Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Department for Health, Social Services
Prif Swyddog Nyrsio – Cyfarwyddwr Nyrs GIG Cymru
Chief Nursing Officer – Nurse Director NHS Wales

Llywodraeth Cymru
Welsh Government

Chief Executives Health Boards
Nurse Directors Health Boards
Directors of Workforce & Organisational Development
Directors of Finance

25 June 2019

Dear Colleagues,

Re: Interim Paediatrics Inpatients Nurse Staffing Principles

Over the last two decades, the international research evidence base has grown considerably that unequivocally shows that having the right number of registered nurses reduces morbidity, improves patient outcomes and saves bed days. In Wales we are committed to ensuring the nursing workforce is fit to meet the diverse needs of our patients. Ensuring patients have safe, high quality standards of care was why we supported the introduction of the Nurse Staffing Levels (Wales) Act 2016 (the Act) - the first legislation of its kind in Europe.

In Prosperity for All - Wales' overarching strategy document – "*early years"* is highlighted as a cross-cutting government priority area. Furthermore, the Welsh Government has pledged to deliver on its responsibilities under the UN Convention on the Rights of the Child, ensuring that children and young people are given due and equal consideration in our policy and legislative decisions. As sections 25B and C of the Act do not currently cover care of children, it is imperative that we move to extend the Act into a paediatric setting as a priority. There is clear evidence about the link between the health and wellbeing of children and their long-term health and wellbeing outcomes into adulthood. Therefore, there is a compounded importance that we do all we can to ensure nursing care provided to our children is safe and appropriate, and that must begin with the fundamentals of the workforce.

The Welsh Government is committed to extending the Nurse Staffing Levels (Wales) Act into other settings, which is dependent on development of the compulsory evidence-based workforce planning tools and associated validation for use in NHS Wales' services. This work is being undertaken by distinct work-streams under the All Wales Nurse Staffing Levels Programme. Due to the more advanced stage of development of the workforce tool for use in paediatrics inpatients setting, this is the most likely area where the law will be extended later in this term of government.

As an interim measure to help health boards prepare for the future extension of the law, I am publishing a set of interim guiding principles to support the planning of nurse staffing levels in paediatric inpatients services (attached at the foot of this letter for your

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information). These principles have been developed and refined by the paediatric inpatients work-stream of the All Wales Nurse Staffing Levels Group supported by nurse directors and my office. This follows on from the publication of similar interim staffing principles in district nursing in September 2017.

As with those in district nursing, the purpose of these interim staffing principles is to:

- establish a detailed baseline picture of the existing nursing workforce in our paediatric inpatient wards;
- identify the resource gap between the current position and full compliance with those principles; and
- close that gap over time with gradually increasing compliance to lessen the impact to the system when the Act is implemented to paediatrics inpatient areas.

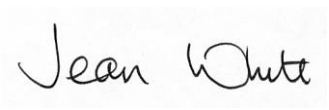
It is important to clarify that it is not our expectation for health boards to be fully compliant with these principles immediately. We have seen compliance with the district nursing principles positively change over the 18 months. For example, national compliance against the principle that "*each team should have access to at least 15 hours administration support per week"*, has gone from 35% in March 2018 to 59% in March 2019, showing steady progress towards compliance. This work is placing the district nursing workforce in a good position should the Act be extended to this service area in future.

The initial gap analysis in respect of paediatric inpatient services against these new workforce principles has shown great variation in staffing levels across Wales. I appreciate that concerns were raised about the resourcing implications of these principles at the NHS Executive Board on 22 May. I would welcome feedback from organisations about the level of challenge being faced, once these principles are being applied in earnest, as Welsh Government is committed to supporting the extension of the law to paediatric inpatients in this term of government.

Following the model established by the adult medical and surgical interim principles and then the district nursing interim principles, I will request returns from health boards on compliance against these paediatric workforce principles on a biannual basis. To allow time for the principles to begin to affect practice, I will write to Executive Nurse Directors later in the autumn with further details and a template for completion.

I would welcome your collective support to implement these principles and work towards compliance over the coming two years as we prepare for the legislative extension of the Act.

Yours sincerely,



Professor Jean White CBE
Chief Nursing Officer/Nurse Director NHS Wales

Cc Andrew Goodall
Alan Brace
Helen Arthur
Frank Atherton
Chris Jones
Jo-Anne Daniels

Interim Paediatrics Inpatients Nurse Staffing Principles

1. Professional nursing judgement should be used in determining paediatric ward establishments.
2. All health boards should have paediatric escalation protocols in place for instances where decreased staffing numbers have been identified.
3. For inpatient wards the ratio of RSCN/RCN to patients should not fall below 1:4. This equates to providing an average of 6 Care hours per patient per day.
4. There will be a minimum of 2 RSCN /RCN rostered at all times, one of whom will have the experience and skills to act as team leader (this should not include the ward sister/charge nurse/manager)
5. The ward sister/charge nurse/ward manager will be supernumerary.
6. The skill mix for each ward should be a minimum of 70:30
7. At least one nurse per shift in each clinical area (ward/department) will be trained in APLS/EPLS
8. Ward sisters/charge nurses/managers should have access to administration support.
9. 26.9% uplift should be used in calculating the headroom within a roster.