

Swansea Bay University Health Board Compliance with the Nurse Staffing Levels (Wales) Act (2016): Three yearly Assurance Report for Welsh Government	
Health Board	Swansea Bay University Health Board (SBUHB)
Reporting Period	Reporting period: 06 April 2018 – 05 April 2021. This report was submitted to Welsh Government on 5th May 2021 as a caveated report due to the timeframe for closing serious incident reports. This final report includes data relating to all closed serious incidents prior to 5th April 2021.
Introduction	Nurse Staffing Levels (Wales) Act 2016 became law in Wales in March 2016. The Act requires health service bodies to make provisions for an appropriate nurse staffing level wherever nursing services are provided or commissioned, ensuring that they are providing sufficient nurses to care for patients sensitively. The purpose of this report is to provide assurance that SBUHB has complied with the requirements of the Nurse Staffing Level (Wales) Act 2016 during the 3 year reporting period. Prior to the commencement of the Nurse Staffing Levels (Wales) Act in 2018, in March 2018 the Health Board created a monthly Health Board (Multidisciplinary) Nurse Staffing Act Steering Group chaired by the Deputy Director of Nursing and Patient Experience, which reports to the Nursing Midwifery Board and Workforce and Organisational Development Committee. This Steering Group provides a robust process for reporting, clear governance across the Health Board, with the ability to discuss and consider pertinent current nurse staffing issues and provide internal assurance that the Health Board is complying with the requirements of the Act. On 1st April 2019, Abertawe Bro Morgannwg University Health Board (ABMUHB) boundaries changed and SBUHB was formed. The Princess of Wales Hospital, Bridgend; joined Cwm Taf University Health Board and this Health Board became Cwm Taf Morgannwg University Health Board (CTMUHB), following the boundary change, SBUHB had 29 adult acute medical and surgical inpatient wards with ten adult acute medical and surgical inpatient wards transferred to CTMUHB. This report provides information to all adult acute medical and surgical wards (also referred to in this report as section 25B wards) under the remit of ABMUHB and SBUHB during the 3 year reporting period. The Health Board has representation on the All Wales Nurse Staffing Group and sub groups, contributing to the work undertaken to adopt a 'Once for Wales' approach, providing a clear and consistent approach to workforce planning throughout Wales. These sub group work streams include: District Nursing, Health Visiting, Mental Health and Paediatrics. The Health Board Group Nurse Director (formally known as the Unit Nurse Director) for Mental Health is the lead for the All Wales Mental Health work stream. The Health Board operational leads within each work stream act as a conduit between work streams and the Health Board.

Requirements of Section 25A	In accordance with section 25A the Health Board is committed to ensuring appropriate nurse staffing levels in all areas where nursing services are provided and commissioned. The Health Board has a structured approach of regular reviews for nurse staffing establishment requirements within Section 25A areas in order to review the nurse staffing levels in all areas where nursing services are provided and commissioned. Actions taken to meet the requirements of Section 25A, as evidenced in the Health Board papers, have included: • The Health Board has undertaken a review of workforce planning procedures for 2018 - 2021, this work included: Health Board recruitment events, staff retention strategies, workforce planning and redesign, training and development. • Implementation of an E-Rostering system and Rostering Scrutiny Panels across the Health Board to monitor appropriate rostering in line with the Health Boards Rostering Policy. • 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 on 1st October 2021. In undertaking these reviews the nursing management structure and designated person, who is the Director of Nursing and Patient Experience in The Health Board, take into account: • National guidelines which support the assessment of nurse / patient ratios within an identified clinical area. • Quality indicators appropriate to the clinical area and informed by consideration of relevant expert professional nurse staffing guidance, principles, research, and current best practice standards. • The designated person will calculate the nurse staffing levels utilising professional judgement, an evidence-based workforce planning tool (if available), and consideration for the extent to which patients' well-being is known to be particularly sensitive to the provision of nursing care. This process is undertaken collaboratively with colleagues from finance, workforce and organisational development, operational teams and there is a comprehensive audit trail of the evidence used to inform the decisions made. The Health Board utilises the following additional tools to calculate nurse staffing levels within specific areas: • Critical Care apply the Guidelines for the Provision of Intensive Care Services (Faculty of Intensive Care Medicine, 2019) to calculate nurse staffing levels required. • Emergency Department nurse staffing is commissioned as a standard set against the Royal College of Nursing Emergency Care Association Baseline Emergency Staffing Tool (BEST). • Maternity Services staffing levels are based on Birthrate Plus®, the nationally recognised workforce tool for midwifery services. Finance was provided for the midwifery budget through the Investment and Benefit Group in 2019 to ensure the Health Board maintained compliance.
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- Neonatal services use the [Toolkit for High-Quality Neonatal Services](#) (Department of Health 2009) to maintain a standard for safe staffing. This recommends an adequate and appropriate workforce, with the leadership and skill mix competencies to provide excellent care at the point of delivery for babies receiving medical and surgical interventions.

Through the monthly Health Board Nurse Staffing Steering Group, there is a clear formal governance process, which allows for discussion and reporting of any additional nurse staffing re-calculations.

The Nursing Workforce Planning

Staff recruitment and retention remains a key focus across the Health Board as outlined below. There has been a significant investment in the nursing workforce over the past three years, and there has been consideration of different roles to support the workforce.

Recruitment

Recruiting to nurse vacancies with substantive staff remains a high priority for the Health Board. Whilst the Health Board has been making sound progress with local recruitment campaigns; and there are signs of improving retention rates in some areas. The increased emphasis on compliance with the Nurse Staffing Levels (Wales) Act 2016, has further increased the demand for registered nursing staff in Wales. Registered nurse supply shortages are a national problem, being partially addressed by increased student nurse recruitment programmes; however, current forecasts suggest that a shortage still remains nationally. The Health Board is investigating ways to mitigate the use of agency nurses, and increase the supply of registered nurses.

There are significant benefits to the organisations recruitment programme which includes: increased substantive staff available, reducing the reliance on temporary workforce, improved retention, continuity within teams and increased productivity, as well as continuity of care for patients and positive patients' experiences and outcomes.

In order to maximise opportunities and address challenges with nurse recruitment the Health Board has adopted a multi-facted approach and implemented the following initiatives.

- Both local and national campaigns and advertising, including social media, to recruit experienced nurses.
- Student streamlining (2 cohorts per year).
- Return to Practice (approximately 15 nurses per year).
- Overseas recruitment.
- Health Care Support Workers (HCSWs) supported to undertake part-time nursing degrees ('Grow your Own' initiative).
- Internationally educated nurses working as HCSWs within the Health Board supported to attain NMC registration.
- Recruitment events – attendance at national events and our own Health Board recruitment days / evenings to showcase and attract applicants locally and from outside of Wales.
- Dedicated recruitment information and resources on the Health Board internet and the use of social media via Facebook and Twitter.

- Significant investment in the educational preparation of HCSWs to enable entry onto nursing degree programmes.
- Appointment of a Corporate Matron for Recruitment to lead on nurse recruitment initiatives and develop a strategy for staff retention – new 2 year fixed term post from 1st April 2021.

Student Streamlining

The Health Board provides clinical placements for student nurses from Swansea University and, in smaller numbers, the University of South Wales and the Open University. The majority of our new registrant nurses are recruited locally from Swansea University. The intakes of all fields of nursing have observed yearly increases, through the student streamlining process.

The all Wales student streamlining scheme commenced three years ago. Recruitment phases are twice yearly and current recruitment yields approximately 200 new registrants per year into the Health Board, including all branches of nursing (adult, mental health, child and learning disability).

Overseas Nurse Recruitment

The Health Board have been recruiting European and international nurses since 2015. EU nurse retention rate was very poor, with most leaving the Health Board before completing 3 years of service. Exit interviews were conducted to see what support could be offered to encourage EU nurses to stay. Many were young Europeans who were attracted to other areas in the UK (mainly London and Bristol) or returned home after failing to pass the International English Language Testing System (IELTS) after multiple attempts. Retention of nurses recruited from outside of the EU was found to be much better.

A two-year plan, commenced in March 2020, to recruit a further 120 overseas nurses through a recruitment agency. The Objective Structured Clinical Examination (OSCE) programme has experienced a 100% pass rate and the nurses have evaluated the programme very well.

‘Grow your Own’ Initiative: Flexible Pathway to Nursing

Health Education and Improvement Wales (HEIW) 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 branches of nursing over a 3 or 4-year period (depending on entry level), whilst remaining in part-time 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 after successful completion of the course.

Internationally Educated Nurses

Within the Health Board a number of staff employed as HCSW, who had international nurse registration from their country of origin, were identified. With the right level of support, these nurses have the potential to attain UK Nursing and Midwifery Council (NMC) registration and apply for registered nurse vacancies.

Assistant Practitioners – Band 4

Increasingly, employers are developing their support-worker workforce to support new service models and workforce plans. To achieve this, the NHS Wales Skills and Career Framework for Healthcare Support workers provides a governance framework to inform the career development of the HCSW workforce in NHS Wales from Level 2 to Level 4.

Assistant Practitioners support the development of the HCSW career pathways to registered professional roles, supporting employers where there are shortages of registered staff. 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, unlike the Nursing Associate role in England, and there are no plans currently in Wales to introduce the Nursing Associate role.

Retention

There are a number of further activities and incentives in place to develop and retain nurses in the Health Board, including:

- New registrant nurse induction programme, *Pathway to Professionalism* supported by robust preceptorship and clinical supervision during new registrants' first 12 months in post.
- Proactive engagement of nurses returning to practice from the time they commence the programme to selection, interview, bank post and band 5 offer suitable to their needs and wishes.
- The Health Board offers many opportunities for the development of its nursing workforce through in-house management and leadership programmes and formal educational qualifications at Swansea University via the post-registration education contract.
- Funding from HEIW is fully utilised for the development of advanced practitioners, extended skills and non-medical prescribing.
- Rotational posts for new registrants and flexible retirement opportunities for nurses at the end of their career so that they can continue to make a valuable contribution.
- Staff Well-being Initiatives.

Transformation Programme

High Value Opportunity work streams were developed during 2019/20. Below are a few examples of achievements:

1. Development and roll out of the Enhanced Observation and Support Framework, providing a consistent approach for patients requiring enhanced observations and support, which linked to Welsh Levels of Care and supported consistent decisions for patients requiring such support.

	2. Refreshing the Nurse Rostering Policy and roll out of an Electronic Rostering system, providing increased visibility of rostering and advanced use of establishments. 3. Development of band 3 and 4 nursing roles to support a different model of care. Three work streams have been established and each led by a Group Nurse Director with the oversight of the Director of Nursing and Patient Experience and Assistant Director of Nursing; these work streams include: Grip and Control Efficiency: draws upon the benefits of the E-Rostering system for nurses and HCSWs in the Health Board and enables the Health Board to have better real-time visibility of where nurse staffing pressures exist in clinical environments enabling resources to be relocated to meet patient need. Modernising Nursing: focuses on top-of-level nursing practice, including: • Developing new band 3 and 4 posts to support registered nurses. • Keeping staff up-to-date and agile to respond to the increasing complexity of patient need. • Developing advanced nurse practitioner and clinical nurse specialist posts. Valuing Nursing: focuses on recruitment and retention of nurses across the Health Board, including: • Overseas recruitment. • Collecting workforce information via exit interviews. • Providing increased clinical supervision. • Emphasising the wellbeing of nurses utilising the Health Board Staff Wellbeing Advice and Support Service. Work was ongoing on all three work streams and good progress was being made until Feb 2020, when the project was placed on hold due to the lack of capacity as staff were reallocated to assist with the COVID-19 pandemic response. In September 2020, the work has re-started under the Nursing Transformation Project.		
	2018/2019	2019/2020	2020/2021
Date annual assurance report of compliance with the Nurse Staffing Levels (Wales) Act presented to Board	30th May 2019 NSA Annual Assurance Paper 2018 -19 (May)	24th September 2020 NSA Annual Assurance Paper 2019 -20 (September)	27th May 2021 Annual Assurance 2020-21 report on compliance with the Nurse Staffing Levels (Wales) Act 2016

Number of adult acute <u>medical</u> inpatient wards where section 25B applies	12- 18 Princess of Wales (POW) Hospital was included until 1 st April 2019	15-16	15-17
Number of adult acute <u>surgical</u> inpatient wards where section 25B applies	17-21 POW Hospital was included until 1 st April 2019	12-14	11-12
Number of occasions where the nurse staffing level recalculated in addition to the bi-annual calculation for all wards subject to Section 25B	0	0	1 The Health Board undertook a review of its establishments outside of the bi-annual calculations this was reported as part of the COVID -19 impact paper to May's Board. This was outside of the bi annual calculation. In addition at the height of the COVID pandemic a daily Health Board staffing meeting was in place chaired by the designated person or nominated deputy to monitor risk assess and exercise professional judgement for all areas of nurse staffing. <u>THE HEALTH BOARD COVID -19 Disruption to the Nurse Staffing Levels (Wales) Act 2016 (25TH May 2020)</u>

Changing the purpose of the adult acute medical and surgical wards to support the management of COVID or opening new COVID wards.	As a result of COVID-19, a letter was issued by the Wales CNO 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. The pandemic has placed significant and unprecedented pressures upon the Health Board which has strived to continue to deliver essential services and provide high quality care to patients throughout the pandemic despite significant increases in demand, patients with higher acuity, challenges with staff recruitment and higher levels of staff absenteeism due to staff sickness, shielding and the need to redeploy staff to support 'Track & Trace' to manage the pandemic. Since the start of the COVID-19 pandemic, the situation has been extremely challenging and constantly changing in relation to wards being repurposed and also increased capacity, patient acuity and demand. In April 2020, guidance and templates were issued to Health Boards and Trusts to enable organisations to evidence the approach taken to determine the nurse staffing levels required on their adult acute medical and surgical inpatient wards, where the required nurse staffing level has been affected during the COVID-19 pandemic. An exception paper COVID-19 Disruption to the Nurse Staffing Levels (Wales) Act 2016 was brought to Board on 25 May 2020, to provide assurance on the actions taken to ensure appropriate nurse staffing levels, with a particular focus on adult acute medical and surgical wards. The nurse staffing levels on adult medical and surgical wards within the organisation has been consistent since the Nurse Staffing Levels (Wales) Act 2016 was introduced in April 2017, however during COVID-19 the primary purpose and function of the many adult acute medical and surgical wards has changed and wards have been repurposed, often on a regular basis, to increase capacity and care for patients suspected and diagnosed with COVID-19. The Health Boards approach took into account the significant challenges associated with ensuring appropriate nurse staffing levels during a period when capacity needed to be increased and the workforce was under considerable pressure and resources were limited as absenteeism increased, as detailed in the Health Board COVID-19 Disruption to the Nurse Staffing Levels (Wales) Act 2016, 25 May 2020. During the first wave of the COVID-19 pandemic, non-essential services were stopped, wards were closed as routine surgery was stepped down, and outpatient departments were closed. Theatre staff and other staff were trained and redeployed to support other areas. This enabled the Health Board to manage the increased demands due to the COVID-19 pandemic, through staff being able to be deployed quickly to other areas. Allied Health professionals have also supported clinical areas, as well as the national scheme for student nurses and medical students in repurposed roles. The second wave of the pandemic brought increased risks and added pressures across the Health Board as there has been an expectation to maintain the essential services with the result that green surgical pathways remained open for urgent and cancer surgery, outpatient departments remained open with a reduced capacity. Due to winter pressures the acute hospitals were increasingly reporting level 4 risk status. Wards were full to capacity and the ability to redeploy staff was reduced due to a higher than usual number of staff absenteeism due to COVID-19 infection, isolating due to NHS Wales Test, Trace and Protect service (TTP), and staff holding Welsh Government letters requiring them to shield, which added to the operational challenges. In addition, staff were required to support TTP service and the immunisation programme, which requires registered nurses. The Health Board experienced high bank and agency usage, nursing and
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medical students remained in their capacity as students, and care homes were under significant pressure due to staffing deficits and therefore required support from the Health Board's community staffing workforce.

At the height of both the first and second wave, the Director of Nursing and Patient Experience set up a daily Nurse Staffing Silver Logistics Cell Meeting to risk assess, support and monitor nurse staffing levels across all areas within the Health Board. This Health Board approach enabled the close review, risk assessment and deployment of nursing staff which ensured maximum efficiencies and appropriate nurse staffing levels. Service groups (formally known as Service delivery units) within the Health Board had at least daily staffing huddles and completed a staffing tool to monitor and rationalise the staffing on a risk-based approach.

This meeting understood the pressures across the Health Board at this time and took mitigating action to resolve risks, utilising all resources available and taking all reasonable steps quickly with engagement across the Health Board.

In response to COVID-19 a Corporate Training and Education Hub was set up with a corporate plan outlining temporary and immediate measures required to coordinate the training and education needs for the following nursing workforce:

- Upskilling nurses in readiness for redeployment e.g. critical care areas, nurses who are non-clinical.
- Registered nurses returning to practice who are on the NMC COVID-19 temporary register.
- Recruitment of second and third year student nurses who have opted-in to the national scheme for employment as band 3 and 4 HCSWs roles (as part of the first wave).
- Recruitment of HCSWs.
- Streamline induction programme.
- Medical students working as HCSW (as part of the first wave).
- Off-ward nurses and Allied Health Professionals redeployed to the ward area.

Throughout COVID-19 pandemic there has been a greater focus on the use of professional judgement to both calculate and operationally maintain nurse staffing levels. The Silver Logistic Cell allowed the Health Board to re-deploy nursing staff to areas needing support, whilst the ward's funded establishment remained unchanged. As these are exceptional and unprecedented circumstances the Health Board took a risk based approach based on professional judgement to ensure nurse staffing levels were appropriate and any risks were minimised wherever possible. A review of the nurse staffing levels and records of the staffing required and deployed were maintained to enable the Health Board to deploy nursing staff quickly and effectively to areas of greatest need.

The daily rosters were altered to demonstrate the staff movement. As ward areas returned to pre-COVID-19 status, the funded nursing establishments remained in place and the rosters were changed back to reflect the return of nursing staff to their previous roles. Where wards were temporarily closed, nursing staff were temporary re-deployed to support the increased acuity in other areas.

Throughout the pandemic, there was a significant change in patient pathways and case mix in the adult acute medical and surgical wards.

In her second letter dated the 24th March 2020, the Chief Nursing Officer advised that “as long as wards remain designated as adult medical and surgical wards, those wards would technically be considered medical and surgical in nature”. In response to this guidance the Health Board conducted a review of those wards that would fall under the definition of an adult acute medical or surgical ward. Despite a key number of wards accepting COVID–19 suspected and positive patients, the primary purpose of the wards remained adult acute medical and surgical inpatient wards. In addition, wards were closed due to the decrease in patient numbers during phase 1, wards changed to combine specialities, and new wards opened as COVID wards. This was not the case in wave 2, wards remained open and at full capacity.

During the peak of the second wave of the COVID-19 pandemic, surge and extra capacity was opened where the availability of staff allowed, all reasonable steps were taken to meet the extra capacity and maintain the nurse staffing level. Each service group developed a workforce and capacity plan to manage the change in admission pathways which included COVID negative (green), suspected (amber) and positive (red) pathways. The admission and assessment units were re-configured to allow the clear segregation of COVID-19.

The following wards were designated wards accepting COVID–19 patients within their speciality of medical or surgical.

Site	Date	Name Ward	Medical/surgical wards where section 25B applies	Current Ward status
Morrison	30 Mar 2020	Ward H	COVID Positive Acute Surgical ward	Acute Surgical ward.
Morrison	30 Mar 2020	Ward J	COVID Positive Acute Medical/ Respiratory ward –	Medical / Respiratory ward, the ward has a designated bay for COVID CPAP patients.
Morrison	30 Mar 2020	Ward R	COVID positive Acute Medical ward.	Acute Medical ward.
Morrison	23 Mar 2020	Ward S	COVID positive Acute Medical ward	Designated COVID ward with a negative pressure specialist cubicle.
Morrison	06 Apr 2020	Ward V	COVID suspected Acute Surgical ward	Acute Emergency Surgical ward
Singleton	03 Apr 2020	Ward 2	COVID positive Acute Surgical ward	Acute Elective Surgical ward
Singleton	09 Apr 2020	Ward 3	COVID positive Acute medical ward	Acute Medical ward
Singleton	22 Apr 2020	Ward 4	COVID recovery Acute medical ward	Acute Medical Ward

The process and methodology used to inform the triangulated approach

The Health Board established two field hospitals, although did not escalate into super surge and therefore did not open either facility. The Bay Field Hospital is being utilised to support the Immunisation Programme and training. The Llandarcy Field Hospital was decommissioned.

As mandated by the Act the Health Board uses the triangulated approach to calculate the nurse staffing levels for each Section 25B ward. The health board has a robust process in place to calculate the nurse staffing level on each section 25B ward and has a comprehensive record of the outcome and decision making process when determining the nurse staffing levels for each ward.

In accordance with the Statutory Guidance issued by Welsh Government the Health Board has calculated the nurse staffing level on every adult acute medical and surgical wards on a bi-annual basis as a minimum when participation in the national bi-annual audit, where there has been a change to use/service of the ward and on any occasions where the designated person has deemed a review necessary.



A triangulated approach is used for this calculation, utilising three sources of information to determine the required nurse staffing level: professional judgement, patient acuity and quality indicators consider the extent to which patients' well-being is known to be sensitive to the provision of care by a nurse (i.e. medication administration errors, patient falls, pressure ulcers, complaints about nursing care). In addition to these indicators consideration has been given to other quality indicators that are deemed appropriate for the particular ward.

The Health Board undertakes a bi-annual calculation of Nurse Staffing level using a wealth of quantitative and qualitative data and takes into account the professional opinions of the ward sister/charge nurse and senior management structure. As part of the calculation and in accordance with the requirements as set out in the Statutory Guidance, ward managers and charge nurses, have the supernumerary (supervisory) status to the planned roster within their funded establishment and an uplift of 26.9% uplift is included within the funded establishment.

The evidence considered as part of the decision making process, the rationale and outcome of discussions to determine the nurse staffing level are recorded for each ward and subjected to scrutiny and review.

As the designated person the Director of Nursing and Patient Experience holds a series of scrutiny panels that include the Director of Workforce and Organisational Development, the Director of Finance, Service Group Nurse Directors and Delivery Group Finance representatives.

Ward managers, Matrons, Deputy Heads of Nursing (formerly Senior Matrons), Heads of Nursing, Nurse Directors, and Group Finance representatives review each ward template as part of the scrutiny process providing assurance that the process has been followed and calculations are correct for deploying the right number and skill mix of nursing staff. Roster submissions are completed using All Wales template and are reviewed for efficiencies.

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

During 2019, the Health Board had an internal audit review to establish the Health Boards position and compliance against the requirements of the Nurse Staffing Levels (Wales) Act 2016. The audit review provided 'Reasonable Assurance' with the following recommendations;

- Further clarity required on the roles within the Health Boards, Operating Framework,
- Signed signatures required on establishment templates and not digital signatures
- Continued support towards a once for wales approach in relation to reporting the extent to which nurse staffing levels are maintained.

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' with no further recommendations.

Section 25E (2a) Extent to which the nurse staffing level is 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.

Extent to which the required establishment has been maintained within wards under section 25B		2017/18	2018/19	2019/20	2020/21
		RN: 578.99 + 227.79 POW HCSW: 289.12 + 119.55 POW			
	Required establishment (WTE) of S25B wards <u>prior</u> to commencement of the Acts second duty (March 2018)				
	Required establishment (WTE) of S25B wards calculated during first cycle (May)		RN: 654.82 + 204.96 POW	RN: 660.36	RN: 672.14
			HCSW: 452.78 + 134.19 POW	HCSW: 453.10	HCSW: 508.36
	WTE of required establishment of S25B wards funded following first (May) calculation cycle		RN: 588.14 + 228.87 POW	RN: 660.36	RN: 672.14
			HCSW: 327.45 + 122.16 POW	HCSW: 453.10	HCSW: 508.36
	Required establishment (WTE) of S25B wards calculated during second cycle (Nov)		RN: 672.29 + 223.16 POW	RN: 671.69	RN: 685.31
			HCSW: 464.29 + 151.60 POW	HCSW: 507.58	HCSW: 535.20
	WTE of required establishment of S25B wards funded following second (Nov) calculation cycle		RN: 630.04 + 212.48 POW	RN: 671.69	RN: 685.31
			HCSW: 432.07 + 130.29 POW	HCSW: 507.58	HCSW: 535.20
	The information above shows the required establishment that was calculated and funded on all adult acute medical and surgical wards during each year within the reporting period. Prior to the 1 st April 2019 when the boundaries changed and Princess of Wales (POW) hospital became part of the CTMUHB, the information relating to this hospital is reported separately in the figures.				

Accompanying narrative:

2017-2018

Prior to the Nurse Staffing Levels (Wales) Act coming to force in April 2018, the Health Board identified 39 adult acute medical and surgical wards across ABMUHB, at this time supervisory / supernumerary status for ward managers were partly met across a number of the Section 25B wards and the wards had a 23% head room built into their establishments.

2018-2019

In accordance with the requirements of the Act and Statutory Guidance and as part of workforce planning and budget setting process the nursing establishments were reviewed and re-balanced to meet the uplift of 26.9% headroom and one whole time equivalent (WTE) supervisory / supernumerary ward manager / ward sister / charge nurse.

The calculations during 2018 identified that there was a need to change the funded establishments of registered and non-registered nurses across the 39 wards (including POW). The Health Board recognised that any uplift to nursing establishments would be challenging to deliver due to the international shortage of registered nurses.

Given the overall vacancy position for the registered nursing workforce across the Health Board and the risk of recruiting a large number of HCSW's at one time, which could potentially destabilise the domiciliary and care home workforce, the Health Board agreed to support the option to undertake a risk assessed prioritised implementation of the uplift required investing the resource into identified wards.

In line with the agreed phased approach the HCSW establishments were uplifted as 1st September 2018 to the identified wards. A further bi-annual calculations was undertaken and reported to Board in October 2018 this review identified 39 section 25B wards. The Board made a decision to uplift the nursing establishment by a total of £3.9m and completed this by April 2019 budget setting requirements as outlined in the Board paper 30th May 2019.

2019-2020

From 1st April 2019, the Princess of Wales Hospital transferred over to Cwm Taf Bro-Morgannwg University Health Board including ten wards to which section 25B pertains, leaving a total of 29 wards in the newly-formed Health Board.

The Health Board was able to fund all required posts by April 2019 budget setting requirements, as detailed in May 2019 Board paper.

Based on the data collected in June 2019 a bi-annual calculation was undertaken and the establishments reviewed, this was supported and funded in the November 2019 Annual Presentation to Board, as well as the 2019/20 Annual Assurance Report.

	2020-2021 In addition to the changes to the bi-annual acuity data collection due to COVID -19 pandemic, the 2019/20 annual assurance report due in May 2020 was delayed and reported to Board on 24 September 2020, in line with the 'Once for Wales' approach. The annual presentation of Nurse Staffing Levels for wards pertaining to section 25B, was presented to Board on 26 November 2020, there were changes noted to establishments at this time; however, no financial impact for this cycle as the changes were overall cost neutral. On 22nd December 2020, a letter from the Wales CNO was issued informing Health Boards and Trusts that the acuity audit for Jan 2021 would be cancelled due to the pressures resulting from COVID-19 pandemic. Despite the audit being cancelled there was still an expectation that Health Boards would continue to review and recalculate their nurse staffing levels on all section 25B wards. Due to the absence of acuity data, the Health Board relied predominately on professional judgement and reviewed all available data. 2020 to 2021 has been challenging in terms of calculating and maintaining nurse staffing levels. There have been frequent variations in nursing staffing levels across the Health Board, Silver Logistic Cell ensured the nurse staffing levels were risk assessed and this helicopter view was integral to this process. Extensive deployment of staff and use of temporary nursing staff assisted throughout the pandemic.
Extent to which the nurse staffing levels are maintained within Section 25B wards	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 and Trusts in Wales worked as part of the All Wales Nurse Staffing Programme to develop a consistent approach to capturing quantitative data on a daily basis (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent to which nurse staffing levels across the Health Board have been maintained. 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 Nurse Staffing Levels (Wales) Act 2016. During the reporting period 2020/21, all Health Boards / Trusts in Wales have begun to implement and use the NHS Wales Informatics Service (NWIS) delivered enhancements to the NHS Wales Health and Care Monitoring System (HCMS). In light of this development, which was 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 Nurse Staffing Levels (Wales) Act 2016. The quantitative data that this approach has provided for 2020/21 is currently limited and will be discussed in more detail as the work progresses. The significant pressure due to COVID-19 has added to this challenge with consistent ward changes.

	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 that will support Health Boards / Trusts in meeting the reporting requirements of the Nurse Staffing Levels (Wales) Act 2016, 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 are working with providers to ensure the system is able to support NHS Wales in collating the data required to inform the reporting requirements.
Process for maintaining the nurse staffing level for Section 25B wards	The Health Board is committed to ensuring that all reasonable steps have been taken to maintain the nurse staffing levels for each adult acute medical and surgical inpatient ward on both a shift-by-shift and long-term basis. There are robust and well embedded processes within the nursing structures within the service groups to closely monitor and review the nurse staffing levels on a daily basis and ensure sound informed decisions are made regarding the deployment of staff via the daily site staffing meetings. The Health Boards Operating Framework provides operational and management teams with guidance on the range of all reasonable steps to be taken to maintain the nurse staffing level and the escalation process for Section 25B wards. In addition to the reasonable steps stated within the Statutory Guidance and the Operational Guidance, the Health Board have expanded on the list of reasonable steps that are implemented locally to maintain the Nurse Staffing Levels to include: • Weekly Nurse Staffing Workforce meeting established, which is chaired by the Director of Nursing and Patient Experience to focus on any key issues (hot spots) regarding Nurse Staffing levels across all service groups and support any immediate measures and solutions required. • Weekly rostering report created to assess where the nursing pressures exist in the clinical environments (hotspots). • Visibility of Nursing Leaders within the clinical areas to early identify areas at risk and mitigate where possible. • Staff utilised via temporary staffing – bank, excess hours, overtime, agency and pay incentives agreed at national level. • Ward Managers/Matrons/Off ward staff allocated in the numbers to meet planned roster. • Roster scrutiny meetings across the Health Board to improve monitoring and reporting of rostering. This improves real time visibility of where nursing pressures exist. • Daily Service Group safety huddle meetings to review acuity levels. This allows for mindful enhanced safer changes of patient pathway. • The electronic rostering system (Allocate) is currently being rolled out throughout the Health Board. This is already in place in Section 25B wards and supports the "Once for Wales approach". • Monthly risk assessments in relation to nurse staffing have been updated regularly within the Service Groups to reflect the impact on nurse staffing levels, these have been reported through the Health Board's Nurses Staffing Act Steering Group. • Enhanced well-being at work strategies have been established.

- Recruitment strategies as previously discussed.

During the rapidly changing situation with extreme pressures which was experienced through COVID-19, the Health Board undertook daily meetings, in order to, monitor the escalating situation closely and implement the multiple reasonable steps quickly and effectively. These reasonable steps, although similar to the steps above, are more frequent in nature and include:

- Daily Silver Workforce Nurse Staffing Logistics Cell established and chaired by the Director of Nursing and Patient Experience to focus on any key issues (hot spots) regarding nurse staffing levels across all Service Groups and support any immediate measures and solutions required.
- A daily staffing tool completed to provide an overview of the staffing situation in each Service Group to support the decision making process with deployment of staff on shift by shift basis.
- Registered nurses and non-registered nursing workforce temporarily repurposed or redeployed in line with workforce plans.
- Off-ward nurses supporting the clinical areas as non-essential services stopped.
- Allied health professionals supporting clinical areas as non-essential services stepped down as well as student nurses and medical students in repurposed roles as part of first wave.
- New models of care with the involvement of multidisciplinary teams and allied health professionals and a wider range of support workers.
- Daily rostering report created to assess where the nursing pressures existed in the clinical environments (hot spots).
- Visibility of nursing leaders within the clinical areas to identify areas at risk and mitigate early where possible.
- Staff utilized via temporary staffing, including: bank, excess hours, overtime, agency and pay incentives agreed at national level.
- Workforce plans have been developed by Service Group Directors which includes the agreed the nurse staffing level that is required should escalation to surge and super surge due to COVID-19 happen, with consideration of all reasonable steps.
- Risk assessments in relation to nurse staffing have been updated regularly within the Service Groups to reflect the impact of COVID-19 on nurse staffing, these have been reported through the Health Board's Nurses Staffing Act Steering Group.
- Nurse Staffing Risk paper presented to Executive Team and key committees and groups.
- Enhanced well-being at work strategies have been put in place.

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Section 25B wards
6th April 2018 – 5th April 2021

Patients harmed with reference to quality indicators and complaints (*) which are classified as serious incidents and reported centrally NOTE: (*) complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))	Total number of closed serious incidents/complaints during last reporting period	Total number of closed serious incidents/complaints during current reporting period.			Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period			Increase (decrease) in number of closed serious incidents/ complaints between reporting periods			Number of (closed) serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor		
		Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Hospital acquired pressure damage (grade 3, 4 and ungradable).	N/A in first report	12	10	5	N/A	0	2	N/A in first report					
		Total 22				Total 2			Total 0				
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	N/A in first report	26	26	7	N/A	0	7	N/A in first report					
		Total 55				Total 7			Total 13				
Medication related never events.	N/A in first report	0	0	1	N/A	0	0	N/A in first report					
		Total 1				Total 0			Total 0				

Complaints about nursing care resulting in patient harm (*)This information is not required for period 2018/19	N/A in first report	N/A	36	16	N/A	0	14	N/A in first report	N/A	1	2
		Total 52				Total 14				Total 3	

The Health Board is committed to reviewing and learning from all incidences that occur and have a robust process through which incidents are reviewed and investigated to ensure lessons are learnt, corrective action is taken and risks are minimised.

All of the incidents included in this report have been scrutinised both by the operational and corporate teams to review whether the nurse staffing levels were maintained at the time of the incident, and if not, whether failure to maintain the nurse staffing level contributed to any harm experienced by the patient, and also to determine whether there are any other lessons to be learnt.

Pressure Damage

Incidents in relation to pressure damage are reported through the Service Group Scrutiny Panels and then reported into the Health Board Pressure Ulcer Prevention Strategic Group (PUPSG) as a forum for sharing and learning.

During 2018 to 2019, there were a total number of 12 closed hospital acquired serious pressure damage incidents, Year April 2019 to April 2020 had 10 incidents of serious pressure damage, this is a decrease in 2.

During 2020 to 2021, there are 5 closed serious incidents, demonstrating an improvement of 5 over the final year of this reporting period. There are two open incidents at the end of the reporting period of 5th April 2021, on initial screening, neither incidents, cite nurse staffing levels as a contributory factor.

None of the closed incidents reported, site failure to maintain nursing staffing levels as a contributory factor to the development of pressure damage. The Health Board completes Purpose T Risk Assessment on admission and daily thereafter. The All Wales standard for completion is weekly. SBUHB is implementing Welsh Nursing Care Record (WNCR) and this will improve communication across our HB and provide greater visibility with regard to completion of assessments and subsequent care plans.

Falls

Falls resulting in serious harm are reported through the Service Group Scrutiny Panels and then into the Hospital Falls Prevention Strategic Group (HFIPSG) as part of sharing and learning. It is acknowledged that the work in this group is not yet as advanced as the PUPSG.

All closed reported falls, from 6th April 2020 to 5th April 2021, nurse staffing levels were not deemed a contributory factor in the fall.

There are 8 falls that have not been closed. After initial screening, 7 of the 8 incidents do not cite nurse staffing levels as a contributory factor to the fall. One incident.

Enhanced Observation and Support Framework was updated and relaunched in Summer 2019, all wards were provided with printed copies and formal training was provided in February 2020.

Medication related never events

Medicine incidents are reported via the Medicines Safety Group and Service Groups to inform sharing and learning. There has been no medication related never events relating to nurse staffing levels during this reporting period.

Formal Complaints

Complaints are reported and discussed within the Service Groups Quality and Safety meetings to enable sharing and learning. The corporate team undertake reviews of complaint responses in the Concerns Redress Assurance Group and meet with the Service Groups on a monthly basis to report findings and share any learning. Sharing of learning is an integral part of the Health Board's Quality and Safety Governance Group.

The use of patient stories, experiences, and journeys provide valuable insights into how we can improve on many different aspects of service delivery and care in our hospitals and in our community-based health care settings.

Section 25E (2c) Actions taken if nurse staffing level is not maintained

Actions taken when the nurse staffing level was not maintained in Section 25B Wards

The Health Board is committed to ensuring that all reasonable steps are taken to maintain the nurse staffing level and ensure patients receive high quality care. The Health Board ensures wards are knowledgeable and able to collect accurate data relating to safe nurse staffing to aid clear escalation of concerns to operational Matrons, Deputy Heads of Nursing, Heads of Nursing and Group Nurse Directors on a daily, weekly, monthly and bi-annual basis. Dissemination of frequently asked questions enhances ward nurse's knowledge of the processes in place to assure nurse staffing levels are accurate within our Section 25B wards.

The Health Board utilises all the reasonable steps, both national, strategic corporate and operational, as detailed within the Nurse Staffing Levels (Wales) Act 2016: Statutory Guidance.

Within these reasonable steps, cohorting patients to increase effectiveness of nurse workforce, whilst maintaining patient safety and quality care, is implemented where appropriate and closely monitored and reviewed by operational and management teams.

During COVID 19 pandemic, the Service Groups held daily staffing huddles and utilised daily staffing tools in order to understand and support all areas. This allowed the Health Board to move staff as required during this unprecedented time. These Service Group meetings escalate concerns to the daily Corporate Silver Workforce meeting that was operational during COVID 19 pandemic.

	Due to the success of the daily staffing huddles during COVID, the Service Groups continue to undertake the staffing huddle on a daily basis. The COVID 19 Temporary NMC register allowed for nurses to return to practice in order to address the shortages within the nursing workforce, the Health Board used this to maintain nurse staffing levels. From the very beginning of the pandemic, nursing staff were upskilled to provide care in areas where they did not normally work. For example; some nurses were trained to care for ventilated patients. Awareness of a nurse's skill set in order to utilise nursing staff in the areas where they can work at the highest level has been beneficial in allowing appropriate deployment of staff. The Health Board closely monitors the nurse staffing levels required and deployed on a shift by shift basis. In cases where staffing levels are insufficient to meet the planned roster the situation is reviewed, mitigation action taken and where required escalated as appropriate to ensure swift action is taken to minimise risk, take corrective action and avoid a reoccurrence of the incidence. These incidents are recorded on DATIX, the national incident reporting system, and are reviewed/investigated locally by the appropriate senior nursing team. Ensuring safe nurse staffing levels is recorded on the Health Board risk register, which is reported to the Health Board Nurse Staffing Act Steering Group on a monthly basis by each Service Group, this supports a clear governance process.
Conclusion & Recommendations	The Health Board has welcomed the Nurse Staffing Levels (Wales) Act 2016 as it has provided us with the tools to clearly demonstrate, through a structured approach, safe sensitive nurse staffing levels. The supernumerary/supervisory role for the ward manager has highlighted the importance of good leadership at ward level. This demonstrates the Health Board recognition of the importance of good strong leadership within our ward areas, this change has provided the time to allow for visible leadership, education, management and administration. The Health Board's Nurse Staffing Act Steering Group has proved instrumental in co-ordinating the actions required to evidence the Health Board's compliance and provide assurance. Collaborative working, listening to operational teams and working alongside nurse staffing huddles has been key in providing a forum to monitor and risk assess progress on a Health Board basis. Good attendance and commitment from the steering group has been key to the progress made, which is evidenced by the 2020/21 internal follow up audit review opinion of 'Substantial Assurance'. The Health Board will need to continue with this progress by learning and building on the experience of the last 3 years, in order to, continue to explore new ways of working, aligning the Health Board work to that of national programmes. The Health Board is in a good position in preparedness for the extension of the second duty of the Nurse Staffing Levels (Wales) Act 2016, for inpatient paediatric wards on 1st October 2021.

Good progress has been made with local, national and international recruitment campaigns and there are signs of improving retention rates. There continues to be a shortage of registered nursing staff across the Health Board and on an All Wales basis.

2020/21 has been challenging with the impact of COVID-19 there have been many changes to the Section 25B ward functions. Wards have been re-purposed, closed, and new wards opened with a different case mix and COVID-19 specific wards set up. Staff have been trained and deployed to different areas/wards.

At times reductions in beds and alternative models of care have also been used. Staff and services have been under significant and unprecedented pressure, as COVID-19 has become an established pandemic. 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. At its peak, during phase 1 and 2, the daily Nurse Staffing Silver Logistics Cell proved vital support in the daily decision making around staffing and resources.

The Health Board welcomes the next bi-annual calculations as a time to reflect on the past 18 months and reassess the Section 25B wards and ensure our establishments remain an accurate reflection of each Section 25B ward.

Lack of a robust national and local informatics system has hindered the Health Boards ability to access live data and collate the information required which is an essential requirement for the future reporting requirements.

The roll out of Safecare as a national IT system will ensure consistency in collating the information required to inform day to day decisions regarding the deployment of nursing staff required to meet the needs of patients, inform workforce planning and enable the Health Board to fulfil the reporting requirements needed to provide assurance.

Across the reporting period, the Health Board has received significant funding for both registered nurses and HCSW's which has been a huge achievement as well as looking at workforce plans and different ways of working to mitigate risk where there are nurse staffing pressures and vacancies. This demonstrates a commitment to ensuring appropriate nurse staffing levels despite significant challenges.

In summary, this report provides assurance on the actions taken to demonstrate the Health Boards compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016.