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Nurse Staffing Levels (Wales) Act 2016

Statutory Guidance

<u>Contents</u>	Page
<u>Introduction</u>	1
<u>Section 25B (Duty to calculate and take steps to maintain nurse staffing levels)</u>	1
Designated Person	1
Reasonable Requirements	2
Nurse Staffing Level	2
Reasonable steps	2
Informing Patients	4
Situations Where Section 25B Applies	4
<u>Section 25C (Nurse staffing levels: method of calculation).</u>	6
Introduction	6
Professional Judgment	7
Evidenced-based Workforce Planning Tool	9
Patient well-being is particularly sensitive to care provided by a nurse	9
Varying Nurse Staffing levels	10
<u>Review</u>	10

Nurse Staffing Levels (Wales) Act 2016 **Statutory Guidance**

Introduction

1. This guidance should be read in conjunction with the new provisions inserted into the National Health Service (Wales) Act 2006 (“the 2006 Act”) by the Nurse Staffing Levels (Wales) Act 2016 (“the 2016 Act”) and the Explanatory Notes to the 2016 Act.
2. This document provides statutory guidance on sections 25B & 25C of the 2006 Act. It is the statutory guidance Welsh Ministers are required to issue pursuant to section 25D of the 2006 Act.
3. In accordance with section 25D, Local Health Boards and NHS Trusts to which the duties in sections 25B and 25C apply must have regard to this guidance when exercising their duties under those sections.

Section 25B (Duty to calculate and take steps to maintain nurse staffing levels)

4. Section 25B introduces a duty for Local Health Boards and NHS Trusts in Wales (where applicable) to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The nurse staffing level is the number of nurses appropriate to provide care to patients that meets all reasonable requirements in the relevant situation. The number of nurses means the number of registered nurses (this being those with a live registration on Sub Parts 1 or 2 of the Nursing and Midwifery Council register). In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of, or delegated to another person by, a registered nurse.
5. In accordance with section 25B(3), the duty to calculate nurse staffing levels currently applies to adult acute medical inpatient wards and adult acute surgical inpatient wards. However, section 25B(3)(c) gives the Welsh Ministers the power to make regulations to extend the duty to calculate nurse staffing levels to other settings.

Designated Person

6. Section 25B(1)(a) sets out that where a Local Health Board (“LHB”) or NHS Trust in Wales (“Trust”) provides nursing services in a clinical setting to which that section applies, it must designate a person or a description of a person, known as the “designated person” to calculate the nurse staffing level for that setting.
7. The designated person must act within the LHB’s (or Trust’s) governance framework authorising that person to undertake this calculation on behalf of the Chief Executive Officer of the LHB (or Trust). In view of the requirement to exercise nursing professional judgement when calculating nurse staffing levels, the designated person should be registered with the Nursing and

Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment.

8. The designated person should also be a person of sufficient seniority within the organisation, such as the Executive Director of Nursing for the LHB or Trust.

Reasonable Requirements

9. The designated person must calculate the number of nurses appropriate to provide patient centred care that meets all reasonable requirements in that situation using the triangulated methodology set out in the guidance below. The number of nurses means the number of registered nurses.
10. Reasonable requirements means taking into consideration the holistic needs of the patient, including social, psychological, spiritual and physical, requirements. The ward sister/charge nurse is responsible for ensuring that these needs are assessed and classified using the Welsh Levels of Care descriptors, as set out in the operational guidance.

Nurse Staffing Level

11. The calculation undertaken by the designated person must result in the nurse staffing level for the ward area. In practice, the nurse staffing level will be the required establishment and the planned roster. The maintenance of the nurse staffing level should be funded from the LHB's (or Trust's) revenue allocation, taking into account the actual salary points of staff employed on wards.

Term	Definition
Required Establishment	The total number of staff to provide sufficient resource to deploy a planned roster (determined using the triangulated method in section 25C) that will enable nurses to provide care to patients that meets all reasonable requirements in the relevant situation. This includes a resource to cover all staff absences, e.g. absence due to maternity leave and sick leave; and other staff functions that reduce the time available to staff to care for patients. Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster.

12. The calculation should be undertaken at least every six months, when entering the workforce planning tool data, when there is a change of use/service which is likely to alter the nurse staffing level, or if the designated person deems it necessary, for example following exception reporting by ward sister/charge nurse. There should be a formal presentation by the designated person of the nurse staffing level of each individual adult acute medical and surgical ward to the Board of the LHB (or Trust) annually. In addition the Board of the LHB (or Trust) should receive a written update of the nurse staffing level of each individual adult acute medical and surgical ward when there is a change of use/service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary.

Reasonable steps

13. Section 25B(1)(b) requires LHBs and Trusts to take all reasonable steps to maintain the nurse staffing level. Maintaining means having the number of registered nurses the required establishment and its planned roster require. This should be met with employed staff but temporary workers can be engaged if required. (See the professional judgment section for guidance on the effect of the use of temporary staff on the calculation.)
14. It is recognised that the clinical environment is complex and therefore the planned roster may, on rare occasions, be appropriately varied to respond to patients' dependency and acuity across the system. The ward sister/charge nurse and senior nurse should continuously assess the situation and keep the designated person formally appraised. The designated person should consider if a recalculation of the nurse staffing level is required (e.g. in the circumstances set out in paragraph 12).
15. LHBs and Trusts should put into place systems that allow them to review and record every occasion when the number of nurses deployed varies from the planned roster.
16. The responsibility for decisions relating to the maintenance of the nurse staffing level rests with the LHB (or Trust) and should be based on evidence provided by and the professional opinions of the Executive Directors with the portfolios of Nursing, Finance, Workforce, and Operations. The LHB (or Trust) should agree the operating framework for these decisions to include actions to be taken, and by whom.
17. Reasonable steps which should be taken at each of the following levels - national, Local Health Board and NHS Trust – to maintain nurse staffing levels are considered to include:

National steps

- The sharing and benchmarking of corporate data.

Strategic corporate steps

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

Operational steps

- Use of temporary staff from a nursing bank appropriate to the skill mix set out in the planned roster
- Use of temporary staff from a nursing agency appropriate to the skill mix set out in the planned roster
- Temporary use of staff from other areas within the organisation
- The temporary closure of beds

- Consideration of changes to the patient pathway
18. When undertaking these steps LHBs and Trusts should consider and take due regard of the duty placed upon them in section 25A to have sufficient nurses to allow the nurses time to care sensitively for patients wherever nursing services are provided.
 19. These steps and the operating framework should be included in the board's escalation policy and business continuity plans.

Informing Patients

20. Section 25B(1)(c) provides that LHBs and Trusts must make arrangements to inform patients of the nurse staffing level.
21. The LHB's (or Trust's) public board papers should include the nurse staffing level of each individual adult acute medical and surgical ward annually. In addition the LHB (or Trust) should have a written update of the nurse staffing level of each individual adult acute medical and surgical ward when there is a change of use/service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary.
22. Patients must be informed of the nurse staffing level on each adult acute medical and surgical ward and should also be informed of the date the nurse staffing level was agreed by the Board (or Trust). This should be easily visible to anyone attending the ward.
23. Patients should have easy access to 'frequently asked questions' ("FAQ's") on the nurse staffing level. This should include how to raise concerns about the nurse staffing level.
24. The information should be set out in an easily accessible format that patients can understand.
25. The Board (or Trust) must comply with any relevant obligations to which they are subject under the Welsh Language Standards for the provision of this information.

Situations Where Section 25B Applies

26. Section 25B(3) stipulates the situations in which the duty to calculate, and to maintain, nurse staffing levels under section 25B applies. Section 25B currently applies to adult acute medical inpatient wards and adult acute surgical inpatient wards.
27. In all circumstances the definition of an adult acute medical or surgical ward set out below will apply according to the primary purpose of the ward.

Adult acute medical inpatient wards

28. "Adult acute medical inpatient ward" means 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 active treatment if they are undergoing intervention/s prescribed by the consultant, and/or their team, and/or advance practitioners for their acute injury or illness.

Exclusions:

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

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

Adult acute surgical inpatient wards

29. “Adult acute surgical inpatient ward” means an area where patients aged 18 or over receive active treatment for an acute injury or illness requiring either planned or urgent surgery, provided by or under the supervision of a consultant surgeon. Patients are deemed to be receiving active treatment if they are undergoing intervention/s prescribed by the consultant, and/or their team, and/or advance practitioners for their acute injury or illness.

Exclusions:

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

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

30. LHBs and Trusts should determine which ward areas meet the definitions for adult acute medical and adult acute surgical inpatient wards. This should be included in the formal presentation of the nursing staff level to the Board (or Trust) as set out in paragraph 12 and paragraph 21.

Section 25C (Nurse staffing levels: method of calculation).

Introduction

31. Section 25C prescribes the method that the designated person must use to calculate the nurse staffing level. This method reflects a triangulated approach.

32. When calculating the nurse staffing level a designated person must

- exercise professional judgement;
- take into account the average ratio of nurses to patients appropriate to provide care to patients that meets all reasonable requirements, estimated for a specific period using workforce planning tools; and
- take into account the extent to which patients' well-being is known to be particularly sensitive to the provision of care by a nurse.



33. The triangulation process facilitates validation of data outcomes from the evidence based workforce planning tool and increases confidence through cross verification from more than two sources.
34. These three elements are independent considerations which must be triangulated to calculate the nurse staffing level. There is no hierarchy for consideration; it is at the discretion of the designated person to determine the prioritisation in each situation. The rationale for this determination should be recorded.
35. The calculation made by the designated person should be informed by the registered nurses within the ward and the nursing management structure where the nurse staffing level applies. This means that the opinions of the ward sister/charge nurse, the senior nurse/matron/lead nurse, and the directorate /division nurse director/chief nurse/clinical board nurse, should be provided to the designated person.
36. The mechanism by which these views have been taken into consideration should form part of the operating framework referred to in paragraph 16 and the report of the nurse staffing level to the Board of the LHB (or Trust) referred to in paragraph 12.

Professional Judgment

37. Professional judgment exercised by the designated person when making each calculation should include all the following aspects:
- I. The qualifications, competencies, skills and experience of the nurses providing care to patients. This includes consideration of the continuing professional development, revalidation, and mandatory training requirements of the nurses employed in the ward, and enabling nursing staff to have the time to receive the appropriate training for the care they are required to provide.

- II. The effect on the nurse staffing level of the use of temporary staff, for example consideration of the continuity of care for patients and the range of activities that temporary staff are able to undertake.
 - III. The conditions in which care by a nurse is provided including considerations of the patients' cultural needs. For example, taking into account religious and cultural practices which could impact on nurse staffing requirements.
 - IV. The conditions in which care by a nurse is provided including multi professional team dynamics. For example, where treatment is provided by multi professionals in addition to in-patient care.
 - V. The potential impact on care by a nurse of the physical condition and layout of the ward or other situation in which the care is provided, for example the affect of multiple single rooms.
 - VI. The turnover of patients receiving the care and the overall bed occupancy. This includes other activities in the ward such as out patient clinics/treatments and the use of flexible beds.
 - VII. Services or care provided to patients by other health professionals or other staff (for example, health care support workers), and their qualifications, competencies, skills and experience; in relation to the care that needs to be given, and the requirement for registered nurses to support, delegate and supervise, for example, the service of food and drinks, and the one to one supervision of patients.
 - VIII. Any requirements set by a regulator to support students and learners.
 - IX. The extent to which the nurses providing care are required to undertake administrative functions.
 - X. The complexity of the patients' needs in addition to their medical or surgical nursing needs for example patients with learning disabilities.
 - XI. Delivering the active offer of providing a service in Welsh without someone having to ask for it, as set out in the More Than Just Words strategic framework.
38. The professional judgement of the designated person should be informed by consideration of any relevant expert professional nurse staffing guidance, principles or research, and current best practice standards.
39. Following consideration of these factors, an uplift of 26.9% should be levied once, before triangulation with the other elements, to cover staff absence from the ward. (26.9% was agreed in 2011 as the evidence based uplift factor for use in Wales by Nurse Directors.) LHBs and Trusts will be informed of any

change to this uplift by the office of the Chief Nursing Officer (“CNO”) for Wales.

Evidenced-based Workforce Planning Tool

40. An evidence-based workforce planning tool must be used in the ward area. This is a tool that is either:

- An established theoretical tool that has been validated for use by establishing an evidence base of its applicability in Welsh clinical settings.

Or

- A tool developed for use in NHS Wales that has been validated for use by establishing an evidence base of its applicability in Welsh clinical settings.

41. LHBs will be informed of the tool that fulfils the definition set out in paragraph 40 by the office of the CNO. The CNO will determine that the tool utilises the best available evidence including ratios for total registered nursing time against patient need in its algorithms.

42. Operational guidance on the use of the tool is issued by the CNO and NHS Executive Nurse Directors in Wales and updated as required. This includes the months when the tool data fields should be completed. This operational guidance should be followed.

Patient well-being is particularly sensitive to care provided by a nurse

43. The designated person must 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. This consideration should include analysis of the data for the relevant care situation on:

- a. Patient falls: the designated person should consider any fall that a patient has experienced.
- b. Pressure ulcers: the designated person should consider any pressure ulcers a patient has developed and/or shown deterioration whilst receiving inpatient care.
- c. Medication administration errors: the designated person should consider any error in the preparation, administration or omission of medication by nursing staff.

In each case, consideration of the data relating to (a)-(c) above should include a review of whether the nurse staffing level was maintained at the relevant time, and if not, whether the failure to maintain the nurse staffing level contributed to the fall, ulcer, or error and to any harm suffered by the patient.

44. In addition to the three indicators set out above, the designated person may consider any other indicator that is sensitive to the nurse staffing level they deem appropriate for the ward where the nurse staffing level is being calculated. Examples of other relevant indicators could be;

- patient feedback;
- unmet care needs;
- failure to respond to patient deterioration;
- staff well-being; staff ability to take annual leave entitlement; staff compliance with mandatory training and performance development reviews.

Varying Nurse Staffing levels

45. Section 25C(2) allows a designated person to calculate different nurse staffing levels in relation to different periods of time and depending on the conditions in which care is provided by a nurse. This should be present in the planned roster that is presented to the board.

Review

46. This guidance will be kept under review and updated as necessary following consultation with LHBs, NHS Trusts, and others likely to be affected by any changes to the guidance.