# All Wales Nursing Principles for Nursing Staff

## Introduction

The purpose of the paper is to respond to the Welsh Governments Staffing Principles for Nurse Staffing within Wales. These principles set out a vision for Health Boards to achieve sustainability of safe staffing levels examining the affordability and how this will be achieved.

This paper summarises the assessment undertaken to compare current ward staffing with the All Wales Principles and focuses on the key areas identified as medical and surgical wards.

The Board are asked to note, comment and recommend a way forward based on the assessment contained within this paper.

| Financial Assessment and link to Financial Recovery Plan | The baseline financial assessment has been undertaken by Divisional Business Partner Accountants. Findings set out in Appendix 1. A more detailed assessment and analysis will be undertaken on a ward by ward basis and reported to the Project Implementation Board. |
| Risk Assessment | To enable the Health Board to deliver safe nursing staffing on acute medical and surgical wards and achieve the Welsh Government Staffing Principles. |
| Annual Operating Framework | To reduce risk, harm and variation. |
| Standards for Health Services Wales | The proposal links primarily to Standards for Health Services Standards; 1: Governance Standard 7: Safe and Clinically Effective Care 24: Workforce Planning and Standard 26: Workforce Training and Organisational Development. |
| Equality Impact Assessment | An equality impact assessment has been undertaken. |
2 Background

The focus on Health Boards and Trusts providing assurance in respect of safe nursing staffing levels to deliver care has had heightened awareness post the Mid Staffordshire enquiry and the recommendations set out in the Francis report.

Within Wales the Hospital based nursing workforce has been measured by the Welsh Audit Office.

The Welsh Government have set out staffing principles for Medical and Surgical Wards and Health Boards have been asked to provide assurance that the safe staffing arrangements will be in place by the commencement of the financial year 2014.

The Chief Nurse for Wales has charged all Health Boards and Trusts with reporting progress against the implementation of the staffing principles on a quarterly basis.

Within Aneurin Bevan Health Board the nursing workforce has been systematically reviewed. This information has been triangulated against professional judgment, an acuity tool and the findings of the Welsh Audit office Review. Weekly variable pay meetings are used to ensure a proactive approach to bank and agency usage, vacancy management and the provision of a safe service.

The Health Board has already implemented the Perfectly Resourced Ward within two medical wards within the Unscheduled Care Division. Over the first three months the quality indicators, patient experience and PADR compliance are demonstrating compelling improvements. Work is ongoing to validate the financial benefits and the reduction on variable pay.

As part of the Welsh Governments response to the outline business case for clinical futures assurance has been sought that the Health Boards ward staffing for surgical and medical wards will be adjusted to meet the standards set out in the All Wales Staffing Principles.

The Health Board has already delivered strategies to review nursing establishments within the following specialities: -

- Neonatal Services
- School Nursing
- Frailty Services
- Midwifery
3 All Wales Principles

The All Wales Nursing Staffing Principles issued by Welsh Government in October 2012 are as follows:

<table>
<thead>
<tr>
<th>Acute Medical and Surgical Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1.1 wte per bed</td>
</tr>
<tr>
<td>• 60% Registered Nursing</td>
</tr>
<tr>
<td>• 7 patients per Registered Nurse - Days</td>
</tr>
<tr>
<td>• 11 patients per Registered Nurse - Nights</td>
</tr>
<tr>
<td>• 1 wte Management Time</td>
</tr>
<tr>
<td>• 21.2% uplift</td>
</tr>
</tbody>
</table>

4 Baseline Assessment

A base line assessment of compliance with the All Wales Nursing Principles has been completed and submitted to Welsh Government. This work examined the variance from current ward staffing and the principles and the funding gap. This is referred to in Appendix 1.

The information within the submission was verified by the Divisional Nurses and Business Partner Accountants.

Clinical areas which have a higher than expected vacancy factor or use higher than expected variable pay will continue to be examined triangulating these factors against quality indicators to ensure the delivery of a safe service.

5 Analysis

Methodology

Due to the differences in the working establishments set by the ward areas, staff in post, variable pay activity and the budget, and to ensure consistency to the base line assessment sent to Welsh Government, the following methodology has been adopted for comparing the current situation to the proposed principles.
Current working establishments have been deducted against the principles to understand deficit + or -.

Workforce metrics such as staff in post, reported vacancies, variable pay and sickness absence has been mapped across to assess other workforce variables in each area.

Definitions

Staff in post represents the number of staff by whole time equivalent by each area. These are staff who are contracted to work a set amount of hours per week. This does not include bank staff.

Working Establishments is the number of staff Registered and Health Care Support Worker (HCSW) that need to be rostered to provide safe care. This currently varying depending on the ward type and acuity.

Bed Occupancy have been included. Where this >100% related to additional capacity, where this is <100% further work needs to be undertaken to understand impact on workforce. For the purposes on this exercise bed occupancy rates have not impacted on the All Wales Nursing calculations.

% Uplift in wards is current 26.9% for RN and 24.9% for HCSW’S when calculated against contracted hours this equates to 21.2% RN and 19.9% HCSW. The current break down is set out in the following table. It is important to note that establishments have no uplift for Maternity Leave.

<table>
<thead>
<tr>
<th></th>
<th>A/L</th>
<th>sick</th>
<th>Study</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered</td>
<td>14.6%</td>
<td>4.3%</td>
<td>2.3%</td>
<td>21.2%</td>
</tr>
<tr>
<td>HCSW</td>
<td>14.6%</td>
<td>4.3%</td>
<td>1.0%</td>
<td>19.9%</td>
</tr>
</tbody>
</table>

Specialling is currently impacting on the working rosters. Specialling means one to one care or care of a small group of patients, this care is risk assessed and agreed with a Senior Nurse prior to its use. This is outside core staffing. An example of specialling is for challenging behaviour or a patient at risk.
Variable Pay is currently used to cover absence (e.g. sickness absence, maternity leave, additional capacity requirements and vacancies).

Findings

The exercise has compared current working establishment to All Wales Nursing Principles and an assessment of staff in post, vacancies, sickness absence. This is attached in Appendix 2.

A summary of this is broken down as follows: -

Nursing Establishment Proposals, May 2013
Comparison between current working establishments and Wales staffing principles

<table>
<thead>
<tr>
<th>Unscheduled Care Wards</th>
<th>Beds</th>
<th>Current Working Establishments</th>
<th>Proposed - based on All Wales Principles</th>
<th>Staffing Principles vs Current Working Establishment</th>
<th>Increase (+), Decrease (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RN's</td>
<td>HCSW</td>
<td>Total</td>
<td>RN's</td>
</tr>
<tr>
<td>RGH</td>
<td>251</td>
<td>152.31</td>
<td>125.25</td>
<td>277.56</td>
<td>170.92</td>
</tr>
<tr>
<td>NHH</td>
<td>150</td>
<td>83.13</td>
<td>65.63</td>
<td>148.76</td>
<td>99.37</td>
</tr>
<tr>
<td>YV</td>
<td>30</td>
<td>18.05</td>
<td>13.98</td>
<td>32.03</td>
<td>19.80</td>
</tr>
<tr>
<td><strong>Totals, USC</strong></td>
<td>431</td>
<td>253.49</td>
<td>204.86</td>
<td>458.35</td>
<td><strong>290.09</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scheduled Care Wards</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>RN's</td>
<td>HCSW</td>
<td>Total</td>
<td>RN's</td>
</tr>
<tr>
<td>RGH</td>
<td>214</td>
<td>138.79</td>
<td>88.00</td>
<td>226.79</td>
<td>142.22</td>
</tr>
<tr>
<td>NHH</td>
<td>119</td>
<td>72.13</td>
<td>57.59</td>
<td>129.72</td>
<td>71.99</td>
</tr>
<tr>
<td><strong>Totals, SC</strong></td>
<td>333</td>
<td>210.92</td>
<td>145.59</td>
<td>356.51</td>
<td><strong>214.21</strong></td>
</tr>
<tr>
<td>Gynae</td>
<td>64</td>
<td>40.39</td>
<td>22.38</td>
<td>62.77</td>
<td>39.79</td>
</tr>
<tr>
<td><strong>Totals, Unscheduled, Scheduled &amp; Gynae</strong></td>
<td>828</td>
<td>504.80</td>
<td>372.83</td>
<td>877.63</td>
<td><strong>544.09</strong></td>
</tr>
</tbody>
</table>

As noted above the principles are recommending a change in the nursing establishment as follows:

Unscheduled Care:
- 36.61 wte Registered Nursing
- 9.80 wte Registered Nursing to cover management time
- -11.47 wte Health Care Support Workers

Scheduled Care
- 3.29 wte Registered Nursing
- 6.00 wte Registered Nursing to cover management time
- -5.86 wte Health Care Support Workers
Gynaecology

- 0.60 wte Registered Nursing
- 1.00 wte Registered Nursing to cover management time
- 0.60 wte Health Care Support Worker

Overall this requires an increase in Registered Nursing of 56.09 wte and a reduction of Health Care Support Workers of 16.73 wte. 10% of the workforce will be used flexibly as and when required.

The staff in post across all these areas 837.85 wte coupled with the variable pay usage of 94.52 wte equals 932.37 wte which is currently being used. This equates to 15.40 wte more than the all Wales Principles recommendations of 916.99 wte.

Shown in the graphs below by Division is the SIP + variable pay against the All Wales Nursing Principles, also included in the graphs are the current wte’s lost to sickness absence and maternity leave (figures do not include extra capacity where known).
There may be a few reasons to explain this such as maternity leave, vacancies, sickness absence and additional capacity.

Adopting these principles will provide clear guidelines around requests for variable pay and vacancy management as ward areas and management will know the agreed minimum number of staff that should be rostered. Moreover, E-Rostering will provide recommendations on the most efficient roster. However whilst maternity cover is not included in the uplift and sickness absence is running above 4% and where the recommendations from e-rostering have not been fully realised then there is a risk that workforce costs will not be contained to the All Wales Principles levels.
6 Benefits and Risks
The following benefits and risks are noted:

Benefits:

- Standardised consistent and agreed ward establishments would enable management of variable pay costs.
- The recruitment to meet the principles would allow establishments to be formally signed off and would greatly assist the functionality the Health Board could achieve from the e-rostering system including improved financial controls.
- The reduction in transient staffing will create the opportunity for continuity of care and service development.
- Recruitment would allow the Health Board to meet the Welsh Governments request for assurance and expectation ahead of agreeing the business case for clinical futures.
- Continuity of staffing and the revised staffing ratio will allow further time to focus on driving the quality, safety and performance agenda.
- Achieving the management and leadership time for Ward Sisters and Charge Nurses to fully discharge their role which would enable:
  - Timely and effective management of complex discharges
  - Enable the quality, safety, patient experience and service development agenda at ward level.
  - Ensure that all ward staff have an up to date PADR and support to further develop clinical skills by working alongside staff.
  - Enable the timely management of Human Resource issues such as sickness management and performance issues.
  - Effective use of ward resources including staff resource.
  - Afford the ward sister autonomy to effectively discharge the professional and management role.

- To assist with mitigating the risk and to ensure effective use of resources a phased approach would enable the opportunity to deliver assurance to the board in respect of any investment in establishment.
- Performance criteria including occupancy levels; ward efficiency measures; quality indicators; appropriate use of variable pay; sickness absence and maternity leave; and successful implementation of E-Rostering to be recognised for each ward.
Risks:

- If all Welsh Health Boards implement the staffing principles there may be a recruitment gap.
- There is a risk that a full recruitment drive could result in an excess of staff if the intended bed closures programme is implemented. To mitigate the risk establishments would need to be proactively managed in line with service reconfiguration.
- No funding has been made available by Welsh Government to support the Staffing Principles outlined. Therefore, the initiative would require any funding to come from within the Health Board’s existing resources.
- Maternity cover is not included in the uplift and sickness absence is running above 4% then there is a risk that workforce costs will not be contained to the All Wales Principles levels.
- _It should be noted, however, that the Clinical Futures service, workforce and financial plans align saving associated with bed capacity plan from acute to Community Services and Radiology._

7 Implementation

To ensure assurance on any financial investment and effective implementation it is proposed that the roll out is phased and is done so within a project management framework. To ensure that wards are currently and continue to be effective and high performing it is suggested that this roll out is aligned to the E-Rostering work programme. The development and implementation of key performance indicators for the wards will be a key enabler for the agreement of the implementation of the All Wales Principles.

**Project Management** - To ensure effective implementation and measurement of the effectiveness of investment this work would require clear project management. A Project management framework will be developed.

**Phased Implementation** - To assist with mitigating the risk and to ensure effective use of resources a phased approach would enable the opportunity to deliver assurance to the board in respect of any investment in establishment; at a pace of one ward per month is recommended.

It is recommended that the work commences with the Division of Unscheduled Care who have the largest gap within their establishment.
Performance Management – The development of key performance indicators will be tracked through the weekly benefits tracking process and other workforce indicators (e.g. PADR)

The key performance indicators implemented within the perfectly resourced ward will be used as part of the quality assurance and performance management framework. Appendix 3 - sets out the principles and indicators used within the perfectly resourced ward.

An assessment of occupancy levels and the impact that this will have on staff will be undertaken.

Recruitment & Redeployment

Recruitment of additional Registered Nursing will be undertaken quarterly aligned with the project plan. The redeployment of Health Care Support Workers will be undertaken incrementally using the management of change processes.

8 Conclusion

To implement the recommendations of the All Wales Nursing Staffing Principles will require a conversion of variable pay to substantive rostered staff (which will include a 10% for flexibility) Variable pay will still remain outside these recommendations due to factors such as high sickness absence, maternity leave, additional capacity and existing rostering practices.

9 Recommendations

It is recommended that consideration be given to implementing these recommendations through a project management structure.

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Appendix 1 – WAG Report Compliance with All Wales Staffing Principles February 2013 with costings

Appendix 2 – Professional Judgement Report

Appendix 3 – Perfectly Resourced Ward

2013-03 Perfect Ward briefing...