

Nurse Staffing Levels (Wales) Act 2016: Operational Guidance

Version 1 Updated April 2021

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Foreword



We are the first country in Europe to write into law an obligation for health boards and trusts in Wales to ensure there are sufficient nurse staffing levels to meet the needs of patients receiving care. The evidence unequivocally tells us that having the right number of registered nurses and the right skill mix reduces patient mortality and improves patient outcomes. Ensuring patients have a safe, high quality standard of care is at the heart of why we supported the introduction of the Nurse Staffing Levels (Wales) Act.

This non-statutory operational guidance has been developed as a handbook for staff in the NHS from ward to board level, reinforcing the contents of the statutory guidance (published November 2017) in more practical detail. The focus of the guidance is on sections 25B and C of the Act (the calculation and maintenance of the nurse staffing level), however details on sections 25A and E (having regard to providing sufficient nurses in all settings and reporting on the nurse staffing level) are included where there is crossover. It will enable NHS organisations to consistently implement the specific duty to calculate and maintain nurse staffing levels on adult acute medical and surgical wards as set out in the Nurse Staffing Levels (Wales) Act 2016.

This is a living document that will continue to be tested, reviewed and refined on an annual basis based on the experiences of you, the nurses that will be using the document from day to day.

Professor Jean White CBE
Chief Nursing Officer (Wales)/Nurse Director NHS Wales

Executive Summary

The Nurse Staffing Levels (Wales) Act became law in March 2016, requiring organisations across NHS Wales to calculate and monitor the number of nurses required to care sensitively for patients. The Act was constructed to enable a phased implementation and in August 2017 the Welsh Government announced that the Act would take effect for Adult Acute Medical and Surgical Wards from April 2018.

The All Wales Nurse Staffing Group, helped to inform the production of the Act having led the development of the necessary concepts, methods and tools required to forecast nurse staffing levels, over the preceding 5 years. This important groundwork was formalised in 2016 with the establishment of the All Wales Nurse Staffing Programme, designed to support NHS Wales to implement the Act.

In October 2017 Welsh Government also published the required Statutory Guidance to provide additional information to help support implementation of the Act. This Guidance describes in greater detail the concepts, methods and tools to be used in calculating nurse staffing levels. The Guidance also prescribes a triangulated approach to bring together three critical sources of information that must be considered to provide a robust evidence base for the calculation. Each participating Ward is expected to conduct the triangulation every 6 months, review the staffing levels and agree the establishment required. This process is governed by a designated member of the Board who in turn will report adherence to the Act to Welsh Government every three years.

The All Wales Nurse Staffing Programme achieved a milestone in December 2017 with the publication of the First Edition of the Welsh Levels of Care. This document provides the evidence based clinical guidance for staff to identify the levels of need for every individual patient. The Welsh Levels of Care are used as part of the biannual Nurse Staffing Audits that are the principle process by which nurse staffing levels are reviewed and calculated.

This Operational Guidance has been developed and designed to provide participating organisations with advice on using the Welsh Levels of Care, participating in the biannual audits, analysing the results and undertaking the triangulation to calculate and report nurse staffing levels. Based on feedback from operational teams and stakeholders this operational guidance document was revised in March 2019 and following the release of the revised Statutory Guidance in March 2021 this operational guidance was reviewed in April 2021 This document should be used to assist health boards and trusts in reviewing their operational framework and continue to support local implementation.

Ruth Walker
Executive Nurse Director
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Overview

Introduction

This operational guidance has been developed by a working group on behalf of the All Wales Nurse Staffing Group. The working group had membership representation from each health board/trust and consultation with Executive Directors of Nursing and the All Wales Nurse Staffing Group members was undertaken during its development.

The purpose of this document is to provide guidance to all staff working within NHS Wales' organisations who have responsibilities under sections 25B and 25C of the Nurse Staffing Levels (Wales) Act 2016. However, when exercising their responsibilities, the Board must consider and have due regard to the duty on them under section 25A of the Act to have sufficient nurses to allow the nurses time to care for patients sensitively wherever nursing services are provided.

This handbook should be read in conjunction with the following documents:

- Statutory guidance (Appendix 1) issued by the Welsh Government;
- Nurse Staffing Levels (Wales) Act 2016 (Appendix 2);
- Welsh Levels of Care - Edition 1 (Appendix 3);
- Health Care Monitoring System (HCMS) How-To Guide (Appendix 4); and
- Each health board's/trust's own operational framework.

In addition to outlining and providing guidance on the responsibilities of each health board/trust – and in particular the operational, finance, workforce and organisational development and nursing teams - this handbook also aims to provide specific assistance to clinical nursing teams who participate in the national acuity audit exercise for adult acute medical and surgical wards. It should be noted that hereafter, the Nurse Staffing Levels (Wales) Act 2016 is referred to as *the Act*.

As Wales is implementing a national IT system to enable health boards/NHS trusts to meet the requirements of the Act use of the HCMS will be replaced with a new IT system in due course and further guidance on use of the new system will be issued separately.

Glossary of terms

To assist staff and ensure clarity, a glossary of terms has been compiled. The words and terms found within this glossary are underlined throughout the rest of the operational guidance.

Adult acute medical inpatient ward	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 interventions prescribed by the consultant and/or their team, and/or advanced practitioners for their acute injury or illness.

Adult acute surgical inpatient ward	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 **active treatment** if they are undergoing interventions prescribed by the consultant and/or their team, and/or advanced practitioners for their acute injury or illness.
Deployed roster	Refers to the actual number and skill mix of staff that were on duty, rostered to provide care to patients. Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in this number.
Designated person	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.
Escort off-site	The number of times a nurse and those staff undertaking nursing duties under the supervision of or delegated to by a registered nurse is required to escort a patient to another hospital/site.
Escort on-site	The number of times a nurse and those staff undertaking nursing duties under the supervision of or delegated to by a registered nurse is required to escort a patient to another department within the hospital e.g. OPD appointment or taking the patient to theatre.
Evidence-based workforce planning tool	*Refer to the glossary definition for the Welsh Levels of Care.*
Nurse	This refers to a registered nurse who has a live registration on sub parts 1 or 2 of the NMC register.
Nurse staffing level	The nurse staffing level refers to the total number of registered nurses plus the number of persons providing care under the supervision of, or discharging duties delegated to them by a registered nurse, e.g. health care support worker (HCSW). The nurse staffing level refers to the required establishment and the planned roster.
Nursing management structure	This refers to all those nursing posts within the management structure that sit between the ward sister/charge nurse and the Executive Director of Nursing.
Patient acuity	In line with the Welsh Levels of Care, acuity is 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 expanse of care that a patient requires based on their holistic needs. The term *acuity* has 2 main attributes: 1. Severity, which indicates the physical and psychological status of the patient; and 2. Intensity, which indicates the nursing needs, complexity of care and the corresponding workload required by a patient, or group of patients.
Planned roster	Refers to the number and skill mix of staff on duty at any time required to enable nurses to provide care to meet all reasonable requirements. Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster.

	The planned roster is agreed at the time of setting the nurse staffing level for the ward and has been signed off by the designated person.
Professional judgement	Professional judgment refers to applying knowledge, skills and experience in a way that is informed by professional standards, law and ethical principles to develop a decision on the factors that influence clinical decision making in relation to patient safety.
Quality indicators	Health boards/trusts are required to consider quality indicators which are a robust measure of those factors considered to demonstrate the outcomes for patients and staff. Quality indicators reflect patient outcomes that are deemed to be nursing-sensitive.
Reasonable requirements	This refers to the patients' nursing needs and their activities of daily living as assessed by the ward nursing team, taking into consideration the holistic needs of the patient, including social, psychological, linguistic, spiritual and physical requirements. The ward sister/charge nurse is responsible for ensuring that these needs are identified, assessed and classified using the Welsh Levels of Care descriptors.
All Reasonable steps	A series of national, strategic and operational steps that need to be undertaken to maintain the nurse staffing level. These steps should be included within each health board's operational framework.
Required establishment	The number of staff 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. 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.
Sensitively	This refers to nurses being responsive and sensitive to change in care needs. This requires an understanding that the patients' wellbeing and holistic nursing care needs are particularly influenced by the care provided by a nurse who shows awareness of other people's feelings and needs.
Serious incident	A serious incident is an incident which results in: • unexpected or avoidable death or severe harm of one or more patients; and/or • a never event.
Supernumerary	This refers to those members of staff that are not included in the planned roster. The Statutory Guidance states that persons such as students, ward sisters/charge nurses/managers should not be included in the planned roster.
Triangulation/ triangulated approach	This refers to the method used when calculating the nurse staffing level. Triangulation is a technique that facilitates validation of information from the following three sources of data through a process of cross verification: • patient acuity; • professional judgement; and • quality indicators.

	Data from each of these three sources are taken into account when calculating the nurse staffing level.
Ward attenders	Patients who attend a ward for nursing care or attendance primarily for the purpose of examination or treatment that involves nursing time. Day cases and inpatients would not be classed as ward attenders (NB this definition may vary from the definition used for health board/trust patient administration systems).
Welsh Levels of Care	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. Link – Welsh Levels of Care Document

What is the Nurse Staffing Levels (Wales) Act?

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 wherever nursing services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively. This requirement extends to anywhere NHS Wales provides or commissions a third party to provide nurses.

The Act consists of the 5 sections:

- 25A refers to the health boards'/trusts' overarching responsibility to have regard to providing sufficient nurses in all settings;
- 25B requires health boards/trusts to calculate and take all reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards. Health boards/trusts are also required to inform patients of the nurse staffing level on those wards;
- 25C requires health boards/trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards;
- 25D relates to the statutory guidance released by Welsh Government (Appendix 1); and
- 25E requires health boards/trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward.

Roles and responsibilities

The responsibility for meeting the requirements of the Act applies to staff at all levels from the ward to the Board, with the Board and Chief Executive Officer being ultimately responsible for ensuring the health boards'/trusts' compliance with the Act.

Board

When exercising their responsibilities, the Board must consider and have due regard to the duty on them under section 25A of the Act to have sufficient nurses to allow the nurses time to care for patients sensitively wherever nursing services are provided.

In addition, specific members of the Board - the Executive Directors of Nursing, Workforce & Organisational Development, Finance and Operation - are required under sections 25B

and 25C of the Act to provide evidence and professional opinion to the Board to assist with its decision making in relation to calculating and maintaining the nurse staffing level in adult acute medical and surgical in-patient wards.

The Board is 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;

Designated person

The designated person is authorised within the health board's/trust's governance framework to calculate the nurse staffing level for each adult acute medical and surgical inpatient ward within the health board/trust on behalf of the Chief Executive Officer.

The designated person will be registered with the Nursing and Midwifery Council; understand the complexities of setting clinical nurse staffing levels; and be sufficiently senior within the health board/trust.

The designated person is responsible for:

- establishing the processes and timetable for the annual cycle required within their health board/trust, supported by appropriate professional nursing, finance, operational and workforce personnel, to facilitate the biannual (re)calculation of the nurse staffing level;
- calculating the number of registered nurses - and those staff undertaking nursing duties under the supervision of or delegated to by a registered nurse - appropriate to provide patient -centred care that meets all reasonable requirements in adult acute medical and surgical inpatient wards. This is to be undertaken by exercising professional judgement when applying the triangulated approach;
- undertaking and recording the rationale for the calculation. This will be done every 6 months as a minimum 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; and
- formally presenting the nurse staffing level for each ward to their Board on an annual basis and also ensuring that a written update is provided to the Board following the bi-annual recalculation of the nurse staffing level and at any other time recalculation is deemed necessary.

In addition to the above statutory responsibilities the designated person will provide an annual nurse staffing levels report to the Board. This will inform the statutory requirement under section 25E of the Act to report to Welsh Government on a 3 yearly basis.

Director of Workforce and Organisational Development

The Director of Workforce and Organisational Development (OD) is required to ensure that:

- 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;
- there are systems to ensure active and timely staff recruitment (at both a local, regional national and international level); and

- there are effective staff well-being and retention strategies in place that take account of the NHS Wales Staff Survey.

Director of Operations

The Director of Operations is responsible for developing, implementing and reviewing the organisation's operating framework that will need to describe the processes that are required to:

- enable the use of appropriately skilled, temporary (bank or agency) nursing;
- effectively manage the temporary use of staff from other areas within the organisation;
- effectively manage the temporary closure of beds; and
- provide guidance on when changes to the patient pathway as a means to maintaining nurse staffing levels might be considered and deemed appropriate.

In addition to being described within the health board/trust operating framework, these processes should also be reflected in the Board's escalation policy and business continuity plans.

Director of Finance

The Director of Finance is responsible for:

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

Nursing management structure

The opinions of the nursing management structure for each adult medical and surgical inpatient ward should be considered by the designated person when they are calculating the nurse staffing level. This should include providing the information as outlined in the national calculation template (appendix 6), which is required to enable the designated person to exercise their professional judgement when calculating the nurse staffing level.

On the rare occasions when the planned roster varies in response to the clinical situation across the system, the ward sister/charge nurse - along with other identified members of the nursing management structure - should continuously assess the situation and keep the designated person appraised and any actions required should be followed in accordance with the organisations escalation policy.

Named roles within the health board/trust nursing management structure will be responsible for ensuring the consistent use of the system put in place to review and record every occasion when the number of nurses deployed varies from the planned roster.

The recording system should include a mechanism for recording the use of temporary staff, including bank and agency staff; and also the occasions when nursing staff are temporarily moved from other clinical areas/duties within the organisation in order to support the nurse staffing level within a ward.

Named roles within each health board/trust nursing management structure will be responsible for validating and confirming the acuity data collected on a bi-annual basis or more frequently if required.

The specific responsibilities of named roles within the nursing management structure of each health board/trust should be outlined in the health board/trust operating framework.

Ward sister/charge nurse

The ward sister/charge nurse is responsible for assessing the holistic nursing care needs of the patients using the Welsh Levels of Care as the evidence-based workforce planning tool

They should also make available their professional judgement about the nurse staffing levels to the designated person when they are calculating the nurse staffing level.

The ward sister/charge nurse should ensure they utilise the system designated by the health boards/trust to review and record every occasion when the number of nurses deployed varies from the planned roster, and maintain the system for informing patients of the nurse staffing level.

Registered nurse

The registered nurse should also provide their opinions on the nurse staffing levels that are required for the ward

Calculating the nurse staffing level

Which wards are included under section 25B and section 25C of the Act?

As of April 2018, section 25B of the Act applies to adult acute medical and surgical inpatient wards. The Welsh Government has the power to make regulations to extend the duty to calculate nurse staffing levels to other areas in the future.

The Statutory Guidance provides broad definitions of adult acute medical inpatient ward and adult acute surgical wards. These are as follows:

- Adult acute medical inpatient ward means an area where patients aged 18 or over or individuals up to their 18th birthday (where professional judgement deems it more clinically appropriate) receive active treatment for an acute injury or illness requiring either planned or urgent intervention, provided by or under the supervision of a consultant physician;
- Adult acute surgical inpatient ward means an area where patients aged 18 or over or individuals up to their 18th birthday (where professional judgement deems it more clinically appropriate) 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.

A list of the types of wards which are excluded is available within the statutory guidance (Appendix 1). This list is not exhaustive

The All Wales Nurse Staffing programme structure will provide a forum to enable peer review of the characteristics of wards where there is uncertainty as to whether section 25B applies. Initial discussions within this forum have indicated that, where such uncertainty exists, to focus on the '**primary purpose'** of the ward provides a helpful approach to determining

whether a ward meets the inclusion criteria. It is likely that future editions of this handbook will be able to provide greater clarity as these matters are worked through in further detail. However, the individual health board/trust is ultimately responsible for determining which wards meet these definitions and the decisions regarding which wards are included and excluded should be presented to the Board.

What is the method of calculation used to determine the nurse staffing level?

Each health board/trust in Wales must calculate the number of nurses - and those staff undertaking nursing duties under the supervision of or delegated to by a registered nurse - required to provide patient centred care and to meet the holistic needs of patients, in every adult acute medical and surgical ward.

A triangulated approach is used for this calculation, utilising three sources of information to determine the required nurse staffing level. In this situation the information triangulated is both qualitative and quantitative in nature (refer to Figure 1). The triangulated approach should include:

- professional judgement;
- patient acuity - using the evidence-based workforce planning tool to determine the nurse staffing level that will meet reasonable requirements of care; and
- quality indicators - consider the extent to which patients' well-being is known to be sensitive to the provision of care by a nurse (i.e. medication administration errors, patient falls, pressure ulcers, complaints about nursing care). In addition to these 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.

Figure 1 - Triangulated approach for calculating nurse staffing levels within medical and surgical wards.



The designated person is required to draw on evidence, using a triangulated approach, to determine the nurse staffing level.

The designated person will calculate the nurse staffing level every 6 months as a minimum and more frequently if the use of the ward changes which alters the nurse staffing level, or if the designated person deems it necessary. The evidence and rationale used to determine the nurse staffing level must be recorded. The nurse staffing level for each ward will be

presented to the Board annually using the nationally agreed reporting template 'Annual presentation of the Nurse Staffing Level to the Board' (refer to separate document).

Written updates will be provided to the Board if there is a change of use/service that has resulted in a change to the nurse staffing level for the ward.

Which information source within the triangulation is the most important?

As per the graphical representation of the triangulated approach (Figure 1), equal weighting is given to all of the information that informs the process. The guidance is clear that during the process of calculation there is no pre-determined hierarchy in terms of the evidence. The designated person will make that determination based on an analysis of all the information collected about the ward. For example, the acuity data may suggest a ward is over established but the ward has many single occupancy rooms and a vulnerable patient population prone to falls as indicated by a review of the quality data. It would be reasonable in this example for the professional judgement and quality indicators to be the determining factors in setting the nurse staffing level.

How do we triangulate the evidence?

All the information collected should be reviewed independently and then interpreted together to arrive at an informed decision on the nurse staffing level for each ward.

- Firstly apply a sense check to the information outlined in the triangulation.
    - Are there any obvious inaccuracies or omissions?
    - Does it reflect an accurate picture of the ward to which it applies?
- What is the information saying?
    - Look at the quantitative and qualitative information and ask key questions. For example, what does the data tell us about the workload of the ward and the skill mix of staff that is needed?
- What is the significance of the results?
    - After deciding if the information is reliable and looking at what it says, we will need to decide how much weight to give that information when making a decision. That is, how important is that information in helping to determine staffing numbers? For example, a ward where there are ward attenders every day may be more significant than a low number of hospital acquired pressure ulcers.
- The nurse staffing level is to be determined using three sources of information: professional judgement; patient acuity; and quality indicators.
- The calculation should be informed by the registered nurses within the ward along with staff within the nurse management structure for the ward.
- 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 make a recommendation to the Board regarding the nurse staffing level for each adult acute medical and surgical ward.

What is the evidence-based workforce planning tool?

Evidence-based workforce planning tools help managers determine what demand there will be for services. This enables them to calculate what level of staff is required to deliver that service. In healthcare, it is difficult to predict demand, but tools have been developed to

measure patients' levels of acuity which gives an indication of how much care is required to meet their reasonable care requirements. This information will form part of the evidence that is used to calculate the nurse staffing level.

Under the responsibilities outlined within the Act, each health board/trust has been informed by the office of the Chief Nursing Officer (CNO) that the evidence-based workforce planning tool to be used is the Welsh Levels of Care. Since 2014 work has been undertaken to develop and test the Welsh Levels of Care to enable it to be used within adult acute medical and surgical inpatient wards to assess patient acuity (Appendix 3).

The capture of acuity data across all adult acute medical and surgical in-patient wards in NHS Wales takes place bi-annually in January and June as directed by NHS Executive Directors of Nursing. It is anticipated that this acuity measurement will identify seasonal trends in response to changing demographics and healthcare needs. This information when used as part of a triangulated approach alongside the use of quality indicators and professional judgement will determine the nurse staffing level for the ward.

What is professional judgement?

The designated person is required to exercise professional judgement when calculating the nurse staffing level for any given ward area.

The Statutory Guidance describes some of the considerations that may be taken into account when exercising their professional judgement, as listed below. In addition, the designated person is required to consider relevant expert professional nurse staffing guidance, principles, research and current best practice standards to inform their decisions.

1) **The qualifications, competencies, skills and experience of the nurses providing care to patients.**
   This is a crucial component that influences staffing numbers. Such skills, knowledge and competencies may in turn be guided by best practice standards as explained above, with the aim of the nurses within the establishment being equipped with the requisite skills to care for patients sensitively and meet the specific clinical care needs of their patients. Workforce planning and required establishments should take account of the need to provide a workforce with an appropriate level of clinically focussed professional and practical skills and knowledge. The guidance also recognises the need to ensure the required establishments enable the workforce to achieve the mandated levels of organisational training requirements. This means structured and detailed workforce planning and calculation of the necessary resource to achieve the required levels of competencies, as well as compliance with mandatory and statutory training should be taken into account (e.g. Safeguarding, Liberty protection safeguards, fire training, Welsh language, Equality, Diversity & Inclusion training)

2) **The effect of temporary staff on the nurse staffing level.**
   The level of familiarity that staff members have with ward/organisational systems and processes may impact upon the efficiency with which they can undertake their work and deliver continuous care to patients. Vacancy levels and recent historical patterns

relating to the use of temporary staff will therefore need to be considered when calculating the nurse staffing level. As this is a potentially fluid position, this may also need to be a consideration for prompting an establishment review outside of the normal bi-annual cycle.

3) **The effect of a nurse's considerations of a patient's cultural needs.**
Responding to specific cultural and religious practices (e.g. when providing end of life care) can take significant time. If there are significant numbers of patients with higher levels of holistic nursing needs being cared for on a particular ward, then the designated person will need to be able to demonstrate how they have considered these specific needs in calculating the nurse staffing level so that the team can provide sensitive care to all its patients.

4) **Conditions of a multi-professional team dynamic.**
Complex care needs, requiring a multi-disciplinary team approach, may require the nursing team to be involved in a significant amount of indirect care coordination work. This work is vital in order to ensure that there are shared goals; and effective and sensitive care provision of care by each multi-disciplinary team member, delivered in a timely manner. This indirect care coordination work can be challenging to quantify but often requires skilled and expert decision making and can be time consuming. As such, it will need to be carefully considered by the designated person.

5) **The potential impact on nursing care of a ward's physical condition and layout.**
The layout and other physical features of a clinical area will impact on the efficiency of use of the nursing hours available at any time. For example, whether patients are cared for in single rooms or in multiple bedded-bays may influence the number of patients who can be observed and kept safe by one staff member; and the location of treatment, medication, storage and sluice rooms within the clinical area can influence the non-productive time if staff members have to walk long distances repeatedly to obtain essential supplies or prepare medications.

6) **The turnover of patients receiving care and the overall bed occupancy.**
Most adult acute medical and surgical inpatient wards deliver inpatient care to a frequently changing group of patients. The level of variation in both the nature and the type of activity that is additional to the delivery of care sensitively to the patients who are actually in the bed can be immense and is often dependent on the nature of the specialty. Some wards will have high numbers of patients who return to the ward for a post-discharge check, thus avoiding an elongated stay in hospital whilst retaining clinical contact/open door for the patient for a short period after discharge. Some will undertake procedures on the ward as a more efficient approach to care than arranging a planned admission. In other wards the numbers of patients admitted and discharged in a single day - representing a time of intense care management and communication with the patient and often, between health care professionals – can be particularly high.

Though reflected to some extent through the Welsh Levels of Care acuity audit findings, such variations in the nature and type of activity may not be fully captured

and thus may need to be reflected in the professional judgement applied by the designated person.

7) **Care provided to patients by other staff or health professionals, such as health care support workers.**
The nature of the care needs of the patients in each clinical area will influence both the numbers and the skill mix - including the knowledge, skills and competencies - of the nurse staffing level. In addition, the role responsibilities of staff from other teams within the hospital workforce (e.g. hotel facilities, porters, medical records) can impact upon the duties that the ward nursing team is required to undertake in order to ensure the provision of sensitive care. This can also then impact the nurse staffing level the designated person will calculate.

8) **Any requirements set by a regulator to support students and learners.**
Ensuring a robust learning environment for commissioned health care professional students is a priority responsibility of the NHS in Wales. It is through this route that the care provided in the future will be delivered by appropriately trained, educated and skilled nurses who will be available in sufficient numbers to meet the NHS Wales workforce requirements. This highlights the importance of creating a learning environment where time can be allocated to teaching, supervising and mentoring students. Students and learners should have completed training on equality, diversity and inclusion alongside mandatory training requirements. The numbers of student placements allocated within each clinical area should form an important consideration when calculating the nurse staffing levels, to ensure that each student can be adequately supported in practice.

9) **The extent to which nurses providing care are required to undertake administrative functions.**
As with Section 7 above, the scope of the responsibilities that sit within the nursing team will influence the number and skill mix of the required establishment. Importantly the designated person will consider skill mix and prudent healthcare delivery principles when calculating the roles a team requires within their required establishment.

10) **The complexity of the patients' needs in addition to their medical or surgical nursing needs, such as patients with learning disabilities.**
The designated person must take account of the individual holistic needs of patients in addition to their presenting medical or surgical condition.. This means that the specific additional care needs of patients, for example, with mobility difficulties, cognitive impairment or learning difficulties must be taken into consideration when calculating the nurse staffing level.

11) **Delivering the active offer of providing a service in Welsh without someone having to ask for it**.
When calculating the nurse staffing level, the designated person will be required to demonstrate that specific consideration has been given to the provision of care delivered through the medium of Welsh, as part of the Welsh Government's *More*

than Just Words strategic framework requirements. In particular this may impact on the deployment of the staff establishment to ensure that the availability of the Welsh language skills among the staff on duty at any time can reflect the predictable needs of the patients within a given clinical area. Consideration also needs to be given to providing information in other languages.

Part of the triangulation approach involves considering the data available which links to the above aspects of professional judgement. For example, compliance with mandatory training, vacancy and sickness rates, use of temporary staff, bed occupancy and/or student feedback.

What are the quality indicators?

Part of the triangulated approach involves considering those quality indicators that are particularly sensitive to care provided by a nurse. To reduce the burden of measurement, quality indicators that have an established data source should be used and the Act advises the designated person to consider the following quality indicators as these have been shown to have an association with low staffing levels:

- **Patient falls** - any fall that a patient has experienced whilst on the ward;
- **Pressure ulcers** - total number of hospital acquired pressure ulcers judged to have developed while a patient on the ward; and
- **Medication errors** - any error in the preparation, administration or omission of medication by nursing staff (this includes medication related never events).
- **Complaints –** wholly or partly about care provided to patients by nurses made in accordance with the complaints regulations.

In addition to the quality indicators listed above, other quality indicators that are sensitive to the nurse staffing level may be deemed appropriate. The Statutory Guidance suggests that: patient experience, unmet care needs; failure to respond to patient deterioration; staff experience, staff wellbeing; staff ability to take annual leave entitlement; staff compliance with mandatory training and performance development reviews can all be considered as potentially relevant.

How do I measure patients' levels of acuity?

The ward sister/charge nurse is responsible for ensuring that the social, psychological, spiritual, cultural and physical care needs are assessed and classified using the Welsh Levels of Care descriptors.

The Welsh Levels of Care consists of 5 levels of acuity ranging from Level 1 where the patient's condition is stable and predictable requiring routine nursing care, to Level 5 where the patient is highly unstable and at risk requiring an intense level of continuous nursing care on a 1:1 basis.

The Welsh Levels of Care are summarised as:

Level 5	**One to one care** - the patient requires at least one-to-one continuous nursing supervision and observation for 24 hours a day.
Level 4	**Urgent care** - the patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors.
Level 3	**Complex care** - the patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment.
Level 2	**Care pathways** - the patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided.
Level 1	**Routine care** - the patient has a clearly identified problem, with minimal other complicating factors.

Further information on how to measure patient acuity and dependency using the Welsh Levels of Care can be found in the Welsh Level of Care (edition 1) document (appendix 3).

Participation in the bi-annual audit

For the purpose of the bi-annual audit, the data must be collected during the months of January and June at 15:00 hrs each day during the months of the audit as stipulated by the Chief Nursing Officer. The more data that is collected, the more robust and reliable picture of a ward's caseload will be obtained.

Data must be recorded on every patient, 7 days a week, for the full calendar month for the period of the acuity audit.

Further information on how to input and ensure the quality of the acuity data as part of the bi-annual audit can be found in the HCMS How to Guide (appendix 4).

How is the calculation of the nurse staffing level recorded?

Each health board/trust should develop systems for recording the evidence used and the rationale applied when calculating the nurse staffing level for each adult acute medical and surgical in-patient ward.

Appendix 5 provides a checklist of the factors which *must* be considered and appendix 6 provides a template for recording the calculating and the decision making process undertaken during the calculation process.

When is the calculation of the nurse staffing level undertaken?

The routine bi-annual calculation of the nurse staffing level should take place around March/April and August/September of each year. This timetable takes into account the bi-annual capture of acuity data across all adult acute medical and surgical inpatient wards which takes place January and June as directed by NHS Executive Directors of Nursing and the time it takes to process and publish the data. The following timetable provides a guide to assist each health board/trust in determining the annual cycle of actions in relation to the bi annual calculations and reporting requirements under the Nurse Staffing Levels (Wales) Act.

January	Acuity audit undertaken.	Ongoing capture and monitoring of pertinent data relating to the agreed quality indicators and professional judgement criteria. Also, ongoing review and recording of any variation from planned rosters 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. (The updates can be provided to the Board via a formally delegated subcommittee)
February	Validation and sign-off of the January acuity audit data.	
March	- January acuity audit data available to health boards - Health Boards to commence the process of re-calculating the nurse staffing level using the triangulated approach.	
April	-Health boards to finalise the nurse staffing level. - Health boards to take the annual report to developmental board and/or agreed committee. - Health boards to take bi-annual recalculation of the nurse staffing level to developmental board and/or agreed committee.	
May	- Formal presentation of annual report to Board (25E) - Formal update of the bi-annual recalculation of the nurse staffing level directly to the Board or via an agreed committee.	
June	- Acuity audit undertaken.	
July	- Validation and sign-off of the June acuity audit data	
August	- June acuity audit data available to health boards. - Health Boards to commence the process of re-calculating the Nurse staffing level using the triangulated approach.	
September	-Health Boards to finalise the Nurse staffing level.	
October	Health Boards to present the bi annual recalculation of the nurse staffing level to developmental Board and/or agreed committee.	
November	Annual 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 health board (or Trust).	
December		

NOTE: *The timetable sets out the actions to be undertaken by each health board and will be subject to review.*

What are the reasons to consider recalculating the Nurse Staffing Level?

The following list of factors has been agreed by the All Wales Nurse Staffing Group as reasons to prompt health boards/trusts to consider whether to recalculate nurse staffing levels outside the routine bi-annual calculation process. This is not an exhaustive list and other factors may also be considered:

- Exception reporting by the ward sister/charge nurse;
- Prolonged inability to maintain the planned roster;
- Change of ward purpose and/or profile (e.g. increase in beds, change to environment, change from orthopaedic to general surgery);
- Change of patient profile (e.g. acuity levels, clinical speciality);
- Significant change in the skill and/or experience of nursing staff;
- Concerns arising from review of quality indicators, complaints and/or safeguarding incidents;
- High and/or consistent use of bank or agency/temporary staff/workers;
- Consistent use of ward sister/charge nurse within the planned roster;
- Serious incident/investigation;
- Nurse staffing concerns raised by Ombudsman/ Coroner/ HIW; and
- Consistently negative patient experience/feedback.

Maintaining the nurse staffing level

What action will be undertaken to maintain the nurse staffing level?

Health boards/trusts should ensure all reasonable steps are taken to maintain the nurse staffing level for each adult acute medical and surgical inpatient ward on both a shift by shift and on a long term basis.

Reasonable steps which should be taken at national, strategic corporate (health board/NHS trust) and operational levels to maintain the nurse staffing levels are as follows:

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;
- Ensure strategic requirements of the Act embedded into the organisations IMTP/annual planning process;
- Workforce policies and procedures which support effective staff management

- Robust organisational risk management framework;

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

It is acknowledged that on occasions, the planned roster might be appropriately varied in response to an assessment of the patient acuity across the health board/trust. In such circumstances, the ward sister/charge nurse and senior nurse should continuously assess the situation and each health board/trust should develop a system for keeping the designated person formally appraised. This will enable the designated person to consider whether a recalculation of the nurse staffing level is required. In this situation, a record should be made and the circumstances reviewed.

It should be noted that under section 25A of the Act there is a duty placed upon health boards and trusts to provide sufficient nurses to allow them time to care for patients sensitively wherever nursing services are provided or commissioned. Tthis overarching responsibility should guide decision making on the allocation of nursing staff across all nursing services within the organisation and give consideration of the cultural needs of staff (ie: flexibility with shifts during religious events)

What should be included within the health boards Operating Framework?

Appendix 7 provides health boards/trusts with guidance on the information that could be included within the organisations operating frameworks. This framework should include all reasonable steps that have been agreed nationally which should also be referenced within the Board's escalation policy and business contingency plans.

What records associated with maintaining the nurse staffing level are required?

Each health board/trust should put systems in place through which they can review and record every time the number of deployed nursing staff varies from the planned roster. These systems should include the reasonable steps taken to maintain the nurse staffing level and a mechanism for recording the use of temporary staff, including bank and agency staff; and the occasions when nursing staff are temporarily moved from other clinical areas/duties within the organisation in order to support the nurse staffing level within a ward.

On occasions the planned roster may be appropriately varied in response to an assessment of the patient acuity across the system and the professional judgement of the ward sister/charge nurse

The record should be used as part of the evidence to support the routine six monthly recalculation of the nurse staffing level, and will also provide evidence to support the need to recalculate the nurse staffing level at other periods if required. In addition, the conclusions drawn from these records will inform the reports to the Board and the Welsh Government.

How will staff know they are doing what they need to do to contribute to the nurse staffing level being maintained?

At an individual level, each nursing registrant involved with work associated with the Act should ensure that in this work, they uphold the requirements of the Nursing and Midwifery Council The Code (2018) which requires all registrants to always prioritise people, practise effectively, preserve safety and promote professionalism and trust.

However, this operational guidance makes it clear that the systems to be used for calculating and maintaining the nurse staffing level are complex and multifaceted. It also shows clearly that the accountability for these systems rests with officers and staff at many levels of each health board/trust.

The Act requires each health board/trust to have systems in place to inform patients about the nurse staffing levels for each ward. In addition, it is advised that each health board/trust puts in place systems to keep its entire staff informed about the Act and the actions that the teams responsible for the adult acute medical and surgical wards are taking to ensure that the nurse staffing level is being maintained.

Furthermore, each health board/trust is particularly encouraged to establish systems for ensuring that the staff of each adult acute medical and surgical in-patient ward are informed about, and are helped to understand the work to ensure full compliance with the Act broadly within the health board/trust, and specifically within their ward. These systems should include how the following information is to be shared:

- What the Welsh Levels of Care (acuity audit) data is showing about patient acuity on each ward;
- What the quality indicator data is reflecting about the sensitive care of patients on each ward; and
- Any other data e.g. sickness absence rates or bank and agency usage rates that is being used to inform the professional judgement of the designated person.

This will need to make clear what the data is reflecting about the ward that it refers to.

These systems should also include consideration of how information about how well the ward team is doing in maintaining the nurse staffing level will be shared with the team.

The individual health board/trust systems to support the communications encouraged above should be described within the health board/trust operational framework.

National work has been undertaken to support each health board/trust to adopt the Once for Wales approach by devising an information sheet listing frequently asked questions for staff (Appendix 8).

What happens if the nurse staffing level is not maintained?

It is the health boards/trusts at an executive level that are accountable for compliance with the Act. Any instances of non-compliance will be considered under the *Joint Escalation and Intervention Arrangements* that have been in place since 2014. Under these arrangements, the Welsh Government meets with the Wales Audit Office and Healthcare Inspectorate Wales twice a year to discuss the overall position of each health board/trust. A wide range of information and intelligence is considered to advise on the escalation status, any issues

and ensure they are resolved effectively. Non-compliance with a piece of legislation such as the Nurse Staffing Levels (Wales) Act would be considered under these arrangements.

How do we inform patients of the nurse staffing level?

In line with the requirements of the Act and the statutory guidance, each health board/trust is required to inform patients of the nurse staffing level by displaying the nurse staffing level for the ward and should also inform patients of the date the level was presented to their Board.

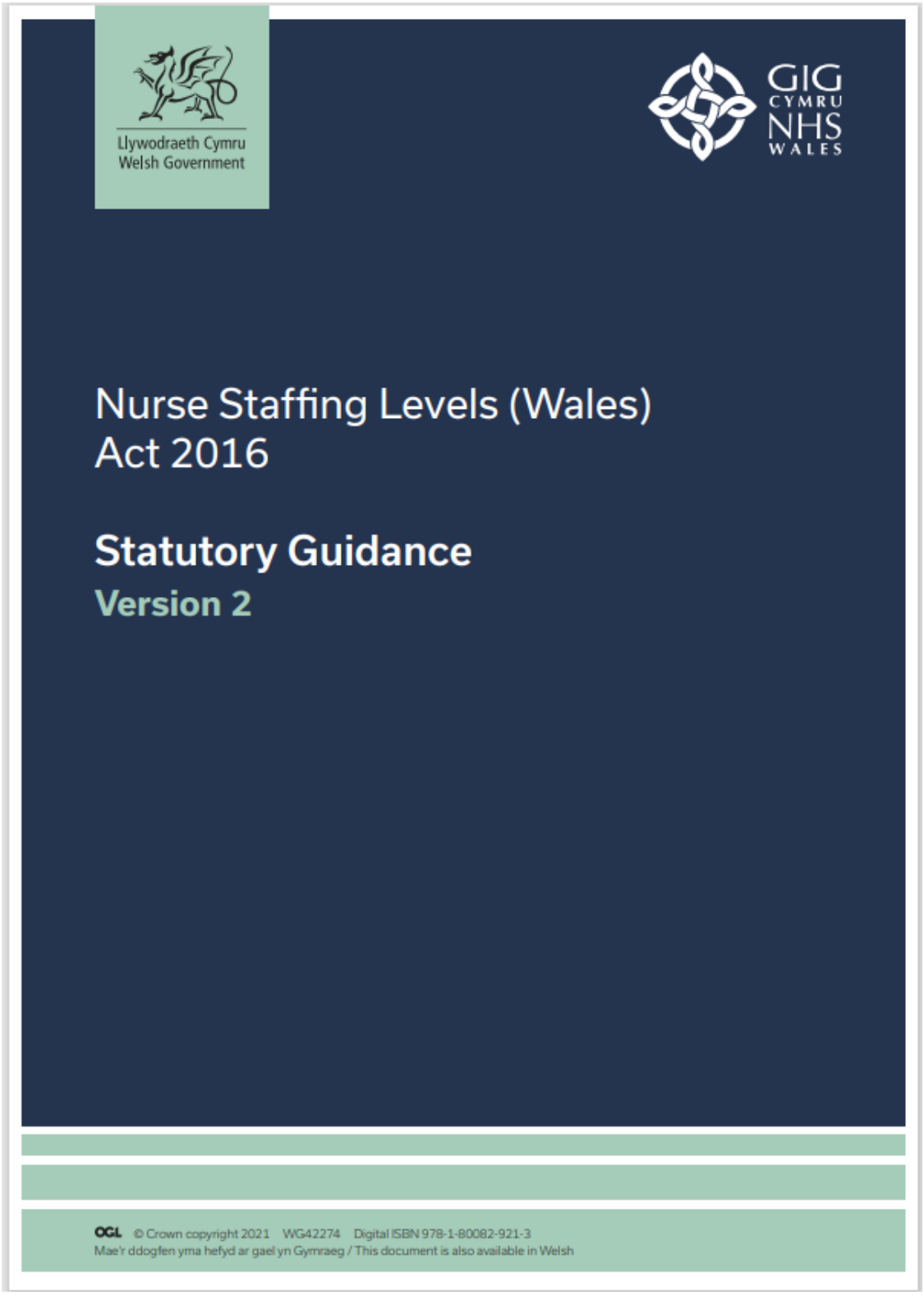
National work has been undertaken to develop a template (Appendix 9) which, if used to display the information specific to each adult acute medical and surgical in-patient ward, would enable each health board/trust to meet the requirements of paragraphs 20-25 of the statutory guidance. Each health board/trust is expected to determine how the information displayed on the template will be updated locally and it would be appropriate for the process agreed to be included within the operating framework. In addition, each health board/trust is required to ensure that the information provided to patients is also made available in Welsh to comply with the Welsh Language Standards.

National work has also been undertaken to support each health board/trust to adopt the Once for Wales approach by devising an information sheet listing frequently asked questions to assist staff to provide patients with accurate information about the Act (Appendix 10 and 11).

Some adult medical and surgical inpatient wards may choose to provide additional information about the nurse staffing level, over and above the core information requirements which are specified within the Act and the Statutory Guidance. This might be particularly appropriate, for example, when it will help patients and visitors to understand the broader multi-disciplinary nature of the health care team.

Appendices

Appendix 1: Statutory guidance (version 2)



Appendix 2: Nurse Staffing Levels (Wales) Act 2016

Nurse Staffing Levels (Wales) Act 2016

CONTENTS

1 Nurse staffing levels
2 Commencement
3 Short title

Appendix 3: Welsh Levels of Care (Edition 1)

GIG CYMRU NHS WALES | Staff Nyrsio Nurse Staffing

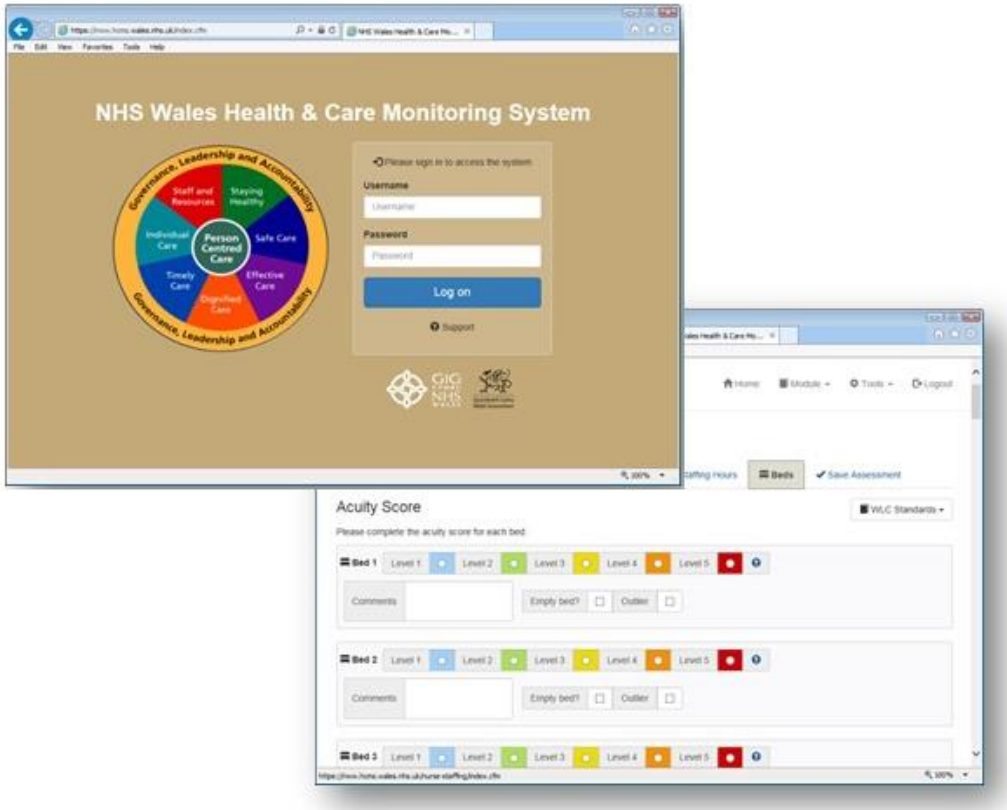
Welsh Levels of Care Edition 1

Appendix 4: HCMS How to Guide

GIG CYMRU NHS WALES | Staff Nyrsio Nurse Staffing

Health Care Monitoring System

Nurse Staffing Module How-To Guide



Version 1.1 (October 2018)

Appendix 5: Factors which must be considered during the calculation process.

General

- Ward identification
- Period audited
- Operational narrative
- Caseload mix
- Current roster - target hours per day, actual deployment, establishment in WTE
- Daily roster achievement rate
- Overall achievement

Acuity

- Acuity of patients using welsh levels of care tool
- Care hours per patient per day (average)

Quality Indicators (refer to page 18)

- Complaint - If deployment is triggered, include general narrative on whether there were any effects on patients related to the availability of staff e.g. could be none.
- Medication errors
- Falls
- Pressure ulcers

Professional Judgement

- Patient flow - general description of activity including inpatients, assessment, escorts, ward attenders etc.
- Environment - number of beds, cubicles, bays, general layout and equipment
- Speciality & case mix - general narrative to describe the clinical speciality and caseload
- Operational pressures - general description of pressures during the audit period, changes in workload, significant patients e.g. unique clinical, social, cultural needs
- Administrative workload
- Support for students
- Support required by newly qualified staff or staff requiring additional support.
- Access to MDT
- Staff skill mix - the qualifications, competencies, skills and experience of the nurses providing care to patients.
- Staff turnover - current vacancies
- Use of supplementary staff - the effect on the nurse staffing level of the use of temporary staff
- Training & development – CPD, mandatory training requirements and enabling nursing staff to have the time to receive the appropriate training
- Patients linguistic needs – to make an active offer to provide a service in Welsh.

Summary

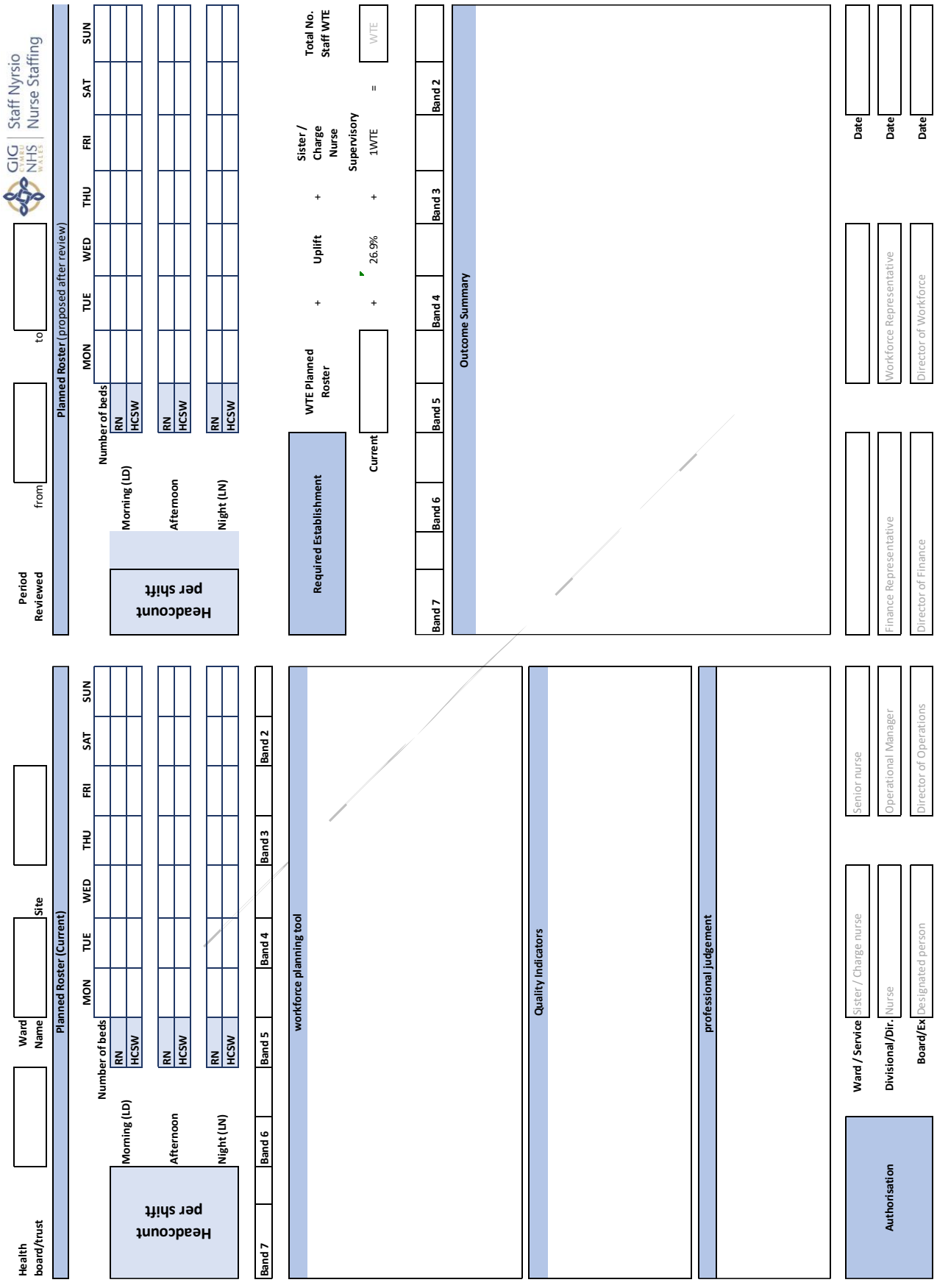
Recommendations to consider:

- Any reference materials including technical or regulatory requirements related to the speciality and deployment of staff.
- The need for action plan - outline description of the plan and reference to separate document (part of evidence)
- Revised roster - target hours per day

- Participation and agreement in the calculation process - Ward Manager, senior nurse, designated person.
- Date calculation undertaken by the designated person.
- Date for review - default at national audit periods or could be sooner if issues identified



Appendix 6: Record of triangulated approach to nurse staffing level review



Appendix: 7 Requirements within Operational Framework

The purpose of this framework is to: support the calculation and maintenance of nursing staffing levels; outline the roles and responsibilities of the key professionals; and identify the actions that are to be taken to review, record, report and escalate where nurse staffing levels are not maintained.

Information
Date the document produced & signed off
Date / frequency the document to be reviewed
Purpose of the document
Reference to the professionals covered by the document (Workforce, Operations & Planning, nursing, finance), their roles & responsibilities
Process for calculating the nurse staffing level (triangulation)
Systems to review & record deviation from the planned roster
Steps to take all reasonable steps in order to maintain the nurse staffing level (including operational, strategic and national steps)
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
Recording and escalating concerns when unable to maintain the nurse staffing level
Reference to key documents (Statutory Guidance, Operational Guidance)
Actions taken under section 25A
Escalation policy
Operational framework included in the Board's escalation policy & business contingency plans
Arrangements to inform patients of the nurse staffing level

Appendix 8: Frequently asked questions for staff in adult acute medical and surgical inpatient wards.

What does the Nurse Staffing Level (Wales) Act 2016 mean to me as a member of staff on an adult acute medical or surgical ward?

Frequently Asked Questions

What is the Nurse Staffing Level (Wales) Act 2016?
The Nurse Staffing Level (Wales) Act 2016 became law in March 2016. The Act means that health boards/trust have:

- a legal duty to ensure appropriate level of nurse staffing in all settings;
- a legal duty to calculate and maintain the appropriate nurse staffing level in adult acute inpatient medical and surgical wards; and
- a legal duty to report on compliance with staffing requirements and take action if nurse staffing levels are not maintained.

What does nurse staffing level mean?
The nurse staffing level is the number of staff required by a ward to enable the team to provide care to the patients in a way that takes into account all of the patients' holistic nursing needs. This includes the planned roster and the required establishment.

How is the nurse staffing level for a ward decided?
In Wales we use a number of tools to assess what the nurse staffing level should be for different wards.

The nurse staffing level varies from ward to ward, depending on the number of patients and the kind of nursing that those patients need. For example: surgical wards may have more patients on the ward having surgery between Monday and Friday so there are more staff on duty during the week compared to the weekend; or some wards may have more staff on duty on days where there is a consultant ward round.

Each health board/trust in Wales must calculate the number of nurses required to provide patient-centred care by using a triangulated approach which brings together three sources of information. In Wales we do this by:



- Using a tool called the "Welsh Levels of Care", which consists of 5 levels of acuity ranging from Level 1 where the patient's condition is stable and predictable, requiring routine nursing care, to Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis. The nurse in charge is responsible for ensuring that the social, psychological, spiritual and

physical care needs are assessed and classified using the descriptors in the Welsh Levels of Care;
- Looking at the quality indicators that are particularly sensitive to care provided by a nurse. This should include: patient falls; hospital acquired pressure ulcers; medication errors; and complaints. In addition to these, any other quality indicators deemed appropriate for a ward may be considered; and
- Applying the professional judgement of the senior nurses who know the wards and the patients' levels of need. We consider the number of registered nurses on duty on each ward as well as the level of nursing skills, competencies, and experience of the nurses; the effect of temporary staffing; the turnover and overall bed occupancy; the physical condition and layout of the ward; the requirements of students and learners; any administrative functions undertaken by the team; the complexity of the patients' needs including cultural needs and the multidisciplinary involvement in care; and the provision of care through the medium of Welsh.

How often will the nurse staffing level be reviewed?
Each health board/trust will review the nurse staffing level for each ward:
- every six months;
- if something changes on the ward, for example, if there is a change in the group of patients that are cared for on the ward or the number of beds being used on the ward; or
- if the nursing team thinks that a review needs to take place for any reason.

The nurse staffing level for each ward is presented to the Board on an annual basis, and a written update is provided on any occasion when it is deemed necessary to change the nurse staffing level for any reason.

Who is responsible for deciding what the nurse staffing level for each ward should be?
The decision on what the nurse staffing level is for each ward is ultimately made by the designated person (usually the Director of Nursing) on behalf of the health board/trust, but the decision is made following discussions with the nursing team responsible for the ward, including the nurses on the ward and the ward manager.

How do health boards/trust ensure that the nurse staffing level for a ward is maintained?
The nurse in charge will ensure that the number of staff on duty reflects what the nurse staffing level should be for each day for that ward and they will inform the senior nurse when there are gaps.

Information about the number of nurses and care staff who should be working on each shift is displayed on each ward.

The nursing team reviews and records the times that the number of nurses actually on duty varied from the nurse staffing level and what actions we took in response to this. The nursing team will also consider if not maintaining the nurse staffing level has had any impact on the care provided to the patients on the ward at the time.

Where incidents and complaints about care provided by a nurse are reported through the health boards/trust incident reporting systems, consideration will be given as to whether not maintaining the nurse staffing level contributed to the incident/complaints.

What happens on the ward when there is a gap in staffing?
There are occasions when the deployed roster varies from the planned roster as set out in nurse staffing level because of unexpected staff sickness or other reasons outside of our control.

Health boards/trusts should ensure all reasonable steps are taken to maintain the nurse staffing level for each adult acute medical and surgical inpatient ward on both a shift by shift and on a long term basis.

On occasions the planned roster may be appropriately varied in response to an assessment of the patient acuity across the system and the professional judgement of the nurse management structure. In the short term, nurses on the ward may have to prioritise patient care to maintain patient safety.

What does it mean if there are more staff than the nurse staffing level requires on duty on a shift?
The nurse in charge, ward manager and senior nurse continuously assess the needs of the patients on the ward, and more staff on duty on the ward may be due to an increase in patient care needs, for example, where a patient may need one to one nursing care, where a group of patients require enhanced support, or where a patient has become more acutely unwell.

What happens if the nurse staffing level is not maintained?
It is the health board/trust at an executive level that is accountable for compliance with the Act. Non-compliance with a piece of legislation such as the Nurse Staffing Levels (Wales) Act would be considered under the Joint Escalation and Intervention Arrangements that have been in place since 2014.

Where can I find out more information?
Further information can be found in health boards Operational framework and within the Operational Guidance and Statutory Guidance which are available via the health boards website or via the HEIW Website. Within each health board there is an operational lead who will provide staff with guidance and support.

Appendix 9: Template to inform patients of the nurse staffing level

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Ward Name

Date Nurse Staffing Level presented to Board	

The Health Board is required to ensure that patients are informed of the nurse staffing level on each adult acute medical and surgical ward and of the date that the nurse staffing level was presented to the Board. The information below shows the total number of registered nurses and health care support workers (HCSW) that are required to provide the care on this ward 24 hours a day, 7 days a week; and also the number of registered nurses and HCSW's that are planned for each shift.

REQUIRED ESTABLISHMENT (total number of nursing staff required to provide 24/7 care)	Registered Nurses	HCSW	Total

		Planned Roster:						
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning Shift	Registered Nurses							
	Health Care Support Workers							
Afternoon shift	Registered Nurses							
	Health Care Support Workers							
Night	Registered Nurses							
	Health Care Support Workers							

In addition to the nursing staff on the planned roster above you may see other healthcare staff on the ward who undertake specific duties to support the delivery of patient care - for example a physiotherapist or rehabilitation assistant.

If you have any questions or feedback about nurse staffing levels speak to the nurse in charge.

An information leaflet with Frequently Asked Questions relating to nurse staffing levels is available in English and Welsh.

Appendix 10: Frequently asked questions for patients

What does the Nurse Staffing Level (Wales) Act 2016 mean to me as a patient on an Adult Acute Medical or Surgical ward?

Frequently Asked Questions

1) What is the Nurse Staffing Level (Wales) Act 2016?

The Nurse Staffing Levels Act became law in Wales in March 2016 and places a duty on Welsh health boards and trusts to ensure that nurses have enough time to care for patients. The first duty of the Act applies to any settings where nursing care is provided or commissioned. The second duty currently only applies to adult acute medical and surgical inpatient wards; however Welsh Ministers have powers within the Act to apply the duty to other settings when evidence-based workforce planning tools for those areas are established.

2) What does "nurse staffing level" mean?

The number of nursing staff required to provide safe and appropriate care to patients.

In addition to the nursing staff, you may see other healthcare staff on the ward who undertake specific tasks to support the delivery of patient care. For example a physiotherapist or a rehabilitation assistant.

3) How is the nurse staffing level for a ward decided?

The nurse staffing level varies from ward to ward, depending on the number of patients and the kind of nursing that patients' need. We bring together three sources of information, the nurses' professional judgement, how sick or dependant the patients are and the safety and quality of care provided by each ward.

4) Who is responsible for deciding what the nurse staffing level for each ward should be?

The Executive Director of Nursing is responsible for deciding the nurse staffing level following discussions with the nursing team responsible for each ward.5**) How often will the nurse staffing level be reviewed?**

The nurse staffing level for each ward should be reviewed every 6 months; if something changes on the ward (e.g. - the number of beds being used); or if the nursing team think that a review needs to take place.

6) How will the nurse staffing level be maintained?

The nurse in charge will plan a staffing roster which aims to ensure that the number of staff on duty reflects the required nurse staffing level and will liaise with the nurse manager when there is a gap in the staffing level. On occasions, the planned roster may be changed in response to an assessment of patient need; this would be based on the professional judgement of the nursing team.

If there are gaps in the planned roster or additional nursing staff are needed temporary workers from nurse bank or agency could be engaged if required to maintain the nurse staffing level to ensure the delivery of safe and appropriate care.

7) How do I find out more information?

The Nurse Staffing Level for each adult acute medical and surgical ward is displayed on the ward. An information leaflet has been devised for patients. If you have any questions and/or concerns regarding the nurse staffing levels on this ward, please ask to speak with the Ward Manager, Sister or Charge Nurse.

Appendix 11: Easy read frequently asked questions for patients

Easy Read

About nurse staffing levels

What does the Nurse Staffing Levels (Wales) Act 2016 mean to me?



This is an easy read version of NHS Wales' **'What does the Nurse Staffing Levels (Wales) Act 2016 mean to me as a patient on an Adult Acute Medical or Surgical ward? – Frequently Answered Questions'.**

January 2019

How to use this document

This is an easy read version. The words and their meaning are easy to read and understand.



You may need support to read and understand this document. Ask someone you know to help you.

Where the document says **we**, this means **NHS Wales**. For more information contact:

This document was made into easy read by **Easy Read Wales** using **Photosymbols**.

What does nurse staffing levels mean?



Nurse staffing levels means the number of nurses needed to care for patients properly and safely.



You might also see other healthcare staff working in the wards. For example physiotherapists who help people to move about.

What is the Nurse Staffing Levels (Wales) Act 2016?



The **Nurse Staffing Levels Act** became a law in Wales in March 2016.



It means health boards **must** make sure there are enough nurses in hospital wards to care for patients safely.

How is the nurse staffing levels for each ward decided?



The nurse staffing levels for each ward may be different. It depends on the number of patients in the ward.



It also depends on the needs of the patients. For example what type of nursing care they need.

To help us decide how many nurses are needed for each ward we look at 3 things:



- what the nurses think
- how ill the patients are and how much care they need
- the quality and safety of care in each ward.



Who decides the nurse staffing levels for each ward?

The **Executive Director of Nursing** is in charge of deciding the nurse staffing levels for each ward.



They talk to the nursing team for each ward before making their decision.

How often will the nurse staffing levels be checked?

The nurse staffing levels for each ward should be checked:



- every **6 months**.



- when something changes on the ward. For example if the number of beds being used in the ward changes.



- if the nursing team thinks that it needs to be checked again for some reason.

How will wards make sure they have the right nurse staffing levels?



The **nurse in charge** will do a staff plan based on the number of nursing staff that need to be on the ward.



If there are not enough nurses, the nurse in charge will speak to the **senior nurse**. They might have to pay extra nurses to work in the ward to make sure there are enough.



Sometimes the staff plan might be changed because the needs of the patients have changed. The nursing team would decide if this should happen.

How do I find out more?

If you have any questions about the nurse staffing levels on this ward please speak to:



- the Ward Manager
- Nurse Sister or
- Charge Nurse.

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