

## All Wales Interim Principles for Nurse Staffing in Paediatrics- Fact sheet

### **Why were the principles developed?**

The interim nurse staffing principles for paediatrics have been developed as a framework to enable health boards to calculate nurse staffing to ensure paediatric inpatients on medical and surgical wards receive effective, high quality nursing care whilst the evidence based workforce planning tool is being developed.

### **How were the principles developed?**

The paediatric work stream of the Nurse Staffing Programme considered all the available evidence regarding nurse staffing on paediatric inpatient wards and through the process of collaboration with frontline staff across Wales the draft principles were devised. An impact assessment against the implementation of the interim principles was undertaken by all health boards and then presented to the All Wales Nurse Staffing Group and the Nurse Directors, this was then refined before being agreed and presented to Welsh Government and the Minister.

All children and their families should receive, high quality, culturally sensitive, family-centred care in an environment that supports the development of the child and promotes excellence in nursing care. It is therefore essential that those caring for children and young people on paediatric inpatient medical and surgical wards have specific training, knowledge, skills and time. Paediatric care needs are complex and variable relying on minimum staffing standards often does not reflect the reality of safe patient care.

When using the interim principles for nurse staffing professional judgement is an essential element in calculating the correct nurse staffing establishment for inpatient medical and surgical wards.

Health Boards will be required to submit a return against the principles bi annually.

Principle 1	Professional nursing judgement should be used in determining paediatric ward establishments
Principle 2	All health boards should have paediatric escalation protocols in place for instances where decreased staffing numbers have been identified
Principle 3	For inpatient wards the ratio of RNC to patients should not fall below 1:4. This equates to providing an average of 6 Care hours per patient per day
Principle 4	There will be a minimum of 2 RNC rostered at all times, one of whom will have the experience and skills to act as team leader (this should not include the ward sister/charge nurse/manager)
Principle 5	The ward sister/charge nurse/ward manager will be supernumerary
Principle 6	The skill mix for each ward should be a minimum of 70:30
Principle 7	At least one nurse per shift in each clinical area (ward/department) will be trained in APLS/EPLS
Principle 8	Ward sisters/charge nurses/managers should have access to administration support
Principles 9	26.9% uplift should be used in calculating the headroom within a roster