



AGENDA ITEM

5.2

CTM BOARD

COVID-19: DISRUPTION TO NURSE STAFFING LEVELS (WALES) ACT 2016

Date of meeting	28/05/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Executive Director of Nursing
Approving Executive Sponsor	Executive Director of Nursing, Midwifery and Patient Care
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

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1. Purpose

The purpose of this briefing paper is to update the Board in relation to the disruption to Nurse Staffing Levels (Wales) Act 2016 during the COVID-19 pandemic. Under normal circumstances this paper would be the second annual report to Board, covering the period 6th April 2019 to 5th April 2020, however following a letter issued by the Chief Nursing Officer on 24th March 2020, this briefing paper aims to provide further clarity on the actions that the Health Board has taken to provide the assurance required in relation to the Nurse Staffing Levels (Wales) Act 2016 during the COVID-19 pandemic.

To assist this process a 'Once for Wales approach' has been agreed between the various Health Boards/Trust in Wales, templates have been devised (refer to appendices) to enable the various organisations to evidence the approach taken to determine the staffing levels that are required on their adult inpatient wards and any other adult inpatient wards (e.g. mental health inpatient wards) where the required staffing level has been affected during the COVID-19 pandemic.

2. Background

As a result of the COVID-19 pandemic NHS Wales continues to experience significant and unprecedented challenges which are impacting upon the delivery of services throughout these organisations. As a result Health Boards and Trusts have had to respond at pace, taking swift action to manage an unpredictable and constantly evolving situation, under increasing pressure and with limited resources, in an attempt to manage the COVID-19 pandemic.

On the 24th March the Chief Nursing Officer for Wales issued a letter providing Health Boards/Trusts with clarity on what is expected in relation to the Nurse Staffing Levels (Wales) Act, acknowledging that the pressures associated with managing the Covid-19 pandemic have and will continue to disrupt 'business as usual'. The letter focused on the ongoing work to extend the Act's second duty to paediatric inpatient wards and guidance to Health Boards/Trusts in relation to the Act. The guidance offered Health Boards/Trusts the flexibility to decide when to undertake the bi-annual calculation of nurse staffing levels on adult acute medical and surgical wards and whether to present their annual report to the Board as planned in May 2020. Organisations/Trusts agreed to work together regarding the actions that they would take to ensure that they continue to adhere to the 'Once for Wales approach,' as it is through this unity that Health Boards will have strength and provide greater assurance.

Within CTMUHB, following the acuity audit undertaken in January 2020 as part of the bi annual recalculation process, wards that are under Section 25B were reviewed in order to ensure the calculation of the nurse staffing levels using the prescribed methodology. Following this process no changes were made to the existing, agreed establishments. However, since this, many of these wards have been required to temporarily revise their establishments due to COVID 19.

3. Situation

With reference to the guidance issued by the Chief Nursing Officer, Health Boards/Trusts are reminded of their duties under the Nurse Staffing Levels (Wales) Act are as follows:

- In cases, albeit unlikely, that adult acute medical and surgical wards remain and this is the primary purpose of the ward, Health Boards will be expected to persist with taking all reasonable steps to maintain the calculated nurse staffing levels and undertake the mitigating actions where possible, whilst acknowledging that this would prove exceptionally challenging in the current situation.
- Those adult medical and surgical wards that have been repurposed to deal with the Covid-19 pandemic would be considered an exception under the definition of adult acute medical/surgical ward and therefore would not be subject to the prescribed triangulated calculation methodology. However under section 25A of the Act Health Boards/Trusts still have a duty to consider what establishments they require to meet the needs of patients wherever nursing care is provided or commissioned, ensuring that they provide sufficient nurses to allow nurses time to care for patients sensitively.
- In relation to section 25A Health Boards/Trust would need to use their professional judgement and draw on information at a local and national level to inform their decision as to the appropriate staffing levels required.

The Chief Nursing Officer emphasises the needs for Health Boards/Trusts to ensure that they keep a record of the actions taken during the COVID-19 pandemic. Processes for collating this information and actions taken should be reflected within the pending Board paper and in the paper due to be presented to the Board in September 2020, as this information will be required within the three yearly report to Welsh Government.

In response to the guidance issued by the Chief Nursing Officer and in acknowledgement of the need for Health Boards/Trusts to agree a 'Once for Wales approach' the Nurse Directors have agreed to postpone presenting their Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act, which was due to be presented to their Board in May, until September 2020. In the interim Nurse Directors have agreed to present a paper to their Board in May to provide assurance on the actions taken to ensure appropriate staffing levels across their organisation during the COVID-19 pandemic.

It is for this reason that Health Boards/Trust will need to explore a range of options which will include new ways of working, greater reliance upon health care support workers and members of the multi-disciplinary team to support the nursing workforce and ensure that all areas are staffed appropriately.

Calculation template for staffing levels during the COVID 19-pandemic.

Under section 25A Staffing levels for all inpatient wards across the Health Board have been calculated to ensure that they can provide the level of care required for the patients within that area. This has been a dynamic process which has been reviewed twice weekly via the Bronze meetings within each Locality Group and decision making logs have been used to document decisions made at each meeting. Staffing levels have been agreed and if required adjusted in preparation for the need to step up critical care or Non Invasive Ventilation (NIV) capacity within existing acute medical and surgical wards as and when required.

Summary of required establishments on wards during the COVID-19 pandemic

Appendix 1 provides a summary of the staffing levels that have been calculated for each adult inpatient ward at the time of producing this paper and may well look different when Board takes place at the end of May. As described above although the staffing level principles for wards during COVID 19 has been agreed at a point of time. These may not have been enacted at the time of the Board report as the capacity created has not been required or has been changed via Bronze meetings as and when required.

Within the COVID 19 clinical strategy within CTMUHB, some wards have been closed to enable the creation of dedicated COVID 19 positive critical care beds and high care respiratory beds on other acute medical and surgical wards, enabling the Registered Nurses and non-registered workforce to be

temporarily deployed from these closed wards to support the additional critical care and Non-Invasive Ventilation (NIV) capacity.

The nursing workforce planning is at the moment relatively iterative as the numbers required to support the Critical Care units and NIV are co-dependent depending on demand at a given time. Noting that there will be a reduction in the Registered Nurse to Patient ratio if the demand for critical care and NIV beds is increased.

The requirement for additional capacity within the Health board's step down facilities and the Field Hospital will also have a consequence on all inpatient wards (with the exception of our mental health in-patient wards).

The Health Board has implemented new ways of working and models of care in order to respond and meet the extreme and unprecedented pressures that the Organisation has experienced since March 2020. This is requiring an extremely flexible approach to the deployment of the nursing workforce across the Health Board site and it is essential that the medical and allied health professional workforce deployment dovetailed into these plans at Locality level.

Each of the Locality Group Nurse Directors set out CTMUHB's proposed Nurse staffing ratios during the pandemic alongside nursing workforce plans used to support the increase in demand for:

1. Critical care beds (ventilated patients)
2. Non-Invasive ventilation beds (NIV/CPAP) required to staff the increased
3. Community Hospital beds with Oxygen provision
4. Community/Local Authority Beds (432 Project)
5. Creation of Field Hospital beds
6. General Ward beds (which will be staffed at a reduced Registered Nurse ratio in order to achieve the increased demand as described above)

Locality Group Directors have developed specific Critical Care, NIV/respiratory high care areas across all the three acute hospital sites to concentrate the expertise of medical and nursing staff to ensure the best outcome for patients and minimise risk to staff.

Health Board wide protocols for the delivery of these revised treatment plans have been developed and the nursing workforce model for the high care respiratory areas has been developed.

The proposed new nursing ratios required to support the revised treatment plans and clinical models is a significant move away from the Health Boards current levels and derogation from section 25A and 25B of Nurse Staffing Levels (Wales) Act. These have been reviewed at both Gold command and Quality & Safety Committee.

The monitoring of nurse sensitive indicators continues during these times and are being carefully monitored by the Locality Group Nurse Directors via their Quality & Safety governance review and reporting mechanisms.

Staffing levels within all inpatient areas across the Health Board are reviewed as a minimum, daily by the Locality Group Nurse Directors and Heads of Nursing. Within the Acute Hospitals staffing levels are reviewed three times a day and if required staff are deployed accordingly using All Reasonable Steps (Appendix 2) together with professional judgement to draw on information at a local and national level to inform their decision as to the appropriate staffing levels required.

Staffing levels and staffing requirements across the Health Board are reviewed at each Locality Group Bronze Command meeting twice weekly and any escalation of concerns or changes to ward clinical models are escalated to the HB Silver and/or Gold Command meetings.

Additional and deployed workforce

Multi-Disciplinary Team (MDT)/allied professionals and wider range of support workers.

Support staff including therapies and pharmacy staff have been factored into the nurse staffing models as these staff could assist when required to support the increased Registered Nurse and non-registered workforce required within some of the high care wards/departments.

Nursing Students

The Health Board and Health Education Improvement Wales (HEIW) in conjunction with the Universities have agreed to allocate:

- Third year students who are within six months of qualifying have been consolidated into one of their choice locations (as per Student Streamlining) and employed as Band 4 nurses.
- First and second year students have taken up the offer to work as Health Care Support Workers on fixed term contracts.



Registered Health Visitor and School Nurses

Health Visitors agreed to be redeployed into the acute ward areas and underwent “clinical skills update training” to support them with this transition. School Nurses have been working within Health Board’s Staff Testing Units since their implementation on 21st March 2020.

Nursing Workforce via the UHB Nurse Bank

Registered Nurses on CTMUHB bank with bank only contracts have been contacted and deployed to wards and departments that they are familiar working in.

In addition a “call to arms” bank recruitment initiative was undertaken in March 2020 and has yielded additional Registered nurses and over 300 Health Care Support Workers (HCSW) who are currently progressing through the HB onboarding process.

An education Programme continues to “upskill” our existing nursing workforce to support the Critical Care units and areas designated for Non Invasive ventilation as well as providing essential key skills and training for our “call to arms workforce”.

Impact Assessment

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Staff and Resources
	Safe Care Timely care Effective Care
Equality impact assessment completed	Not required
Legal implications / impact	Yes (Include further detail below)
	Nursing Staffing Levels (Wales) Act 2016
Resource (Capital/Revenue £/ Workforce) implications / Impact	Yes (Include further detail below)
	As the Act progresses to include Paediatric, Mental Health, District Nursing & Health visiting there is the potential for a need to increase the nursing workforce accordingly



Link to Main Strategic Objective	To Improve Quality, Safety & Patient Experience
Link to Main WCFG Act Objective	Provide high quality care as locally as possible wherever it is safe and sustainable

Recommendation

The Board is asked to **NOTE** the Welsh Government position associated with the Nurse Staffing Levels (Wales) Act 2016 under these exceptional circumstances and **APPROVE** the Health Boards proposed stance to:

- Support the Nurse Staffing Levels (Wales) Act for COVID 19 Wards based on a revised multidisciplinary workforce approach.
- Sign off the establishments for all acute medical and surgical wards following January 2020 acuity audit
- Acknowledge the planned April 2021 coming into force date for paediatric in patient wards will be postponed.
- Agree the step down of the bi-annual acuity audit in due to take place in June 2020
- Agree clear and transparent audit trail in decision if wards are repurposed to enable exceptions under the definition of the Act

Appendices

Appendix 1

Summary of required establishments on wards during the COVID-19 pandemic

Appendix 2

Nursing Staffing Levels (Wales) Act (2016). All Reasonable Steps



Appendix 1 Summary of required establishments on wards during the COVID-19 pandemic

*Wards highlighted indicate acute medical and surgical wards that fall under section 25B of the Act

Prince Charles Hospital

Name of Ward	No. of beds	Establishment during COVID-19			Previous funded establishment			Date of change	Record the date when the purpose of the ward changed & the rationale	Repurpose of ward (COVID / Non COVID)
		RN WTE	HCSW WTE	Other WTE	RN WTE	HCSW WTE	Other WTE			
Ward 2	24	20.9	14.21		20.9	14.21		N/A	No change to ward or establishment at this present time. The aim is to reach required staffing levels through agency and bank	Non Covid
Ward 3	23	40.8	90.96		18.06	14.21		April	This ward has changed to a Covid ward for patients receiving CPAP	Covid
Ward 4	23	91.96	45.48		20.9	14.21		April	This ward has been changed to support the increased numbers of ITU beds in the event of an escalation of Covid	Covid
Ward 6	24	20.9	14.21		20.9	14.21		N/A	This remains the acute surgical ward also taking patients from other specialities eg Max Fax, T & O and Gynae	Non Covid
Ward 7	24	20.9	14.21		15.22	17.06		April	This ward was not covered under the NSA. Its remit has now changed to a Covid ward to take account of patients who are recovering and are for palliative care.	Covid
Ward 8	24	20.9	14.21		20.9	14.21		N/A	This remains a female surgical ward also taking patients from other specialities eg Max Fax, T & O and Gynae	Non Covid
Ward 9	24	20.9	14.21		20.9	14.21		N/A	This is a Non Covid gastro ward that is also taking patients from the T&O speciality.	Non Covid
Ward 10	24	20.9	17.06		20.9	17.06		N/A	This remains a Non Covid stroke ward	Non Covid
Ward 11	24	20.9	14.21		20.9	14.21		N/A	This remains a Non Covid Endocrine ward	Non Covid
Ward 12	24	23.74	17.06		23.74	17.06		N/A	This remains a Non Covid Respiratory ward	Non Covid



Royal Glamorgan Hospital

Name of Ward	No of Est beds	No. of beds during Covid-19	Establishment during COVID-19			Previous establishment			Date of change	Record the date when the purpose of the ward changed & the rationale	Repurpose of ward (COVID / Non COVID)
			RN WTE	HCSW WTE	Other (*) WTE	RN WTE	HCSW WTE	Other (*) WTE			
Ward 1	16	28	20.9	17.22	variable all grades depending on patient numbers and acuity	12.37	8.53	x 1 SN Band 7 x1 Ward Clerk	13/04/2020	Ward 1 (vascular surgery) opened for Covid 13/4/20 and remains open to 28 beds. All Covid areas are maintained on the south side of the template. Establishment has been changed to reflect the increase in beds to 28.	Covid
Ward 2	21 and 6 bedded SAU	28	20.9	16.07	variable all grades depending on patient numbers and acuity	20.9	16.07	x 1 SN Band 7 x1 Ward Clerk	16/04/2020	Surgical ward and SAU closed from the 2/4/20 due to poor staffing levels and capacity not required, SAU and surgery opened on ward 5. The establishment remains unchanged. Ward 2 opened for Covid 16/4/20 as ward 4 was closed for estates work and patients were transferred to this area. Ward 2 closed 29/4/20 as ward 4 re opened and patients transferred back.	Covid
Ward 3	28	28	20.9	17.22	variable all grades depending on patient numbers and acuity	20.9	17.22	x 1 SN Band 7 x1 Ward Clerk	30/03/2020	Ward 3 (trauma ward) opened 6/4/20 for Covid, patients transferred from ward 7 and then closed on the 16/4/20 for estates work- patients transferred to ward 7. Reopened for COVID capacity 1/5/20- staffing is reviewed daily and allocated depending on acuity and capacity used.	Covid
Ward 7	22	Now Critical Care Capacity	20.9	17.22	variable all grades depending on patient numbers and acuity	15.21	11.37	x 1 SN Band 7 x1 Ward Clerk	16/03/2020	Elective surgery cancelled from 13/03/20. Ward utilised for COVID capacity and staffing was reviewed daily and allocated depending on acuity and capacity used. Ward 7 closed on the 6/4/20 due to ongoing work for ITU capacity. Temporarily reopened 20/04/20 for COVID positive patients as ward 4 and 3 were closed for ongoing estates work. Ward 7 closed 25/04/20	Covid
Ward 8	28	28	20.9	17.22	N/A	20.9	17.22	x 1 SN Band 7 x1 Ward Clerk	N/A	Ward 8 (surgery) remains closed since 23/03/20 and remains closed due to poor staffing and bed capacity not required.	Non Covid
Ward 9	14	14	15.21	8.53	N/A	15.21	8.53	x 1 SN Band 7 x1 Ward Clerk	N/A	Head and Neck ward, no change to ward 9 during COVID 19 pandemic.	Non Covid - Head & Neck ward
Ward 12	28	28	20.9	19.9	variable all grades depending on patient numbers and acuity	20.9	19.9	x 1 SN Band 7 x1 Ward Clerk	N/A	No change	Non Covid
Ward 14	28	28	20.9	19.9	variable all grades depending on patient numbers and acuity	20.9	19.9	x 1 SN Band 7 x1 Ward Clerk	N/A	No change	Non Covid
Ward 15	28	28	17.56	14.22	N/A	17.56	14.22	x 1 SN Band 7 x1 Ward Clerk	N/A	Closed on the 25/03/20 due to no staff available as increase in positive testing of staff. Re opened 29/04/20 for patients requiring rehabilitation and patients medically fit for discharge awaiting nursing home transfer.	Non Covid
Ward 19	28	28	20.9	19.9	variable all grades depending on patient numbers and acuity	20.9	19.9	x 1 SN Band 7 x1 Ward Clerk	N/A	No change	Non Covid
Ward 20	28	28	20.9	19.9	N/A	20.9	19.9	x 1 SN Band 7 x1 Ward Clerk	N/A	Closed on the 25/03/20 as no staff available due to increase in positive testing of staff. Remains closed to date.	Non Covid



Princess of Wales

Name of Ward	No. of beds during COVID 19	Estab		Other (*) WTE	Previous establishment			Date of Change	Record the date when the purpose of the ward changed & the rationale	Repurpose of ward (COVID / Non COVID)
		RN WTE	HCSW WTE		RN WTE	HCSW WTE	Other (*) WTE			
Ward 2	37 combined wards	24.83	24.04	4.7 WTE ANP supporting medic/nurses 1x HV to start 27/4	20.07	13.62		April	Ward 4&2 establishment together (Clean Acute medical ward) - however 5.92 WTE RNs and 1 wte non-registered deployed to ITU.	Covid
Ward 4					28.24	13.62	Ward Clerk 1.8			
Ward 5	23	14.83	6.74	5.0 WTE ANP/ CNS deployed to the ward. 3.0 ACP (non nursing) resp physiology deployed to ward.	23.79	13.62		April	Positive COVID resp ward. Non AGP. 8.96 WTE RN from Wards 5 have been deployed to Ward 8. This RN WTE has been backfilled with 8.0 WTE ANP, CNS and ACP workforce.	Covid
Ward 6	24	16.89	11.13	1 HV to start 27/4	22.28	13.62	ward clerk 1.0 relocated			Non-Covid
Ward 7	combined 43	36.65	16.96	1 x HV to start 27/4 to support resp	20.07	13.62	ward clerk 1.0	April	COVID - 7/8 is a 43 bedded high care respiratory unit - CPAP/NIV	Covid
Ward 8					21.07	13.62				
Ward 9	CLOSED			1 x HV to start 27/4	20.07	13.62	Ward clerk redeployed	April	Currently closed and staff deployed to support vacancies and sickness on other wards.	Non-Covid
Ward 11	33	13.74	6.36	2 HV to start 27/4	17.46	11.61	ward clerk 1.0	April	In COVID - clean surgical ward - increasing bed capacity to 33 beds	Non-Covid
Ward 10	CLOSED				20.07	16.34		April	Ring fenced for COVID ITU capacity. Currently closed and staff deployed to support vacancies and sickness on other wards.	Covid
SSU	CLOSED				11.51	3.68		April	Closed during COVID. Staff deployed to support vacancies and sickness on other wards.	Non-Covid
Bridgend Clinic	9	5.7	1.8		8.7	1.8		April	Combined with Ward 11 to provide capacity for clean surgical patients during COVID	Non-Covid
Ward 18	25	17.94	17.41		17.94	17.41	ward clerk 1.0	N/A	Frailly elderly Delirium /dementia	Non-Covid
Ward 19	25	17.34	13.62	1 HV to start 27/4	17.34	13.62	ward clerk 1.0	N/A	Frail elderly	Non-Covid
Ward 20	22	20.07	13.62		20.07	13.62	ward clerk 1.0	N/A	Acute medical admissions	Non-Covid
Ward 21	14	5.93	5.13		7.65	6.05	ward clerk 0.6	N/A	Surge ward originally for winter pressures. Remains open	Non-Covid



Community Hospitals

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Date of Change	Record the date when the purpose of the ward changed & the rationale	Repurpose of ward (COVID / Non COVID)
			RN WTE	HCSW WTE	Other WTE	RN WTE	HCSW WTE	Other WTE			
YCC	1	25	12.71	13.15	3.0 B3	12.71	13.15	3.0 B3	14/04/2020	Designated Covid ward for YCC 14/4/2020	Covid
YCC	2	25	closed	closed		14.71	14.21		22/04/2020	Ward 2 vacated and staff temporarily deployed to Marsh House Community Step Down Unit 22/4/2020 to free up oxygenated beds in YCC. The ward remains temporarily vacant.	Shut
YCC	3	25	14.71	14.21		14.71	14.21		N/A		Non-Covid
YCC	4	25	14.71	14.21		14.71	14.21		N/A		Non-Covid
YCR	A1	27	14.71	14.21		14.71	14.21		14/04/2020	Designated Covid ward for YCR 14/4/2020	Covid
YCR	B2	27	14.71	14.21		14.71	14.21		N/A		Non-Covid
YCR	C3	27	12.71	17.21		12.71	17.21		N/A		Non-Covid
YCR	D4	27	14.71	14.21		14.71	14.21		N/A		Non-Covid
Maesteg	Llynfi Ward	20	12.8	13.7		12.8	13.7		N/A		Non-Covid
Marsh Hse		22	14.71	14.21					22/04/2020	New capacity for Covid-19	Non-Covid

Field Hospital

Site	Name of Ward	No. of beds	Establishment during COVID-19			Previous establishment			Record the date when the purpose of the ward changed & the rationale
			RN WTE	HCSW WTE	Other (*) WTE	RN WTE	HCSW WTE	Other (*) WTE	
Ysbyty'r Seren	Ward 4 and 5	64	16.3	65.38	band 7 - 2.72 and band 8A 1.0	NA	NA	NA	Operational from 4/5/20, initial phased approach 64 beds increase every 2/52. Staffing RN HCSW -as multiples- Other WTE - 0.5 WTE band 7 - per 2 wards. Band 8 remains at 1.0.

Appendix 2

Nursing Staffing Levels (Wales) Act (2016)

All Reasonable Steps

All Reasonable steps

Reasonable steps which should be taken at each of the following levels - national, strategic corporate (Local Health Board/ NHS Trust) and operational – to maintain the nurse staffing levels are considered to be:

National steps

- The sharing and benchmarking of corporate data.
- Leading of regular reviews of workforce and education commissioning requirements.
- Leading national initiatives to aid staff recruitment and retention.

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.
- Robust workforce planning at ward/service level which are reviewed at least annually through IMTP education commissioning processes.
- Workforce policies and procedures which support effective staff management (eg: flexible working for staff).
- Robust organisational risk management framework.
- Effective risk assessment processes and systems are in place and utilised as required.

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 (once bank staff have been considered).
- Temporary use of staff from other areas within the organisation.
- The temporary closure of beds.



- Consideration of changes to the patient pathway (which should be clinically appropriate).
- Effective resource management, utilisation and deployment of staff e.g. appropriate allocation of annual leave and study leave, staff working overtime (within WTE), additional hours or use of hours owed.
- Use of a robust electronic rostering tool and strong governance systems to monitor and review the rosters and ensure effective utilisation of the nursing workforce (e.g. review the staffing roster on a day to day basis, explore with staff member rescheduling annual leave and/or change of shift, postponing staff training/ study leave).
- Ward sister/charge nurse to work within the planned roster.
- Regular review of the acuity of the patients on the ward, including the identification and risk management of patients requiring 'enhanced patient support' in line with local policy and professional judgement.
- "On Boarding". This is the term used when, in very unusual and exceptional circumstances, a patient is required to be placed on the ward and no bed is available. This practice has been extensively discussed within WG and NHS Wales and it is acknowledged that this is not best practice. In the rare event that this is deemed necessary, in line with NHS Wales escalation processes all Health Boards should have in place a clear escalation protocol that includes the circumstances in which this may be considered and the process for implementation. This should also include the requirement that any instance is immediately escalated/reported through the incident management systems within the Organisation and to the Chief Operating Officer and the Executive Nurse Director in hours and out of hours the Executive Director on call to be notified. On the rare occasion that on-boarding occurs this must be time limited and all HB's must have a de-escalation process in place. Should this rare situation occur, at the time of the audit, then the acuity of any such patient should be recorded on HCMS and the escalation / incident reporting situation must be followed.
- Appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk.
- Should this rare situation occur, at the time of the audit, then the acuity of any such patient should be recorded on HCMS and the escalation / incident reporting situation must be followed.