# Nursing Staffing Levels (Wales) Operating Framework and Escalation Policy for Paediatrics in Cwm Taf Morgannwg University Health Board

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**Target Audience:**

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| **People who need to know about this document in detail** | Clinical Site Managers<br>Heads of Nursing<br>Lead Nurses<br>Senior Nurses<br>Ward Sisters/Charge Nurses<br>Registered and Non-registered Nurses |
| **People who need to have a broad understanding of this document** | Executive Board Members<br>Senior Managers on call<br>Directorate Managers |
| **People who need to know that this document exists** | Executive Board Members<br>Senior Managers on call<br>Directorate Managers<br>Clinical Site Managers<br>Heads of Nursing<br>Lead Nurses<br>Senior Nurses<br>Ward Sisters/Charge Nurses<br>Registered and Non-registered Nurses |

**Integrated Impact Assessment:**

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| **Equality Impact Assessment Date & Outcome** | **Date: 1/10/2021** |
| | **Outcome:** |
| **Welsh Language Standard** | Yes - If Standard 82 applies you must ensure a Welsh version of this policy is maintained. |
| **Date of approval by Equality Team:** | (00/00/0000) |
| **Aligns to the following Wellbeing of Future Generation Act Objective** | Provide high quality, evidence based, and accessible care |

| Disclaimer: |
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| If the review date of this document has passed please ensure that the version you are using is the most up to date version either by contacting the author or CTM_Corporate_Governance@wales.nhs.uk |

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Nursing Staffing Levels(Wales) Act Operational Framework and Escalation Plan

## 1.0 PURPOSE

The purpose of this Operating Framework is to support the calculation and maintenance of nursing staffing levels in inpatient Paediatric Wards and the actions that are taken to review, record and escalate where nurse staffing levels are not maintained.

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

- The Health Board's overarching responsibility to provide sufficient nurses in all Inpatient Paediatric Wards
- The calculation of the nurse staffing levels in Inpatient Paediatric wards
- The "All Reasonable Steps" required to be taken to maintain nurse staffing levels; and
- The escalation process where staffing levels are not maintained.

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

## 2.0 POLICY STATEMENT

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

The Nurse Staffing Level (Wales) Act 2016 became law in Wales in March 2016, with the extension to Paediatrics in October 2021. The Act requires health service bodies to make provision for an appropriate nurse staffing level, and to ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. This requirement extends to anywhere where the Health Board is securing the provision of nursing services, including care homes.

The Act consists of 5 sections;

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

### 3.0 SCOPE

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

This Operational framework applies to all Inpatient Paediatric areas, including in particular, all wards where Section 25B of the Nurse Staffing Levels (Wales) Act applies.

This Operational Framework is to support the calculation and maintenance of nursing staffing levels in Inpatient Paediatric wards, and the actions that are taken to review and record every occasion when the number of nurses deployed varies from the planned roster.

The Operational framework will provide guidance to nursing staff and managers to safely manage risk to patient's safety and staff well-being when not able to maintain the nurse staffing level and ensure that this is reported and recorded, monitored and all reasonable steps undertaken.

Section 25B currently applies to Inpatient Paediatric Wards

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

- Acute medical and surgical admission/assessment units;
- High dependency beds;
- Day care units or wards;

### 4.0 AIM

The aim of the Operational framework is to ensure that nursing staffing levels are in line with the requirements of the Nurse Staffing Level (Wales) Act 2016. The aims of this policy will be achieved by:

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

### 5.0 DEFINITION OF TERMS

| **Inpatient Paediatric Ward** | An area where patients receive active treatment for an injury or illness requiring either planned or urgent medical or surgical intervention, provided by – or under the supervision of – a Consultant Physician or Surgeon. |
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Patients on these wards will be aged 1-17 years, however individuals up to their 18th birthdays may receive treatment in an adult inpatient ward on occasions where professional judgement deems it to be more appropriate. This will be based on the clinical needs of the patient whilst also taking into consideration the existing risk assessment protocols, as well as the rights of the child/guardian to take part in the decision.

**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.

**Escorts on-site**

The number of times a nurse and those 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 eg OPD appointment or taking the patient to theatre.

**High Dependency Care / one to one care**

High Dependency Care is the requirement to provide heightened levels of observation and support for inpatients with particular care needs.

There is also a requirement for particular patients who may need one to one care. This can be in relation to care of a patient admitted to the ward with mental health needs or a safeguarding concern

**Nurse**

This means 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). |
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| | The nurse staffing level refers to the planned roster AND the establishment required to meet the planned roster. |
| **Patient acuity** | Acuity can be defined as the measurement of the intensity of nursing care required by a patient. For the purpose of this work we use the term 'acuity' as an umbrella term which encompasses other terms such as dependency, intensity and complexity to describe the amount of care that a patient requires based on their health needs. |
| **Planned roster** | Refers to the skill mix and required number of staff to be on duty at any time in order to provide care and meet all reasonable requirements. The Nurse Staffing levels (Wales) Act statutory guidance states that 'Supernumerary persons such as students and ward sisters/charge nurses/managers should not be included in the planned roster'. |
| | 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 judgement 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 are required to consider quality indictors which are a robust measure of those factors considered to demonstrate the outcomes for patients and staff that are impacted upon by nurse staffing levels. |

Quality indictors reflect patient outcomes that are deemed to be nursing-sensitive.

There are 3 nurse-sensitive indicators that are required to be considered within the Act/statutory guidance:

- Pressure ulcers - the designated person should consider any pressure ulcers a patient has developed and/or shown deterioration whilst receiving inpatient care;
- Medication administration errors - the designated person should consider any error in the preparation, administration or omission of medication by nursing staff;
- Extravasation / infiltration injury – The designated person should consider any Extravasation / infiltration injury a patient has developed and/or shown deterioration whilst receiving inpatient care;

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

**Reasonable requirements**

The patients' nursing needs and their activities of daily living as assessed by the ward nursing team. This means taking into consideration the holistic needs of the patient, including social, psychological, spiritual and physical requirements. The ward manager is responsible for ensuring that these needs are identified, assessed and classified using the Paediatric Welsh Levels of Care descriptors (see below for further information).

**Reasonable steps**

A series of national, strategic and operational steps that need to be undertaken when aiming to maintain the nurse staffing level. In addition there are specific Health Boards steps included in this operating framework.

| **Required establishment** | The total number of staff required to provide sufficient resource to deploy a planned roster that will meet the expected workload to provide care to meet the patients' nursing needs for the area. |
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| | This includes a resource of 26.9% uplift 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. |
| **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:<br>• patient acuity;<br>• professional judgement; and<br>• Quality indicators.<br><br>Data from each of these three sources is taken into account when calculating the nurse staffing level. |
| **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.<br><br>Link – www.heiw.nhs.wales/files/all-wales-nurse-staffing-programme/paediatric-welsh-levels-of-care |

## 6.0 GLOSSARY OF TERMS

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| HDU | High Dependency care |
| HCSW | Health Care Support Worker |
| GPICs | Guidelines for the Provision of Intensive Care Services |
| JAG | Joint Advisory Group |
| IMTP | Integrated Medium Term Plan |
| NICE | National Institute of Clinical Excellence |
| RN | Registered Nurse |
| BCI | Business Continuity Incident |
| TOIL | Time owing in Lieu |
| WTE | Whole Time Equivalent |

## 7.0 LEGISLATIVE AND NHS REQUIREMENTS

### 7.1 Equality Impact Assessment (EIA)

Following assessment (Appendix 2) this policy is not felt to be discriminatory or detrimental in any way with regard to the following equality standards:

Gender; Race; Disability; Age; Sexual Orientation; Religion or Belief; Welsh Language or Human Rights.

### 7.2 Privacy Impact Assessment (PIA)

A privacy impact assessment has been undertaken (appendix 3).

## 8.0 CALCULATING THE NURSE STAFFING LEVEL

### Section 25A

The Act requires health service bodies to make provision for appropriate nurse staffing levels and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients. Section 25A of the Act relates to the Health Boards overarching responsibility which came into effect in April 2017 with extension to Inpatient Paediatric wards in October 2021, requiring Health Boards to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

Calculating the nursing staffing levels will include giving consideration to any national recommendations, standards or best practice recommendations that exists around the service e.g. Defining Staffing levels for Children and Young People's Services, RCN standards for clinical professionals and service managers.

## 8.1 Section 25B & 25C: Inpatient Paediatric wards

Section 25B&C of the Act relates to Inpatient Paediatric wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and take all reasonable steps to maintain nurse staffing levels.

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

- Professional judgement  including:
    o The qualifications, competencies, skills and experience of the nurses providing care to patients.
    o The effect of temporary staff on the nurse staffing level.
    o The effect of a nurse's considerations of a patient's cultural needs.
    o Conditions of a multi-professional team dynamic.
    o The potential impact on nursing care of a ward's physical condition and layout.
    o The turnover of patients receiving care and the overall bed occupancy.
    o Care provided to patients by other staff or health professionals, such as health care support workers.
    o Any requirements set by a regulator to support students and learners
    o The extent to which nurses providing care are required to undertake administrative functions.
    o The complexity of the patients' needs in addition to their medical or surgical nursing needs, such as patients with learning disabilities.
    o Delivering the active offer of providing a service in Welsh without someone having to ask for it.

- Patient acuity - The Senior Sister/Charge Nurse is responsible for ensuring that the social, psychological, spiritual and physical care needs are assessed and classified using the Welsh Levels of Care descriptors. The calculation of the nurse staffing level will meet all these "reasonable requirements" of care.

- Quality indicators – Consider "circumstances where patient well-being is particularly sensitive to care provided by a nurse as part of the triangulated method each time the nurse staffing level is calculated" in accordance with the Nurse Staffing Levels (Wales) Act statutory guidance e.g. medication administration errors, extravasation / infiltration injuries, patient experience and pressure ulcers.

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

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

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

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

The Executive Director of Nursing, Midwifery & Patient Safety (as the "designated person") must be provided with the rationale behind the calculation; must confirm the calculation based on the prioritisation that has been given to the information; and must make a recommendation to the Board regarding the nurse staffing level for each Inpatient Paediatric ward.

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

## 8.2   Nurse Staffing Level - key principles:

Determining the nurse staffing level for a ward is complex and assessing the individual needs of patients is vital when considering decisions about the nurse staffing levels. Nurse staffing levels will be calculated using a triangulated methodology that uses professional judgement to analyse and advise on the planned roster required to deliver quality patient care outcomes for the acuity and numbers of patients that are cared for within that ward.

The requirement of using the triangulated methodology to agree the planned roster for each ward included under Section 25B of the Act individually, is deemed to be a more sensitive methodology to calculating the required establishment for a ward than the use of previous guidance of 'nurse per bed' ratio.

For wards included under Section 25B of the Act, supernumerary persons such as students and ward sisters/managers should not be included in the planned roster.

## 8.3   Informing Patients

The Act requires that patients must be informed of the nurse staffing level for each Inpatient Paediatric ward and must be informed of the date the nurse staffing level was agreed by the Board. This should be easily visible to anyone attending the ward. A 'frequently asked question' leaflet has been developed for parents/carers and also for the Children and Young People. These must be available on the wards where section 25B applies which include information on how patients/family/carers can raise a concern about the nurse staffing level.

## 9.0 MAINTAINING THE NURSE STAFFING LEVEL

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

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

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

### 9.1  Systems and Processes for Reviewing

The Health Board is required to put into place systems that allow them to review and record every occasion when the number of nurses deployed varies from the planned roster.

This will include making a record of the rationale that underpins a decision to appropriately vary the planned roster in response to patient acuity /dependency across the hospital system.

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

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

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

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

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

## 10.0 DUTIES AND RESPONSIBILITIES OF STAFF

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

### 10.1 Strategic duties & responsibilities

### Chief Executive Officer of the Health Board

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

### Executive Board

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

Specific members of the Board - the Directors of Nursing, Workforce & Organisational Development, Finance and Operations - are required to provide evidence and professional opinion to the Board to assist with its decision making in relation to maintaining the nurse staffing level in Paediatric Inpatient Wards.

The Board are required to:

- Designate a person (or a description of a person) to be responsible for calculating the nurse staffing level in settings where Section 25B of the Act applies.
- Determine which ward areas meet the definitions of the Paediatric inpatient wards.
- Receive and agree written reports from the "designated person" on the nurse staffing level for each Inpatient Paediatric ward at a public board on an annual basis and at any other time when the "designated person" deems this to be required.
- Ensure that systems are place to record and review every occasion when the number of nurses deployed varies from the planned roster.
- Agree the operating framework which will:
  - o Ensure there are systems and processes in place and specify the decisions in relation to maintaining nurse staffing levels.
  - o Specify the actions to be taken, and by whom, to ensure that all "reasonable steps" are taken to maintain the Nurse Staffing Level on both a long term and a shift by shift basis.
  - o Specify the arrangements for informing patients of the nurse staffing level on each ward along with the date this was agreed by the Board. The information should be set out in an easily accessible format and must comply with requirements under the Welsh Language standards

**The Executive Director of Nursing**

The Executive Director for Nursing of Nursing, Midwifery & Patient Safety will

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

In addition the Executive Director of Nursing for nursing, Midwifery & Patient Safety will:

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

**Director of Workforce and OD**

The Director of Workforce and OD is required to ensure:

- An effective system of workforce planning, based on the Welsh Planning System, is in place in order to deliver a continuous supply of the required numbers of staff.
- Systems in place to ensure active and timely staff recruitment (at both a local, regional national and international level).
- Effective staff well-being and retention strategies in place that take account of the NHS Wales Staff Survey.
- That, working in collaboration with the Executive Director of Nursing of Nursing, Midwifery & Patient Safety, there is a strategic recruitment plan in place for nurse staffing across the acute sector.
- Robust process in place for the management of recruitment into nurse staffing vacancies that is in line with agreed vacancy management plan for the area.
- Ensure strategic requirements of the Act are 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.

**Director of Operations:**

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

- The use of appropriately skilled, temporary (bank or agency) nursing;
- The temporary redeployment of staff between areas.
- The temporary closure of beds.
- There may need to be consideration of changes to the usual patient pathway to maintain nurse staffing levels where required. These processes should 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 funding of the agreed nurse staffing level is from the Health Board's revenue allocation and that it takes into account the actual salary points of staff employed on the wards where section 25B applies.

**Assistant Director of Nursing & People's Experience**

The Assistant Director of Nursing with responsibility for workforce will:

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

## 10.2 Acute Services Operational Teams (Site/Directorate)

### ILG Nurse Directors

- Provide professional guidance to Heads of Nursing in relation to the professional judgement to be applied to the data/criteria which must be used to inform the calculation of the Nurse Staffing Levels for wards included under Section 25B of the Act.
- Contribute to the 6 monthly, detailed discussions that are required when calculating the nursing staff levels for the wards where Section 25B applies and initiate /recommend a review when there is a change in service/use of any clinical ward /area which is likely to change the nurse staffing levels.
- Contribute to the processes to be implemented for calculating the nursing staff levels for the situations where 25A applies.
- Be responsible for monitoring and providing assurance that the professional standards in relation to the nurse staffing level at operational level are being

maintained; and that the agreed systems and processes are being applied across all acute hospital sites.

- Be responsible for ensuring that the systems in place to review and record the occasions when the number of nurses deployed varies from the planned roster, are fully complied with at all times across all sites.
- Ensure that effective risk assessment processes and systems are in place and utilised as required.

## Head of Nursing

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

## Clinical Service Group Managers

- Ensure own knowledge of this policy, the Act and the statutory guidance.
- Ensure systems are in place within Directorates/services to ensure that the nurse staffing level is calculated as per the requirements of the statutory guidance for the situations where Section 25B of the Act applies and annual for all other areas, including budget setting.
- Ensure systems are in place within Directorates/services to ensure that the nurse staffing level is calculated as per HB policy for the situations where Section 25A of the Act applies.

- Ensure that this policy, the Act and statutory guidance are applied to hospital site management decision making both in and out of hours.
- Ensure that systems are in place to enable any required multi-disciplinary team learning from individual as well as collated nurse-staffing related Datix reports within the service, ensuring trends identified and acted upon.
- Ensure that service planning (e.g. those within IMTP) takes account of the requirements set out in the Nurse Staffing Levels (Wales) Act. Ensure efficient and effective vacancy approval processes are in place within the Directorate/service to minimise delays within recruitment processes and escalate any delays that are outside the control of the operational team.

**Senior Nurses**

- Contribute to calculating the nursing staff levels for the situations where 25B applies every six months at minimum, and when there is a change in service/use which is likely to change the nurse staffing levels and on an annual basis for all other areas.
- Contribute to calculating the nursing staff levels for the situations where 25A applies
- Support teams within their service area to undertake the bi-annual acuity audits (or more frequently if required) and be responsible for validating and confirming the acuity data collected.
- Ensure effective and efficient use of nurse staffing resources to support safe, effective and fair advance planning by signing off the planner roster.
- In accordance with paragraph 14 of the statutory guidance the Designated person appraised along with the Senior Sister/Charge Nurse, should continuously assess the clinical environment and keep the Head of Nursing formally appraised of the situation. This is in the adult CTMUHB guidance. Can take out and place – Senior Nurse / Ward Managers / "Designated person" in the Health Board to inform the Head of Nursing of any changes in the clinical environment which have an impact on the staffing level requirements.
- Proactively manage daily workforce planning across areas of responsibility to ensure staff are distributed according to clinical need.
- Ensure risk assessment is complete.
- Ensure that all "reasonable steps" are undertaken to maintain the nurse staffing level and escalate any concerns.
- Escalate to relevant professional Heads of Nursing areas of concern or inability to fill shifts.
- Ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident.
- Review, record and report every occasion when the number of nurses deployed varies from the planned roster, and ensure the mitigating actions are sufficient to maintain a safe service to both service users and staff.
- Review all Datix reports and undertake final grading of all investigations and identify any trends or issues that arise and that these are actioned.
- Ensure that the vacancy process is undertaken in a timely manner.
- Ensure that the "Temporary use of staff from other areas within the organisation Log" (Appendix 1) is complete in the event of staffing being moved from other areas within the organisation.

- Appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk.
- Regular review of the acuity of the patients on the ward, including the identification and risk management of patients.

**Sister/Charge Nurse**

- Undertake the daily acuity audits.
- Actively involved in review of the bi-annual acuity audits (or more frequently if required) within their area, and is responsible for validating and confirming the accuracy and completeness of the acuity data collected.
- Responsible for assessing the holistic needs of the patients and for classifying these under the Paediatric Welsh Levels of Care descriptors as part of the evidence based workforce planning tool process.
- Make available their opinions about the nurse staffing levels to the Head of Nursing/Senior Nurses when nurse staffing level for their ward is being calculated.
- Maintain the system for informing patients of the nurse staffing levels.
- Has 24hr responsibility for the standards of care on the ward; this includes responsibility for ensuring human resources are planned effectively and efficiently.
- Ensures effective roster management in line with the rostering policy.
- 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);
- 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;
- 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;
- In accordance with paragraph 14 of the statutory guidance the Senior Sister/Charge Nurse should continuously assess the clinical environment and keep the Senior Nurse/Head of Nursing formally appraised of the situation.
- Ensure that all "reasonable steps" are undertaken to maintain the nurse staffing level and escalate any concerns.
- Should ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident
- Review, record and report every occasion when the number of nurses deployed varies from the planned roster.
- Appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk

**Nurse in Charge of Shift**

- Ensure own knowledge of this policy, the Act and the statutory guidance.
- Assess the holistic needs of the patients and classifying these under the Welsh

Levels of Care descriptors as part of the evidence based workforce planning tool process.

- Ensure that all "reasonable steps" are undertaken to maintain the nurse staffing level and escalate any concerns.
- Appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk
- Ensure that on occasions when the nurse staffing level is not maintained that these occasions are reported as a Datix incident

## Individual Registrant Responsibility

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

## Clinical Site Manager/Bed Manager

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

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

## Senior Manager on-call

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

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

**Executive on-call**

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

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

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

## 11.0 ESCALATION PROCEDURE

### Escalation procedures for maintaining nurse staffing levels:

This escalation process reflects a risk assessment approach aimed at supporting staff who have a responsibility for maintaining nurse staffing levels. The procedures outlined in the Escalation Procedure (Appendix 1) are aimed at providing consistency with identified triggers and responsibilities, which staff may need to interpret and apply as circumstances determine.

The nurse in charge of the shift who is usually the most senior children's nurse working within the clinical area is responsible for measuring the activity and communicating any concerns regarding staffing levels to the appropriate personnel. In addition, an inpatient daily status activity report is available on the intranet site which helps identify cross site workload on a daily basis.

**Insufficient Nursing Staff**

Duty rotas must be prepared ensuring adequate staffing levels and skill mix up to 8 weeks in advance. The duty rotas must be agreed by the Ward Manager who will be aware in advance of the shortfalls in staffing and take appropriate action. Duty rotas must not be changed once approved without the knowledge of the Senior Nurse/Ward Manager as per CTM Nurse Rostering policy (Ref WOD 19).

The Ward Manager must address short notice shortfalls e.g. due to sickness, through redistribution of the remaining staff. If this cannot be achieved, the Senior Nurse must be approached to consider bank/overtime.

The staff required for each shift must be risk assessed according to patient acuity and if the situation cannot be resolved the escalation process needs to be followed

**In hours - Between the hours of 9-5 Monday to Friday.**

The ward manager/nurse in charge will review workload and patient acuity using the welsh levels of care and if extra staff are required the nurse in charge will –

- Review of all skill mix.
- Review the off duty rota and consider changing staff rota with the individual staff members consent, offering overtime hours wherever possible.
- Contact other areas for staff availability, e.g. Children's outpatient department, other Children's wards/departments in the Health Board, Children's Community team, Neonatal Unit.
- Inform the Senior Nurse/Lead Nurse/Head of Nursing for CYP
- Use of bank/overtime approval from a senior manager.
- Inform the Consultant on call.
- The Nurse in Charge will liaise with each of the Children's Inpatient Units across CTMUHB to assess the bed occupancy and staff availability and will advise of the current position in their Unit.
- It is the responsibility of the Nurse in Charge, and Service Consultant on call to liaise with ED, advising of the increased activity and bed status.
- The Medical Team will be responsible for reviewing all inpatients on the unit to decide the most appropriate plan of care – i.e. discharge home where possible, cancellation of elective procedures or transfer to other units within the Health Board.

**Out of Hours**

The nurse in charge will review workload and patient acuity using the Welsh levels of care and if extra staff are required the nurse in charge will –

- Review of all skill mix.
- Review the off duty rota and consider changing staff rota with the individual staff members consent, offering overtime hours wherever possible.
- Liaise with other areas for staff availability, e.g.  other Children's wards/departments in the Health Board, Community team.
- Contact the site / bed manager to inform of the situation.

- Use of bank/overtime approval from a senior manager.
- Where there are staff shortages inform the Consultant on call, who must inform the Senior Manager/Executive on call.
- The Nurse in Charge will liaise with each of the Children's Inpatient Units across CTMUHB to assess the bed occupancy and staff availability and will advise of the current position in their Unit.
- It is the responsibility of the Nurse in Charge, and Service Consultant on call to liaise with ED, advising of the increased activity and bed status.
- The Medical Team will be responsible for reviewing all inpatients on the unit to decide the most appropriate plan of care – i.e. discharge home where possible, cancellation of elective procedures or transfer to other units within the Health Board.

**Red Alert status** represents an extreme situation where further activity could result in increased clinical risk leading to an unsafe Inpatient Paediatric Service.

Consideration should be made within each hospital for registered nurses from other departments (adult registered nurses/band 2 HCSW) to assist under direct supervision by a registered paediatric nurse. This would be completed on an appropriate case by case basis and risk assessment.

- It is at this stage closure of the ward will be considered if all other actions have failed to improve the capacity. The decision to greatly restrict or close the service must be made following discussion with the Senior Nurse, the service consultant on call, the Clinical Director, and Head of Nursing in working hours. The Clinical Director / Head of Nursing will notify the executive on call.

Out of normal working hours the Nurse in charge will inform the Site/Bed manager, who will liaise closely with the Service Consultant on call and Nurse in Charge of the ward. Following discussions with the on call Service Consultant, the Site/Bed Manager will notify the Manager/Executive on call of the agreed plan.

It is the responsibility of the Consultant Paediatrician to co-ordinate the procedure for closure of the Inpatient Unit for Children & Young People and to divert all potential admissions to the nearest inpatient children's facility. This will entail patients being assessed and if requiring admission, being transferred to nearest inpatient facility. At the same time GP referrals might need to be redirected after discussion with primary care and surrounding paediatric inpatient facilities to the nearest hospital being in a position to accept referrals.

If Children/Young People who are in-patients are to be transferred to another hospital the Nurse in Charge in consultation with medical staff, must make the required decision taking into account the distance to the receiving hospital and the **clinical risk posed**. It is the responsibility of the Nurse in Charge and consultant on call to make the following contacts:

- Inform ED of bed capacity and reduction of patients.
- Neighbouring Paediatric Units will be informed of the situation and it might also be necessary to contact units further afield who will be willing to accept Children/Young People.
- All transfers from other Units outside CTM should be refused.
- In the event of transferring a Child/Young Person to another Unit, a record of transfers should be maintained. If transferring a Child/Young Person in an

ambulance to another unit a registered Children's Nurse will accompany them if appropriate following a risk assessment.

- Whilst the Paediatric Wards are closed for admission all paediatric patients attending the Emergency Department that require admission will be reviewed by the On call Paediatric team and decision made to transfer to another Paediatric Unit in CTMUHB may need to be made.
- It is the responsibility of the Nurse in Charge to continue to measure the occupancy and dependency of the unit and as the situation improves in collaboration with the on call Consultant to decide when to step down to amber alert. Communicating the change in status must again be alerted to all key personnel.
- A record of the actions, time of escalating and stepping down must be documented in the escalation record sheet outlined in appendix 2. This must also be submitted to the Senior Nurse.
- An incident form must be completed. Escalation documentation must be added to the Datix report and sent to the Senior Nurse.

Risk Scoring



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

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**Table 1 Consequences**

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

**Table 2 Likelihood Probability Descriptors**

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

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

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

Once the risk score has been determined staff should refer to the Escalation Alert Level (Table 4) and follow the Nurse Staffing Escalation Plan (Appendix 1 below).

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

## 12.0    TRAINING

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

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

## 13.0    MONITORING, REPORTING AND AUDITING

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

A full review of this policy will be undertaken every two years or sooner if there are changes to guidance or legislation. On-going monitoring and auditing of this policy will be undertaken by Corporate Nursing who receive regular reports on compliance with the Act.

## 14.0   NON CONFORMANCE

All staff are required to comply with this Policy and where requested demonstrate such compliance. Failure to comply will be dealt with under the appropriate Workforce Policy.

## 15.0   RETENTION / ARCHIVING

Requests for information under the Act will be retained and archived in line with National Records Management Guidance. This Policy will be subject to version control and archived as required by local policy.

# 16.0   REFERENCES

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


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


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


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


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

Appendix 1



# 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**
- Increase the monitoring of twice daily bed capacity and staffing levels across the Directorate to every 4 hours. If there is a shortfall in either bed capacity or lack of safe staffing levels commence the escalation procedure.
- The nurse in charge will liaise with each of the Children's inpatient units across the Health Board to assess the bed occupancy and staff availability and will advise of the current position in their unit.
- 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 completing overtime 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.
- A risk assessment of re-deployed staff will be undertaken to maximise skill mix to caseload demands. It is acknowledged on rare occasions staff will be requested to work across the whole of CYP within the Health Board.
- 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.

## Appendix 2 – Nurse Staffing Escalation Procedure for Staffing Shortfalls

| NURSE STAFFING ESCALATION PLAN | | | | |
|---|---|---|---|---|
| **GREEN STATUS** | **YELLOW STATUS** | **AMBER STATUS** | **RED STATUS** | **BLACK STATUS** |
| No reported concern or compromise to patient care or safety due to the available staffing in an area | Reported concern over the Nurse Staffing Level however there is no predicted risk to patient care or safety | Reported concern over the Nurse Staffing Level with risk of patient care being compromised impacting on the patients required care interventions (medication, observation, input or output), progress or outcomes | Reported concern over the Nurse Staffing Level with a significant risk of patient care or safety being compromised | |
| **TRIGGERS** | **TRIGGERS** | **TRIGGERS** | **TRIGGERS** | **TRIGGERS** |
| Able to maintain the agreed staffing levels | • Deficits caused by unplanned absence<br><br>• Redeployment or temporary staff utilisation unavailable<br><br>• Increased activity/dependency e.g. High Dependency Patient, 1:1 CAMHS patient.<br><br>• One shift in 24 hours not staffed to agreed level but to a level that meets the current service demand | • Multiple shifts not staffed to agreed level but to a level that meets the current service demand (Occupancy, Dependency, Activity and Complexity)<br><br>• Shortfall of 25% RN time available for requirement of shift **and** skill | • Significant or ongoing shifts not staffed to the agreed level<br><br>• Compromised ability to meet current inpatients occupancy rate, dependencies, acuity or complexity<br><br>• A deficit of 2 Paediatric RNs present on a ward | Significant deficits of less than 2 Paediatric RNs on multiple wards during any shift to agreed staffing template which may be short notice or persistent (Risk assessment matrix score 25)<br><br>or<br><br>Declaration of Business Continuity Incident (BCI) |

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| | | | | |
|---|---|---|---|---|
| | (occupancy, dependency, activity and complexity)<br><br>• Paediatric RN numbers available however skill mix is not met<br><br>• Nurse Staffing Level maintained but the qualifications, competency, skills and experience of the nurses providing care is insufficient | mix is not met | during any shift<br><br>• Inability to de-escalate from high risk (amber) after 24 hrs | |

| ACTION | ACTION | ACTION | ACTION | ACTION |
|---|---|---|---|---|
| No action required<br><br>All areas safely staffed and operational<br><br>Continue to monitor | **IN HOURS**<br><br>Consider:<br>• Professional judgement of staffing needs<br>• Realign rotas including skill mix<br>• Divert internal resources to areas of greatest risk.<br>• Consider utilisation of part time staff<br>• Report exact shortage to Senior Nurse<br>• Contact Nurse Bank Office / offer overtime shifts<br>• Report shortage and contingency plan at Site/Bed meeting and to the CYP leads<br>• Report on DATIX including risk assessment and mitigating actions | **IN HOURS**<br><br>Consider:<br>• Escalate to Senior Nurse<br>• Check **Yellow** action plan and risks identified completed<br>• Senior Nurse review staffing across service area<br>• Ask other Paediatric sites to review rotas and workload<br>• Consider deployment of specialist nurses which will need Directorate approval<br>• Consider additional hours, overtime and agency authorisation<br>• Consider cancelling of Management time and study leave.<br>• Report shortage and contingency plan at Site meeting and to CYP leads<br>• Update DATIX including risk assessment and feedback outcome of escalation to Ward<br>• **Escalate to Lead/Head of Nursing if inadequate staffing levels still exist** | **IN HOURS**<br><br>Check **Amber** action plan and risks identified completed<br><br>**ESCALATION and REVIEW meeting with:**<br>• **ILG Director of Nursing**<br>• **Lead/Head of Nursing**<br>• **CSG Director/ Director of Operations**<br><br>**Senior Team considers:**<br>• Temporary partial bed closure<br>• Cancellation of non urgent electives<br>• Cancellation of Outpatient activity<br>• Cross organisation response and support<br>• Divert options<br>• Update DATIX and feedback outcome to Senior Nurse/ Site manager<br>• Urgent implementation of plan to de-escalate staffing concerns and avoid need to declare a BCI<br>• ASSESS and ADVISE timeframe for recovery/ de-escalation | **N HOURS**<br><br>• ILG Nurse Director to escalate to the Executive Director of Nursing with Chief Operating Officer involvement in decision regarding:<br><br>• Declaration of Business Continuity Incident (BCI)<br>• Initiate (BCI) Plans |
| | **IN HOURS** | **IN HOURS** | **IN HOURS** | **N HOURS** |

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| | | | | |
|---|---|---|---|---|
| | **Out of hours**<br><br>• Escalate to Clinical Site Manager | **Out of hours**<br><br>• Escalate to Clinical Site Manager/Bed Manager<br><br>• If unresolved Site Manager refers to Senior Manager On Call | **Out of hours**<br><br>• Escalate to Senior Manager On Call (SMOC)<br>• SMOC to escalate to to Executive On call | **Out of hours**<br><br>• Senior Manager On Call (SMOC) escalates to Executive On call for decision re BCI<br>• Declare Business Continuity Incident (BCI)<br>• Initiate (BCI) Plans |

Nursing Staffing Levels(Wales) Act Operational Framework and Escalation Plan

# Appendix 3 – Nurse Staffing Escalation Document

## CLOSURE OF PAEDIATRIC UNIT

**Please indicate which inpatient wards POWH/PCH/RGH)**

Date of Closure                                                           …………………………………

Time of Closure                                                           …………………………………

1.   Reason for Closure – delete as appropriate

     Insufficient medical/nursing staff                      …………………………………

     Inappropriate skill mix                                       …………………………………

     No beds                                                            …………………………………

     Infection – as directed by Microbiologist            …………………………………

     Major Incident/power failure                            …………………………………

**Personnel notified of closure**

     **Date:** …………………..            **Time:** …................................

Nurse in Charge                         ………………………………….

Senior Nurse                                                      …………………………………….

Consultant Paediatrician                                     …………………………………….

Lead Nurse  ………………………………

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Head of Nursing ......................................

Ambulance Control ......................................

Clinical Director ......................................

Bed Manager / ED ......................................

On-call Manager ......................................

Receiving Units asked to record names of ......................................
Children directed to them

Form completed by
Name and designation ...............................................................................

**Form to be retained within the department and sent with IR1 form added to Datix**

|