



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 May 2021	Agenda Item	2.5
Report Title	Annual Assurance 2020-21 report on compliance with the Nurse Staffing Levels (Wales) Act 2016.		
Report Author	Helen Griffiths, Corporate Head of Nursing Elizabeth Williams, Corporate Matron		
Report Sponsor	Christine Williams, Interim Executive Director of Nursing and Patient Experience Paul Stuart Davies, Interim Assistant Director of Nursing and Patient Experience		
Presented by	Christine Williams, Interim Executive Director of Nursing and Patient Experience		
Freedom of Information	Open		
Purpose of the Report	Overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 over the past 12 month period 6.4.2020 – 5.4.2021.		
Key Issues	Nurse Staffing Levels (Wales) Act 2016 and purpose of report is to report overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016. Work being undertaken within other specialities in relation to 25A of the Act.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: - To note for information and assurance		

NURSE STAFFING LEVELS (WALES) ACT 2016

1. INTRODUCTION

The Nurse Staffing Levels (Wales) Act 2016 became law on 21st March 2016 with the final sections of “the 2016 Act” coming into effect in April 2018.

Section 25E requires Health Boards to report their compliance in maintaining the nurse staffing levels for each adult acute medical and surgical ward. The Health Board must submit a three yearly report to Welsh Government in May 2021. To facilitate this, an annual assurance report (using an All Wales template) has been agreed through the All Wales Nurse Staffing programme.

The aim of this report is to provide the overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 over the past 12-month period 6th April 2020 to 5th April 2021. This report does not include the bi-annual calculations undertaken in March / April 2021 this will be reported through the Health Boards internal assurance process and included in the next Annual Assurance report 2021/22.

This annual report represents the third of three annual reports, which at the end of the 2018 - 2021 reporting period, will form the basis of the statutory three-year report to Welsh Government in May 2021 which is a requirement of the Nurse Staffing Levels (Wales) Act 2016.

As a result of COVID-19 the Chief Nursing Officer for Wales issued a formal letter on the 24th March 2020 to provide Health Boards and Trusts with guidance around how COVID-19 pressures would disrupt the processes of the Nurse Staffing Levels (Wales) Act 2016 and associated work streams affected.

In accordance with the ‘Once for Wales’ approach the January 2020 bi-annual audit and subsequent calculations of nurse staffing level was deferred until July 2020.

The annual report to Board due in May 2020 was delayed and an exception paper COVID-19 Disruption to the Nurse Staffing Levels (Wales) Act 2016 was brought to board on 25th May 2020 and provided a summary of the staffing required for the patients within that area. The approach took into account the significant challenges associated with ensuring appropriate staffing levels during a period when capacity needed to be increased, however with staff unavailability due to elevated levels of absenteeism and the numbers of staff with Welsh Government shielding letters which added to the operational challenges. May's Board paper outlined a number of options that had been considered, which included new ways of working, greater reliance on health care support workers and members of the multi-disciplinary team to support the nursing workforce and ensure that all areas are staffed appropriately.

The Chief Nursing Officer and The Executive Nurse Directors agreed to undertake the bi-annual acuity audit in July 2020 of this year instead of June 2020 due to COVID-19.

The annual May report was presented to Board on 24th September 2020, there were no changes required to the establishment at that time.

On the 15th October 2020, the Chief Nursing Officer issued a further letter clarifying the position around section “25B wards” and the impact of COVID-19, this letter has been taken into consideration when confirming the section “25B wards” below.

The annual presentation of Nurse Staffing Levels (Wales) Act 2016 for wards covered under section 25B of “the 2016 Act” was presented to Board on 26th November 2020, there were changes noted to establishments at this time, however there was no financial impact for this cycle as the changes were overall cost neutral.

On the 22nd December 2020, the Chief Nursing Officer issued a further letter to inform Health Boards and Trusts that the acuity audit for January 2021 would be cancelled due to the pressures on services. Despite, the audit being cancelled there is still an expectation that Health Boards will continue to review and recalculate their nurse staffing levels on all section “25B wards” using their professional judgement and information collected locally on patient acuity and quality indicators. This bi-annual calculation has been undertaken and will be reported internally and included in the next Annual Assurance report 2021-2022. The plan is to undertake the bi-annual acuity audit in June 2021 when, hopefully, the peak of the pandemic has passed and there is a return to business continuity to allow undertaking.

The annual report provides ongoing assurances on the approach, mechanisms, ongoing monitoring and management of risks to Nurse Staffing Levels (Wales) Act 2016. The information below outlines the implications of the Chief Nursing Officers letters dated 24th March, 15th October & 22nd December 2020.

Date	Position	Status
31 January 2020	January bi annual patient acuity audit undertaken	Completed
11 March 2020	WHO declared COVID-19 Pandemic	Ongoing
24 March 2020	Chief Nursing Officer (CNO) letter	Actioned
24 March 2020	Extending second duty to Paediatrics	WG rescheduled Postponed until Nov 2021
25 March 2020	January acuity Nurse Staffing Levels Calculation / Scrutiny panels defer until July	Suspended
31 March 2020	May Annual Assurance 2019 -20 report on compliance with the Nurse Staffing Levels (Wales) Act 2016 paper postponed	Suspended
25 May 2020	COVID-19 Disruption to Nurse Staffing Levels (Wales) Act 2016 paper to Board	Completed
1 June 2020	June bi annual patient acuity audit postponed to July	Postponed
1 July 2020	July patient acuity audit undertaken	Completed
July 2020	January acuity Nurse Staffing Levels Calculation / Scrutiny panels undertaken	Completed
24 September 2020	Annual Assurance 2019 -20 report on compliance with the Nurse Staffing Levels (Wales) Act 2016 paper taken to Board	Completed
13 & 23 October 2020	July acuity Nurse Staffing Levels Calculation / Scrutiny panels undertaken	Completed
15 October 2020	Chief Nursing Officer (CNO) letter	Actioned
26 November 2020	November Annual Assurance 2019 - 20 report on compliance with the Nurse Staffing Levels (Wales) Act paper to Board	Completed
22 December 2020	Chief Nursing Officer (CNO) letter	Actioned
1 January 2021	January 2021 patient acuity audit cancelled	Cancelled
9, 12 & 31 st March 2021	January bi annual Nurse Staffing Levels Calculation / Scrutiny panels undertaken	Completed

2020-2021 ACTIONS & POSITION

Actions during 2020 – 2021 include:

1. The January 2020 scrutiny panels, calculation of nurse staffing levels was postponed in March 2020 and undertaken in July 2020. The outcome of this review was presented to the Board on 24th September 2020, there was no further uplift required.
2. The impact of COVID-19 disruption to nurse staffing levels upon “business as usual” led to a number of reasonable steps which will be outlined in the All Wales template under requirements of section 25A.
3. The Health Boards Monthly Nurse Staffing Act Steering Group was cancelled on the 6th March & 30th April 2020 in line with cancellations of the All Wales Nurse Staffing Groups. These meetings resumed in June 2020.
4. The Corporate Training and Education Hub was set up which included coordination of central recruitment.
5. At a strategic level we continue with our review of workforce planning procedures, for 2018 to 2021, which include; Health Board recruitment, retention, workforce planning & redesign, training and development. The success of top of licence work that was completed in 2020 has been realigned under the Transforming Programme with a plan to further look at key areas this year.
6. The Transforming Programme and Plan was placed on hold in February 2020 due to the lack of capacity as staff were reallocated to assist with the COVID–19 responses. In September 2020, the Nursing Transformation Project team began working on all streams and restarting some of the work.
7. We continue to work collaboratively in following a “Once for Wales” approach, to ensure consistency in calculating and reporting staffing levels, with the completion of the All Wales Staffing Levels templates for each inpatient adult ward prior to and during the COVID-19 pandemic. The templates outline the wards that remain under section 25B of the Act, wards that have been repurposed and the rationale.
8. The NHS Wales Shared Services Partnership 2020/21 follow up audit review of the Nurse Staffing Levels (Wales) Act 2016 reported significant progress had been made and the current review opinion is “Substantial Assurance”.
9. The January 2021 patient acuity audit was cancelled. The bi-annual calculation of nurse staffing levels were undertaken in March 2021. The outcome of this review will be reported through our internal process and will be included in the next Board paper.

The Health Board is asked to formally receive and note the information contained within the Nurse Staffing levels (Wales) Act 2016 Annual Assurance report which has been produced using the All Wales reporting template.

The Nurse Staffing Levels (Wales) Act 2016 annual assurance report sets out the overall compliance with the requirements of “the 2016 Act” over the past 12-month period from 6th April 2020 to 5th April 2021.

2.1 Nurse Staffing Levels Assurance Report 2020-21 Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act	
Health Board	Swansea Bay University Health Board
Date annual assurance report with compliance with the Nurse Staffing Levels (Wales) Act is presented to Board	27 th May 2021
Reporting period	6 th April 2020 – 5 th April 2021
Requirements of Section 25A Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned not only adult medical and surgical wards.	The Health Board has been undertaking a structured approach to the review of the nurse staffing levels in all those areas where nursing services are provided or commissioned. Establishments are reviewed within the following areas: <ol style="list-style-type: none"> 1. Paediatrics 2. Critical Care Units 3. High Care units / wards 4. Mental Health & Learning Disabilities 5. Operating theatres 6. Neonatal areas 7. Health Visiting 8. Primary Care settings 9. Emergency Departments 10. Non –acute inpatient wards

Swansea Bay University Health Board (SBUHB) has adopted as far as is practically possible, the principle of using the same triangulation process to calculate the nurse staffing level as set out in “the 2016 Act” and the acts Statutory Guidance for those wards where Section 25B applies. In undertaking these reviews the nursing management structure and designated person take into account:

1. National guidelines which guide the assessment of nurse / patient ratios to the identified clinical area;
2. Quality indicators appropriate to the area and informed by consideration of any relevant expert professional nurse staffing guidance, principles or research, and current best practice standards;
3. Factors associated with professional judgement appropriate to that clinical service;
4. And then they exercise professional judgement in analysing the data before agreeing a planned roster for the service and calculating a required establishment for that clinical area. The process is under taken with colleagues from finance, workforce and organisational development operational teams and the designated person. The designated person will calculate the nurse staffing levels based on the use of professional judgement, an evidence- based workforce planning tool, and consideration of how far patients are sensitive to nursing care.

The Nursing Workforce Planning

Recruitment of staff remains a key focus, across the Health Board, Health Care Support Workers (HCSW) are seen as a more accessible staff group. Assistant Practitioners are in the process of being recruited to support the Delivery Groups. Student streamlining and Overseas recruitment continues. The information below sets out some of the key challenges and initiatives in place across the Health Board:

Band 5 Recruitment

	<p>Recruiting to Band 5 nurse vacancies with substantive staff remains a high priority for the Health Board in achieving effective patient care. Whilst the Health Board has been making sound progress with local recruitment campaigns; there are some signs of improving retention rates in some areas, the gap in acute units remains bigger than local recruitment can fill and across the UK there remains a shortage of registered nursing staff.</p> <p>The increased emphasis and improvements made on compliance with the Nurse Staffing Levels (Wales) Act 2016, has further increased the demand for registered nursing staff in Wales.</p> <p>Registered Nurse supply shortages is a national problem, being partially addressed by increased student nurse recruitment programmes, but current forecasts suggest that nationally a shortage still remains. As a Health Board we are investigating ways to mitigate the use of agency, and increase the supply of registered nurses.</p> <p>The Health Board's 'current sources of nurse supply are:</p> <ol style="list-style-type: none"> 1. Local campaigns and local advertising / social media to recruit experienced nurses. 2. Student Streamlining (2 cohorts a year). 3. Return to Practice (approximately 15 nurses per year). 4. Overseas recruitment. 5. HCSWs supported to undertake part time degree in nursing (grow your own initiative). 6. Internationally educated nurses working as HCSWs within SB UHB and are supported to attain NMC registration. <p>As a result of our high vacancy factors and other factors, including sickness; annual leave and patient need; costs associated with premium agency have increased. The additional winter pressures also impacted on our overall nursing capacity. This has been further impacted recently by the COVID-19 pandemic and the need to provide extra nursing resource due to activity levels and increased staff absence.</p> <p>SBUHB provides clinical placements for student nurses from Swansea University and in smaller numbers for the University of South Wales. The majority of our new registrant nurses are recruited locally from Swansea University. The intakes of all fields of nursing have seen year on year increases.</p>
--	--

Student Streamlining

The student Streamlining scheme commenced three years ago and SBUHB has been fully engaged with the process and it is now accepted as the way we recruit student nurses within Wales. Recruitment phases are twice yearly and current recruitment yields approximately 200 new registrants per year consisting of all fields of nursing, with the exception of Midwifery.

Overseas Nurse Recruitment

The Health Board has been recruiting nurses from across Europe and overseas countries since 2015. Initial recruitment (2015/16) was restricted to Europe but later expanded to include countries outside of the EU. The EU nurse retention rate was very poor, with most leaving the Health Board before completing 3 years of service. The retention of nurses recruited from outside of the EU is much better. A two-year plan to recruit a further 120 overseas nurses has been approved by the Health Board. Recruitment is in progress and interviews commenced in January 2021.

'Grow your own' initiatives **Flexible pathway to nursing**

HEIW (formerly WEDS) commissioned the development of a part time pre-registration nursing programme in 2017. This programme allows HCSWs employed in Health Boards across Wales to access pre-registration nursing degrees in all fields (Adult, Child, Mental Health and Learning Disability) over a 3 or 4-year period (depending on entry level) whilst remaining part time in employment. The programme equates to 22.5 hours per week. These part time degree places are now part of the commissioned numbers on an annual basis and the Health Board is able to fill all of the allocated places. The nurses are contracted to work for the Health Board for a minimum of two years.

Internationally Educated Nurses

It was identified that within the Health Board we had a number of staff employed as Health Care Support Workers (HCSW) who had international nurse registration from their country of origin. With the right level of support, these nurses have the potential to attain UK Nursing and Midwifery Council (NMC) registration and to fill some of our registered nurse vacancies. A profiling event identified 26 HCSWs who were eligible for the pathway of support. Unfortunately meeting the NMC English Language requirements (IELTS or OET) has proved to be a barrier and despite support many failed to pass to the required level. However, four HCSWs have now successfully attained registration and are in Band 5 posts and a further six have come forward to ask for support to undertake the OET.

Assistant Practitioners – Band 4

Employers are increasingly developing their support worker workforce to meet future service needs along with financial and workforce challenges. To support this the NHS Wales Skills and Career Framework for Healthcare Support workers provides a governance framework to inform the career development of the healthcare support worker workforce in NHS Wales from Level 2 to Level 4.

Assistant Practitioner roles support the development of the healthcare support worker roles career pathway to registered professional roles, whilst also supporting employers where there are shortages of registered staff, but opportunities to use highly skilled non-registered staff to deliver elements of care. The role of the Assistant Practitioner does not replace that of the Registered Nurse, but forms part of a spectrum of nursing and caring roles in practice. It is not a NMC regulated role like the Nursing Associate role in England and there are no plans currently in Wales to introduce the Nursing Associate role.

Recruitment to this post has resulted in a very small number of applicants who meet the criteria to fulfil the role.

Pharmacy Technicians

In 2018, following a successful pilot, the Health Board supported the development of pharmacy technicians to provide a technician supported medicines administration process on wards at Morriston Hospital. After a 12-week training programme the pharmacy technician was signed off as competent in the administration of oral medication by a nurse mentor and lead pharmacist.

The Health Board is continuing to look at different innovative ways to improve recruitment and retention.

Corporate Training & Education Hub

Due to the unprecedented nature of the COVID-19 pandemic a Corporate Training and Education Hub was set up with a corporate plan put in place outlining the temporary and immediate measures required to coordinate the training and education needs for the following nursing workforce.

1. Currently employed Nurses who require upskilling in readiness for redeployment e.g. critical care areas, nurses who are non-clinical.
2. Registered nurses returning to practice who are on the COVID-19 temporary register.
3. Recruitment of second and third year student's nurses who have opted-in to the national scheme to employ them as Band 3 and 4 HCSW's roles. (as part of the first wave).
4. Recruitment of Healthcare Support Workers.
5. Streamline induction programme.
6. Critical Care Upskilling Training.
7. Medical Students working as Health Care Support Workers (as part of the first wave).

Paediatrics and Preparation for the Extension of the Second duty of the Nurse Staffing Levels (Wales) Act 2016

COVID-19 has had an impact on a reduction in demand for this service. The Paediatric Assessment Unit (PAU) was closed, the service moved to the emergency department. This led to one point of entry for all children to reduce bringing children into hospital and exposure to COVID-19. Ward M moved into PAU in April to be repurposed as a COVID-19 ward to support surgery and surgical HDU. The Paediatric Assessment Unit has since reopened.

There has been significant work undertaken by the Health Board in preparation for extension of the second duty of the Nurse Staffing Levels (Wales) Act 2016 into Paediatric inpatient wards. A Task & Finish Group has been set up to monitor milestones and duties that the Health Board is required to follow.

A monthly update is provided to the Health Board's Nurse Staffing Act Group by the Health Board's Lead. A report is currently being prepared using the All Wales Template which will clearly outline the Health Board's position. Further information on the work undertaken is outlined below.

The Impact of COVID-19 Disruption to Nurse Staffing Levels

As outlined in the May 2020 exception paper COVID-19 Disruption to the Nurse Staffing Levels (Wales) Act 2016 Board paper (**appendix B**). During Phase 1 of the COVID-19 pandemic non – essential services were stopped, wards were closed as routine surgery was stepped down and the outpatient's department were closed. Theatre staff and other staff were repurposed and deployed to support other areas. Capacity and demand was reduced this enabled staff to be deployed to other areas. Allied Health professionals have also supported the clinical areas as well as Student Nurses and Medical Students in repurposed roles.

Phase 2 of the pandemic has brought increased risks and added pressures across the Health Board as there has been an expectation to maintain the essential services. Due to winter pressures, wards were full to capacity and therefore deployment fewer, high number of staff absenteeism due to COVID-19 positive, staffing required to support Track & Trace and the Immunisation Programme which requires registered nurses. High bank and agency usage, nursing and medical students remain in their capacity as students, and the care homes were fragile due to staffing deficits, therefore requiring support from Health Board staffing community.

As discussed in more detail below at the height of both phase 1 & 2 the Interim Director of Nursing Set up a daily Nurse Staffing Silver Workforce Meeting to risk assess, support and monitor all areas of nurse staffing across the Health Board.

The information below clearly outlines a snapshot of some of the required changes that have taken place to support appropriate nurse staffing levels in relation to section 25A and also the impact of COVID-19.

Critical Care

General intensive care in Morriston usually sits within one department and can host up to 28 patients of mixed level 2 and 3 patients requiring life-supporting treatment under normal circumstances. Critical Care apply the Guidelines for the Provision of Intensive Care Services (GPICS 2019) to calculate staffing levels required and identify and manage any risks and deficits.

The critical care footprint has expanded by repurposing theatres / recovery areas and cardiac ITU to host COVID-19 and non COVID-19 (General ITU) patients.

In order to support this, surge the ITU multi- disciplinary teams have:

1. Trained clinical nursing and Allied Health Professional (AHP) staff from other departments and sites to deliver basic critical care nursing and treatments at the bedside and deployed them to critical care settings across the site.
2. Closely managed and administrated a staffing roster of over 300 staff (uplift of 100% of normal).
3. Creation of new teams (e.g. Proning team, airway team).
4. Actively used in house staffing where possible including ITU staff and staff from other departments who are ITU trained, utilising Bank shifts and enhanced overtime rates.
5. Utilised Agency as appropriate when internal Health Board avenues had been exhausted.
6. During height of second wave daily site wide critical care staffing meetings took place to ensure the best use of resources across all areas taking higher acuity patients.
7. Off ward nurses such as the Practice Development Nursing team worked in clinical numbers and supported non critical care staff to complete competencies.
8. Positive experience of staff redeployed to ITU during surge has contributed to a number of redeployed staff wishing to remain in ITU and subsequently taking up vacant posts.

Emergency Departments (ED)

Emergency Nurse Staffing is commissioned as a standard set against the RCN Emergency Care Association (ECA) Baseline Emergency Staffing Tool (BEST). In line with the wider Health Board Morriston Emergency Department uses Allocate Health Roster to create and monitor the utilisation and deployment of staff across 4 weekly roster periods.

1. The ED Clinical Educator leading the department's education plan aligns this strategy to the RCN ECA National Curriculum and Competency Framework for Emergency nurses and through staff development works to deliver an appropriate skill mix.
2. The matron or senior nurse accesses the wider Morriston Group systems to support service delivery and engages with the daily site staffing meetings. The service has access to the staff "pool" as a response to changes in demand requiring a variation in staffing requirements using the agreed escalation process.
3. The department has responsibility for managing recruitment directly and has achieved significant success over the past 12 months reducing its vacancy position across Bands 2 & 5.
4. Creatively, the department has also commissioned the services of the British Red Cross to provide patients and visitors wellbeing support in the waiting zones of ED and provide courtesy refreshments and snacks in our assessment areas.

Community Services

All Community nursing and hospital services have been reviewed in line with the predicted demands of COVID-19 to enable essential services to continue and some services are now being managed in a different way. As a consequence, some practices particularly around telephone and remote triage will continue in the recovery phase and if they continue to be evaluated positively will become a substantive part of the service.

Some of the changes have included the following;

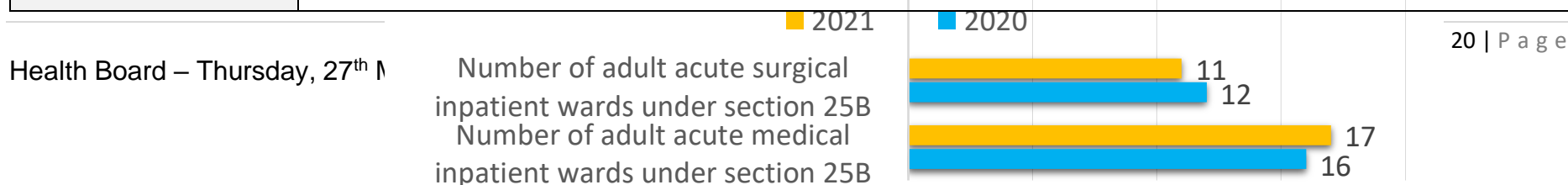
1. Daily huddle commenced across community and social care teams to share updates, issues and aspects for escalation, particularly around workforce deficits.
2. The School Nursing Service was stood down in line with school closures. Staff were temporarily redeployed into other areas with a planned phase return as schools open.
3. All Looked After Children (LAC) statutory work continues remotely.
4. The Health access team have stopped face-to-face contact, undertaking essential doorstep visits only, continue to accept new referrals and managing any safeguarding issues.

	<ol style="list-style-type: none"> 5. The Long Term Care (LTC) have been providing practical nursing support into the failing care homes as needed. They are supporting wherever possible a discharge to assess model to support flow out of hospitals. 6. The District Nursing Service complete a weekly escalation tool which indicates available staff and the duties that can be undertaken for that week. The Acute Clinical teams (ACT) were identified as the initial phase of staffing for the Field Hospital should it be required in Super Surge. During this time some ACT staff were also redeployed to support services where staffing was severely compromised. In the absence of the activation of the Field Hospital and a review of direction from the Health Board the ACTs were diverted back to core business as the issues in care homes escalated and their skill set to avoid hospitalisation was required. 7. Sexual Health Services have been rationalised and were relocated where appropriate. 8. Community Wound Clinics – staff diverted throughout the pandemic to home visits, due to the closure of and access to certain clinics. Providing a teaching and education resource to patients, carers and relatives, promoting self-care when safe and appropriate to do so. 9. A number of specialist nursing services also supported roll out of education and training to HCSW and registrants. 10. Health Visiting staff have been trained as vaccinators to support the vaccination programme. Whilst face to face contacts were reduced contacts with all families were maintained. <p>Neonatal</p> <ol style="list-style-type: none"> 1. Staffing has been maintained in the Neonatal services during COVID-19 in line with National Guidelines and an emphasis to closely monitor staffing levels using professional judgement. 2. A daily status report is in place which indicates the nurse staffing levels. 3. Weekly meetings have been in place with the senior team to review the staffing levels, planned and future leaders are also discussed at this time. <p>Mental Health Services & Learning Disability Services (MH&LD)</p> <ol style="list-style-type: none"> 1. There have been no fundamental changes in any of Mental Health & Learning Disability areas. 2. The MH&LD Service Group continues to respond to the pandemic through re-aligned services, specifically in relation to our access points to inpatient wards which has meant a re-purposing in
--	--


	<p>their function to focus on the management of COVID-19 and from a treatment perspective, a focus on assessment. It is anticipated that this will now remain as a longer term function of these wards and a subsequent impact on the remaining wards where there will be a greater emphasis on treatment.</p> <ol style="list-style-type: none"> 3. The staffing establishments remain responsive to the need of the populations, and are in the process of conducting formal reviews in line with the All Wales work programme to ensure that these do not require any further adjustment. 4. Staffing levels are monitored on a daily basis through local management and Service Group wide conference call scrutiny. All deficits in staffing establishment are robustly managed through the use of Bank, Agency and overtime as required. 5. Any risks of significance are reported through Datix and formally investigated. <u>6.</u> All areas of recruitment and retention are reviewed through Divisional Workforce meetings. <p>Maternity Services</p> <p>The midwifery establishment in the Health Board is based on the Birth-rate + (BR+), the national recognised workforce tool for midwifery services. This tool is used for assessing the needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings. From that data it is possible to calculate the required numbers of midwives to meet all of those needs in relation to defined standards and models of care and to local workforce planning needs, holiday and travel allowances etc. The Welsh Government have mandated that all maternity services provided in Health Boards in Wales will be BR+ compliant. A recent BR+ assessment has been undertaken in line with a review of budgeted establishments.</p> <p>Maternity Services currently uses the older version of the BR+ acuity tool, there is now an updated version of this tool that includes the antenatal and postnatal wards as well as labour ward.</p> <p>The Health Board's Maternity Service has realigned its services as a result of COVID-19, maintain a safe service.</p> <p>Nursing Workforce via the Nurse Bank</p> <p>The Nursing teams have worked closely with Nurse Bank to support the bank recruitment initiative. The Nurse Bank has also extended its working hours and covering a 7 day a week service.</p>
--	---

<p>Progress to support for suite of work streams under the All Wales Nurse Staffing Programme</p>	<p>Field Hospitals</p> <p>The Health Board had established two Field Hospitals to support the response to COVID-19. The Health Board did not escalate to a situation where the hospitals were required. One of the two Field Hospitals has now been decommissioned. The numbers required to staff the Bay Field Hospital is significant and would have presented a significant challenge to the Health Board.</p> <p>Paediatrics in Patient Work Stream</p> <p>The Chief Nursing Officer letter of 24th March 2020 specifically referenced the disruption that the COVID-19 pandemic would cause to the ongoing work to extend the Act's second duty to paediatric inpatient wards. In October 2020 Welsh Government advised that the coming into force date for the extension has been postponed provisionally until October 2021. The Nurse Staffing Programme Team and the paediatric work stream have devised a suite of supportive mechanisms to prepare Health Boards for the extension of the second duty of the Act. Following a consultation process during the autumn of 2020, the Statutory Guidance has been revised to include paediatric inpatients. There has been significant work undertaken by the Health Board in preparation for extension of the second duty of the Nurse Staffing Levels (Wales) Act 2016 into paediatric inpatient wards this is detailed below:</p> <ol style="list-style-type: none"> 1. A Task and Finish Group has been set up with key milestones and duties that the Health Board is required to follow. 2. Representation from the Health Board sits on the All Wales Paediatric work stream group. 3. The Children & Young People Division, report monthly to the HB on the progress and compliance with preparation for "the 2016 Act" into the Paediatric inpatient wards. 4. Master class Training and Nurse Staffing levels calculation workshops in progress. 5. The Paediatric Welsh Levels of Care continues to be tested by paediatric nurses. 6. The Health Board has been a Pilot site for Patient Experience Questionnaires and provided the second highest response rate.
--	---

	<p>7. The Health Board is in the process of developing a Dashboard to capture the Quality Indicators data required to inform the triangulation process from ward to board.</p> <p>8. Support has been provided in the development with the National agreement of the templates for informing patients and frequently asked questions for children and parents.</p> <p>9. A paper is currently being drafted following on an agreed All Wales template to provide an update on the Health Boards position and impact on the extension. This paper will be shared with key groups / Committees within the Health Board.</p> <p>10. The Paediatric Health Board reports are to be compiled in line with the Adult Services reports. The first three-year report will have 6 months less information due to the date of the extension of “the 2016 Act” into the inpatient paediatric wards in October 2021.</p> <p>11. The work stream group are devising Operational Guidance. The Operational Guidance will mirror that of the adult operational guidance and support operational teams in understanding their roles and responsibilities and the actions required under “the 2016 Act”.</p> <p>12. Undertake first triangulated calculations of nurse staffing levels for paediatric inpatient wards in June 2021.</p> <p>The Health Board has representation on each of the individual work stream groups within the All Wales Nurse Staffing Programme and is actively contributing to the development of evidence based workforce planning tools in preparation for further extension of “the 2016 Act” to other areas in the future.</p> <p>The work stream leads from within the Health Board provide monthly updates to the Health Board’s Nurse Staffing Act Steering Group, outlining the key work undertaken on an All Wales basis as well as the work undertaken within the Health Board. Any risks to the work programme are clearly risk assessed and identified, and discussed as part of the group feedback.</p>
<p>Actions taken in relation to calculating the nurse staffing level on section 25B</p>	<p>The Annual Presentation of the Nurse Staffing Levels was presented to Board on 26th November 2020.</p> <p>Below is the number of Adult acute medical and surgical wards where section 25B applies</p>



<p>wards during the reporting period.</p> <ul style="list-style-type: none"> • Adult acute <u>medical</u> inpatient wards • Adult acute <u>surgical</u> inpatient wards <p>(Ref: paragraph 26-30)</p>	<p>As discussed above the normal process by which the Board would receive the annual assurance report was disrupted by the COVID-19 pandemic. The Chief Nursing Officer for Wales issued a formal letter on the 24th March 2020 to provide Health Boards and Trusts with clarity and assurances around how COVID-19 pressures would disrupt the business as usual processes of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA). Welsh Government left it to the discretion of each Health Board to decide whether to proceed or cease work on the bi-annual recalculation of adult medical and surgical wards. In accordance with the 'Once for Wales' approach Nurse Directors agreed that their organisations would defer the bi-annual audit and subsequent calculations of nurse staffing level until July 2020. In April 2020 guidance and templates were issued to Health Boards / Trusts to enable organisations to evidence the approach taken to determine the staffing levels that are required on their inpatient wards where the required staffing level has been affected during the COVID-19 pandemic. The organisation presented a paper to Board in May 2020 to provide assurance on how nurse staffing levels were to be calculated and maintained during this period.</p> <p>In October 2020 The Chief Nursing Officer for Wales issued a follow up formal letter providing further clarity, reflecting the changes organisations had been required to make to patient pathways / designation of wards across their acute sites, on the definition of wards for inclusion / exclusion under Section 25B of the Act, and the expectations upon Health Boards in relation to calculating the nurse staffing levels in such wards.</p> <p>Taking into account the CNO letter dated 15th October 2020 section 25 B applies to 28 wards across Swansea Bay University Health Board (SBUHB).</p>
--	--

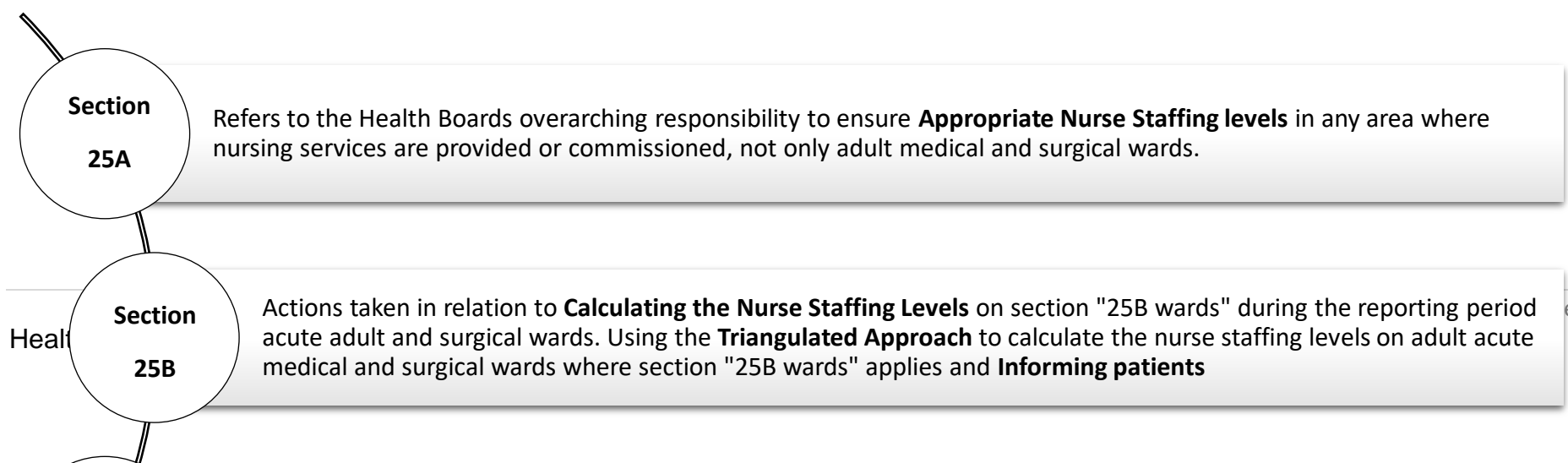
	<p>This paper includes all 25B acute medical / surgical inpatient wards within the Health Board. These wards had been consistent since the Act was introduced, however during COVID-19 there have been many changes. Key changes that have occurred over the past twelve months have been reported to Board initially in May 2020 as the Board exception paper COVID-19 Disruption to the Nurse Staffing Levels (Wales) Act 2016 (appendix B) the deferred May Board paper presented on the 24th September (appendix C) and Annual presentation of Nurse Staffing Levels for wards covered under section 25B of the Nurse Staffing Levels (Wales) Act 2016, which was presented to Board on the 26th November 2020 (appendix D) clearly outlining some of the key changes during April 2020/21. The situation this year has been extremely dynamic and constantly changing, in relation to wards being repurposed and also capacity and demand. This has been monitored closely within each of the Delivery Groups and reported consistently to the Silver Nurse Staffing Workforce meeting that has been put in place, and which is chaired by the Interim Director of Nursing & Patient Experience.</p> <p>This report does not include the most recent bi-annual calculations that have been undertaken during March 2021 in relation to Section 25 Wards. These findings will be reported internally via the Health Board's governance process and will form part of the Annual Presentation, and Annual Assurance Report 2021/22 as agreed in a 'Once for Wales' approach.</p> <p>The information in the attached (appendix A) which provides evidence of the rationale, purpose and outcome of recalculations undertaken both within and outside the bi-annual calculation cycle as a result of changes to Section 25B.</p>
<p>Using the triangulated approach to calculate the nurse staffing level on section 25B wards.</p>	

	<p>The triangulated approach to calculate the nurse staffing levels for each ward has become embedded as a routine 6 monthly cycle that is undertaken for acute medical & surgical wards under section 25B of the Nurse Staffing Levels (Wales) Act 2016.</p> <p>Supernumerary status: Ward sisters in accordance with statutory guidance and reflected within establishments have the Supernumerary (supervisory) status within their funded establishment.</p> <p>Evidence of use of the triangulated approach-acuity tool (Welsh Levels of Care) quality indicators and professional judgement:</p> <p>The triangulated methodology prescribed in “the 2016 Act” is used to calculate the Nurse Staffing Levels in each acute medical & surgical (25B) ward and is undertaken routinely on a 6 monthly cycle as outlined below;</p> <ol style="list-style-type: none"> 1. An acuity audit was undertaken from 1st July until 31st July 2020 (deferred from June). January acuity audit 2021 was cancelled. 2. A review of the quality indicators was undertaken (falls, pressure ulcers, medication errors, complaints). 3. Professional judgement evidenced as part of the scrutiny process and ward templates. 4. Planned roster submissions completed using the All Wales templates. 5. Whole Time Equivalent (WTE's) calculations undertaken including 26.9% headroom & one WTE Ward Manager / Sister / Charge Nurse. 6. The Scrutiny process provides assurance that the calculations are correct for deploying the right amount of staff. Ward Managers, Matrons, Senior Matrons, Heads of Nursing, Unit Nurse Directors, & Service Delivery Group Finance representatives reviewed each ward template as part of the scrutiny process. Rosters were also reviewed for efficiencies.
--	---

	<p>7. The Interim Executive Director of Nursing & Patient Experience held a series of panels and invited the interim Executive Director of Workforce & Organisational Development, the Deputy Director of Finance, Unit Nurse Directors, Heads of Nursing and Service Delivery Group Finance representatives. In line with the requirements of “the 2016 Act”, the Designated Person (Interim Director of Nursing & Patient Experience) has scrutinised and signed off the establishment review calculations.</p> <p>8. The NHS Wales Shared Services Partnership 2020/21 follow up audit review of the Nurse Staffing Levels (Wales) Act 2016 reported significant progress had been made and the current review opinion is “Substantial Assurance”.</p> <p>Transforming Programme & Plan</p> <p>“The 2016 Act” places a duty on Health Boards to calculate, maintain and report the agreed staffing level. A High Value Opportunity Work Stream Programme was initially developed during 2019/20. Work was ongoing on all three work streams and good progress was being made until February 2020 when the project was placed on hold due to the lack of capacity as staff were reallocated to assist with the COVID-19 response. In September 2020 the Nursing Transformation Project management team began to restart some of the work. Three work streams have been repurposed and each led by a Unit Nurse Director with the oversight of the Interim Director of Nursing & Deputy Director of Nursing & patient Experience these include the following;</p> <ol style="list-style-type: none"> 1. Grip & Control Efficiency 2. Modernising Nursing 3. Valuing Nursing <p>The purpose of the Grip & Control work stream is to draw upon the benefits of the implementation of the E-Rostering system for Nursing. This will enable the organisation to have better real time visibility of where</p>
--	--

	<p>nursing pressures exist in clinical environments. This will be achieved by increasing the visibility and effectiveness of nurse rostering.</p> <p>The purpose of the Modernising Nursing work stream is to maximise premium nursing skills, and actively shape roles from healthcare assistants to advanced practitioners and consultant nurses.</p> <p>A key priority will be to clarify and define roles across the Health Board to ensure staff are able to work to the top of their license which means practising to the full extent of their education and training, instead of spending time doing something that could be effectively done by someone else.</p> <p>The purpose of the Valuing Nursing work stream is to improve staff retention across the Health Board and to improve the overall employee experience for the nursing workforce. The retention of pre / post retirement staff to ensure skills are retained and passed on within the service, as we are likely to see higher numbers make the decision to leave after the experience of the last year and long-term effect of COVID-19.</p> <p>The programmes aim is to transform, modernise the nursing workforce, making use of tools and resources available, to produce value and efficiencies, utilising agile working models, and implement a professional leadership framework, and a successful drive for recruitment and retention.</p>
--	--

The report is divided into the following sections



Informing patients	<p>Section 25B states that Health Boards must make arrangements to inform patients of the nurse staffing level. We have achieved this in several ways:</p> <ol style="list-style-type: none"> 1. The production and distribution of a frequently asked questions leaflet on the nurse staffing level that is easily accessible on each adult acute medical and surgical ward. 2. Posters illustrating the planned roster displayed outside each individual adult acute medical and surgical ward in both English & Welsh with the date the nurse staffing level was presented to the Health Board. 3. Regular update papers presented to the Nursing Staffing Act Group, Workforce and Organisational Development board, Nursing and Midwifery board, Quality and Safety Governance Group and Executive Board of which the freedom of information status is open. Papers are also published on the Health Boards intranet site.
---------------------------	--

Section 25E (2a) Extent to which the nurse staffing levels are maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period

The extent to which the nurse staffing levels have been maintained	Period Covered	Required establishment (WTE) of S25B wards at the beginning of the annual reporting period. April 2020 (Nov 19)		Required establishment (WTE) of S25B wards calculated during first cycle May 2020		WTE of required establishment of S25B wards funded following first calculation date May 2020		Required establishment (WTE) of S25B wards calculated during second cycle Nov 2020		WTE of required establishment of S25B wards funded following second calculation date Nov 2020	
	Year April 2020 / April 2021	RN: 541.27	HCSW: 423.19	RN: 564.56	HCSW: 439.36	RN: 564.56	HCSW: 439.36	RN: 636.4	HCSW: 501.58	RN: 636.4	HCSW: 501.58
The extent to which the nurse staffing levels have been maintained	<p>As described within this report the Health Board has undertaken significant and robust bi-annual calculations to achieve and maintain the required nurse establishments around the section “25B wards”. During this reporting period as outlined above the Board has fully supported the funding required as part of the re-calculations. The number of wards under section 25B have been re-purposed and changed during the reporting period. The individual details and their calculated staffing levels, are outlined in the attached reports as well as outlined in appendix A.</p> <p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E, and Health Boards were using a variety of E-Rostering and reporting systems. During the reporting period 2019/20, all Health Boards / Trusts in Wales worked as part of the All Wales Nurse Staffing Programme to develop a consistent approach to capturing</p>										

	<p>quantitative data on a daily basis (in lieu of a single ICT solution) to enable each organisation to demonstrate the nurse staffing levels across the Health Board.</p> <p>For the 2018/19 and 2019/20 annual reports, this Health Board - together with all other Health Boards / trusts in Wales provided narrative to describe the extent to which the nurse staffing levels have been maintained in order to meet its statutory reporting requirement under Section 25E of the Act.</p> <p>During the reporting period 2020/21 all Health Boards / trusts in Wales have begun to implement and use the NWIS delivered enhancements to the NHS Wales Health and Care Monitoring System (HCMS). In light of this development, made available to Health Boards / Trusts across Wales on 1st July 2020, organisations have had access to a consistent approach to capturing quantitative data on a daily basis to enable each organisation to demonstrate the extent to which the nurse staffing levels across the Health Board have been maintained in areas which are covered by Section 25B/C of the Act: This data is currently limited and will be further progressed.</p> <p>Looking forward, NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. It is anticipated that during the next reporting period (2021-2024) a Once for Wales informatics system will be developed and will support Health Boards / Trusts in meeting the reporting requirements of the Act and the Once for Wales approach will ensure consistency. Discussions continue on a national basis to identify the national system and the Nurse Staffing Programme team is working with providers to ensure the system is able to support NHS Wales in collating the data required to inform the reporting requirements.</p>
--	--

<p>Process for maintaining the nurse staffing levels</p>	<p>Reasonable Steps</p> <p>The Health Board acknowledges responsibility for ensuring all reasonable steps have been taken to meet and maintain the nurse staffing level for each adult acute medical and surgical inpatient ward on both a shift by shift and long term basis. There are well embedded processes within the nursing structures within the Service Delivery Groups for reviewing staffing levels operationally on a daily basis, and for making operational risk based decisions about the deployment of staff via the daily site staffing meetings.</p> <p>There have been a raft of reasonable steps that are in place within the Health Board to mitigate the risks of staffing, due to the impact of COVID-19 disruption to nurse staffing levels a number of key initiatives are outlined below:</p> <ol style="list-style-type: none"> 1. The Health Board establishment a Silver Workforce Nurse Staffing Logistics Cell which was originally set up following Phase 1 to monitor and manage risks in line with “the 2016 Act” chaired by the Interim Director of Nursing & Patient Experience. To focus on any key issues (hot spots) regarding Nurse Staffing levels across all Delivery Groups and support any immediate measures and solutions required. 2. A daily staffing tool is being completed to provide an overview of the staffing situation in each Delivery Group this supports the decision making process with deployment of staff daily. 3. When required Ward Managers / Matrons / Off ward staff are allocated ‘in the numbers’ to meet planned roster. 4. Staff are utilised via temporary staffing – bank / agency / excess hours / overtime / re-deployment from other areas within the organisation. 5. There is visibility of nursing leaders within the clinical areas to early identify areas at risk and mitigate where possible. 6. Small numbers of support service staff (SSA) have been utilised to support the Delivery Groups. 7. Daily rostering reports was created to assess where the nursing pressures (hotspots) exist in clinical environments. 8. Workforce Plans have been developed by Delivery Group Directors and each Delivery Group has agreed staffing in light of escalation to surge and super surge due to COVID-19 with consideration of all reasonable steps.
---	--

	<p>9. The electronic rostering system (Allocate) is currently being rolled out throughout the Health Board. It is already in place in all Section “25B wards”.</p> <p>10. Roster scrutiny meetings are taking place across the Health Board to improve monitoring and reporting of rostering. Improve real time visibility of where nursing pressures exist.</p> <p>11. Risk assessments in relation to nurse staffing have been updated regularly within the Delivery Groups to reflect the impact of COVID-19 on nurse staffing these have been reported through the Health Boards Nurse Staffing Act Steering Group.</p> <p>12. Nurse Staffing Risk paper presented to Executive Team and key Committees / Groups.</p> <p>13. Wellbeing at Work strategies have been put in place.</p> <p>14. The Health Board has already purchased the Safe care Module of Allocate and will work to implement across the Health Board and support the ‘Once for Wales ‘approach.</p>
--	--

	Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels				
Patients harmed with reference to quality indicators and complaints refers to those complaints made under complaints regulations (Putting Things Right (PTR))	1) Total number of closed serious incidents/complaints during <u>last</u> reporting period	2) Total number of closed serious incidents/complaints during <u>current</u> reporting period.	3) Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period	4) Increase/decrease in number of closed serious incidents/complaints between reporting periods(**)	5) Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor
Hospital acquired pressure damage (grade 3,4 and unstageable)	10	0	7	**	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents)	26	3	13	**	0
Medication related never events	0	0	0	**	0
Complaints about nursing care	36	16	14	**	2

**In relation to the data presented in Column 4 above, direct comparison between the numbers of closed SI's / Complaints reported during 2019/20 and the number reported in 2020/21 will not be made due to the significant changes in the number/size/patient pathway etc. of wards classified under Section 25B during 2020/21 as a result of operational changes made during the COVID-19 pandemic period.

Reportable PRESSURE DAMAGE

1. There is no closed reported hospital acquired serious pressure damage incidents.
 2. There are 7 open reported hospital acquired pressure damage under investigation.
-

Reportable FALLS

There is a total number of 3 closed falls incidents resulting in serious harm. Of these incidents none are reported where failure to maintain nursing staffing levels is considered to have been a factor.

There are 13 open fall incidents. The initial screening of 10 of these incidents has identified that 7 of the incidents report the planned roster was maintained and Nurse Staffing Levels is not a contributory factor. There are 3 incidents under investigation which have reported that the planned roster was not maintained these incidents will be reported on during the next reporting period.

Reportable MEDICATION

1. There is no reported medication related never events.
-

Reportable COMPLAINTS about Nursing Care

Within SBUHB Complaints are graded according to the actual outcome / consequences of the care / treatment as Green, Yellow, Amber and Red. Red graded complaints would be investigated under a Serious Investigation process.

There were 16 closed complaints reported about nursing care under the complaints regulations Putting Things Right. Of the 16 complaints reported 4 were graded Green, 9 were graded as Yellow complaints and 3 graded as Amber.

	<p>Of these 16 complaints 2 are reported where failure to maintain nursing staffing levels had an impact on the care maintained.</p> <p>One ward reported high nursing vacancies with the ward reliant on the use of temporary staff, bank and agency. This ward has since recruited 4 newly qualified registered general nurses and a dedicated housekeeper.</p> <p>The second complaint reported staffing levels were below the planned roster and actions had been taken in an attempt to maintain the nurse staffing level such as redeployment of staff from other areas of the hospital in addition to bank and agency nurse staff.</p> <p>There are 14 open concerns under investigation.</p>
--	--

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained
	<p>All of the incidents included in this report have been scrutinised both by the operational teams and corporately to review whether the nurse staffing levels were maintained at the time and if not, whether failure to maintain the nurse staffing level contributed to any harm suffered by the patient but also to determine whether there are any other lessons to be learnt from the incident.</p> <p>Incidents in relation to Pressure Damage are reported through the Delivery Group Scrutiny Panels and then reported into the Health Boards Pressure Ulcer Prevention Strategic Group (PUPSG) as a forum for sharing & Learning.</p> <p>Falls resulting in serious harm are reported through the Delivery Group Scrutiny Panels and then into the Hospital Falls Prevention Strategic Group (HFIPSG) as part of sharing & Learning. It is acknowledged that the work in this group is not yet as advanced as the PUPSG.</p> <p>Medicine Incidents are reported via the Medicines Safety Group and Delivery Groups to inform sharing of Learning.</p> <p>Complaints are reported and discussed within the Delivery Group Quality and Safety meetings to enable learning. The corporate team undertake reviews of complaint responses in the Concerns Redress Assurance Group and meet with the Delivery Groups on a monthly basis to report findings and any learning. Sharing of learning is also undertaken as part of the Health Board's Quality & Safety Governance Group.</p>

	Conclusion & Recommendations
	<p>2020 has been a significant year with the impact of COVID-19 there has been many changes to the section 25B ward functions. Wards and staff have been re-purposed, closed, new wards re-opened with a different case mix. COVID-19 specific wards set up. At times reductions in beds, alternative models of care have also been used.</p> <p>Staff and services have been under significant and unprecedented pressure, as COVID-19 has become an established pandemic. The situation is ongoing and there will be continuous change for many more months.</p> <p>The Health Board has responded at pace taking swift action to deal with the unpredictable and constantly evolving situation, whilst maintaining a consistent approach to risk assess and monitor the situation.</p> <p>The Board is asked to:</p> <ol style="list-style-type: none">1. Receive the report as assurance that the statutory requirements relating to Section “25B wards” have been completed.2. Note the ongoing reasonable steps taken to monitor & as far as possible maintain the Nurse Staffing levels (Wales) Act 2016 during the COVID-19 pandemic and the unprecedented pressures.3. Note that the most recent bi-annual calculation of “25B wards” will be reported through the internal governance process and included in the 2020/21 Annual Assurance Report in a “Once for Wales” approach.

3. GOVERNANCE AND RISK ISSUES

Risk assessments in relation to Nurse Staffing have been updated regularly over the past twelve months within the Delivery Groups to reflect the impact of COVID-19 on Nurse Staffing. The Health Boards risk register Ref: 51 has been a score of 25 as a result of reduction in staff availability in relation to staff isolation / sickness due to – COVID-19. There has been significant improvement reported from the Delivery Groups in the COVID-19 absenteeism in February 2021 therefore the risk score has been reduced to score of 20.

A number of Nurse Staffing Risk Paper's has been presented within the Health Board to report the current situation and measures in place.

NHS Wales Shared Services Partnership (Internal) Audit & Assurance.


During 2019 SBUHB an internal audit review of the Nurse Staffing Levels Act 2016 was undertaken. The audit review provided a "Reasonable Assurance". The 2020/21 internal follow up audit review reported significant progress had been made with implementing the previous recommendations and the current review opinion is "Substantial Assurance".

4. FINANCIAL IMPLICATIONS

There have been numerous changes to the wards function, Nurse Staffing Levels (Wales) Act 2016, status capacity and scrutiny process, which has resulted in changes to establishments, as outlined in the previous Board papers dated May 20th 2020, September 24th 2020 & November 26th 2020.

5. RECOMMENDATION

Note the contents of the paper for information and assurance.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The Nurse Staffing Levels (Wales) Act 2016 requires Health Boards and NHS Trusts to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The required amount of nursing staff needed within our adult acute medical and surgical section “25B wards” by the use of the triangulated method, quality indicators, patient acuity and professional judgement representing the bi-annual calculations.		
Financial Implications		
The Financial impact for the period outlined in this paper has already been discussed in previous Board papers during May 2020, September 2020 and November 2020.		
Legal Implications (including equality and diversity assessment)		
Legal requirement to fulfil the requirements of the Nurse Staffing Levels (Wales) Act 2016.		
Staffing Implications		
Legal requirement to fulfil the requirements of the Nurse Staffing Levels (Wales) Act 2016.		
Staffing Implications		
Establishment budgets represent full compliance with the Act.		
Report History	Nurse staffing Act steering group, Quality & Safety Governance Group.	
Appendices	Appendix A, B, C & D  NSA_Yearly report Appendix - May 202	

Appendix: Summary of Required Establishment

Health board/trust:	Name: Swansea Bay UHB	
Period reviewed:	Start Date: 6 th April 2020	End Date: 5 th April 2021
Number of wards where section 25B applies:	Medical:	Surgical:
	16	12

*Supernumerary i.e. 1 WTE supernumerary ward sister/charge nurse included in the establishment

Medical

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Morrison J	29.90	19.90	Yes	29.90	19.90	Yes	Yes	No		Yes	No	The Health Board reviewed its establishments as part of the COVID -19 impact and reported to May's Board. This was outside of the bi annual calculation.
R	New 25B Ward		Yes	23.62	22.62	Yes	Yes	No		Yes	No	
C	25.72	15.21	Yes	26.35	17.17	Yes	Yes	Yes	Uplift to meet acuity & activity	Yes	No	
D	20.9	26.18	Yes	20.90	25.35	Yes	Yes	Yes	Reduction in 2 beds	Yes	No	
F	24.45	22.62	Yes	23.62	23.89	Yes	Yes	Yes	Agreed Change in skill mix	Yes	No	
S	21.73	19.90	Yes	21.73	19.90	Yes	Yes	No		Yes	No	
Cardigan	21.73	18.95	Yes	22.42	19.07	Yes	Yes	Yes	Additional HCSW at Night Adjusted shift pattern to increase RN	Yes	No	

Medical

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Morrison Dan Danino	15.77	11.59	Yes	17.01	11.45	Yes	Yes	Yes	Uplift due to case mix change	Yes	No	The Health Board reviewed its establishments as part of the COVID -19 impact and reported to May's Board. This was outside of the bi annual calculation.
Gowers	21.73	21.67	Yes	20.90	22.62	Yes	Yes	Yes	Uplift to support acuity	Yes	No	
AMAU	22.83	15.41	Yes	25.99	19.07	Yes	Yes	Yes	Additional HCSW by night Coordinator role on a Long Day	Yes	No	
Singleton 3	22.32	26.77	Yes	22.32	26.77	Yes	Yes	No		Yes	No	
4	19.71	26.77	Yes	19.71	26.77	Yes	Yes	No		Yes	No	
6	22.32	19.54	Yes	22.32	19.54	Yes	Yes	No		Yes	No	
8	22.32	16.94	Yes	22.32	16.94	Yes	Yes	No		Yes	No	
9	20.54	11.61	Yes	20.54	11.61	Yes	Yes	No		Yes	No	
12	34.64	24.87	Yes	34.64	24.87	Yes	Yes	No		Yes	No	

Surgical

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2019)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5 th 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Morrison Pembroke	New Ward		Yes	26.35	17.17	Yes	Yes	No		Yes	No	The Health Board reviewed its establishments as part of the COVID -19 impact and reported to May's Board. This was outside of the bi annual calculation.
Cyril Evans	23.25	14.77	Yes	24.67	14.67	Yes	Yes	Yes	Change in case mix	Yes	No	
A	23.5	19.9	Yes	23.62	19.90	Yes	Yes	Yes	Increase in Long Days & 0.12wte uplift provide extra RN on LD	Yes	No	
B	22.67	18.95	Yes	23.62	19.34	Yes	Yes	Yes	Uplift 0.95 to support increased acuity	Yes	No	
H	23.50	17.17	Yes	26.35	19.90	Yes	Yes	Yes	Change in case mix	Yes	No	
T	28.00	19.90	Yes	29.07	19.90	Yes	Yes	Yes	Change in case mix	Yes	No	
V	28.00	20.73	Yes	28.00	20.73	Yes	Yes	No		Yes	No	
Powys	12.73	3.55	Yes	12.73	3.55	Yes	Yes	No		Yes	No	
Anglesey	27.18	9.00	Yes	27.18	9.00	Yes	Yes	No		Yes	No	
Singleton 1	28.66	16.68	Yes	17.01	13.4	Yes	Yes	No	Ward 1 & 2 have split establishment	Yes	No	
2				11.61	5.58					Yes	No	

NPT Ward B	New Ward			11.90	10.90	Yes	Yes	No		Yes	No	The Health Board reviewed its establishments as part of the COVID -19 impact and reported to May's Board. This was outside of the bi annual calculation.
-----------------------	---------------------	--	--	--------------	--------------	------------	------------	-----------	--	------------	-----------	--

Wards A, B, C, H, T, Cyril Evans, Cardigan, Dan Danino, and AMAU, the staffing uplift will be absorbed as part of the wider bed review and the overall changes within Morriston.

Wards 1& 2 in Singleton have split their establishment.