**Betsi Cadwaladr University Health Board**  
Committee Paper 4.4.13  
Item QS13/069

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**Summary or Issues of Significance**
The Health Board must have full assurance nurse staffing levels meet levels of patient safety. This SBAR relates to the Health Board’s response to the Chief Nursing Officers Guiding Principles for Nurse Staffing in Wales 2012 and the system of assurance in place to maintain safe nurse staffing levels.

**Strategic Theme / Priority / Values addressed by this paper**
- BCUHB Strategic aims: Making it safe; Making it better; Making it sound; Making it work; Making it happen (2009)
- Free to Lead; Free to Care (WAG, 2008)
- Standards for Fundamentals of Care (WAG, 2005)

**Healthcare Standard addressed**
Standard 1, 6, 7, 8, 10, 13, 14, 15, 16, 18, 20, 22

**Equality Impact Assessment (EqIA)**
*Has EqIA screening been undertaken? No*

**Recommendations:**
The Quality and Safety committee receive this SBAR noting the requirement to work towards the CNO guiding principles by April 2014. To assure the Quality and Safety Committee systems are in place to provide assurance and escalation regarding compliance with safe nursing and midwifery staffing levels.

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**Presented by**
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**Date of report**
23rd March 2013

**Date of meeting**
4th April 2013
Acute Ward Nursing Staffing levels

Situation
This SBAR aims to provide the Quality and Safety Committee with a position statement regarding acute adult ward nursing staffing levels across BCUHB against the Chief Nursing Officer Guiding Principles for Nurse Staffing Levels Wales April 2012. Health Boards are required to work towards the guidance by April 2014. In addition to provide assurance the Health Board has a system in place to monitor and deliver safe nurse staffing levels.

Background
Ensuring appropriate nurse staffing levels and skill mix within our wards is vital to the delivery of safe, high quality, compassionate care. Inadequate staffing levels were a key feature in the findings from the Francis recommendations and recognised by the Older Peoples Commissioner for the delivery of dignified care for older people that experience our service.

Failure to achieve safe staffing levels will:

1. Impact on BCUHB’s ability to deliver safe effective care.
2. Fundamentals of Care will be compromised leading to breach of duty of care and risk of litigation.
3. Harm to BCUHB reputation, for example the Ombudsman’s Casebook Report (April 2011) and the position of BCUHB with national reports such as those by the Older People’s Commissioner (2011) and the Patients Association (2011) that make direct reference to safe nursing staffing levels.
4. Impact on the Health Boards requirement to provide further assurance on the progress against the Older People’s Commissioner’s recommendations.

Within BCUHB nursing and midwifery staffing levels have remained high on the agenda since the Health Board’s inception in 2009. Provision of safe minimum nursing and midwifery staffing levels is one of the areas within the BCUHB Nursing and Midwifery Quality Assurance Framework and considerable work has been undertaken in the last three years by the previous Director of Nursing, Midwifery and Patient Services (DNS), Assistant Directors of Nursing and Associate Chiefs of Staff towards meeting the guidelines. These include the Royal College of Nursing Guidance on Safe Nurse Staffing Levels (2010) and more recently in 2012 the Chief Nursing Officer for Wales Guiding Principles to support Safe Nurse Staffing Levels in Wales.

During 2011 through to 2012 work to inform the setting of minimum nurse staffing levels in Wales progressed at the request of the All Wales Nurse Directors commissioned by the Chief Nursing Officer (CNO) for Wales. The Chief Nursing Officer for Wales presented the guiding principles for nurse staffing levels for Wales on April 17th 2012 to the Chief Executives.
Professional judgement will be used;
A minimum of 1: 1.03 wte / bed ratio;
A maximum of 8 patients per RN per shift
during the day;
A maximum of 11 patients per RN at night;
Ward Sister to be supernummary;
Skill mix ratio of 65: 35;
Headroom (uplift 26%).
Each ward to have a housekeeper.

Professional judgement will be used;
A minimum of 1:1wte / bed ratio;
7 patients per RN per shift during the day
(Excluding ward sister);
11 patients per Registered Nurse by night
Skill mix generally 60:40;
Headroom (uplift 26.9%);
Ward activity & demand will be considered as well as number of beds, environment & ward layout.

* These guiding principles did not apply to Mental Health or Learning Disabilities Nursing and there is no national nurse:bed ratio being developed.

Assessment
Following the letter from the CNO in October 2012 outlining the requirement for Health Boards to work towards implementing the CNO nurse staffing guiding principles by April 2014, and in light of the Francis review further analysis has been undertaken by the Associate Chiefs of Staff Nursing. This has resulted in an updated position which is to be presented to the Nursing and Midwifery Workforce and Workload Committee April 2013.

Further to this a forensic nurse staffing analysis of all acute adult wards within PCSM, Surgery & Dental, Cancer, Mental Health & Womens CPGs (excluding midwifery) was undertaken by Assistant Chiefs of Staff Nursing to include:

- budgeted establishment;
- actual establishments;
- ward staffing rotas;
- professional judgement;
- nurse to patient ratio;
- local knowledge of patient acuity, dependency and speciality specific requirements.
- affordable beds based on budgeted position.

The results of the analysis highlighted a deficit to meet immediately the CNO guiding principles in all CPGs however further work is required to establish the mechanism to achieve these guiding principles. The analysis also highlighted nurse vacancies which required immediate approval which had experienced a delay. It is important to note that ACoS Nursing have continued to closely monitor patient safety daily with the positive introduction of e rostering to ensure compliant planned safe rosters. In addition the use of temporary nurse staffing (bank and agency) to maintain safe nurse staffing levels has featured heavily whilst vacancies are approved. Where safety concerns are raised, these are escalated for immediate action.

In view of the number of nurse vacancies critical to patient safety that were pending approval, the Acting Director of Nursing Midwifery and Patient Services sought their urgent release at the end of February 2013. These vacancies have subsequently been approved and CPGs are quickly processing the adverts on NHS jobs to enable recruitment into
substantive posts. Due to the nature of staff movement and attrition, vacancies will continue to be closely monitored by the ACoS Nursing with immediate escalation of concern to the Assistant Directors Nursing and Acting Director of Nursing and Midwifery.

The Associate Chiefs of Staff Nursing and Midwifery are required to develop and deliver a system of assurance in that safe staffing levels are agreed and maintained; these are reported at the Nursing & Midwifery Workload & Workforce Group (a sub-group of the Strategic Nursing & Midwifery Committee). CPGs continue to provide a monthly update regarding Nursing and Midwifery Staffing levels at the Nursing and Midwifery Workforce and Workload Group which is chaired by the Assistant Director of Nursing on behalf of the DNS with membership including trade union representation. CPGs are required to provide a detailed update on all clinical areas including any areas of concern, vacancies, maternity leave and sickness and mitigation to maintain safe staffing including use of bank, agency and overtime and bed reductions. Issues of significance are also reported to the Strategic Nursing and Midwifery Committee.

There is a strong commitment and expectation for all ACoS Nursing and Midwifery to act on the outcomes of nurse staffing reviews. This will also include service and workforce redesign, mindful of a ‘flat cash’ position whilst managing the demand on services as a result of an ageing patient demography.

Whilst patient acuity is reportedly increasing the development and implementation of an electronic All Wales Acuity and Dependency tool remains outstanding however, work is underway within BCUHB to pilot the Association of UK Universities Hospital (AUKUH) tool in a paper based format. The AUKUH is currently under review as a potential validated tool of choice for the All Wales model. Medical, surgical and oncology wards will be included in the pilot over the next few months and this will provide additional evidence base to support the professional judgement model in these specialities.

**Recommendations**

1. The Quality and Safety committee receive this SBAR noting requirements to work towards the CNO guiding principles by April 2014.

2. Receive the assurance of systems in place to provide close monitoring, compliance and escalation of safe nursing and midwifery staffing levels.