <ul style="list-style-type: none"> <li>• Patient falls - the designated person should consider any fall that a patient has experienced;</li> <li>• Pressure ulcers - the designated person should consider any pressure ulcers a patient has developed and/or shown deterioration whilst receiving inpatient care; and</li> <li>• Medication administration errors - the designated person should consider any error in the preparation, administration or omission of medication by nursing staff.</li> </ul> <p>In addition to these three indicators, the designated person may consider any other indicator that is sensitive to the nurse staffing level they deem appropriate for the ward where the calculation is taking place.</p>
<b>Reasonable requirements</b>	<p>The patients' nursing needs/ activities of daily living as assessed by the ward nursing team. This means taking into consideration the holistic needs of the patient, including social, psychological, spiritual and physical requirements. The ward sister is responsible for ensuring that these needs are assessed and classified using</p>

	the Welsh Levels of Care descriptors (see below for further information).
<b>Reasonable steps</b>	A series of national, strategic and operational steps that need to be undertaken when aiming to maintain the nurse staffing level.
<b>Required establishment</b>	<p>The total number of staff required to provide sufficient resource to deploy a planned roster that will meet the expected workload to provide care to meet the patients' nursing needs for the area.</p> <p>This includes a resource of 26.9% to cover all staff absences and other functions that reduce their time to care for patients. Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster.</p>
<b>Triangulation/triangulated approach</b>	<p>This refers to the method used when calculating the nurse staffing level. <b>Triangulation</b> is a <b>technique</b> that facilitates validation of information from the following three sources of data through a process of cross verification:</p> <ul style="list-style-type: none"> <li>• patient acuity;</li> <li>• professional judgement; and</li> <li>• Quality indicators.</li> </ul> <p>Data from each of these three sources is taken into account when calculating the nurse staffing level.</p>
<b>Welsh Levels of Care</b>	<p>A tool developed within NHS Wales that has been validated for use by establishing an evidence base of its applicability in Welsh clinical settings, and determined by the Chief Nursing Officer as being suitable for use.</p> <p><a href="http://fundamentalsofcare.dev.wales.nhs.uk/nurse-staffing/doclib/Welsh%20Levels%20of%20Care%20Edition%2001.pdf">http://fundamentalsofcare.dev.wales.nhs.uk/nurse-staffing/doclib/Welsh%20Levels%20of%20Care%20Edition%2001.pdf</a></p>

## 1. INTRODUCTION

Nursing and health care staff, play a critical role in delivering safe, high quality care to patients and service users. The University Health Board (HB) puts patients at the heart of all that it does. There is strong evidence that having the right number of nursing staff delivering care in the right place impacts positively on both clinical outcomes and patient experience (Francis 2013, Keogh 2013, and Berwick 2013). Addressing these issues ensures we prioritise the safety and experience of our patients and staff. Clearly safe staffing is not just about staffing ratios, but ensuring that we have the right staff, with the right skills, in the right place at the right time.

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, and to ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively.. This requirement extends to anywhere where the HB is securing the provision of nursing services, including care homes

The Act consists of 5 sections;

- 25A refers to the health boards'/NHS trusts' overarching responsibility to have regard to providing sufficient nurses in all settings.
- 25B & 25C require health boards/NHS trusts' to calculate and take "reasonable steps" to maintain the nurse staffing level in all adult acute medical and surgical wards.
- 25D relates to the statutory guidance released by Welsh Government
- 25E requires health boards/NHS trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward.

The National (UK) understanding of acute services professional nurse staffing standards are also made explicit within the NICE publication 'Safe staffing for nursing in adult inpatient wards in acute hospitals' (2014).

## 2. POLICY STATEMENT

The purpose of this policy is to provide information and standards which will underpin

- The HB's overarching responsibility to provide sufficient nurses in all Acute Services areas;
- The calculation of the nurse staffing levels in adult medical and surgical wards ;
- The "reasonable steps" required to be taken to maintain nurse staffing levels; and
- The escalation process where staffing levels are not maintained.

It is intended that this policy works in conjunction with existing policies and other written control documents issued by the Health Board.

## 3. SCOPE

This policy is relevant to all healthcare professionals involved in the calculating and maintaining the nurse staffing levels, including the nursing management structure.

This policy applies to all Acute Services adult areas, including in particular, all wards where Section 25B of the Nurse Staffing Levels (Wales) Act applies.

Section 25B currently applies to adult acute medical inpatient wards and adult acute surgical inpatient wards.

The following care settings are also included in the scope of this policy:

- Acute medical and surgical admission/assessment units;
- Intensive care units;

- High dependency units;
- Coronary care units;
- Day care units or wards;
- Theatres; and
- Rehabilitation wards.

#### **4. AIM**

The aim of the policy is to ensure that nursing staffing levels are in line with the requirements of the Nurse Staffing Level (Wales) Act 2016.

#### **5. OBJECTIVES**

The aims of this policy will be achieved by

- Supporting the assessment of patients' care needs with processes which ensure that the available nurse staffing levels reflect the care needs of patients at all times.
- To support the calculation and maintenance of the nurse staffing level,
- To provide guidance to nursing staff and managers to safely manage risk to patients safety and staff well-being when not able to maintain the nurse staffing level and ensure that this is reported, monitored and appropriate actions are taken
- To provide the mechanism through which open and transparent information on the nurse staffing level on each adult acute medical and surgical ward within the HB will be shared.

#### **6. CALCULATING THE NURSE STAFFING LEVEL**

The HB must provide sufficient nurses to allow nurses time to care for patients sensitively i.e. provide patient centred care and to meet the holistic needs of the patient.

Calculating the nursing staffing levels will include giving consideration to any national recommendations/ standards or best practice recommendations that exists around the service e.g.

- British Cardiovascular Society standards for Acute Cardiac Care Units.
- Association for Perioperative Practice (AfPP) Staffing for Patients in the Perioperative Setting 2014.
- British Association of Day Surgery (BADS), Team Work & Staffing in Day Surgery.
- Guidelines for the Provision of Intensive Care Services (GPICs).
- Joint Advisory Group (JAG) guidelines for Endoscopy.
- Hyper Acute Stroke Units/Acute Stroke Units  
[https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-\(1\).aspx](https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx).

**Section 25A:** the health board has an overarching responsibility to 'have regard' to providing sufficient nurses in all settings.

#### **7.2 Section 25B: Adult Inpatient Medical & Surgical Wards.**

In every adult acute medical and surgical ward the method of calculation is a 'triangulated' approach which brings together three sources of information to determine the required nurse staffing level. In this situation the information triangulated is both qualitative and quantitative in nature. The triangulation process should include:

- Professional judgement including:
  - The qualifications, competencies, skills and experience of the nurses providing care to patients.
  - The effect of temporary staff on the nurse staffing level.
  - The effect of a nurse's considerations of a patient's cultural needs.



- Conditions of a multi-professional team dynamic.
  - The potential impact on nursing care of a ward's physical condition and layout.
  - The turnover of patients receiving care and the overall bed occupancy.
  - Care provided to patients by other staff or health professionals, such as health care support workers.
  - Any requirements set by a regulator to support students and learners
  - The extent to which nurses providing care are required to undertake administrative functions.
  - The complexity of the patients' needs in addition to their medical or surgical nursing needs, such as patients with learning disabilities.
  - Delivering the active offer of providing a service in Welsh without someone having to ask for it.
- Patient acuity - The Senior Sister/Charge Nurse is responsible for ensuring that the social, psychological, spiritual and physical care needs are assessed and classified using the Welsh Levels of Care descriptors. The calculation of the nurse staffing level will meet all these “reasonable requirements” of care; and
  - Quality indicators – Consider “circumstances where patient well-being is particularly sensitive to care provided by a nurse as part of the triangulated method each time the nurse staffing level is calculated” in accordance with the Nurse Staffing Levels (Wales) Act statutory guidance. (e.g. medication administration errors, patient falls, and pressure ulcers).

In addition to these three indicators, the “designated person” may consider any other indicator that is sensitive to the nurse staffing level they deem appropriate for the ward where the calculation is taking place.

The nurse staffing levels will be calculated every 6 months as a minimum and more frequently if the use of the ward changes which alters the nurse staffing level, or if it is deemed necessary.

All the information collected must be reviewed and validated separately before being brought together through a triangulated methodology in order to arrive at an informed decision on the nurse staffing level for each ward.

The planned roster should be informed by the registered nurses within the ward as well as the nursing management structure where the nurse staffing level applies i.e. Head of Nursing and Senior Nurse Manager

The Director of Nursing, Quality and Patient Experience (as the “designated person”) must be provided with the rationale behind the calculation; must confirm the calculation based on the prioritisation that has been given to the information; and must make a recommendation to the Board regarding the nurse staffing level for each adult acute medical and surgical ward.

The evidence and rationale used to determine the nurse staffing level must be recorded. In practice, the nurse staffing level will be the the planned roster and the required establishment.. The maintenance of the nurse staffing level should be funded from the HB's revenue allocation, taking into account the actual salary points of staff employed on wards.

### **Nurse Staffing Level - key principles:**

Determining the nurse staffing level for a ward is complex and assessing the individual needs of patients is vital when considering decisions about the nurse staffing levels. Nurse staffing levels will be calculated using a triangulated methodology that uses professional judgement to analyse

and advice on the planned roster required to deliver quality patient care outcomes for the acuity and numbers of patients that are cared for within that ward.

Some key principles that are inherent within the required establishments calculated for all wards will include the following principles which are recognised in the literature as reasonable principles to work to, based on the evidence available, when calculating nurse staffing levels for adult acute medical and surgical inpatient wards.

It should be acknowledged, that the Chief Nursing Officer for Wales set out some core principles in 2012 to assist in the setting of registered nurse establishments within acute adult medical and surgical wards. One of these principles was that the numbers of patients being cared for by one registered nurse should not normally exceed 7 by day and 11 by night. However, this principle has now been superseded by the requirements of the Act. The requirement of using the triangulated methodology to agree the planned roster for each ward included under Section 25B of the Act individually, is deemed to be a more sensitive methodology to calculating the required establishment for a ward than the use of the blunt instrument of specifying the 'nurse per bed' ratio.

The principles that will be reflected in the nurse staffing levels calculated for all wards within the acute services are as follows:

- **Night time planned roster** : all acute wards providing care for patients must have a minimum of 2 Registered nurses on duty at any time
- **Senior Sister/Charge Nurse**: all wards must have a minimum of one whole time equivalent band 7 registered nurse who has accountability for patient outcomes and the skills and infrastructure to operate efficiently and effectively.
- **Headroom**: the required establishment in Whole Time Equivalents is calculated, based on the hours that will be worked by the staffing numbers required to be on duty on each shift, /each day. The required establishment is then calculated from this 'planned roster', 'adding an uplift of 26.9%.(which has been calculated to include a WTE staffing resource to cover all staff absences and other functions that reduce the time that nurses have available to them to provide care for patients.)
- For wards included under Section 25B of the Act, supernumerary persons such as students and ward sisters/managers should not be included in the planned roster.

The Act requires that patients must be informed of the nurse staffing level for each adult acute medical and surgical ward and must be informed of the date the nurse staffing level was agreed by the Board. This should be easily visible to anyone attending the ward. A 'frequently asked question' leaflet must be available on the wards where section 25B applies which include information on how patients/family/carers can raise a concern about the nurse staffing level.

## 7. MAINTAINING THE NURSE STAFFING LEVEL

The HB is required, as laid out in the statutory guidance, to ensure that "all reasonable steps" are taken to maintain the nurse staffing level in all areas.

In practice, this will require that a range of actions are taken at a strategic level in the medium to long term, and operationally in the immediate and short term.

It is the responsibility of the Senior Sister/Charge Nurse to ensure effective roster management and deployment of the nursing staff within the required establishment of their wards: It is the Senior Nurse Manager responsibility to sign off the planned roster to authorise and confirm that it reflects an appropriate deployment of the nurse staffing resource that sits within the establishment for each ward.

The HB is required to put in place systems to review and record each occasion when the number of nurses deployed varies from the planned roster. This will include making a record of the rationale that underpins a decision to appropriately vary the planned roster in response to patient acuity /dependency across the hospital system.

The actions that would be seen to be 'all reasonable steps' at a strategic level include:

- Workforce planning for a continued supply of required staff.
- Active recruitment in a timely manner at local, regional, national and international level.
- Retention strategies that includes consideration of the NHS Wales Staff Survey.
- Well-being at work strategies that support nurses in delivering their roles.

The post holders with responsibility for taking forward these actions within HDUHB are outlined in Section 7 below.

The actions that would be recognised as 'reasonable steps' in maintaining the nurse staffing level in the immediate to short term, at an operational level, include:

- Use of temporary staff from nurse bank or agency.
- Temporary use of staff who are moved from other areas within the organisation. (When considering using staff from other areas within the organisation individuals should consider and take due regard of the duty placed upon the organisation in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided. In addition, decisions about moving staff should take into consideration the staff member's competency and skills).Considering the temporary closure of beds.

**All steps taken to maintain the nurse staffing level as per the planned roster will be recorded and reviewed through the nursing management structure and reported/escalated to the designated person in line with the level of risk the situation demands**

## **8. DUTIES AND RESPONSIBILITIES OF STAFF**

The responsibility for meeting the requirements of the Act spans from the ward/ service to the Board.

### **Chief Executive of the Health Board**

The Chief Executive Officer is ultimately responsible for ensuring the HB complies with the Nurse Staffing Levels (Wales) Act 2016.

### **Board**

When exercising their responsibilities, the Board should consider and have due regard of the duty on them (under section 25A of the Act) to have sufficient nurses to allow the nurses time to provide sensitive care wherever nursing services are provided.

Specific members of the Board - the Directors of Nursing, Workforce & Organisational Development, Finance and Operations - are required to provide evidence and professional opinion to the Board to assist with its decision making in relation to maintaining the nurse staffing level in adult acute medical and surgical in-patient wards.

The Board are required to:

- Designate a person (or a description of a person) to be responsible for calculating the nurse staffing level in settings where Section 25B of the Act applies;
- Determine which ward areas meet the definitions of the adult acute medical and surgical inpatient wards;

- Receive and agree written reports from the “designated person” on the nurse staffing level for each adult acute medical and surgical inpatient ward at a public board on an annual basis and at any other time when the “designated person” deems this to be required;
- Ensure that systems are place to record and review every occasion when the number of nurses deployed varies from the planned roster; and
- Agree the operating framework which will:
  - Ensure there are systems and processes in place and specify the decisions in relation to maintaining nurse staffing levels.
  - Specify the actions to be taken, and by whom, to ensure that all “reasonable steps” are taken to maintain the Nurse Staffing Level on both a long term and a shift by shift basis.
  - Specify the arrangements for informing patients of the nurse staffing level on each ward along with the date this was agreed by the Board. The information should be set out in an easily accessible format and must comply with requirements under the Welsh Language standards

### **Director of Nursing, Quality and Patient Experience**

The Director of Nursing, Quality and Patient Experience is:

- The “designated person” within the HB who is authorised, on behalf of the Chief Executive Officer, to calculate the nurse staffing level for each adult acute medical and surgical inpatient ward. The ‘designated person’ will calculate the number of registered nurses appropriate to provide patient centred care that meets all “reasonable requirements” in adult acute medical and surgical inpatient wards and must undertake and record the rationale for the calculation.
- Will undertake the nurse staffing level calculation for the adult acute medical and surgical inpatient wards every 6 months or more frequently if there is a change in the use/service which is likely to alter the nurse staffing level, or if they deem it necessary.
- Must formally present the nurse staffing level for each adult acute medical and surgical ward to the Board on an annual basis. In addition, written updates will be provided to the Board if the nurse staffing level on any ward has been changed for any reason.

In addition The Director of Nursing, Quality and Patient Experience will also:

- Advise members of the Board on professional nursing standards including those relating to Nurse Staffing Levels.
- Will undertake the nurse staffing level calculation in all areas where Section 25A applies
- Report to the Board the impact that not maintaining the nurse staffing levels has had on the care provided to patients by nurses and the actions taken in response to not maintaining nurse staffing levels.

### **7.4 Director of Workforce and OD**

The Director of Workforce and OD is required to ensure:

- 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;
- That there are systems to ensure active and timely staff recruitment (at both a local, regional national and international level);
- That there are effective staff well-being and retention strategies in place that take account of the NHS Wales Staff Survey;
- That, working in collaboration with the Director of Nursing, Quality and Patient Experience, there is a strategic recruitment plan in place for nurse staffing across the acute sector, and

- That there is a robust process in place for the management of recruitment into nurse staffing vacancies that is in line with agreed vacancy management plan for the area.

### **7.5 Director of Operations:**

The Director of Operations is responsible for ensuring that there are operational processes in place that enable:

- The use of appropriately skilled, temporary (bank or agency) nursing;
- The temporary redeployment of staff between areas;
- The temporary closure of beds ; and
- Consideration of changes to the patient pathway as means through which to maintain nurse staffing levels where required. These processes should be reflected in the Board's escalation policy and business continuity plans;

### **7.6 Director of Finance:**

The Director of Finance is responsible for:

- Ensuring that the funding of the agreed nurse staffing level is from the health board's revenue allocation and that it takes into account the actual salary points of staff employed on the wards where section 25B applies.

**7.7 Assistant Director of Nursing with responsibility for workforce:** The Assistant Director of Nursing with responsibility for workforce will:

- Provide leadership and direction for the development and implementation of consistent systems to enable operational compliance with the requirements of the Nurse Staffing Levels (Wales) Act.
- Ensure that support and training in the use of the various nurse staffing levels calculation and maintenance tools and systems (including risk assessment tools), is made available to operational teams in a timely manner. Manage the processes for undertaking the six monthly re-calculation/review of the nurse staffing levels for all wards that fall under Section 25B of the Act in a timely manner.

## **8.8 Acute Services Operational Teams (Site/Directorate)**

### **Assistant Director of Operational Nursing and Quality**

- Provide professional guidance to Heads of Nursing in relation to the professional judgement to be applied to the data/criteria which must be used to inform the calculation of the Nurse Staffing Levels for wards included under Section 25B of the Act.
- Contribute to the 6 monthly, detailed discussions that are required when calculating the nursing staff levels for the wards where Section 25B applies and initiate /recommend a review when there is a change in service/use of any clinical ward /area which is likely to change the nurse staffing levels.
- Contribute to the processes to be implemented for calculating the nursing staff levels for the situations where 25A applies.
- Be responsible for monitoring and providing assurance that the professional standards in relation to the nurse staffing level at operational level are being maintained; and that the agreed systems and processes are being applied across all acute hospital sites.
- Be responsible for ensuring that the systems in place to review and record the occasions when the number of nurses deployed varies from the planned roster, are fully complied with at all times across all sites.



## Head of Nursing

- Provide professional leadership and guidance to their operational nursing teams in the calculation of the Nurse Staffing Levels based upon the requirements set out in section 25B & 25C of the Act.
- Contribute to calculating the nursing staff levels for the situations where 25B applies every six months at minimum, and when there is a change in service/use which is likely to change the nurse staffing levels; and on an annual basis for all other areas.
- Contribute to calculating the nursing staff levels for the situations where 25A applies
- Review the patient acuity and quality indicator data and provide information that enables the Director of Nursing to exercise professional judgement when calculating the nurse staffing levels.
- Ensure that when the planned roster varies in response to the clinical situation, the ward sister/charge nurse and senior nurse are continuously assessing the situation and keep the “designated person” appraised.
- Ensure that the systems in place to review, record and report every occasion when the number of nurses deployed varies from the planned roster are utilised.
- Ensure that all “reasonable steps” are undertaken to maintain the nurse staffing level.
- Ensure any staffing risks or concerns are managed appropriately and timely and that patient care and safety and that nurses are not compromised over Nurse Staffing Levels. Identify all risks that require a corporate management or professional intervention must be escalated to the appropriate Executive leaders within the organisation.
- Ensure adequate operational management capacity is in place to enable appropriate response to escalating staffing concerns both in and out of hours.

## General Managers and Service Delivery Managers

- Ensure own knowledge of this policy, the Act and the statutory guidance.
- Ensure systems are in place within Directorates/services to ensure that the nurse staffing level is calculated as per the requirements of the statutory guidance for the situations where Section 25B of the Act applies and annual for all other areas, including budget setting.
- Ensure systems are in place within Directorates/services to ensure that the nurse staffing level is calculated as per HB policy for the situations where Section 25A of the Act applies.
- Ensure that this policy, the Act and statutory guidance are applied to hospital site management decision making both in and out of hours.
- Ensure that systems are in place to enable any required multi-disciplinary team learning from individual as well as collated nurse-staffing related Datix reports within the service, ensuring trends identified and acted upon.
- Ensure that service planning (e.g. those within IMTP) takes account of the requirements set out in the Nurse Staffing Levels (Wales) Act. Ensure efficient and effective vacancy approval processes are in place within the Directorate/service to minimise delays within recruitment processes and escalate any delays that are outside the control of the operational team.

## Senior Nurse Managers/Clinical Lead Nurses

- Contribute to calculating the nursing staff levels for the situations where 25B applies every six months at minimum, and when there is a change in service/use which is likely to change the nurse staffing levels and on an annual basis for all other areas.
- Contribute to calculating the nursing staff levels for the situations where 25A applies
- Support teams within their service area to undertake the bi-annual acuity audits (or more frequently if required) and is responsible for validating and confirming the acuity data collected.

- Ensure effective and efficient use of nurse staffing resources to support safe, effective and fair advance planning by signing off the planner roster.
- In accordance with paragraph 14 of the statutory guidance the Senior Nurse, along with the Senior Sister/Charge Nurse, should continuously assess the clinical environment and keep the Head of Nursing formally apprised of the situation.
- Proactively manage daily workforce planning across areas of responsibility to ensure staff are distributed according to clinical need.
- Ensure risk assessment is complete.
- Ensure that all “reasonable steps” are undertaken to maintain the nurse staffing level and escalate any concerns.
- Escalate to relevant professional heads of nursing areas of concern or inability to fill shifts.
- Should ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident.
- Review, record and report every occasion when the number of nurses deployed varies from the planned roster, and ensure the mitigating actions are sufficient to maintain a safe service to both service users and staff.
- Review all Datix reports and undertake final grading of all investigations and identify any trends or issues that arise and that these are actioned.
- Ensure that the vacancy process is undertaken in a timely manner.
- Ensure that the “Temporary use of staff from other areas within the organisation Log” (Appendix 1) is complete in the event of staffing being moved from other areas within the organisation.

### **Senior Sister/Charge Nurse**

- Undertake the bi-annual acuity audits (or more frequently if required) within their area and is responsible for validating and confirming the accuracy and completeness of the acuity data collected.
- Is responsible for assessing the holistic needs of the patients and for classifying these under the Welsh Levels of Care descriptors as part of the evidence based workforce planning tool process.
- Make available their opinions about the nurse staffing levels to the Head of Nursing/Senior Nurse Manager/Director of Nursing when nurse staffing level for their ward is being calculated.
- Maintain the system for informing patients of the nurse staffing levels.
- Has 24hr responsibility for the standards of care on the ward; this includes responsibility for ensuring human resources are planned effectively and efficiently.
- Ensures effective roster management in line with the rostering policy.
- In accordance with paragraph 14 of the statutory guidance the Senior Sister/Charge Nurse should continuously assess the clinical environment and keep the Senior Nurse/Head of nursing formally apprised of the situation.
- Ensure that all “reasonable steps” are undertaken to maintain the nurse staffing level and escalate any concerns.
- Should ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident (for further information on how to report an incident refer to the information on the HB intranet site <http://howis.wales.nhs.uk/sitesplus/862/page/43248>)
- Review, record and report every occasion when the number of nurses deployed varies from the planned roster.

### **Nurse in Charge of Shift**

- Ensure own knowledge of this policy, the Act and the statutory guidance.

- Assess the holistic needs of the patients and classifying these under the Welsh Levels of Care descriptors as part of the evidence based workforce planning tool process.
- Ensure that all “reasonable steps” are undertaken to maintain the nurse staffing level and escalate any concerns.
- Ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident (for further information on how to report an incident refer to the information on the HB intranet site <http://howis.wales.nhs.uk/sitesplus/862/page/43248>)

### **Individual Registrant Responsibility**

- Ensure own knowledge of this policy, the Act and the statutory guidance.
- Responsible for raising a concern with managers using the Datix concern and incident reporting system at times when the nurse staffing levels have not been maintained.
- Awareness that all staff may be moved to another area to work, if required. Any movement of staff will take into account the individual’s competency and skills.

### **Clinical Site Manager**

During the out of hours periods, the Clinical Site managers are responsible for:

- Ensuring their own knowledge of this policy, the Act and the statutory guidance.
- Maintaining an overview of staffing and patient acuity across the site.
- At operational site meetings, escalating staffing issues to the responsible Senior Nurse.
- Ensuring that all “reasonable steps” are taken to maintain nurse staffing levels including adjusting the nurse staffing levels to match the patient workload or changing the workload to match the nurse staffing level and step down of any surged beds (Clinical Site Managers should consider and take due regard of the duty placed upon the organisation in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided).
- Ensuring that an appropriate risk assessment is complete if nurse staffing levels are not maintained.
- Completing the “Temporary use of staff from other areas within the organisation Log” (Appendix 1) in the event of staffing being moved from other areas within the organisation out of hours.
- Escalating concerns to the on call manager.

### **On-call Manager**

During the out of hours periods, the On Call Executive is responsible for:

- Ensuring their own knowledge of this policy, the Act and the statutory guidance.
- Ensuring that all “reasonable steps” are taken to maintain nurse staffing levels including adjusting the nurse staffing levels to match the patient workload or changing the workload to match the nurse staffing level and step down of any surged beds (the on call managers should consider and take due regard of the duty placed upon the organisation in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided).
- Ensuring an appropriate risk assessment is complete.
- Escalating concerns to the on call executive.

### **On-call Executive**

During the out of hours periods, the on-call executive is responsible for:



- Ensuring their own knowledge of this policy, the Act and the statutory guidance.
- Ensuring that all “reasonable steps” are taken to maintain nurse staffing levels including adjusting the nurse staffing levels to match the patient workload or changing the workload to match the nurse staffing level and step down of any surged beds (the on call managers should consider and take due regard of the duty placed upon the organisation in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided).
- Ensuring an appropriate risk assessment is complete.

The detailed roles and responsibilities of post holders that sit within the Health Board’s ‘Nursing Management Structure’ are set out in appendix 2 of this document.

## 9. ESCALATION PROCEDURE

### Escalation procedures for maintaining nurse staffing levels:

This escalation process reflects a risk assessment approach aimed at supporting staff who have a responsibility for maintaining nurse staffing levels. The procedures outlined in the Escalation plan (appendix 3) are aimed at providing consistency with identified triggers and responsibilities, which staff may need to interpret and apply as circumstances determine.

The nurse in charge of the shift on the ward must escalate where it is assessed that the number of nurses deployed varies from the planned roster and the staffing. In addition, the nurse in charge of the shift/Senior Sister/Charge Nurse should consider escalating the situation when the quality indicators in the table below - which reflect patient outcomes that are deemed to be nursing-sensitive - occur. .

<b>Quality indicators which reflect patient outcomes that are deemed to be nursing-sensitive Nursing ‘Red Flag’ Events (NICE 2014)</b>
<ul style="list-style-type: none"> <li>• Unplanned omission in providing patient medication</li> </ul>
<ul style="list-style-type: none"> <li>• Delay of more than 30mins in providing pain relief</li> </ul>
<ul style="list-style-type: none"> <li>• Patient vital signs are not assessed or recorded as outlined in the care plan</li> </ul>
<ul style="list-style-type: none"> <li>• Inability to undertake regular checks on patients to ensure their fundamental care needs are met as outlined in the care plan. This is often referred to as ‘intentional rounding’ and involves checks on aspects of care such as the following:               <ul style="list-style-type: none"> <li>○ Pain: asking patients to describe their level of pain level using the pain assessment tool.</li> <li>○ Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.</li> <li>○ Placement: making sure that items a patient needs are within easy reach</li> <li>○ Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• Less than 2 Registered nurses present on a ward during any shift</li> </ul>
<ul style="list-style-type: none"> <li>• A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift.               <ul style="list-style-type: none"> <li>○ For example, if a shift requires 40hrs of registered nurse, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift required 15hrs of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is a loss of more than 25% of the required registered nurse time).</li> </ul> </li> </ul>



### Determining the Risk Score

1. Describe the current risk status in terms of consequences to patient safety and experience
2. Score the consequences from 1 (no/low risk to patient safety) to 5 (serious patient safety concerns/risks) (see Table 1 for descriptors)
3. Score the likelihood of further deterioration to patient safety unless further actions are taken over and above the current levels from 1 (unlikely) to 5 (almost certain) (see Table 2 for descriptors)
4. Calculate the risk score by multiplying the consequences by the likelihood  
 $\text{CONSEQUENCES} \times \text{LIKELIHOOD} = \text{RISK SCORE}$  (Table 3)
5. The resulting score determines the staffing escalation level
6. Is the score correct? – If the actions you need to take at this level are proportionate to the score then the assessed level is likely to be correct. If not, then review and reassess your score

**Table 1 Consequences**

CONSEQUENCES		
Frequency		Probability
1	Negligible	Negligible. Very low risk to patient safety, where harm to patients is highly unlikely
2	Minor	Low risk to patient safety, although harm to patients is very small or unlikely
3	Moderate	Risk to patient safety which required urgent 'same' day action
4	High Risk	High risk to patient safety and immediate action required <i>e.g. Recorded fall; Recorded pressure ulcer developed or worsened; Medication administration error (error in preparation, administration or omission of medication)</i>
5	Extreme	Significant risks to patient safety, which are likely to result in harm to patients. Immediate and extraordinary action required

**Table 2 Likelihood Probability Descriptors**

LIKELIHOOD		
Descriptor		Probability
1	Rare	<0.1 per cent
2	Unlikely	0.1 – 1 per cent
3	Possible	1 -10 per cent
4	Likely	10 - 50 per cent
5	Almost Certain	> 50 per cent

The risk score will put you in a range within an individual nurse staffing alert e.g. a consequence of 4 but a likelihood of 3 will give a score of 12 or 'low level' whereas the same consequence but with a likelihood of 4 will give a score of 16 or 'high level' amber. This should help Senior Nurses in the prioritisation of control measures for the management of different nurse staffing risks and whether they need to consider actions above those described at this level. For

example, if the level is 16 then consideration of actions required at the red level maybe considered at this stage.

	Table 3 RISK SCORING MATRIX				
Consequences					
Likelihood	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	BCI

Once the risk score has been determined staff should refer to the Escalation Alert Level (Table 4) and follow the Nurse Staffing Escalation Plan (Appendix 3 below).

Table 4 Escalation Alert Levels				
GREEN	YELLOW	AMBER	RED	BCI
Steady State	Action Required	High Risk	Very High Risk	Business Continuity Incident
Score 1-4	5-10	12-16	20	25
Risk to Patient Safety and Experience				

## 10. TRAINING

Any training required for the operational teams will be professionally managed through the Hospital/Directorate management team.

Any training required from a corporate perspective will be professionally managed via the Nursing, Quality and Experience Support Teams.

## 11. MONITORING AND REPORTING

The HB will have systems in place to be able to monitor the level/ frequency of compliance with the planned roster . In addition, systems will be in place in order to monitor incidents which may/have been impacted upon by the nurse staffing levels. The information generated from these monitoring processes will inform the professional judgement which is applied to each 6-monthly calculation cycle. The monitoring data described here will be shared as part of an annual report to the HB as well as the statutory, three yearly report to Welsh Government

## 12. REFERENCES

Berwick (2013) *A promise to learn a commitment to act. Improving the Safety of Patients in England*. National Advisory Group on the Safety of Patients in England

Francis (2013) *Report of the Mid-Staffordshire NHS Foundation Trust Public Enquiry* London. The Stationary Office

Keogh Review (2013) *into the quality of care and treatment provided by 14 hospital Trusts in England*. NHS England

NICE (2014) safe staffing for nursing in adult inpatient wards in acute hospitals. NICE

NMC (2015) The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives

Welsh Government (2016) Nurse Staffing Levels (Wales) Act

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### 13. APPENDIX 1: TEMPORARY USE OF STAFF FROM OTHER AREAS WITHIN THE ORGANISATION LOG

Name of Person Being Deployed:	From: (which ward)	To: (which ward)	Time	Reason Why Deployment Required: (Tick all that apply)	Risk Score	Confirm that Deployed Staff have: (Tick all that apply)	Signature of SNM / CLN/ Clinical Site Manager
<b>Date:</b>			<b>Hospital Site:</b>				
			<b>Start Time:</b> .....  <b>Finish Time:</b> .....  <b>Total Time:</b> .....	<input type="checkbox"/> to maintain planned roster <input type="checkbox"/> to provide enhanced patient support <input type="checkbox"/> patient acuity <input type="checkbox"/> to cover surged beds <input type="checkbox"/> to cover short term staff sickness <input type="checkbox"/> shift not covered by bank/agency <input type="checkbox"/> booked Staff did not turn up <input type="checkbox"/> other..... ..... . .....		<input type="checkbox"/> allocated work which enables them to return to own area at short notice  <input type="checkbox"/> assigned duties relative to their competencies  <input type="checkbox"/> received orientation / familiarisation of care processes (if required)  <input type="checkbox"/> named RN support / supervision	
<b>Date:</b>			<b>Hospital Site:</b>				

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			Start Time: .....  Finish Time: .....  Total Time: .....	<input type="checkbox"/> to maintain planned roster <input type="checkbox"/> to provide enhanced patient support <input type="checkbox"/> patient acuity <input type="checkbox"/> to cover surged beds <input type="checkbox"/> to cover short term staff sickness <input type="checkbox"/> shift not covered by bank/agency <input type="checkbox"/> booked Staff did not turn up <input type="checkbox"/> other..... ..... . .....	<input type="checkbox"/> allocated work which enables them to return to own area at short notice <input type="checkbox"/> assigned duties relative to their competencies <input type="checkbox"/> received orientation / familiarisation of care processes (if required) <input type="checkbox"/> named RN support / supervision	
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### 14. APPENDIX 2: CALCULATING AND MAINTAINING THE NURSE STAFFING LEVEL – NURSING MANAGEMENT STRUCTURE RESPONSIBILITIES (this page needs to be printed of as A3)

	Calculation of the Nurse Staffing Level	Maintenance of the Nurse Staffing Level
<b>Director of Nursing, Quality and Patient Experience</b>	<ul style="list-style-type: none"> <li>Calculate the nurse staffing level for each adult acute medical and surgical inpatient ward. Every 6 months (or more frequently if there is a change in the use/service which is likely to alter the nurse staffing level or if they deem it necessary).</li> <li>Formally presenting the nurse staffing level for each adult acute medical and surgical ward to the Board on an annual basis. In addition, written updates will be provided to the Board if the nurse staffing level on any ward has been changed for any reason.</li> </ul>	<ul style="list-style-type: none"> <li>Report to the Board the impact that not maintaining the nurse staffing levels has had on the care provided to patients by nurses and the actions taken in response to not maintaining nurse staffing levels.</li> </ul>
<b>Assistant Director of Operational</b>	<ul style="list-style-type: none"> <li>Provide professional guidance to Heads of Nursing in relation to the professional judgement to be applied to the data/criteria which must be used to inform the calculation of the Nurse Staffing Levels for wards included under Section 25B of the Act.</li> </ul>	<ul style="list-style-type: none"> <li>Be responsible for monitoring and providing assurance that the professional standards in relation to the nurse staffing level at operational level are being maintained; and that the agreed systems and processes are being applied across all acute hospital sites.</li> </ul>

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	Calculation of the Nurse Staffing Level	Maintenance of the Nurse Staffing Level
<b>Nursing and Quality</b>	<ul style="list-style-type: none"> <li>• Contribute to the 6 monthly, detailed discussions that are required when calculating the nursing staff levels for the wards where Section 25B applies and initiate /recommend a review when there is a change in service/use of any clinical ward /area which is likely to change the nurse staffing levels.</li> <li>• Contribute to the processes to be implemented for calculating the nursing staff levels for the situations where 25A applies.</li> </ul>	<ul style="list-style-type: none"> <li>• Be responsible for ensuring that the systems in place to review and record the occasions when the number of nurses deployed varies from the planned roster, are fully complied with at all times across all sites.</li> </ul>
<b>Head of Nursing/ Service</b>	<ul style="list-style-type: none"> <li>• Contribute to calculating the nursing staff levels for the situations where 25B applies.</li> <li>• Review the patient acuity and quality indicator data and provide information that enables the Director of Nursing to exercise professional judgement when calculating the nurse staffing levels.</li> </ul>	<ul style="list-style-type: none"> <li>• When the planned roster varies in response to the clinical situation, ensure that the senior sister/charge nurse and senior nurse manager are continuously assessing the situation.</li> <li>• Ensure that the systems in place to review, record and report every occasion when the number of nurses deployed varies from the planned roster are utilised.</li> <li>• Ensure that all “reasonable steps” are undertaken to maintain the nurse staffing level.</li> <li>• Ensure any staffing risks or concerns are managed appropriately and timely and that patient care and safety and that nurses are not compromised over Nurse Staffing Levels.</li> <li>• Identify all risks that require a corporate management or professional intervention must be escalated to the appropriate Executive leaders within the organisation.</li> </ul>
<b>Senior Nurse</b>	<ul style="list-style-type: none"> <li>• Contribute to calculating the nursing staff levels for the situations where 25B applies.</li> <li>• Support teams within their service area to undertake the bi-annual acuity audits (or more frequently if required) and is responsible for validating and confirming the acuity data collected.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure effective and efficient use of nurse staffing resources to support safe, effective and fair advance planning by signing off the planner roster.</li> <li>• The Senior Nurse, along with the senior sister/charge nurse, should continuously assess the clinical environment and keep the Head of Nursing formally apprised of the situation.</li> <li>• Proactively manage daily workforce planning across areas of responsibility to ensure staff are distributed according to clinical need.</li> <li>• Ensure that “all reasonable steps” are undertaken to maintain the nurse staffing level and escalate any concerns.</li> <li>• Escalate to relevant professional heads of nursing areas of concern or inability to fill shifts.</li> <li>• Should ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident.</li> </ul>

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	Calculation of the Nurse Staffing Level	Maintenance of the Nurse Staffing Level
		<ul style="list-style-type: none"> <li>Review, record and report every occasion when the number of nurses deployed varies from the planned roster, and ensure the mitigating actions are sufficient to maintain a safe service to both service users and staff.</li> </ul>
Senior Sister/Charge Nurse	<ul style="list-style-type: none"> <li>Make available their opinions about the nurse staffing levels to the Head of Nursing/Senior Nurse/Director of Nursing when nurse staffing level for their ward is being calculated.</li> <li>Responsible for assessing the holistic needs of the patients and for classifying these under the Welsh Levels of Care descriptors as part of the evidence based workforce planning tool process.</li> </ul>	<ul style="list-style-type: none"> <li>Responsibilities for ensuring human resources are planned effectively and efficiently.</li> <li>Ensures effective roster management in line with the rostering policy.</li> <li>The Senior Sister/Charge Nurse, in conjunction with the Senior Nurse, should continuously assess the clinical environment and keep the Senior Nurse/Head of nursing formally appraised of the situation.</li> <li>Ensure that “all reasonable steps” are undertaken to maintain the nurse staffing level and escalate any concerns.</li> <li>Should ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident.</li> <li>Comply with the systems which will be put in place to review, record and report every occasion when the number of nurses deployed varies from the planned roster.</li> </ul>
Nurse in Charge	<ul style="list-style-type: none"> <li>Contribute to the assessment of the holistic needs of the patients and classifying these under the Welsh Levels of Care descriptors as part of the evidence based workforce planning tool process.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that “all reasonable steps” are undertaken to maintain the nurse staffing level and escalate any concerns.</li> <li>Ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident.</li> </ul>
Individual Registrant Responsibility	<ul style="list-style-type: none"> <li>Contribute to the assessment of the holistic needs of the patients and classifying these under the Welsh Levels of Care descriptors as part of the evidence based workforce planning tool process.</li> </ul>	<ul style="list-style-type: none"> <li>Ensure own knowledge of this policy, the Act and the statutory guidance.</li> <li>Responsible for raising a concern with managers using Datix concern and incident reporting system at times when the nurse staffing levels have not been maintained.</li> <li>Awareness that all staff may be moved to another area to work, if required. Any movement of staff will take into account the individual’s competency and skills.</li> </ul>

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### 15.APPENDIX 3 – NURSE STAFFING ESCALATION PROCESS/ACTIONS FOR STAFFING SHORTFALLS

NURSE STAFFING ESCALATION PLAN				
GREEN STATUS	YELLOW STATUS	AMBER STATUS	RED STATUS	BLACK 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	Reported concern over the Nurse Staffing Level with: risk of patient care being compromised impacting on the patients required care interventions (medication, observation, input or output), progress, outcomes, or dignity	Reported concern over the Nurse Staffing Level with a significant risk of patient care or safety being compromised	
TRIGGERS	TRIGGERS	TRIGGERS	TRIGGERS	TRIGGERS
Able to maintain the agreed staffing levels	<p>Deficits caused by unplanned absence</p> <p>Redeployment or temporary staff utilisation unavailable</p> <p>Increased activity/dependency e.g. enhanced patient support</p> <p>One shift in 24 hours not staffed to agreed level but to a level that meets the current service demand (occupancy, dependency, activity and complexity)</p> <p>RN numbers available however skill mix is not met</p> <p>Nurse Staffing Level maintained but the qualifications, competency, skills and experience of the nurses providing care is insufficient</p>	<p>Multiple shifts not staffed to agreed level but to a level that meets the current service demand (Occupancy, Dependency, Activity and Complexity)</p> <p>Shortfall of 25% RN time available for requirement of shift <b>and</b> skill mix is not met</p>	<p>Significant or ongoing shifts not staffed to the agreed level</p> <p>Compromised ability to meet current inpatients occupancy rate, dependencies, acuity or complexity</p> <p>Less than 2 RNs present on a ward during any shift</p> <p>Inability to de-escalate from high risk (amber) after 24 hrs</p>	<p>Significant deficits to agreed staffing template which may be short notice or persistent (Risk assessment matrix score 25)</p> <p>or</p> <p>Declaration of Business Continuity Incident (BCI)</p>



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ACTION	ACTION	ACTION	ACTION	ACTION
No action required	<b>IN HOURS</b>	<b>IN HOURS</b>	<b>IN HOURS</b>	<b>IN HOURS</b>
All areas safely staffed and operational	Consider:	Consider:	Check <b>Amber</b> action plan and risks identified completed	• Declare Business Continuity Incident (BCI)
Continue to monitor	<ul style="list-style-type: none"> <li>Professional judgement of staffing needs</li> <li>Realign rotas including skill mix</li> <li>Divert internal resources to areas of greatest risk.</li> <li>Consider utilisation of part time staff</li> <li>Review and consider cancellation of management time, planned TOIL, study leave</li> <li>Report exact shortage to Senior Nurse</li> <li>Contact bank</li> <li>Report shortage and contingency plan at Site meeting</li> <li>Report on DATIX including risk assessment and mitigating actions</li> </ul>	<ul style="list-style-type: none"> <li>Escalate to Senior Nurse</li> <li>Check <b>Yellow</b> action plan and risks identified completed</li> <li>Senior Nurse review staffing across service area</li> <li>Ask other care groups to review rotas and workload</li> <li>Consider deployment of specialist nurses and educators</li> <li>Short notice leave cancelled including TOIL and potentially annual leave</li> <li>Consider additional hours, overtime and agency authorisation</li> <li>Identify pre defined volunteer support</li> <li>Report shortage and contingency plan at Site meeting</li> <li>Update DATIX including risk assessment and feedback outcome of escalation to Ward</li> <li><b>Escalate to Directorate Nurse/ relevant Head of Nursing if inadequate staffing levels still exist</b></li> </ul>	<b>REVIEW MEETING WITH RELEVANT SENIOR DECISION MAKER</b>  <b>Directorate Nurse/ relevant HoN, Asst Director of Nursing/ GM/ Director of Services</b>  <b>Senior decision maker considers:</b> <ul style="list-style-type: none"> <li>Temporary partial bed closure</li> <li>Cancellation of non urgent electives</li> <li>Cancellation of Outpatient activity</li> <li>Cross organisation response and support</li> <li>Divert options</li> <li>Update DATIX and feedback outcome to Senior Nurse/ Site manager</li> <li>Urgent implementation of plan to de-escalate staffing concerns and avoid need to declare a BCI</li> </ul>	• Initiate (BCI) Plans or Major Incident Policy

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			<ul style="list-style-type: none"> <li>• ASSESS and ADVISE timeframe for recovery/ de-escalation</li> <li>• Escalate to Directors of Nursing and Director of Operations</li> </ul>	
	<b>OoH</b> <ul style="list-style-type: none"> <li>• Escalate to Clinical Site Manager</li> </ul>	<b>OoH</b> <ul style="list-style-type: none"> <li>• Escalate to Clinical Site Manager</li> <li>If unresolved Site Manager refers to On Call manager</li> </ul>	<b>OoH</b> <ul style="list-style-type: none"> <li>• On Call Manager refers to Executive On call</li> </ul>	<b>OoH</b> <ul style="list-style-type: none"> <li>On Call manager refers to Executive On call</li> <li>• Declare Business Continuity Incident (BCI)</li> <li>• Initiate (BCI) Plans or Major Incident Policy</li> <li>Silver Command</li> </ul>