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**Welsh Levels
of Care Mental Health
Admission and
Treatment wards (V3)**

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Document Information

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Summary:

This document has been produced by the mental health inpatient workstream, as part of the All-Wales Nurse Staffing Programme to provide Welsh Health boards and Trusts with a national tool to assist mental health nurses within admission and treatment wards to measure a patient's level of acuity and dependency. The tool will support nurses' professional judgement when assigning a level of care based on the Patient level of need.

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Executive Summary

This is the first edition of the Welsh Levels of Care for use within Mental Health, Admission & Treatment wards. Over the last 3 years the Mental Health workstream, which consists of representatives from every Health Board and NHS Trust, has worked collaboratively with key stakeholders from across NHS Wales, to coproduce this tool. The Welsh Levels of Care tool is unique to Wales, designed and tested by frontline nursing teams, and is recommended for use within all Mental Health, Admission & Treatment wards across NHS Wales.

The purpose of this document is to provide nursing teams with the advice, guidance and definitions required to consistently assign individual patients to a level of care. The tool follows a specific structure and consists of 5 levels of acuity ranging from; level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 2:1 basis, down to level 1 where the patient's is able to manage their needs independently. Within each level there are a series of descriptions which describe the typical patient needs, conditions and situations and the corresponding clinical assessments, interventions and tasks undertaken by nurses.

The development of this national tool has been welcomed by nursing teams who are committed to providing patient centred care that focuses on meeting the holistic needs of the patient. The Welsh Levels of Care tool can provide a consistent means of measuring and evidencing the acuity and dependency of individual patients and the caseload. This information is essential to inform decisions regarding the day- to- day deployment of nursing staff and members of the multi-professional team, to ensure that the needs of patients are met and to inform local and national workforce planning. Information on patient acuity, patient need and demand can provide valuable insight which can be used to inform the delivery of services and enable local and national benchmarking.

As the tool becomes embedded into practice as a working draft the tool will require review and evaluation as it continues to develop and evolve.

To support adoption of the Welsh Levels of Care, the Nurse Staffing Programme team has provided a range of education and training materials and supportive mechanisms for operational teams, equipping them with the knowledge and skills to use the Welsh Levels of Care consistently to measure and evidence patient acuity and dependency. The Local Nurse Staffing Leads within each Health Board/NHS Trust, working alongside local 'champions' and 'trainers', will provide guidance and support to operational teams enabling them to incorporate the tool into everyday practice and utilise the data generated from the tool to inform local decisions.

The development of this national tool is a significant achievement for the Mental Health workstream group and testament to the commitment and hard work of all those involved who have strived to develop a national tool that will help to inform the delivery of safe and effective patient care and services

Introduction

The Welsh Levels of Care is a national tool that has been developed for use within mental health inpatient admission and treatment wards in NHS Wales to assist nursing staff in measuring levels of patient acuity and dependency.

The Welsh Levels of Care consists of 5 levels of acuity ranging from: Level 1 where the patient is independent and outside of ward processes have no identified needs and/or risks; to Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 2:1 basis.

This document explains how nurses can use the Welsh Levels of Care tool to assign patients with the right levels of care. The document provides “typical” needs and risks at each level of care. These descriptions are broken down into themes of increasing specificity.

Lay Descriptors – describe in simple terms the typical condition of the patient and types of care

Summary Descriptors – describe a summary of the clinical descriptors, for use as a quick reference guide

Clinical Descriptors – provides more detail including professional considerations at each level

Nursing Themes – provides lots of technical detail about the patients’ needs and interventions required at each level

Each set of descriptors have been developed through detailed examination and iteration processes with a wide range of mental health nursing staff across Wales. They are designed in such a way that the categories are coherent across the 5 levels of care, leading to a more consistent measure of the patient to a level of care.

How to Choose the Right Level of Care

It is expected that for most patients, most of the time, the Lay Descriptors will be sufficient to assign a patient to a level of care. The Lay Descriptors are given in detail on page 8, but are summarised as follows and will serve as an aide memoir for nursing staff using the tool:

Level 5	Severe and Immediate - the Patients' mental and/or physical presentation is SEVERE resulting in the Patient requiring AT LEAST TWO TO ONE CONTINUOUS nursing observations for 24 hours a day. The Patient requires IMMEDIATE review from the nursing and medical team.
Level 4	Enhanced Care - The Patients mental and/or physical presentation MAY CHANGE RAPIDLY and/or be a chronic need / risk resulting in the Patient requiring ENHANCED CARE (at least ONE TO ONE supervision for MOST OF THE SHIFT) . The Patient requires URGENT and/or daily input from the nursing and medical teams to ENHANCE and review plan of care / risk (at least daily) .
Level 3	Complex Care - The Patients mental and/or physical presentation is COMPLEX making it MORE DIFFICULT TO CONSISTENTLY PREDICT the outcome of any treatment. The Patient will typically require COMPLEX and variable levels of supervision (generally intermittent observations with brief period of one to one supervision) . The Patient will typically require ADDITIONAL reviews with the MDT
Level 2	Routine Care - The Patient has CLEARLY DEFINED needs / risks. Minor fluctuation in needs / risks can be MANAGED WITH SMALL VARIATION IN CARE . MDT input and the care pathway is ROUTINE
Level 1	Independent – The Patient has recovered or their needs are stable and can be met INDEPENDENTLY . OUTSIDE OF WARD PROCESSES the Patient would be managing their own needs / risks INDEPENDENTLY .

If the Lay descriptors are insufficient to enable a level of care to be assigned, the nurse can refer to the clinical descriptors to obtain further guidance. There are a series of nursing themes and associated descriptors. The themes are **Risk Management, Emotional Support, Cognition & Communication, Personal Care and Physical Health** that provide more information about the Patients level of need and the nursing interventions required.

It is possible for a patient to have needs in different levels of care in each of the nursing themes. These descriptors are meant as a guide and ultimately the nurse completing the score will need use their professional judgement to determine the level of care that best describes the patient and their level of acuity and dependency. The patients' needs can change, as can their level of care, so their level of care needs to be regularly reviewed using the tool.

Frequently asked questions

What is acuity?

Acuity can be defined as the measurement of the intensity of nursing care required by a patient. For the purpose of this work, we use the term 'acuity' as an umbrella term which encompasses other terms such as dependency, intensity, unpredictability and complexity to describe the amount of care that a patient requires based on their holistic nursing needs.

When considering acuity, there are two principal attributes: 'severity' which indicates the physical and psychological status of the patient, and 'intensity' which indicates the nursing needs, complexity of care and the corresponding workload required to care for a patient, or group of patients.

Why does the document include so many descriptors?

The Welsh Levels of Care document is a reference guide, and it is not an operational process to be followed from beginning to end each time a patient is assessed. Nurses are required to make a professional judgement about their patients' levels of acuity and this document is simply to provide nurses with sufficient information to validate that judgement.

Staff feedback has shown that the Lay Descriptors can be used to consistently categorise patients. The Clinical Descriptors and Nursing Themes will be used to provide additional guidance to assist staff in categorising their patients.

Is there training to support staff in using the Welsh Levels of Care?

A handbook and automated PowerPoint presentation has been devised to assist staff in using the Welsh Levels of Care. Health boards are holding local sessions with ward managers and staff to explore the practical application of the Welsh Levels of Care and discuss how their 'typical' patients are categorised.

Why are the levels listed from 1-5?

The levels have been listed from the lowest level, which is level 1 at the bottom, to the highest level, which is level 5 at the top. This is because the format of the levels was designed to match the intuitive method of decision making in practice and mimic directional cues in devices such as a thermometer i.e.: cold at the bottom of the range and hot at the top. We also use this cue in the production of the Visualiser which replicates the pattern of 1 at the bottom and 5 at the top and serves as a powerful sense checking device.

Why have Lay Descriptors?

The Lay Descriptors use clear, simple, ordinary language without the use of technical terms to describe the patients' needs at each level of care. These descriptions will continue to be developed and refined to produce a variety of accessible versions of this narrative for sharing with a variety of audiences.

I am concerned that the time the data is collected does not accurately reflect the typical acuity of the ward.

The data collection method is referred to as a spot audit that is designed to capture patient acuity at a specific point in time during the middle of the day. It is likely that there will be

occasions when a higher acuity patient will be replaced by a lower acuity patient just before the audit is conducted and vice versa and therefore will not always provide a true reflection of the patients' acuity on the ward. However, in choosing a specific time during the day, the probability of either scenario is evened out and so should not significantly affect the results for analysis. In other words, capturing data at set times compensates for unpredictable changes in acuity. For example, the bed may have been occupied by a person awaiting discharge or by a patient who is at the height of acuity during their period of admission.

The ideal would be to capture data more frequently and there are plans in the future to move towards continuous capture of acuity scores related to Patient patients. As the technological enhancements planned with the programme are rolled out, it is likely that the audit will move from capturing once a day towards capturing patient specific acuity scores as the patients' level of acuity changes.

What should I do if the bed is empty or recently empty at the time of data capture?

To complete the acuity audit, you assign a level to each patient who is under the care of the ward at the time of the audit. Do not look back and estimate a score for the preceding 12 hours, this invalidates the method and the analysis, as the score is related to a patient not a bed. An empty bed is an empty bed. It is acknowledged it will not be possible to conduct the audit on every patient at exactly 3pm.

How do I assign a level of care to a patient who requires 1:1 care due to their level of need, however due to availability of resources patients are cohorted?

There will inevitably be patients at the higher levels of acuity (level 4 patients requiring 1:1 care for the majority of the day and level 5 patients who require 2:1 care for 24 hours per day). The purpose of the tool is to measure the level of care patients require. If patients require constant observation and they do not receive this level of care (e.g., to mitigate the risk, these patients are cohorted) these patients should be recorded as level 5 or 4 patients (depending on the initial need). This should be reflected within the operational narrative and the reasons for this should be explored, because the data recorded may result in the staffing levels being seen as inadequate given the acuity of these patients.

It is important to acknowledge that in cases where patients are assessed as requiring 1:1 care and this cannot be provided due to lack of staff resource this situation should be escalated through the health boards local reporting and escalation procedures.

How do I classify patients that are being cohorted?

By 'cohorting' we mean forming a professional judgement that a patient or group of patients require a similar level of supervision. Professional judgement must be used when determining the patients' levels of acuity, bearing in mind that the nursing care they receive will need to be shared between the patients within that dormitory or communal area.

Example 1: In a 2 bedded dormitory where 2 patients are cohorted and cared for by 1 member of staff for 24 hours, without the use of cohort observation, both patients would require this level of supervision. Therefore, each patient would be categorised as a level 4, regardless of staffing deployment.

Example 2: when cohorting several patients together in a nursing bay to enhance the level of supervision available to them, this doesn't mean that they all need the same level of supervision. Cohorted patients may also have different levels of acuity and so it would be

appropriate for those patients to be categorised at different levels. When cohorting professional judgement must be used to determine the patients' level of care.

Does changing some of the descriptors mean that the tool is no longer accurate?

Work has been undertaken during national workshops where the descriptors have been revised and additions made. The descriptors developed through each iteration have been validated by testing the Welsh Levels of Care through the bi-annual audits, training and staff feedback.

Are we using multipliers to determine the number of staff required?

We are implementing a much more rigorous process of monitoring staffing levels on a continuous basis rather than relying upon a set of theoretical multipliers. The focus of the work is to calculate the nurse staffing level by using the triangulated approach, which gives the ability to flex the number and skill mix of staff based on the needs of the patient at the time.

How can we capture the time spent on Section 136 suite or CAMHS beds?

So far, all the work has focused on traditional inpatients. However, based on feedback, we understand that ward teams are undertaking a much wider range of activity, integrating traditional inpatient activity with alongside the management of section 135/136 suites and child and adolescent specialist beds.

Why take a snapshot of audit data?

None of the existing tools are currently capable of describing all the demands placed upon nursing time. The only way to do that will be to capture timings and scores for every patient, every time their acuity changes. Based on the acuity, we can mathematically weigh the proportion of dedicated time in each hour that each patient sits at each level of acuity, add up the aggregate time, then divide by the number of hours which should equate to an average level of care.

This is very complicated: we neither have the time, nor the technology to enable it, and as yet, we don't know the correct mathematical weighting for each level. Therefore, we are using a number of statistical techniques to view patterns of activity (including patient acuity, patient flow and deployed staffing) over time. The fixed time of the audit each day helps to facilitate this analysis and through bi-annual audits, we are continuing to develop a robust evidence base to support the effectiveness of real-time decision making.

How can we capture acuity in high throughput areas?

There is recognition that the methods currently used to complete the acuity audit are best suited to a traditional model of inpatient activity. This means that activity within the ward that has a much faster turn-around or turn-over rate is not accurately captured.

Lay Descriptors

The lay descriptors provide information on the general characteristics of a patient at each level of care

Level 5 Severe & Immediate	You will need continuous support from two or more members of the nursing team during the day and/or night to ensure that you and others are safe and supported.
Level 4 Enhanced Care	We will increase our level of support to meet your urgent physical and mental health needs. You will be supported by a member of the nursing team for most of the day / night
Level 3 Complex Care	You may have mental and physical health needs that require support from a member of the care team. Your needs may often change and we will change our levels of support to meet your needs.
Level 2 Routine Care	Your needs are understood and we have an agreed plan of how best to meet them. There may be some changes needed which we will agree together. There may be time when you need some support from the nursing team.
Level 1 Independent	You or your relative are getting better and your condition is stable. The person is able to meet their needs on their own. The person is ready to be discharged from the ward

Clinical Descriptors

In the context of the Welsh Levels of Care the “Clinical descriptors” encompass all elements of the Patients needs and risk management strategies that influence the patient’s global acuity. The “Clinical descriptors” blend, risk management, mental health needs, cognition, communication & engagement, physical health, person care requirements and psychiatric observations levels.

Level 5 Severe & Immediate Care	<ul style="list-style-type: none"> • IMMEDIATE risk of SEVERE harm to self and/or others, and/or the environment, requiring at least 2 STAFF to provide CONTINUOUS observation and support • IMMEDIATE INTERVENTION from nurses and medics is required to prevent SERIOUS DETERIORATION • The Patient is HIGHLY UNSTABLE and unpredictable. Nurses must consider transfer to a more suitable environment to best meet the patient’s SEVERE needs and/or risks.
Level 4 Enhanced Care	<ul style="list-style-type: none"> • Patient is at increased risk of harm to self and/or others, and/or the environment, requiring ONE TO ONE constant observation FOR MOST OF THE SHIFT • Patient’s needs and risks are unpredictable and may CHANGE RAPIDLY. Requiring URGENT review from nursing and medical teams (at least daily) • Patient is likely to require ENHANCED nursing support (3 to 4 staff) for planned and unplanned interventions (personal care / restraints)
Level 3 Complex Care	<ul style="list-style-type: none"> • Patient has COMPLEX needs and risks that may be DIFFICULT TO CONSISTENTLY PREDICT. As a result, the Patient may require ADDITIONAL SUPPORT (including more frequent periods of 1-1 time) and observation from nursing staff • Patient has FLUCTUATING NEEDS and/or comorbidities that impact on their presentation and may impair their compliance with their treatment plan. Due to this, the care plan requires FREQUENT REVIEWS with INTEGRATED WORKING from the MDT • Patient is likely to require ADDITIONAL nursing support (2-3 staff) for planned and unplanned interventions • Any leave would be escorted and the team would need to balance the therapeutic benefits and risks each occasion.
Level 2 Routine Care	<ul style="list-style-type: none"> • Patient’s needs are PREDICTABLE and MANAGED with SMALL VARIATION IN CARE • Patient’s needs and risks are CLEARLY DEFINED and require ROUTINE OBSERVATION WITH SOME VARIATION when small fluctuations in risk occurs • Patient may require 1 MEMBER of the nursing team to support with some aspects of activities of daily living and escorted leave or as part of the Patient’s recovery they may use periods of unescorted leave
Level 1 Independent	<ul style="list-style-type: none"> • Patient is STABLE • Patient can maintain their own needs and risks INDEPENDENTLY • OUTSIDE OF WARD PROCESSES the Patient has no nursing needs and can now be supported in the community • Patient may use extended periods of unescorted periods of leave

Risk Management Descriptors

In the context of the Welsh Levels of Care the “Risk Management” theme focuses on the management of risks that may result in immediate harm to the Patient or others. This aligns with the requirements for detention under the mental health act 2017. It is essential when using each of the themes to isolate the risks / needs under each theme and considering the nursing demand of managing or addressing these needs.

Level 5 Severe & Immediate Care	<ul style="list-style-type: none"> The Patient presents with single or multiple risks that are HIGHLY UNSTABLE which SERVERELY impact on the Patient or others safety. The Patients’ risk can only be managed by AT LEAST 2 STAFF, providing CONTINUOUS observations and support. This risk is likely to be unpredictable, or a predictable risk that requires INTENSIVE management (i.e. planning to give a depot) The Patient will likely require INTENSIVE periods of physical and/or medical restraint to manage and/or reduce risks (including isolation / seclusion) The Patients’ risk management plan requires IMMEDIATE nursing or medical review. Teams may consider transfer to a more suitable environment.
Level 4 Enhanced Care	<ul style="list-style-type: none"> The Patient presents with risks to themselves and/or others that can typically be managed with ENHANCED support from 1 STAFF MEMBER for THE MAJORITY of the shift The Patient infrequently requires periods of physical and/or medical restraint to manage and/or reduce risks (this should be below the need of a Level 5) For example, the Patient may at times present at chaotic, aroused, acutely agitated with unpredictable or chronic levels of risk that require ENHANCED support The Patients’ risk management plan requires ENHANCED (at least daily) nursing or medical review.
Level 3 Complex Care	<ul style="list-style-type: none"> Patients’ risks are DIFFICULT TO CONSISTENTLY PREDICT and may fluctuate during the shift. Infrequent escalation and/or de-escalation may be required. Patient could be at risk without ADDITIONAL MONITORING (typically intermittent observations / with more frequent 1-1 time) Patient may display predictable patterns of risks which are managed through ADDITIONAL SUPPORT (typically intermittent observations / brief periods of 1-1 time) in accordance with care plan and risk assessment. The Patients’ risk management plan requires ADDITIONAL (at least twice a week) nursing or medical review.
Level 2 Routine Care	<ul style="list-style-type: none"> Patient has CLEARLY DEFINED Risks that are PREDICTABLE in nature and can generally be managed WITH SMALL VARIATIONS Patient requires ROUTINE observations (Generally hourly) Patients 1-1 sessions are ROUTINE Patient risk management plan is reviewed ROUTINELY (Weekly) Fluctuation in risk may include verbal aggression, minor self-harm, self-neglect but no physical aggression displayed
Level 1 Independent	<ul style="list-style-type: none"> The Patient has NO IDENTIFIED RISKS or historical risks are STABLE Patient is able to manage their risks INDEPENDENTLY OUTSIDE OF WARD PROCESSES the Patient DOES NOT require any nursing or medical management of risks Patient may use extended periods of unescorted periods of leave

Emotional Support Clinical Descriptors

In the context of the Welsh Level or Care the “Emotional Support” themes focuses on the support any Patient requires for their psychological needs. When considering this need there will undoubtedly be an overlap with “risk management” as psychological need can manifest into active risk. however, where possible it is advised to isolate psychological needs from risk by considering the degree of interventions required to address the psychological needs.

Level 5 Severe & Immediate Care	<ul style="list-style-type: none"> • Patient’s mental health is SEVERE, UNSTABLE, and unpredictable (e.g. mania, delirium, acute agitation, floridly psychotic) and requires a minimum of ONE-TO-ONE observation for THE MAJORITY OF THE SHIFT • Patient’s behaviour, placing them at SEVERE risk from others. IMMEDIATE, CONTINUOUS and INTENSIVE support is required to safeguard the Patient (ONE-TO-ONE observation for THE MAJORITY OF THE SHIFT)
Level 4 Enhanced Care	<ul style="list-style-type: none"> • Patient is ACUTELY UNWELL (e.g. mania, delirium, acute agitation, floridly psychotic) and requires ENHANCED SUPPORT (e.g., intermittent observations / ENHANCED periods of 1-1 time during the shift) • Patient’s behaviour can be chaotic, disinhibited, disruptive or the Patient is emotionally distressed and/or neglecting. This may result in them being vulnerable. Requires enhanced periods of 1-1 time • the Patient requires (several times per week) review from the MDT
Level 3 Complex Care	<ul style="list-style-type: none"> • Patient’s mental state is COMPLEX and can FLUCTUATE, which impacts on their behaviours, needs and compliance with their treatment plan. Due to this, the care plan requires ADDITIONAL reviews with INTEGRATED WORKING from the MDT (max twice a week) • Patient’s mental state is improving, however, the Patient remains at risk and may present with PERIODS OF INSTABILITY. ADDITIONAL monitoring, review, and ADDITIONAL support (including more frequent periods of 1-1 time during the shift) is required
Level 2 Routine Care	<ul style="list-style-type: none"> • Needs are CLEARLY DEFINED. Nursing input is ROUTINE, as is input from the MDT • Care and treatment is PREDICTABLE and needs are managed with SMALL VARIATIONS IN CARE • Patient’s mental state is returning to a baseline that is PREDICTABLE, therefore hourly observation are completed ROUTINELY.
Level 1 Independent	<ul style="list-style-type: none"> • No psychiatric health issues identified and/or the Patient has recovered • OUTSIDE OF WARD PROCESSES the Patient’s mental state is STABLE and they no longer require inpatient care • The Patient is able to manage their needs INDEPENDENTLY

Cognition, Communication & Engagement Clinical Descriptors

In the context of the Welsh Levels or Care the “Cognition, communication & engagement” theme focuses on the patient ability to work with the nursing team. This theme reflects the requirements for increased nursing time when patient suffer with cognitive issues and may have communication, that impact on their ability and/or willingness to engage with all or specific elements of their care

Level 5 Severe & Immediate	<ul style="list-style-type: none"> • Patient has SEVERE cognitive impairment, resulting in the need for IMMEDIATE INTERVENTIONS • Patient's cognitive functioning is HIGHLY UNSTABLE due to SERIOUS DETERIORATION in their physical and/or mental health. As a result, the Patient requires CONTINUOUS and INTENSIVE INTERVENTIONS • Patient is unable to reliably communicate their needs. The patient requires ONE-TO-ONE OBSERVATIONS on a CONTINUOUS basis.
Level 4 Enhanced Care	<ul style="list-style-type: none"> • With ENHANCED SUPPORT the patient is often able to make simple choices in relation to day-to-day care with intensive support, for their fundamental needs • Patient lacks insight into their needs and risks requiring periods of ENHANCED SUPPORT • Patient's ability to communicate their needs is compromised due to a range of mental health conditions which may require frequent PERIODS OF 1-1 TIME • Patient's needs CHANGE RAPIDLY due to illness that temporarily impact their Ability to communicate and comprehend their needs. URGENT REVIEWS from nursing and/or medical teams are required.
Level 3 Complex Care	<ul style="list-style-type: none"> • Patient presents with COMPLEX cognitive impairment and reduced levels of understanding that requires ADDITIONAL SUPPORT (Including periods of 1-1 time) • Patients' ability to engage in meeting their care needs is DIFFICULT TO CONSISTENTLY PREDICT, which may impact on their access to treatment. • Patient has COMPLEX communication needs due to physical or mental health conditions requiring INTEGRATED WORKING and FREQUENT REVIEWS from nursing and/ or medical teams
Level 2 Routine Care	<ul style="list-style-type: none"> • There are occasions when the Patients' insight can fluctuate, however this and can be managed with SMALL VARIATIONS OF CARE. • Patient communication needs are CLEARLY DEFINED, sensory aids and/or translation may be required to improve communication
Level 1 Independent	<ul style="list-style-type: none"> • Patient is able to engage with treatment and support • Patient is able to communicate their needs INDEPENDENTLY and effectively

Physical Health Clinical Descriptors

In the context of the Welsh Levels or Care the “Physical Health” theme focuses on

Level 5 Severe & Immediate	<ul style="list-style-type: none"> The Patient's physical health needs are UNSTABLE and they may require IMMEDIATE transfer to a more suitable environment to prevent any SEVERE harm occurring The Patient requires IMMEDIATE intervention and CONTINUOUS observation and investigations are required within the scope of mental health practice to prevent SERIOUS deterioration of their physical health.
Level 4 Enhanced Care	<ul style="list-style-type: none"> The Patient requires ENHANCED support (frequent periods of 1-1 time) and investigations (e.g. more than 4 times per day NEWS, hourly neuro observations, nebuliser use) to manage ACUTE ILLNESS The Patient has an ENHANCED care plan and a range of intensive interventions that requires ENHANCED escalation (daily) to specialist teams. The Patient's physical health needs can CHANGE RAPIDLY and are managed with enhanced support (frequent periods of 1-1 time) and interventions.
Level 3 Complex Care	<ul style="list-style-type: none"> Patient requires COMPLEX monitoring and investigations (e.g. 3-4 times per day NEWS, 2 hourly neuro observations, PRN inhaler use). The Patient suffers from COMPLEX physical health conditions. The Patient may be at risk of FLUCTUATION in their conditions that can be DIFFICULT TO CONSISTENTLY PREDICT The Patient requires INTEGRATED WORKING, monitoring, and review from the specialist teams
Level 2 Routine Care	<ul style="list-style-type: none"> The patient suffers from several physical health conditions which are generally stable with PREDICTABLE fluctuations that can be MANAGED WITH SMALL VARIATIONS IN CARE. The Patient's physical health needs are CLEARLY DEFINED, requiring ROUTINE interventions to manage their needs. The Patient has a ROUTINE care plan that requires infrequent review from the specialist teams (e.g., well-controlled diabetes)
Level 1 Independent	<ul style="list-style-type: none"> The patient's physical health conditions are STABLE OUTSIDE OF WARD PROCESSES the Patient's needs could be managed INDEPENDENTLY

Personal Care Clinical Descriptors

In the context of the Welsh Levels of Care the “Personal Care” theme focuses on the patient ability to maintain their activities of daily living.

Level 5 Severe & Immediate	<ul style="list-style-type: none"> The Patient requires assistance from a least 4 members of the nursing team to attend to most of their activities of daily living. This would typically consist of 4 staff providing physical support with washing, dressing and toileting to enable the Patient to meet their needs.
Level 4 Enhanced	<ul style="list-style-type: none"> The Patient requires assistance from a least 3 members of the nursing team to attend to most of their activities of daily living. This would typically consist of 3 staff providing physical support with washing, dressing and toileting to enable the Patient to meet their needs. The Patient is at risk of malnutrition and dehydration requiring periods of intensive nursing intervention (e.g., hourly fluids, high risk of aspiration, dysphasia) to reduce these risks.
Level 3 Complex	<ul style="list-style-type: none"> The Patient requires assistance from a least 2 members of the nursing team to attend to most of their activities of daily living. This would typically consist of 2 staff providing physical support with washing, dressing and toileting to enable the Patient to meet their needs. The Patient’s needs can fluctuate which requires more frequent nursing review to manage needs. The Patient typically requires support from a nurse to provide periods of additional intervention with diet and fluid intake.
Level 2 Routine	<ul style="list-style-type: none"> The Patient requires minimal supervision and support when attending to their activities of daily living. This would typically consist of 1 nurse providing direction, guidance and/or verbal prompts to enable the Patient to meet their needs. The Patient typically requires routine monitoring with diet and fluid intake.
Level 1 Independent	<ul style="list-style-type: none"> The Patient does not require any nursing support to meet a variety of their personal care needs (e.g. washing, dressing, nutritional intake).

Theme Alignment

The Welsh Levels of Care tool for admission and treatment wards within mental health inpatient services differs in its application when utilising the themes in comparison to other Welsh Levels of Care tools. This is due to the increased nursing resources required to safely manage Patients who are at risk or pose a risk to others. Within mental health inpatient services, it is not uncommon for patients to require 2 or more nurses to be within eyesight or arms reach constantly. Due to this Level 5 for the overall CLINICAL Levels and Risk Management theme is reflective of a patient who requires at least 2-1 nursing observations. The remaining themes (Emotional Support, Cognition, Communication & Engagement, Physical Health and Personal Care) when viewed in isolation could only require a maximum of 1-1 support thus under these themes the overall Clinical Level aligns to a 4.

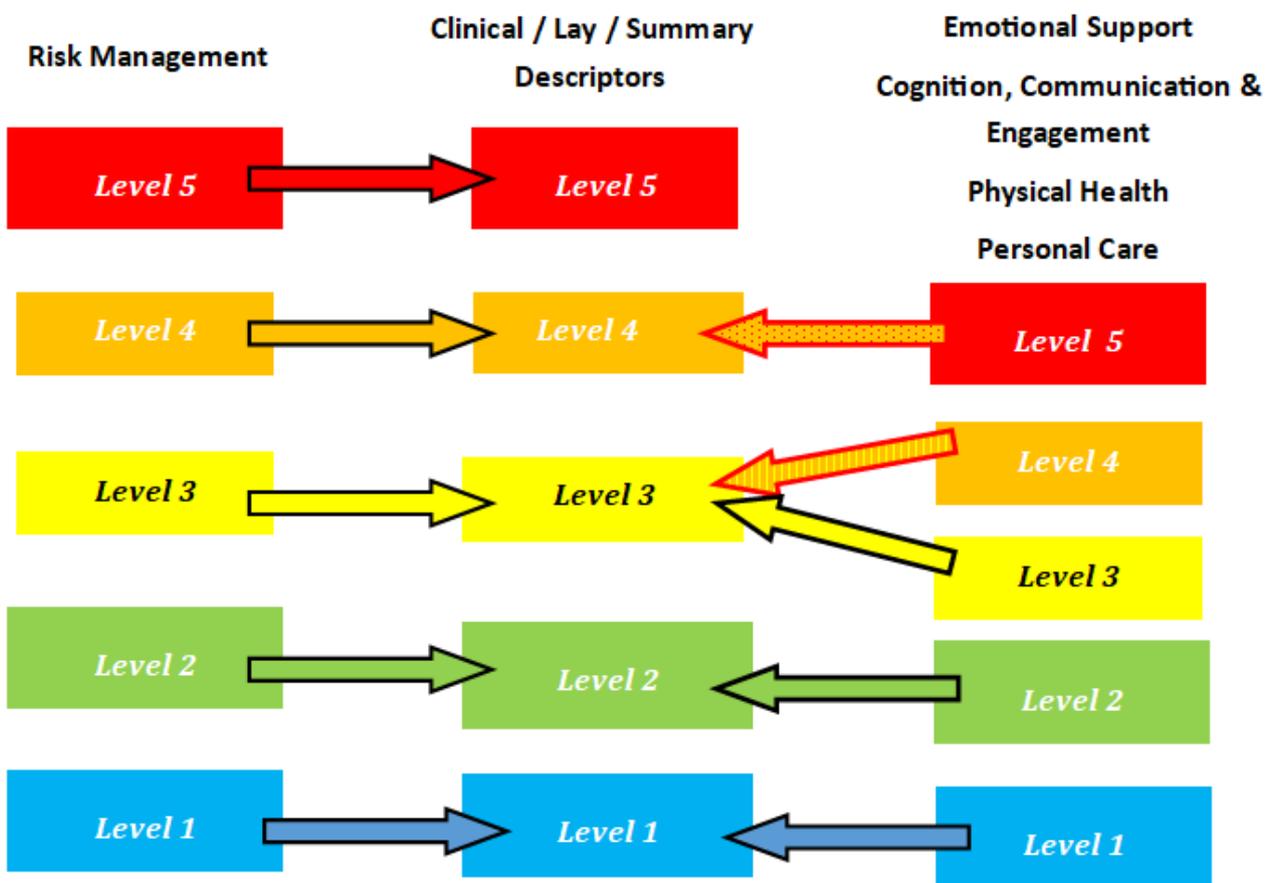


Figure 1 – Demonstrates the theme alignment to the Overall Clinical Levels

Additional Technical and Speciality Themes

The Welsh level of care has been co-produced to support nurses to measure Patients' acuity within admission and treatment wards across acute mental health inpatient services. This version of the Welsh Levels of Care is not suitable for use in the following specialities

- Rehabilitation inpatient wards / units
- Drug and Alcohol inpatient wards / units
- Psychiatric intensive care inpatient wards
- Low, medium, and high secure inpatient wards / units

Working document