

## **Nurse Staffing Levels Act (Follow Up)**

### **Final Internal Audit Report**

**2020/21**

**Swansea Bay University Health Board**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**



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Audit and Assurance Services conform to all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

## **ACKNOWLEDGEMENTS**

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

### **Please note:**

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## **1 EXECUTIVE SUMMARY**

### **1.1 Introduction and Background**

The Nurse Staffing Levels (Wales) Act 2016 places a duty on NHS organisations in Wales that, wherever they provide nursing services, they must provide 'sufficient nurses to allow time to care for patients sensitively'.

In adult acute, medical and surgical wards the level of sufficient nursing must be calculated according to a specific methodology and arrangements must be made to inform patients of the nurse staffing level.

Health boards must publish a report every three years which clearly lays out steps taken to adhere to the Act, any breaches of the Act and any mitigating actions. The first set of official reports are due in May 2021. The Act was accompanied by guidance on its implementation.

An internal audit review of the Nurse Staffing Levels Act was undertaken early in 2019/20 and looked back at arrangements put in place during 2018/19. We were able to provide a 'reasonable' level of assurance, but made recommendations to address the clarity of the local framework, the robustness of record-keeping supporting accountability for calculated staffing levels, and reporting.

Since our original audit, correspondence from Welsh Government Chief Nursing Officer in March 2020 recognises that during the additional Covid-19 pressures, maintaining the nurse staffing levels that have been calculated on adult medical and surgical wards will become 'an impossible challenge'. Its content clarifies the flexibility available in the Act, and assists organisations to consider how to prioritise implementation of the Act's accompanying guidance in the context of the current pandemic.

### **1.2 Scope and Objectives**

The purpose of this 2020/21 review was to assess whether the health board has implemented the recommendations made following our review undertaken in 2019/20.

The objective of the original audit was to review arrangements in place to ensure that the health board has appropriate processes in place to ensure that it is complying with the requirements of the Nurse Staffing Levels (Wales) Act 2016.

The scope of this follow-up review does not provide assurance against the full review scope and objectives of the original audit. The 'follow-

up review opinion' provides an assurance level against the implementation of the agreed action plan only.

### 1.3 Associated Risks

A lack of progress in implementing agreed actions and therefore continued risk of the organisation's ability to manage & monitor compliance with the Act effectively.

## 2 CONCLUSION

### 2.1 Overall Assurance Opinion

The current review considers all recommendations made (high, medium or low priority). This report does not provide assurance against the full review scope and objective of the original audit. The 'follow up review opinion' provides the assurance level against the implementation of the agreed action plan only. We have identified that significant progress has been made with implementing the previous recommendations. Considering the progress made against the action plan the follow up review opinion is Substantial Assurance.

RATING	INDICATOR	DEFINITION
<p style="text-align: center;"><b>Substantial assurance</b></p>		<p><b>Substantial assurance (Follow up)</b> All recommendations implemented and operating as expected.</p>

### 3 FINDINGS & RECOMMENDATIONS

#### 3.1 Summary of Audit Findings

Summary of previously agreed actions by implementation status:

Actions Implemented in Full	Actions Implemented in Part	Actions Not Implemented
3	1	0

The original review identified one high priority area - there were no robust records of approval by the Designated Officer of the calculated levels of the wards in the health board that fall under section 25B of the Nurse Staffing Act 2016. This follow up review identified that each ward template presenting calculated levels is now signed off by the Designated Person (Director of Nursing & Patient Experience), Director of Finance and Director of Workforce & OD.

Action was taken since our previous review with the introduction of an updated NSA (Nurse Staffing Act) Operating Framework. The new framework more clearly identifies individuals' roles and responsibilities in terms of NSA within the health board. However, the new framework is not available on the health board's intranet site for easy access to all staff.

The last annual report (reported in September 2020 and reflecting on the 2019/20 year) did not present information on the extent to which the calculated levels were achieved during the year. However, it notes the work being undertaken nationally to achieve a consistent means of doing this across NHS Wales in readiness for the first three-year reports due for publication by health bodies in May 2021. No further recommendation has been raised, recognising that management are working towards that deadline.

#### 3.2 Summary of Recommendations

Priority ratings of the open recommendations:

	Original Audit	Current Audit
High priority	1	0
Medium priority	3	0
Low priority	0	1
<b>Total</b>	<b>4</b>	<b>1</b>

Audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

### Previous Finding 1 – Operating Framework (Design)

#### Original Finding (Medium Priority)

The Health Board's NSA Operating Framework was not clear on some of the roles within the Health Board, the job titles of holders and the distinction between corporate and unit posts with the same title.

#### Original Recommendation

We would recommend that roles and titles be reviewed so that it is clearer for all staff.

#### Original Management Response

The NSA operating framework will be updated to provide clarity on roles and job titles within the Health Board which will also provide clear distinctions between corporate and unit posts.

Responsible Officer - Rob Jones (Corporate Matron)

Target Date – 30/10/2019

### Current Finding 1

#### **Implemented Fully**

A revised Nurse Staffing Act Operating Framework was approved at the September 2019 NSA Group meeting. Our review of the framework identified that it provides greater clarity on job titles and staff roles within the health board. The following key amendments were noted:

- Director of Nursing & Patient Experience was clearly identified as the Designated Person;
- Assistant Director of Operational Nursing & Quality was updated to Assistant Director of Nursing & Patient Experience;
- The roles of General Manager and Service Delivery Manager were replaced with Unit Nurse Director; and
- To improve clarity and distinguish between Corporate and Unit post the framework now includes the separate roles and responsibilities of:
  - Operational Head of Nursing
  - Corporate Matrons
  - Operational Matrons

While the revised Operating Framework was approved at the Nurse Staffing Act Steering Group in September 2019, we noted that the original Framework (without the changes above) remains the document published online within COIN.	
<b>Updated Recommendation 1</b>	<b>Priority Level</b>
We would recommend that the latest version of the Operating Framework be uploaded onto the health board intranet site COIN.	<b>Low</b>
<b>Management Response 1</b>	<b>Responsible Officer / Deadline</b>
The latest Version of the Health Board's Operating Framework will replace the older version and be uploaded onto the health board intranet site	Corporate Head of Nursing 31 <sup>st</sup> Jan 2021.

### Previous Finding 2 – Accountability (Design)

#### Original Finding (High priority)

Whilst we were provided with an example of template documentation returned to Unit Nurse Directors in September 2018 setting out their calculated levels following corporate scrutiny, and the Corporate Matron's covering email indicated that they were digitally signed by the former Director of Nursing & Patient Experience, the signature was just her name typed into a spreadsheet. There was no robust record of her approval of the ward levels calculated.

#### Original Recommendation

Following the current and future calculation cycle(s) more robust records (eg signature, direct email, agreed meeting minutes) should be retained to demonstrate the approval of ward levels calculated by the designated person. It may be appropriate to record the approach to approval and record-keeping with the operating framework above or support procedures.

#### Original Management Response

A standard operating procedure will be in place outlining clear processes for approval of templates which will include signatures.

Responsible Officer – Rob Jones (Corporate Matron)

Target Date – 30/11/2019

### Current Finding 2

#### **Implemented Fully**

A sample of 6 templates were selected for review from across the health board, for wards falling under section 25B of the Nurse Staffing Act. From the sample it was noted that all templates had been:

- Fully completed with an acuity audit, quality indicators and professional judgement supplied;
- Signed off by the Director of Nursing & Patient Experience (Designated Person);
- Signed off by the Director of Finance; and
- Signed off by the Director of Workforce & OD.

#### **Updated Recommendation 2**

No further recommendation

#### **Priority Level**

**N/A**

### Previous Finding 3 – Report Consistency (Operational effectiveness)

#### Original Finding (Medium priority)

There were some differences between calculated levels reported as agreed for 2018/19 in the March 2019 paper looking back on the year, when compared against the June 2018 Board paper that agreed them originally. We understand that this may be due to uplifts during the year.

#### Original Recommendation

We would recommend future reports present figures consistently, or explain adjustments made during the year.

#### Original Management Response

Future reports will present consistent figures and where there are adjustments these will be made clear.

Responsible Officer – Gareth Howells (Director of Nursing & Patient Experience)

Target Date – 30/06/2020

### Current Finding 3

#### **Implemented Fully**

The 2019/20 NSA annual report was issued to the Board in September 2020 (delayed from May 2020 due to Covid-19). Within the report, it notes the required levels set for the wards that sit under section 25B of the Nurse Staffing Act for the previous 2 calculations for April and November 2019, with the addition of the new calculations for May 2020. To review the consistency of reporting we compared the April 2019 and November 2019 calculated levels as recorded in the September 2020 Board paper, with the equivalent figures presented in the preceding November 2019 paper.

Ward calculations reported were largely consistent across the two reports reviewed, with the exception of the figures for one ward (Cyril Evans) which differed by 1.52 for Registered Nurses and 1.27 for Health Care Support Workers between the two reports. This is an isolated and relatively minor difference, but noted here for management information.

#### **Updated Recommendation 3**

No further recommendation

#### **Priority Level**

**N/A**

#### Previous Finding 4 - Reporting (Operational effectiveness)

##### Original Finding (Medium priority)

The 2018-19 end-of-year report followed a format used across Wales, but within the content it did not present any data on the extent to which the calculated levels were achieved during the year. Discussion with the corporate nursing team indicates that reporting this information is a complex matter and subject to all Wales work. A review of reports of four other organisations in Wales indicated only one that had provided any data in this respect.

##### Original Recommendation

The Health Board should report the extent to which levels are maintained in their next Annual Report.

##### Original Management Response

The all Wales Nurse Staffing Group are currently working towards a consistent agreement in relation to reporting the extent to which staffing levels are maintained. Once this work has been completed the annual report which is based on the All Wales template will include this information.

Responsible Officer – Gareth Howells (Director of Nursing & Patient Experience)

Target Date – 30/06/2020

#### Current Finding 4

##### **Implemented in Part**

The 2019/20 report did not present data in respect of the extent to which the calculated levels were achieved during the year. However, it explains the inconsistency in approaches taken to this across Wales previously, and notes the work ongoing at a national level to develop a common information system and a reporting template in readiness for the report due in May 2021. We were provided with the draft template and extracts of meetings that supported this ongoing work.

**This remains to be addressed at the next annual report. However, we have no further recommendations at this time recognising action which the health board is participating in nationally.**

##### **Updated Recommendation 4**

##### **Priority Level**

No further recommendation

**N/A**

## Audit Assurance Ratings

 **Substantial assurance: Follow up** - All recommendations implemented and operating as expected.

 **Reasonable assurance: Follow up** - All high level recommendations implemented and progress on the medium and low level recommendations.

 **Limited assurance: Follow up** - No high level recommendations implemented but progress on a majority of the medium and low recommendations.

 **No Assurance: Follow up** - No action taken to implement recommendations.

## Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
<b>High</b>	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.

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## **Audit**

The audit was undertaken using a risk-based auditing methodology. An evaluation was undertaken in relation to priority areas established after discussion and agreement with the Health Board. Following interviews with relevant personnel and a review of key documents, files and computer data, an evaluation was made against applicable policies procedures and regulatory requirements and guidance as appropriate.

Internal control, no matter how well designed and operated, can provide only reasonable and not absolute assurance regarding the achievement of an organisation's objectives. The likelihood of achievement is affected by limitations inherent in all internal control systems. These include the possibility of poor judgement in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Where a control objective has not been achieved, or where it is viewed that improvements to the current internal control systems can be attained, recommendations have been made that if implemented, should ensure that the control objectives are realised/ strengthened in future.

A basic aim is to provide proactive advice, identifying good practice and any systems weaknesses for management consideration.

## **Responsibilities**

Responsibilities of management and internal auditors:

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we may carry out additional work directed towards identification of fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, cannot ensure fraud will be detected. The organisation's Local Counter Fraud Officer should provide support for these processes.

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