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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 May 2020	Agenda Item	2.6
Report Title	COVID19-Disruption to the Nurse Staffing Levels (Wales) Act 2016		
Report Author	Helen Griffiths, Corporate Head of Nursing Elizabeth Williams, Corporate Matron Cathy Dowling, Deputy Director of Nursing & patient Experience		
Report Sponsor	Cathy Dowling, Deputy Director of Nursing & Patient Experience (Chair of Health Boards Nurse Staffing Act Steering Group).		
Presented by	Gareth Howells, Executive Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	The purpose of this paper is to provide the Board with actions taken to ensure appropriate staffing levels during the COVID-19 pandemic.		
Key Issues	<p>This paper sets out a summary of the Welsh Government position associated with the Nurse Staffing Levels (Wales) Act 2016 under these exceptional circumstances of COVID-19. (March 24th 2020).</p> <p>The paper outlines the Health Boards assessment and recommended approach to ensure we continue to satisfy the statutory legislative requirements of the Nurse Staffing Act. To assist this process, a 'Once for Wales approach' has been agreed, between Health Boards/Trust in Wales.</p> <p>The paper also provides assurances on the approach, mechanisms, monitoring and management of risks of Nurse Staffing during the COVID-19 pandemic emergency outbreak.</p> <p>This paper also provides an overview on the next steps planned to maintain the legislative requirements.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
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	Approval		
	<input type="checkbox"/>		

Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE that Health Boards/Trusts are working collaboratively in following a 'Once for Wales approach' • NOTE the Welsh Government position and expectations. • NOTE the agreement to delay the required Bi-annual report to board for May 2020. • NOTE the approach the Health Board is taking to maintain assurance and risk manage in compliance with the Act through COVID-19. • NOTE the updates and actions undertaken to provide assurance around reasonable steps. • NOTE the next steps planned to maintain the legislative requirements.
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NURSE STAFFING LEVELS (WALES) ACT 2016

1. SITUATION

The purpose of this paper is to provide the Board with actions taken to ensure appropriate staffing levels during the COVID-19 pandemic.

To assist this process a 'Once for Wales approach' has been agreed, between Health Boards/Trust in Wales. Templates have been devised to enable the various organisations to evidence the approach taken to determine the staffing levels that are required on their adult inpatient wards where the required staffing level has been affected during the COVID-19 pandemic.

Due to the unprecedented nature of the COVID-19 pandemic there has been a need to review the models of nursing care across Swansea Bay University Health Board (SBUHB).

This paper provides information in relation to nurse staffing on the following clinical services:

- Adult medical and surgical inpatients wards (i.e. Section 25B wards)
- COVID-19 inpatient wards
- Critical care
- Community Services/ District Nursing
- Health Visiting
- Prisons
- Paediatric services
- Mental Health & Learning Disability services
- Maternity Services
- Nurse Bank
- Newly established field hospitals.

2. BACKGROUND

Staff and services are under significant and unprecedented pressure, as COVID-19 has become an established and significant pandemic across the UK, including NHS Wales'. Welsh Government is fully aware that any sense of "*business-as-usual*" is becoming increasingly untenable. 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.

The Chief Nursing Officer issued a Welsh Government letter on the 24th March 2020 (Appendix 1) to Health Boards/Trust about how the business as usual processes of

the Nurse Staffing Levels (Wales) Act 2016 and associated work-streams are affected.

The letter specifically considers the effects of the COVID-19 pressures in relation to:

One ongoing work to extend the Act's second duty to paediatric inpatient wards;
Two compliance with and reporting against the existing duties under the Act.
The letter offered Health Boards/Trust the flexibility to decide when to undertake the bi-annual calculations of nurse staffing levels on adult medical and surgical wards and whether to present their bi-annual report to Board as planned in May 2020.

Whilst this flexibility will undoubtedly be welcomed, organisations are advised to work together and agree the actions that they will take to ensure that they continue to adhere to the 'Once for Wales approach' as it is through this unity that Health Boards/Trust will have strength and provide greater assurance.

This paper sets out a summary of the Welsh Government's position under these exceptional circumstances and following the letter, the Health Boards proposed actions to provide assurances on the approach, mechanisms, monitoring and outcomes of Nurse Staffing during the COVID-19 pandemic emergency outbreak.

November 2019 Board agreed the proposed uplifts to the Acute Medical & Surgical wards under section 25B of the ACT, following the triangulation process. This was approved and signed off by the Director of Finance, Director of Workforce and Organisational development and Director of Nursing Wards were then working to the agreed establishments, which were formally re-aligned in April 2020.

The January 2020 acuity audit had been undertaken across the health board.

The information below outlines the implications of the Chief Nursing Officers letter dated 24th March 2020;

Date	Position	Status
31 st January 2020	January acuity audit was undertaken	Complete.
11 th March 2020	WHO declared COVID-19 Pandemic	Ongoing.
24 th March 2020	Chief Nursing Officer (CNO) letter	Actioned.
24 th March 2020	Extending second duty to Paediatrics	WG rescheduled. Postponed until Nov 2020.
25 th March 2020	Scrutiny panels	Suspended.
31 st March 2020	May Bi-annual Nurse Staffing Act board paper	Suspended.

3. ASSESSMENT ('ONCE FOR WALES APPROACH')

Whilst national work is underway to support Health Boards/Trusts in determining the staffing levels required to support all areas within their organisation during the pandemic, the Nurse Directors have agreed to follow the 'Once for Wales approach' when calculating and reporting the staffing levels within their organisation. This approach takes into account the significant challenges associated with ensuring appropriate staffing levels during a period where capacity needs to be increased, the workforce is under considerable pressure and resources are limited. 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.

To provide guidance and ensure consistency in accordance with the 'Once for Wales approach' summary templates have been prepared to support Health Boards/Trusts in calculating and reporting their staffing levels:

POSITION STATEMENTS IN RELATION TO CALCULATING THE NURSE STAFFING LEVEL

➤ Adult Inpatient Wards & COVID-19 Wards

The attached all Wales templates (Appendix 2) provides a summary of the staffing levels that have been calculated for each adult inpatient ward prior to and during the COVID-19 pandemic, to ensure that they provide the level of care required for the patients within that area. The templates outlines the wards that remain under section 25B of the Act, wards that have been repurposed and the rationale. It is to be noted that this is an extremely dynamic situation which is constantly changing, in relation to being repurposed and also capacity and demand. Wards/ departments have been closed to enable the creation of dedicated COVID-19 positive wards/ critical care beds and high respiratory beds on other acute medical and surgical wards to enable the Registered Nurses and non-registered nursing workforce to be temporarily re-deployed, in line with the Health Boards deployment policy. Off ward, nurses have also been supporting the clinical areas.

The requirement for additional capacity and elevated levels of absenteeism will also have an impact on the ability to maintain the Registered Nursing workforce. Allied Health Professionals have also supported the clinical areas, as well as Student Nurses and Medical Students in repurposed roles.

New models of care have also been considered with the involvement of Multidisciplinary teams/Allied Health Professionals and a wider range of support workers.

There has also been significant work undertaken in relation to other specialist clinical areas which is detailed below;

➤ **Critical Care**

General intensive care in Morriston Hospital usually sits within one department and can host up to 28 patients of mixed level 2 and 3 patients requiring life-supporting treatment under normal circumstances. In the past 8 weeks, the critical care footprint has expanded by repurposing theatres/ recovery areas and cardiac ITU to host COVID-19 and non COVID-19 (General ITU) patients.

In order to support this surge the ITU multi- disciplinary teams have:

- Trained in excess of 140 clinical nursing and Allied Health Professional (AHP) staff from other departments and sites to deliver basic critical care nursing and treatments at the bedside and deployed them to critical care settings across the site.
- Completed donning and doffing training to over 500 medical and nursing staff, as well as FIT testing.
- Worked with pharmacy and logistics to repurpose local estates to accommodate supplies and safe storage of essential medications.
- Sourced additional life supporting equipment.
- Sought alternative arrangements to support patients spiritually and emotionally at end of life in the absence of their families.
- Managed and administrated a staffing roster of over 300 staff (uplift of 100% of normal).
- Relocated the back office functions of the department as ITU areas were unfit for purpose and non-concordant with social distancing.
- Closed 5 beds in East unit due to air conditioning failure.
- Revised staffing on call roster to support consistent medical staffing cover 24/7.
- Creation of new teams (e.g. Proning team-who's primary role is to turn/reposition patients and airway team- who support the care team in patient airway management)

The Health Board has delivered a revised disparate model of critical care with elevated acuity, new procedures within complex environments where communication is challenging due to the wearing of full PPE. In addition to this, 50% of the workforce have been off with COVID-19 symptoms.

The Health Board currently has 26 COVID-19 beds available within the General ITU. Cardiac ITU is hosting non COVID-19 patients and had accommodated up to 12 patients at any one time. Discussions are underway to consider how both COVID-19 and Non COVID-19 patients can be managed over the longer term.

The critical care nursing model for COVID-19 pandemic is based on the guidance: [Coronavirus: principle for increasing the nursing workforce in response to exceptional increased demand in Adult Critical Care](#)).

➤ **Community Services**

All Community nursing and hospital services have been reviewed in line with the predicted demands of COVID-19 and some services are now being managed in a different way which will allow flexibility within the services to manage increased patient demand and reduced nurse staffing levels.

Some of the changes have included the following;

- All School Nursing core work has been closed down in line with school closures. Staff have been redeployed (CTU or OH).
- All Looked After Children (LAC) statutory work continues remotely.
- The Health access team have stopped face-to-face contact, undertaking essential doorstep visits only, continue to accept new referrals and managing any safeguarding issues.
- Long Term Care (LTC) Services are prioritising and supporting hospital discharges. Funded Nursing Care (FNC & CHC) assessments are undertaken.
- LTC Team are jointly supporting Local Authority Care homes to ensure homes that are causing concern have adequate support & advice. Staff have undertaken additional training to support the care. The effects of COVID-19 continues to have a devastating effect on care homes. Swansea and NPT District Nursing Service have rationalised their workload, whilst adhering to social distancing wherever possible. Increased use of Microsoft Teams/Skype working from home wherever appropriate. Amalgamation of the Swansea & NPT district nursing night service.
- Acute Care Team (ACT) NPT initially supported Public Health Wales with testing and then became part of the GP COVID-19 Hub receiving and assessing referrals. There is further role modelling within the team to aid with essential duties. The ACT team have also received upskilling in preparation of the Field Hospital deployment. Referrals of acutely unwell patients within the community, and referrals from acute settings remain with an increase daily. ACT Swansea are supporting the staffing of Gorseinon hospital. Heart Failure Service clinic appointments have been cancelled up to the end of the year. The team have been redeployed to work in other areas e.g. Gorseinon Hospital Outpatients, satellite hub.
- Sexual Health Services have been rationalised and relocated where appropriate. Staff have been redeployed to appropriate areas within the health board. Allied Health professional roles reviewed, and where appropriate have supported other teams both in the community and hospital environment.

➤ **Health Visiting**

- Face to face contacts have been reduced whilst maintaining contacts with all families.
- Upskilling staff in immunisation techniques and working remotely.

➤ **Swansea Prison Service**

- Nursing teams have reviewed their working practice and received relevant training where required.

➤ **Gorseinon Hospital**

- Additional beds opened. Nursing staff from outpatients and day units have been redeployed to the ward area. One band 7 nurse has been redeployed on a temporary basis to facilitate and improve senior cover.

➤ **Paediatrics**

- COVID-19 has had an impact on a reduction in demand for the service. The Paediatric Assessment Unit (PAU) was closed, the service moved to the emergency department. This led to one point of entry for all children to reduce bringing children into hospital and exposure to COVID-19. Ward M moved into PAU in April to be repurposed to support surgery and surgical HDU. As from 18th May the ward has reverted back to its original specialty.

Neonatal

- There have been no change to Neonatal services during and in response to COVID-19. The unit has consistently maintained its services.

➤ **Mental Health Services & Learning Disability Services**

- There have been no fundamental changes in any of Mental Health & Learning Disability areas & no breaches to staffing levels particularly in inpatient areas. Some business has been suspended (albeit not much), and re-design of community activities to comply with the government-imposed restrictions. To manage resources community staff have been redeployed to help with gaps that were created in inpatient areas due to staff absence. The services are now moving back as people are returning.

➤ **Maternity Services**

There have been approximately 10% of midwives, either off with the virus or shielding at any one time, as a result the following measures have been undertaken;

- Implementation of a midwifery helpline 9 to 5 Monday to Friday – offers early access to a midwife for women who have just found out they are pregnant and helpline advice for any woman during pregnancy.
- Virtual initial booking interviews at the beginning of pregnancy (before 10 completed weeks – WG performance indicator).
- Reduction in the number of routine antenatal contacts in the community.
- Reduction in number of postnatal visits and virtual discharge from midwifery services.
- No parent education.
- Specialist midwives rostered to cover the obstetric unit or birth centre.

- Midwives and nursery nurses from 'flying start' - local authority funding working to cover clinically rather than providing some of the additional support given to families (only if appropriate and on risk assessment).
- Management team working at weekends to provide additional operational support.

➤ **Nursing Workforce via the Nurse Bank**

- The Nursing teams have worked closely with Nurse Bank to support the bank recruitment initiative.
- This work has yielded over 206 Health Care Support Workers.
- Since March, the corporate induction programme has supported the induction of bank staff. The Nurse Bank has also extended its working hours and covering a 7 day a week service.

➤ **Field Hospitals**

- The Health Board has established two Field Hospitals to support the response to COVID-19. Each will have a unique clinical model and will need to be staffed appropriately. The numbers required to staff these hospitals is significant and will represent a challenge to the Health Board. The two hospitals will provide different levels of care as outlined below:

➤ **Llandarcy Field Hospital**

- This Field Hospital will have operational capability for up to 323 beds, which will become available as additional capacity with Welsh levels of care level 3.
- Patients will be selected who are recovering from COVID-19 but either need to improve physically or need on going medical interventions before going home. It is envisaged that this capacity will be accessed on a phased basis in line with demand.

Llandarcy Field Hospital has four main bedded areas as follows:

- Triage area -8 beds
- Afan ward -Level 3 – 58 beds
- Dulais ward -Level 2 –239 beds
- Tawe ward -Palliative – 18 beds
- There is also a range of other supporting clinical and non-clinical accommodation available in the field hospital to fulfil operational requirements.
- The hospital will have resident medical staff, with care delivered by Registered Nurses and Allied Health Professionals (AHPs), supported by Health Care Support Workers (HCSWs). This will enable the hospital to manage a wider case mix which includes recovering patients, who may

require intravenous antibiotics and/or intermittent oxygen, as well as end of life patients requiring palliative care

➤ **Bay Field Hospital**

- The Bay Field Hospital is currently under construction at the Bay Studios Business Park. It will have a total of 949 beds, which are being constructed in three phases.
- The first two phases comprise 421 ward beds including 6 triage beds and was handed over to the Health Board for commissioning to commence on 11th May 2020. The first phase of this capacity will be available to accept patients during the week commencing 18th May.
- Phase 2 will have capacity for 89 beds and 87 patient discharge spaces, whilst Phase 3 will have capacity for 439 beds. Phases 2 and 3 will be completed during the first week of June.
- Bay Field Hospital will deliver routine low-level care to patients who are predominantly self-caring, who have a clearly identified problem, with minimal other complicating factors, and/or may require occasional assistance with some activities of daily living.
- The hospital will be Nurse led, supported by HCSWs and volunteers, with General Practitioner (GP) support with access to GP advice line to acute hospitals. Consequently, it will only accept patients who are medically fit for discharge, who are self-caring and self-medicating. Its purpose will be to provide a very short period of care for patients to make arrangements to go home, releasing pressure and creating capacity on the acute hospital sites.

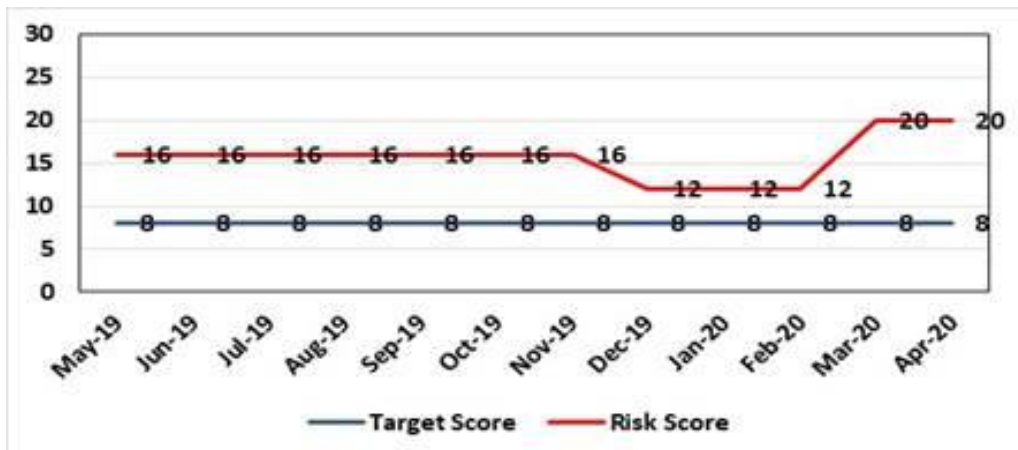
➤ **How Are We Maintaining the Nurse Staffing Levels (Reasonable Steps)**

- SBUHB has a duty under section 25A of the Act to provide sufficient Nurses to allow Nurses time to care for patients sensitively. Ensuring adequate Nurse staffing levels to provide care to patients during the COVID-19 outbreak remains a challenge and constant area of strategic and operational focus. The effect of the COVID-19 outbreak on services and staffing has been unprecedented with the expectation that applying professional judgement will be required to minimise the risk of patient safety. The nursing workforce has not only had to respond to the increase in demand but has been impacted by significant absenteeism. The range of unavailable hours on clinical areas has been between 30-50%.
- In addition to the responsibilities set out under 25A for wards that retain their 25B status the expectation is that the nursing management structure continue to apply professional judgement to maintaining the nurse staffing levels and take all reasonable steps to mitigate the risk to patients on those wards. It must be noted that varying from the nurse staffing level does not constitute a lack of compliance with the ACT.
- A consistent approach to recording the rationale, which underpins the decisions/actions taken to maintain the nurse staffing levels and explain when,

and why nurse staffing levels have been varied and escalated will be in place and monitored through the nurse staffing silver logistics cell.

- In response to COVID-19 the following actions were agreed to ensure reasonable steps have been taken to maintain the nurse staffing levels.

Area	Position
<p>Development Of A Nurse Staffing Silver Logistics Cell To Monitor & Manage Risks in line with Section 25A& 25B.</p>	<p>The Health Board's monthly Nurse Staffing Act Steering Group was cancelled on the 6th March 2020 & 30th April 2020 in line with cancellations of the All Wales Nurse Staffing Groups.</p> <p>There was a requirement to have a coordinated daily focus on the nurse staffing requirements across all Service Delivery Units.</p> <p>At least daily staffing meetings were taking place within each of the Service Delivery Units there was also a requirement to have an overall helicopter view.</p> <p>In response to this requirement, a Silver Logistics Cell Nurse Staffing meeting was set up to take place seven days a week from April 15th 2020. The meeting is chaired by the Director of Nursing & Patient Experience and has representation corporately as well as Unit Nurse Directors within each of the Delivery Units.</p> <p>The seven day a week meetings have been put in place to manage and monitor the Health Board's Nurse staffing resource. This will focus on any key issues (hot spots) regarding Nurse Staffing levels across the Delivery Units and any immediate measures and solutions required coordinating safe staffing. This would include deployment of the workforce in line with the Health Boards deployment policy.</p> <p>Consideration is also being given to what adjustments need to be made to the planned rosters at varying levels of escalation. It is recognised that the Nurse staffing levels at times of escalation could mean significantly different Nurse staffing levels than have previously been agreed. These Nurse staffing levels would only be adopted after key triggers have been reached. These discussions would take place within these daily meetings and would therefore include the 'Designated Person' as chair or nominated deputy.</p> <p>Mitigating the risks should the Nurse staffing levels need to be adjusted to below the planned and agreed levels, would only take place once all creative workforce consideration have been explored.</p> <p>This meeting will also monitor the Health Roster improvement work as well as bank/ agency utilisation. Monitoring via E-rostering, added COVID-19 exception when requesting extra staff.</p> <p>Taking all reasonable steps to mitigate the risk;</p>

	<p>Identification of 'hotspot' wards, utilising key indicators, which could include the following;</p> <ul style="list-style-type: none">• Ward Manager availability• Vacancies• Sickness/absence (unavailability)• Bank Agency/Substantive split• RN/HCSW split (this would differ for type of ward using professional judgement)• Occupancy <p>Terms of Reference (Appendix 3).</p>																																							
Health Board wide Risk Register	<p>All reasonable steps that have been undertaken are outlined within the risk register.</p> <p>This has been updated from a risk rating of 12, to a risk rating of 20. The Delivery Units are in the process of updating their staffing risk register to reflect COVID-19 changes.</p>  <table><caption>Risk Register Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>May-19</td><td>8</td><td>16</td></tr><tr><td>Jun-19</td><td>8</td><td>16</td></tr><tr><td>Jul-19</td><td>8</td><td>16</td></tr><tr><td>Aug-19</td><td>8</td><td>16</td></tr><tr><td>Sep-19</td><td>8</td><td>16</td></tr><tr><td>Oct-19</td><td>8</td><td>16</td></tr><tr><td>Nov-19</td><td>8</td><td>16</td></tr><tr><td>Dec-19</td><td>8</td><td>12</td></tr><tr><td>Jan-20</td><td>8</td><td>12</td></tr><tr><td>Feb-20</td><td>8</td><td>12</td></tr><tr><td>Mar-20</td><td>8</td><td>20</td></tr><tr><td>Apr-20</td><td>8</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	May-19	8	16	Jun-19	8	16	Jul-19	8	16	Aug-19	8	16	Sep-19	8	16	Oct-19	8	16	Nov-19	8	16	Dec-19	8	12	Jan-20	8	12	Feb-20	8	12	Mar-20	8	20	Apr-20	8	20
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Corporate Training and Education Hub, which includes Co-ordination of Central Recruitment.	<p>A Corporate plan has been put in place outlining the temporary and immediate measures required to coordinate the training and education needs for the following nursing workforce.</p> <ul style="list-style-type: none">• Currently employed Nurses who require upskilling in readiness for redeployment e.g. critical care areas, nurses who are non-clinical.• Registered nurses returning to practice who are on the COVID-19 temporary register• Recruitment of second and third year students nurses who have opted-in to the national scheme to employ them as band 3 and 4 HCSW's roles.• Recruitment of Healthcare Support Workers.• Streamline induction programme• Critical Care Upskilling Training• Medical Students working as Health Care Support Workers																																							

	<p>Since the 12th April training has been undertaken for the following number of nursing staff;</p> <ul style="list-style-type: none"> • 219 - HCSW's • 26- New Registrants • 39- Upskilling of nursing staff • 374 Student Nurses
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4. NEXT STEPS TO MAINTAIN THE LEGISLATIVE REQUIREMENTS NURSE STAFFING (WALES) ACT 2016

- Monitor the impact of medical and nursing students in HCSW roles.
- Agreement to commence Acuity Audit for May.
- Await decision in relation to June's All Wales acuity audit.
- Focus work on roster monitoring through Corporate E-Rostering Matron.
- Continue to monitor repurposed ward profiles.
- Reschedule Bi-Annual Nurse Staffing Act board paper and triangulation of January's 2020 acuity audit.

5. RECOMMENDATIONS

Members are asked to:

- **NOTE** that Health Boards/Trusts are working collaboratively in following a 'Once for Wales approach'
- **NOTE** the Welsh Government position and expectations.
- **NOTE** the agreement to delay the required Bi-annual report to board for May 2020.
- **NOTE** the approach the Health Board is taking to maintain assurance and risk manage in compliance with the Act through COVID-19.
- **NOTE** the updates and actions undertaken to provide assurance around reasonable steps.
- **NOTE** the next steps planned to maintain the legislative requirements.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
To provide adequate safe staffing is a key risk which will be further tested during the COVID-19 pandemic.		
Financial Implications		
Financial implications are aligned to the COVID-19 plan.		
Legal Implications (including equality and diversity assessment)		
To meet the Nursing & Midwifery council requirements. To meet the requirements set out in the attached Welsh Government letter.		
Staffing Implications		
Staffing implications are outlined where appropriate.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
This paper links with the IMTP in terms of the implementation of the Nurse Staffing Act (Wales) Act 2016.		
Report History		
Appendices	Appendix 1, Appendix 2, and Appendix 3.	



To: NHS Executive Nurse Directors

24 March 2020

Dear Colleagues,

Clarity on COVID19 disruption to Nurse Staffing Levels (Wales) Act 2016

As COVID19 has become an established and significant epidemic across the UK, NHS Wales' staff and services are coming under increasingly extreme pressure. Welsh Government is fully aware that any sense of "*business-as-usual*" is becoming increasingly untenable.

I want to provide you with clarity and assurances around how I expect these additional pressures will disrupt the business-as-usual processes of - and work-streams associated with - the Nurse Staffing Levels (Wales) Act 2016 (*the Act*).

It will be helpful to consider the effects of the COVID19 pressures under two headings: firstly the ongoing work to extend the Act's second duty to paediatric inpatient wards; and secondly, compliance with and reporting against the existing duties under the Act.

Extending the second duty to Paediatrics

Thus far, the provisional schedule for this work has been as follows:

- June to August 2020: 3 month public consultation on the draft regulations and amended statutory guidance;
- November 2020: regulations laid before the Senedd;
- December 2020: Senedd debate and presumptive passing of regs;
- April 2021: Coming-into-force date of regulations on paediatric inpatient wards.

The timetable of those processes is now clearly compromised. In terms of the legislative steps, the capacity to undertake the drafting requirements is still available within Welsh Government. We intend to reschedule the plenary debate to February 2021, allowing the consultation to take place later in 2020, several months after the projected peak of COVID19 activity.

The remaining issue is the capacity within the health boards to take the necessary actions to prepare their wards and staff for the introduction of the new regulations. April 2021 now appears to be entirely unfeasible as a coming-into-force date. Given the current timescales, it is a fair assumption that health boards will require approximately 12 months of preparation time under normal circumstances before the regulations could come into force. In the context of this work stream, I consider *normal circumstances* to be suspended.



However a final decision on a coming-into-force date won't need to be made until the regulations are laid before the Senedd in early 2021. We will of course be monitoring the COVID19 pressures intently in the coming weeks and months, and it is my intention that the 12 month countdown on necessary preparation time for health boards will not resume until pressures have subsided significantly enough to allow this work-stream to continue. For example, if by October 2020 we have returned to what could be considered more "normal circumstances", we would then target a coming-into-force date of October 2021.

This approach is of course based on the best currently available evidence and projection, and is subject to change if and when the situation evolves. Should our approach change in any way, I will of course update you immediately.

Also linked to the extension to paediatric inpatients, I am conscious that our second planned data capture around compliance with the interim paediatrics principles is due this coming May. For obvious reasons I have taken the decision to postpone this until November, pending any further developments.

Summary

- Welsh Government will proceed with the legislative steps that will allow extension of the Act's second duty within this government term as committed.
- This will be achieved through delaying the public consultation to late 2020 and the plenary debate to early 2021.
- The planned April 2021 coming-into-force date will be postponed based on at what point health boards have returned to normal enough circumstances to reasonably proceed with the necessary preparations for extension of the Act's second duty into paediatric inpatient wards.

Compliance with and reporting against the existing duties under the Act

Broadly, the duties on health boards currently under the Act are as follows:

- to calculate nurse staffing levels for adult medical and surgical wards using a prescribed triangulated methodology;
- to take all reasonable steps to maintain those calculated nurse staffing levels;
- to produce a three-yearly report to Welsh Ministers (May 2021) on the extent to which nurse staffing levels have been maintained and the impact not maintaining them has had on care.
- to have regard to providing sufficient nurses wherever nursing care is provided or commissioned;

Calculation

The wording of the statutory guidance is that health boards *should* undertake a recalculation every six months rather than *must*. There is an important legal distinction between the two. If "must" had been used, the biannual calculation schedule would be absolutely mandatory, and we would either need to consider suspending that guidance or accept that all health boards would be non-compliant with the Act. However, "should" allows for more discretion and flexibility in extraordinary circumstances. With the next biannual calculation due imminently, you will need to ask serious questions about whether the resource that goes in those calculations is better used elsewhere.

Further, there is a question around on which wards the health boards would actually be using that triangulated calculating methodology given that we expect ward purposes to change dramatically, and at a rapid pace. On the Executive Nurse Directors Skype meeting on Wednesday last week, you were united in your view that by the peak of the Covid19 pressures, it is likely that all of your currently designated adult medical and surgical wards

will have become “*Covid wards*”. Those wards would technically be considered medical in nature, however given that they will be entirely novel, the lack of quality indicator information alone would make it impossible for you to perform the triangulated calculation as prescribed. There is also a fundamental question of whether the *Welsh Levels of Care* evidence-based workforce planning tool could be applied in those wards given that they will be significantly different environments to the business-as-usual medical and surgical wards where the tool was tested for 2 years.

Maintaining Nurse Staffing Levels

It is safe to say that during the additional Covid19 pressures, maintaining the nurse staffing levels that have been calculated on your adult medical and surgical wards will become an impossible challenge. Your workforces are likely to be reduced by sickness, and significant numbers of the available nursing staff will be redeployed to Covid19 response out of necessity.

However, we must bear in mind that varying from the nurse staffing level does not constitute a lack of compliance with the Act. As long as a ward remains designated as an adult medical or surgical ward, you will still be actively applying your professional judgement and taking all reasonable steps to mitigate the risk to patients on those wards. Indeed, closing those wards entirely is a reasonable step available to you if you deem it necessary. It is not a step we envisaged being commonly implemented when writing the legislation, but this public health crisis is in essence the most extreme test of the flexibility built into the Act.

Reporting

I am aware that you are due to take annual reports to your boards in May. I am also mindful that those annual reports are a voluntary step that you as a group of peers agreed to on an all-Wales basis rather than something that is mandated within the Act or its statutory guidance. In usual circumstances it is eminently sensible to provide annual assurances to your Boards that can then be aggregated to create the 3-yearly reports to Welsh Government. However in these extraordinary circumstances, you need to decide whether the time and resource necessary to produce those reports would not be more valuably redirected elsewhere.

In terms of the 3 year report (due in May 2021) which is a statutory requirement, the disruption caused by this pandemic will inevitably have a dramatic impact on the contents of those reports. Thanks to the work of the All Wales Adult work-stream of the Nurse Staffing Programme, we now have a consistent approach to meeting the reporting requirements of the Act. However, a key part of that approach involves enhancements to the HCMS system, which will be impacted by the additional Covid19 pressures. The timescale for delivery was initially 1 April, though I understand that has slipped by a week according to our last update. Whether the enhancements are delivered in April or not, it does not seem reasonable to ask frontline nurses to adopt a new process during what will be a national staffing emergency.

What will be important during these coming months, is that careful records are kept of the steps that you take to manage this developing situation. In April 2021, the first 3-year reports will look significantly different to how we would have envisaged at the start of this year. However, you will still be required to recount the story of what happened on your wards, for example, on what date you closed particular medical and surgical wards to repurpose them as Covid19 wards.

Overarching regard for providing sufficient nurses

Your duty under section 25A of the Act will remain an important factor in how you are deploying your nursing staff across the entirety of your health boards wherever nursing care is provided or commissioned. Even during a period where “providing sufficient nurses” will

seem like a foreign concept, your responsibility of minimising risk to patient safety through applying your professional judgement will remain.

Summary

Under these exceptional circumstances, it is the Welsh Government's position that:

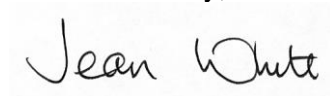
- it is within the health boards' respective discretion to proceed with or cease work on the imminently scheduled biannual re-calculation of adult medical and surgical wards;
- similarly it is within the health boards' respective discretion to indefinitely postpone the annual report to board, due May 2020;
- adult medical and surgical wards that have been repurposed as novel wards to deal with the Covid19 pandemic would be considered an exception under the definition of an adult medical ward, therefore would not be subject to the prescribed triangulated calculation methodology;
- as long as wards remain designated as adult medical and surgical wards, health boards will be expected to persist with taking all reasonable steps to maintain calculated nurse staffing levels and undertake the usual mitigating actions where possible;
- we acknowledge that those reasonable steps and mitigating actions are still likely to fall short of enabling health boards to maintain the Nurse Staffing Levels calculated during usual circumstances;
- health boards should ensure that they take whatever steps they deem necessary to record their actions taken over the coming months in order to adequately articulate within the first three-year report (due April 2021) the narrative of these extraordinary circumstances;
- health boards – through their executive nurse directors - ensure they are informed of actions being taken in other health boards, and that a consistent, collaborative approach is taken by all; and
- your professional judgement as designated persons will remain a key determinant in ensuring staffing in all areas where nursing care is either provided or commissioned is managed as appropriately as possible during an extraordinarily difficult time.

Finally, I feel I must stress the importance of remaining united as a peer group. Especially in such extraordinary times, there is clear value to a once-for-Wales approach to how health boards manage these immense pressures.

A hoffech gael yr wybodaeth hon yn
Gymraeg, byddwchystal â rhoi gwybod.

If you would like to receive this information in
Welsh, please let me know.

Yours sincerely,



Professor Jean White CBE
Chief Nursing Officer
Nurse Director NHS Wales

Site: Morriston

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)	Currently NSA Reportable
		RN WTE	HCSW WTE	Other (*) WTE	RN WTE	HCSW WTE	Other (*) WTE				
A	26(27)	23.5	19.9	-	23.5	19.9	-	N/A	Covid 5 orthopaedic beds available if clinically required.	Non Covid	Yes
B	26	22.67	18.95	-	22.67	18.95	-	N/A		Non Covid	Yes
C	24(29)	24.45	15.99	-	24.45	15.99	-	N/A	Reduced to 24 beds to provide a cardiac assessment bay. Covid 4 Cardiac beds available if clinically required.	Non Covid	Yes
D	25(27)	20.9	26.18	-	20.9	26.18	-	N/A	Running at 25 beds max.	Non Covid	Yes
F	19(23)	24.45	22.62	-	24.45	22.62	-	N/A	Reduced beds to accommodate a Respiratory Assessment Unit.	Non Covid	Yes
G	25			-	27.18	17.17	-	Feb-20	Closed Feb 2020 pre-covid for refurbishment. Staff deployed to support vacancies, sickness and acuity on other wards.	Closed	No
H (Covid +ve)	22-26	23.5	17.17	-	23.5	17.17	-	23.03.2020	The number of beds flexed depending on need.	Covid +ve	No
J (CPAP)	26(29)	29.9	19.9	-	29.9	19.9	-	30.03.2020	Anglesey Ward moved to Ward J. Repurposed from NIV to 6 CPAP beds and 20 respiratory. During Covid, had CPAP/NIV capacity of 16 beds.Max	Covid +ve	No
R (Covid sus and +ve)	27	28	21.67	-	28	21.67	-	30.03.2020	17 bed query Covid medical ward. Now reverted to an acute medical ward. Previously ward was acute vascular surgical ward.	Covid +ve	No
S (Covid +ve)	26	21.73	19.92	-	21.73	19.92	-	23.03.2020	Has always been COVID+. Rosters were increased by 2 qualified and 3 HCSW on every shift due allow for donning and doffing and acuity.	Covid +ve	No
T	24	28	19.9	-	28	19.9	-	N/A	Surgical specialities increased.	Non Covid	Yes
V (Covid sus)	26	28	20.73	-	28	20.73	-	6.4.20	Surgical suspected covid ward.	Covid	No
W	16	15.33	5.33	-	15.33	5.33	-	19.3.20	CPO patients. Non covid, but repurposed.	Non Covid	No
Anglesey	25			-	29.9	19.9	-	30.03.2020	Ward team moved to RAU new ward. Then on to Ward J	Closed	No
Cardigan (Covid +ve bay)	26	21.73	18.95	-	21.73	18.95	-	N/A	Covid renal beds available if clinically required.	Non Covid	Yes
Clydach	23			-	21.73	14.45	-	30.03.2020	Ward closed. Staff deployed to support vacancies, sickness and acuity on other wards.	Closed	No
Cyril Evans	25			-	23.25	14.77	-	20.04.2020	Ward closed. Reopened 16 beds on 06.05.2020 as Cardiology - repurposed.	Non Covid	No
Dan Danino	18			-	15.77	11.59	-	22.03.2020	Ward closed. Remains closed. Staff deployed to support vacancies, sickness and acuity on other wards.	Closed	No
Gower	25	21.73	21.67	-	21.73	21.67	-	N/A	High acuity during covid. Staffing increased to accommodate acuity.	Non Covid	Yes
Pembroke	22			-	27.18	9	-	3.4.20	Closed during covid. Staff deployed to support vacancies, sickness and acuity on other wards.	Closed	No
Powys	15(10)	12.73	3.55	-	12.73	3.55	-	3.4.20	With the increase of beds, staff were moved to support the increased activity when required.	Non Covid	No
AMAU East	20	29.9	19.25		29.9	19.25		N/A	Continues to run as medical assessment unit. NSA non reportable. Staffing as per acuity levels.	Non Covid	No
RAU	18 Trolleys				0	0		30.3.20	Ward closed and the service moved to ED. Staff redeployed from Plastics, Day Surgery	Covid	No
Ward M	20 + 4 HDU	18.68	3.13		18.68	3.13			Reduced demand during Covid. Ward closed and the service moved to ED. Ward repurposed to support general surgery during Covid.	Non Covid	No

NOTE: (*) includes allied professionals, members of the MDT, administrative staff, carers, etc.- specify type and WTE

**Terms of Reference
COVID-19
Daily Nurse Staffing Meeting
Silver Logistics Cell**

Purpose:

The Nurse Staffing Meeting will be in place to manage and monitor the Health Board's Nurse staffing resource. This meeting will focus on any daily key issues regarding Nurse Staffing levels across the Service Delivery Units. The Nurse Staffing (Wales) Act 2016 requires all Welsh Health Boards to ensure there are robust structures and processes in place to ensure appropriate nurse staffing levels across the organisation and all reasonable steps have been considered.

In the current circumstances, maintaining an appropriate resource will require all staff to be flexible and may entail staff working in unfamiliar circumstances and/or surroundings outside their usual practise.

The role of this meeting is to: maintain Quality & Safety for patients; understand the impact of any change to our normal staffing position; and identify and risk assess any areas which require additional support.

The Staffing meeting will:

- Provide a daily staffing position from each Service Delivery Unit. To gain an overall Health Board perspective.
- Consider the impact of the changes and COVID on our normal staffing position
- Be clear about the areas of most risk and agree actions to mitigate the risks.
- Agree immediate measures required to coordinate staffing safely across the Health Board.
- Consider & agree the actions when key Triggers are reached with nurse staffing deficits, in relation to the planned rosters and varying levels of escalation.
- Agree matters that require escalation to the executive and senior leadership team.
- Monitor bank/agency utilisation
- Monitor the Health Roster improvement work.

Duties

Acknowledge and discuss any new, immediate or extraordinary staffing issues that present an immediate risk to patient quality and safety and decide on the most appropriate next course of action.

Members

- Director of Nursing & Patient Experience – Executive Lead
- Deputy Director of Nursing & Patient Experience
- Head of Quality & Safety
- Head of Corporate Nurse
- Unit Nurse Director Morriston Hospital/ Nominated Deputy
- Unit Nurse Director Singleton Hospital/ Nominated Deputy
- Unit Nurse Director Mental Health & Learning Disabilities Unit/ Nominated Deputy
- Unit Nurse Director Primary & Community Services Unit/ Nominated Deputy
- Unit Nurse Director Neath Port Talbot Hospital/ Nominated Deputy
- Corporate Matron
- Corporate Matron E-Rostering
- Nurse Bank Manager

Administration

All key actions and decisions will be logged at each meeting. The meetings will be held via skype.

Frequency of Meetings

Meetings will be held daily at 15.30 unless otherwise agreed