2.5 Calculating and Maintaining the Nurse Staffing Levels during the COVID-19 Pandemic/ Cyfrifo a Chynnau Lefelau Staffio Nyrsio yn ystod Pandemig COVID-19

Presenter: Mandy Rayani

Nurse Staffing Levels during COVID-19 Pandemic Board May 2020

Appendix 1 - CNO letter to Nurse Directors re COVID-19 and the NSL Act

Appendix 2 - Wards which retain S25B status and Appendix 3 - Wards previously S25B but repurposed as COVID-19 wards
Calculating and Maintaining the Nurse Staffing Levels during the COVID-19 Pandemic

Purpose of the Report

Purpose of the Report

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Coronavirus disease (COVID-19) pandemic across the UK (and globally) has meant that NHS Wales is under significant and, potentially, sustained additional pressure, with a direct impact on the nurse staffing resource. Based on patient number modelling data, whilst continuing to take account of the requirements relating to the Nurse Staffing Levels (Wales) Act (the Act), there has been a requirement for Hywel Dda University Health Board (HDdUHB) to review both the ‘normal’ and the escalation positions for the planned nurse staffing levels within a number of settings where nursing care is provided.

This paper describes, in broad terms, HDdUHB’s plans to ensure that nurse staffing levels are systematically calculated and agreed; and to provide an overview of how the nurse staffing levels that are planned (both when the HDdUHB is operating at ‘normal’ levels of capacity and also if the UHB is required to move into escalated levels of capacity during the pandemic response) will be managed and maintained.

This SBAR provides information on these plans as they apply to the nurse staffing levels for the following clinical services:

- Critical care;
- Adult medical and surgical inpatients wards (i.e. Section 25B wards);
- COVID-19 inpatient wards;
- Community hospital /District Nursing services;
- Paediatric services;
- Mental health services; and the
- Newly established Field Hospitals.

Cefndir / Background

Since April 2018, and the commencement of the full scope of the Act, the nurse staffing levels for the 30 or so adult medical and surgical wards that are covered by Section 25B/C of the Act, have been calculated by using the triangulated methodology set out in the Act. In addition, in pursuit of achieving the best care quality for its patients, HDdUHB has sought to apply the
principles which underpin this triangulated approach to the review of a significant number of other nursing services which currently fall under the more general requirements of Section 25A of the Act.

In summary, these principles require that, in calculating the nurse staffing levels (specifically of an adult medical/surgical ward, although the good practice principles apply to any clinical service), the UHB can demonstrate themselves to be:

- **Exercising professional judgement**;
- Taking into account the average ratio of nurses to patients appropriate to provide care to patients that meet all reasonable requirements, estimated for a specified period using evidence based workfare planning tools; and
- Considering the extent to which patients’ well-being is known to be particularly sensitive to the provision of care by nurses.

(NSLWA: Section 25C, 1a and 1b(i)(ii))

Additionally, the detailed requirements of the Act (Sections 25B and C) also state that the designated person may calculate different nurse staffing levels –

- In relation to different periods of time;
- Depending on the conditions in which care is provided by a nurse

(NSLWA Section 25C, 2a and 2b)

HDdUHB remains committed to using these principles to guide its actions when calculating nurse staffing levels as part of its COVID-19 pandemic response plan. It is acknowledged, however, that the pandemic modelling data provided through Public Health Wales requires the UHB to prepare radical plans for the scale of the service provision that may be required at the height of the pandemic. If this ‘worst case scenario’ modelling is approached – both in terms of patient numbers and patient acuity - the nurse staffing levels that it will be possible to achieve in such extreme conditions may vary significantly from the ‘norm’. In these circumstances, the professional judgement and rationale underpinning the decision making to move to these nurse staffing levels will be carefully recorded.

Reflecting this latter position, on March 24th 2020, the Chief Nursing Officer (CNO) for Wales issued a letter to all Executive Nurse Directors in Wales offering clarity on the COVID-19 disruption to the Nurse Staffing Levels (Wales) Act (Appendix 1).

This letter acknowledges that the pandemic will disrupt the business-as-usual processes of - and work-streams associated with - the Nurse Staffing Levels (Wales) Act 2016 (the Act). The letter goes on to summarise a key position of the Welsh Government i.e. that the professional judgement of the designated person 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 this extraordinarily difficult time.

Through the Director of Nursing, Quality and Patient Experience, HDdUHB has issued detailed guidance to the operational Heads of Nursing outlining the implications and actions to be taken as a consequence of the CNO’s letter. These actions include:

- Suspending the usual biannual review and recalculation of nurse staffing levels which had been due in spring 2020, in order to free up additional time/effort to focus on COVID-19 planning/clinical work;
- Continuing to take ‘all reasonable steps’ to maintain the agreed nurse staffing level for the S.25B wards; and recording the circumstances if/when the planned nurse staffing levels cannot be achieved;
Setting and maintaining nurse staffing levels for ‘repurposed’ COVID-19 wards. (The CNO letter confirms that such wards do not meet the definition for wards that fall under Sections 25B/C of the Act; reflecting this, the full triangulated methodology cannot be applied. However, the principles from the Act which are stated above will be applied to the initial calculation of the nurse staffing levels for the repurposed COVID-19 wards and these will be kept under review as a greater understanding of the nursing care needs of patients emerges)

Establishing more robust data capture / record keeping systems regarding ward purpose and nurse staffing levels for both Section 25B/C wards and for other nursing services, in order that the narrative of the pandemic situation as it applies to nurse staffing levels can be properly and fully reflected in the three yearly report which will be required to be submitted to Welsh Government in 2021;

Reviewing (by the designated person) of any changes to nurse staffing levels made as part of each nursing service’s response to the pandemic;

Suspending the plans currently underway to prepare the paediatric in-patient services for an extension to the Act which was originally planned for April 2021 (The CNO letter makes it clear that the commencement of the Act for this clinical service will be delayed beyond this date, with the exact date to be made clear later in 2020).

Assesiad / Assessment

Calculating the Nurse Staffing Levels:

- **S.25B wards**: In the absence of the suspended Spring 2020 nurse staffing level review and recalculation cycle, a ‘table-top’ review of the quality indicator and acuity data for the past 6 months for the wards that continue to be defined as falling under Section 25B has been undertaken (18 wards in total). Areas of concern emerging for a small number of wards from this review process are being explored by the Director of Nursing, Quality and Patient Experience (the designated person) with the relevant Head of Nursing; and the actions required as a result of such discussions will be agreed. In addition, the nurse staffing levels have been reviewed for the small number of Section 25B wards which have a changed number of beds and/or a changed patient cohort due to the work that has been done to ‘zone’ the hospitals to create COVID-19 and non-COVID wards. The changed nurse staffing levels for this latter group of wards are included within Appendix 2.

- **COVID-19 repurposed wards**: As described in the Background section above, an initial calculation of the nurse staffing levels for each of the repurposed COVID-19 wards has been conducted and agreed with the Director of Nursing, Quality and Patient Experience (the designated person). These nurse staffing levels are initially based on professional judgement but will be reviewed regularly as acuity and quality data become available to take into consideration. Consistency of approach when calculating/reviewing the nurse staffing levels for the wards across our various hospital sites; and sharing of learning across the HDdUHB will be key to ensuring that the calculated nurse staffing levels in these ‘new’ wards reflect the principles of the Act stated above. The wards repurposed as COVID-19 wards, including the dates they ‘changed’ from being defined as an adult medical or surgical ward, are detailed in Appendix 3.

- **Critical Care Units**: The critical care nurse staffing model for all four critical care units remains based on a 1 RN to 1 Patient model, in line with long standing national staffing level guidance. As will be described in the ‘Escalation section below, the plans for adjusting and restructuring the critical care staffing levels will enable a significant increase in the number of ventilated beds should this be required across the HDdUHB. This revised approach to staffing of critical care beds is based on COVID-19 pandemic-specific national
guidance recently issued. i.e. Coronavirus: principle for increasing the nursing workforce in response to exceptional increased demand in Adult Critical Care.

- **Field Hospitals:** HDdUHB and partner organisations have established emergency temporary bed capacity within public and private sector partner’s premises to meet the potential need for additional capacity during the COVID-19 pandemic. The nursing workforce model that has been calculated for each of these sites reflect the anticipated patient numbers and clinical profile and the care pathways for that site and take full account of the wider multi-disciplinary workforce that will work alongside the nurse staffing team within these sites. This calculation of the nurse staffing level offers a ‘best estimate’ of both the number, and any specific skills required, of the nursing staff, in order to meet the needs of the patient cohorts anticipated for each facility.

- **Community Services:** All community nursing and community hospital services have been reviewed in line with the predicted demands of COVID-19 and some community nursing services are now being delivered in a different way. This will allow flexibility within the services to manage the potential of increased patient demand at a time of reduced nurse staffing levels. Examples of these changes include:
  - Suspension of non-essential patient contacts.
  - Development of a centralised Intermediate Care and District Nursing Team Hub in Pembrokeshire to centralise referrals and to co-ordinate planned, unscheduled and acute nursing and community responses.
  - Reduction in the HDdUHB-wide District Nursing service specification with the aim of reducing non-essential patient contacts; minimising increased demands on district nursing caseloads; and ensuring capacity within current nurse staffing levels.
  - Review of bed capacity and current function of the community hospitals, resulting in the in-patient capacity of some hospitals being increased whilst the current provision of some services being closed temporarily (and the service re-provided elsewhere in the HDdUHB) so that the staff can be deployed to other more essential services.
  - Consideration being given to establishing a Service Level Agreement with independent sector care homes and Local Authority so that, if the care home workforce is significantly depleted, HDdUHB health care staff can provide care and support (not purely nursing interventions) in exceptional circumstances.

- **Mental Health Services:** Following review, no changes to the current acute mental health service models or their nurse staffing levels are required at this time; however this will be kept under review. Within community adult mental health services, the teams are moving to a seven day a week service day provision, which is in line with the Transforming Mental Health agenda. In addition, the mental health liaison service for acute hospital sites is being rationalised and enhanced and the function will be achieved through different ways of working by the mental health substantive workforce.

  Within the older adult mental health wards, care provision has had to be adjusted to reflect additional infection control precautions required within these wards. The nurse staffing levels have been increased to accommodate this need in the short term; with a review of the Health Board-wide service model for these very vulnerable patients taking place to ensure an appropriate care model is in place for the longer term. The nurse staffing levels for the wards should a revised patient pathway be implemented, will be calculated using the above principles

- **Paediatrics:** The paediatric inpatient wards in Glangwili General Hospital (GGH) and Bronlais General Hospital (BGH) have been separated into COVID-19 and non-COVID
areas. The Paediatric Ambulatory Care Unit (PACU) at Withybush General Hospital (WGH) has been temporarily relocated to the GGH site, with nursing staff deployed either to Cilgerran Ward at GGH in order to supplement the in-patient ward nursing team; or to the HDdUHB Child Health team to support out-patient work. The nurse staffing levels for the paediatric in-patient services have been reviewed and the revised calculation is now based on the professional judgement of the paediatric nursing leadership team and takes account of the available bed spaces and average occupancy for each site.

As with all in-patient areas, maintaining the nurse staffing level at the calculated levels is managed on a day by day basis, with the escalation plan that the core in-patient staffing team would be supplemented further through deployment of staff from non-essential services, if required.

It is noted that some of the service (and therefore nurse staffing level) described in this paper were planned changes, although the timescales for implementation have been escalated to assist in managing the current situation. Some of the changes made specifically because of COVID-19 pandemic will be evaluated over the coming months and consideration will be given to maintaining the changes in the longer term, should the changes evaluate positively.

**Maintaining the Nurse Staffing Levels:**

HDdUHB has an overarching duty under S.25A of the Act to provide sufficient nurses, within both the services it provides and those it commissions, to allow nurses time to care for patients sensitively. The CNO letter referenced in the Background Section (Appendix 1) recognises that maintaining the nurse staffing levels that have been calculated for all wards/departments/services will be challenging over the months ahead, and goes on to acknowledge that the application of professional judgement, ultimately by the Executive Director of Nursing for each Health Board, will be required to minimise the risk to patient safety.

In addition to the responsibilities set out for all nursing services within S.25A of the Act, the responsibilities within S.25B for the wards that continue to fall under that Section of the Act, require that the nursing management structure continue to apply their professional judgement to maintaining the nurse staffing levels AND to take all reasonable steps to mitigate the risk to patients on those wards. It should be noted, however, that varying from the calculated nurse staffing level does not, of itself, constitute a lack of compliance with the Act.

In line with the recommendation stated within the CNO letter, a consistent approach to recording the rationale which underpins the decisions/actions taken in order to maintain the nurse staffing levels - and/or to explain when and why nurse staffing levels have been varied and/or escalated – is in place across all services.

Some of the recent actions taken in order to work towards maintaining the required nurse (and other healthcare professionals) staffing levels and ensuring that all services are staffed in accordance with agreed staffing levels include:

- Recruitment of registered nurses (including those on temporary NMC register) into fixed term contracts and onto the Nurse Bank. A total of 33.99 WTE additional registered nurses have been recruited up to the 30th April 2020.
- Recruitment of Health Care Support Workers (HCSW) into fixed term contracts and onto the Nurse Bank. A total of 445 staff (headcount) having undertaken the HCSW Skills to Care Induction Training between mid-March and 30th April 2020.
- ‘Recruitment’ of second and third year student nurses who have ‘opted-in’ to the national scheme to employ student nurses as Band 3 and Band 4 HCSW.
• Providing ‘refresher training’ in critical care for registered nursing staff who have previously worked in Critical Care Units and who could be deployed to work in the critical care area during the pandemic
• Providing training in basic critical care for registered staff who could be deployed into critical care areas from services that have been suspended during the pandemic response
• Providing ‘refresher training in ward nursing procedures’ for registered nursing staff who are employed in clinical services that have been suspended during the pandemic response; and for registered nursing staff who are employed in non-clinical roles and who could be deployed into direct care-giving roles in the event of the need to initiate the Health Board’s nurse staffing escalation plans.

Between mid-March and April 30th, 182 of the Health Board’s substantive registered nursing staff have attended pertinent elements of the ‘refresher training in ward nursing procedures’ and a further 151 staff are booked to attend training appropriate to their training needs during May 2020. The range of skills training being offered includes: Intermediate life support; Medicines management; IV drug administration; Managing IV devices; and venepuncture and cannulation training.

Escalation plans:

On the basis of the pandemic ‘modelling’ that has been undertaken for the Hywel Dda area, significant consideration has also been given to what adjustments to the planned rosters at varying levels of escalation/changes/increased capacity might be required.

It is recognised that the nurse staffing levels, at times of escalation within both the COVID-19 and the non-COVID wards, may need to vary significantly from the nurse staffing levels that the Board have been notified about previously.

Such nurse staffing levels would be adopted only after key ‘thresholds’ have been reached and the move to adopt these revised nurse staffing levels - in both COVID and Non-COVID (Section 25B) wards - would be managed through the HDdUHB pandemic response command structure. In this instance, the HDdUHB’s ‘Designated Person’ (the key decision maker under the requirements of the NSLWA) i.e the Director of Nursing, Quality and Patient Experience would lead the decision making process which resulted in the use of the nurse staffing level escalation processes:

• In the acute sites’ wards, the total number of both COVID-19 positive and non-COVID patients will be the key ‘threshold indicator’. In addition, the number of COVID-19 patients requiring Continuous Positive Airway Pressure (CPAP) intervention will impact significantly on decisions regarding the required nurse staffing levels.

• Linked to patient numbers, the need to use the Field Hospital sites – and for what types of patients - will impact significantly on the nurse staffing level that it is possible to maintain within both acute sites and community nursing services, as some Registered Nurses and Heath Care Support Workers from the acute and community services will be required to provide at least some of the nurse staffing which will be deployed to these facilities: The potential need to deploy acute hospital nursing staff into these facilities would be a key ‘threshold indicator’ leading to adjustments to the nurse staffing levels within the acute sites

• In critical care services, the key threshold indicator that would trigger a move to adopt a ‘team’ approach to caring for critically ill patients would be if the number of patients requiring invasive ventilation rises above the number of critical care nursing staff we have available to care for them on a 1:1 basis, 24 hours a day
Mitigating the risks:

Should nurse staffing levels need to be adjusted as part of escalation processes, various ways of mitigating the risks through the creative use of the workforce - both long-standing staff and new recruits – will be implemented. The approach being taken to creating support teams that ‘wrap around’ these altered nurse staffing levels include:

- Plans to deploy some Allied Health Professional (AHP) staff (both registered and support staff) into the direct care teams, to either form part of the 24/7 care team or to provide ‘peripatetic’ support to the teams through their specific expertise in e.g. respiratory care;
- Development of focussed support worker roles at Band 3 for existing experienced HCSW who will be trained to provide specific support to nurses caring for patients with COVID illnesses e.g. Respiratory Care Support Workers.
- Development of standardised Job Descriptions and identifying experienced HCSW who could quickly gain the competencies to take on additional clinical tasks within the broader scope of practice described in these ‘new’ Job Descriptions (Band 3 and/or Band 4).
- Putting in place as standard, additional ‘support’ roles that currently exist in only a small number of wards e.g. Ward Administrator, Ward Housekeeper.
- Putting site-wide posts in place to coordinate supplies of Personal Protective Equipment (PPE) and other key supplies for wards.
- Effective use of the recently issued HEIW Delegation Framework (All Wales Guidelines for Delegation, Health Education and Improvement Wales 2020) to ensure that the whole workforce is working prudently: ‘only doing what only they can do’.

Reporting the nurse staffing levels:

The CNO letter noted that the 3 year Welsh Government report (due in May 2021) is a statutory requirement, but acknowledges that the disruption caused by the COVID-19 pandemic will inevitably have a dramatic impact on the contents of the report. Processes have been adjusted and strengthened to ensure that, as a Health Board, we will be in a position to recount the story of what happened in relation to nurse staffing levels within HDdUHB during the whole of the 3 year reporting period – but particularly during the COVID-19 pandemic.

Argymhelliad / Recommendation

The Board is asked to take assurance from this paper that the requirements of the Nurse Staffing Levels (Wales) Act – together with the further advice contained in the CNO letter issued on March 24th 2020 – are being reflected in the approach being taken by the Health Board in planning the nurse staffing levels for all key nursing services during the COVID-19 pandemic.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

<table>
<thead>
<tr>
<th>Cyfeirnod Cofrestr Risg Datix a Sgör</th>
<th>Corporate risk register 647 Score 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyfredol: Datix Risk Register Reference and Score:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safon(au) Gofal ac Iechyd:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and Care Standard(s): Hyperlink to NHS Wales Health &amp; Care Standards</td>
</tr>
<tr>
<td>2. Safe Care</td>
</tr>
<tr>
<td>4. Dignified Care</td>
</tr>
<tr>
<td>7. Staff and Resources</td>
</tr>
<tr>
<td>Amcanion Strategol y BIP: UHB Strategic Objectives: [Hyperlink to HDdUHB Strategic Objectives]</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Amcanion Llesiant BIP: UHB Well-being Objectives: [Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gwybodaeth Ychwanegol: Further Information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ar sail tystiolaeth: Evidence Base:</td>
</tr>
<tr>
<td>Rhestr Termau: Glossary of Terms:</td>
</tr>
<tr>
<td>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effaith: (rhaid cwblhau) Impact: (must be completed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ariannol / Gwerth am Arian: Financial / Service:</td>
</tr>
<tr>
<td>Ansawdd / Gofal Claf: Quality / Patient Care:</td>
</tr>
<tr>
<td>Gweithlu: Workforce:</td>
</tr>
<tr>
<td>Risg: Risk:</td>
</tr>
<tr>
<td>Cyfreithiol: Legal:</td>
</tr>
<tr>
<td>Enw Da: Reputational:</td>
</tr>
<tr>
<td>Gyfrinachedd: Privacy:</td>
</tr>
<tr>
<td>Cydraddoldeb: Equality:</td>
</tr>
</tbody>
</table>
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, byddwch cystal â rhoi gwybod. If you would like to receive this information in Welsh, please let me know.

Yours sincerely,

Jean White CBE
Chief Nursing Officer
Nurse Director NHS Wales
## Appendix 2: List of wards which retain S.25B status

<table>
<thead>
<tr>
<th>Site</th>
<th>Name of Ward</th>
<th>Number of beds</th>
<th>Establishment during COVID-19</th>
<th>Previous funded establishment</th>
<th>Record the date when the purpose of the ward changed &amp; the rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>BGH</td>
<td>BGH Dyfi</td>
<td>26</td>
<td>32.22 20.61</td>
<td>32.22 20.61</td>
<td>Ward remains a S.25B Adult medical ward</td>
</tr>
<tr>
<td>BGH</td>
<td>BGH Meurig</td>
<td>14</td>
<td>11.61 11.61</td>
<td>11.61 11.61</td>
<td>Ward remains a S.25B Adult medical ward</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Cadog</td>
<td>20</td>
<td>15.28 15.28</td>
<td>15.28 15.28</td>
<td>Ward remains a S.25B Adult medical ward</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Gwenllian</td>
<td>20</td>
<td>20.73 18.00</td>
<td>20.73 18.00</td>
<td>Ward remains a S.25B Adult medical ward</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Steffan</td>
<td>19</td>
<td>15.28 15.28</td>
<td>15.28 15.28</td>
<td>Ward remains a S.25B Adult medical ward</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Padarn</td>
<td>19</td>
<td>15.28 15.28</td>
<td>15.28 15.28</td>
<td>Ward remains a S.25B Adult medical ward</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Towy</td>
<td>20</td>
<td>15.28 15.28</td>
<td>15.28 15.28</td>
<td>Ward remains a S.25B Adult medical ward</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Cleddau</td>
<td>15</td>
<td>13.50 13.50</td>
<td>6.28 6.28</td>
<td>Ward remains a S.25B Adult surgical ward</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Derwen</td>
<td>26</td>
<td>18.49 18.49</td>
<td>15.28 15.28</td>
<td>Ward remains a S.25B Adult surgical ward</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Picton</td>
<td>10</td>
<td>11.98 11.98</td>
<td>5.75 5.75</td>
<td>Ward remains a S.25B Adult surgical ward</td>
</tr>
<tr>
<td>Hospital</td>
<td>Ward Number</td>
<td>Beds</td>
<td>Nurse Staffing Level 1</td>
<td>Nurse Staffing Level 2</td>
<td>Nurse Staffing Level 3</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
<td>------</td>
<td>------------------------</td>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>PPH Ward 5</td>
<td>21</td>
<td>20.73</td>
<td>19.78</td>
<td>15.28</td>
<td>Ward remains a S.25B Adult medical ward but nurse staffing levels recalculated based on change in patient pathway</td>
</tr>
<tr>
<td>PPH Ward 6</td>
<td>28</td>
<td>20.73</td>
<td>20.73</td>
<td>11.03</td>
<td>11.03</td>
</tr>
<tr>
<td>WGH Ward 7</td>
<td>28</td>
<td>20.73</td>
<td>20.73</td>
<td>20.73</td>
<td>20.73</td>
</tr>
<tr>
<td>WGH Ward 8/CCU</td>
<td>26</td>
<td>29.73</td>
<td>16.23</td>
<td>29.73</td>
<td>13.50</td>
</tr>
<tr>
<td>WGH Ward 10</td>
<td>16</td>
<td>15.28</td>
<td>11.73</td>
<td>15.28</td>
<td>11.73</td>
</tr>
<tr>
<td>WGH Ward 3</td>
<td>24</td>
<td>17.38</td>
<td>17.38</td>
<td>15.28</td>
<td>15.28</td>
</tr>
</tbody>
</table>

The above required establishment have been calculated in line with the approach taken as part of the biannual calculation cycles and are based on a combination of early/late/ND and long day shift patterns and include 26.9% uplift.
Appendix 3: List of wards previously S25B but repurposed as covid-19 wards

<table>
<thead>
<tr>
<th>Site</th>
<th>Surgical Wards</th>
<th>Number of beds</th>
<th>Establishment during COVID-19</th>
<th>Previous funded establishment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>RN WTE</td>
<td>HCSW WTE</td>
</tr>
<tr>
<td>BGH</td>
<td>BGH Ystwyth</td>
<td>18</td>
<td>21.32</td>
<td>17.77</td>
</tr>
<tr>
<td>BGH</td>
<td>BGH Rhiannon</td>
<td>15</td>
<td>12.55</td>
<td>12.55</td>
</tr>
<tr>
<td>GGH</td>
<td>PPH Ward 1</td>
<td>21</td>
<td>15.28</td>
<td>15.28</td>
</tr>
<tr>
<td>GGH</td>
<td>PPH Ward 3</td>
<td>8</td>
<td>12.55</td>
<td>20.73</td>
</tr>
<tr>
<td>GGH</td>
<td>PPH Ward 4</td>
<td>8</td>
<td>12.55</td>
<td>20.73</td>
</tr>
<tr>
<td>GGH</td>
<td>PPH Ward 9</td>
<td>29</td>
<td>15.28</td>
<td>21.56</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Teifi</td>
<td>11</td>
<td>15.28</td>
<td>18.00</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Merlin (including 5 beds on Tysul)</td>
<td>24</td>
<td>27.00</td>
<td>29.73</td>
</tr>
<tr>
<td>GGH</td>
<td>GGH Preseli</td>
<td>8</td>
<td>18.00</td>
<td>15.28</td>
</tr>
<tr>
<td>WGH</td>
<td>WGH Ward 1</td>
<td>28</td>
<td>20.73</td>
<td>21.56</td>
</tr>
<tr>
<td>WGH</td>
<td>WGH Ward 12</td>
<td>24</td>
<td>17.06</td>
<td>20.73</td>
</tr>
<tr>
<td>WGH</td>
<td>WGH Ward 11</td>
<td>21</td>
<td>24.28</td>
<td>20.73</td>
</tr>
</tbody>
</table>

The above are accurate up to 07/05/2020 and is subject to change as operational teams develop and change their operational plans.

The above required establishment have been calculated in line with the approach taken as part of the biannual calculation cycles and are based on a combination of early/late/ND and long day shift patterns and include 26.9% uplift.