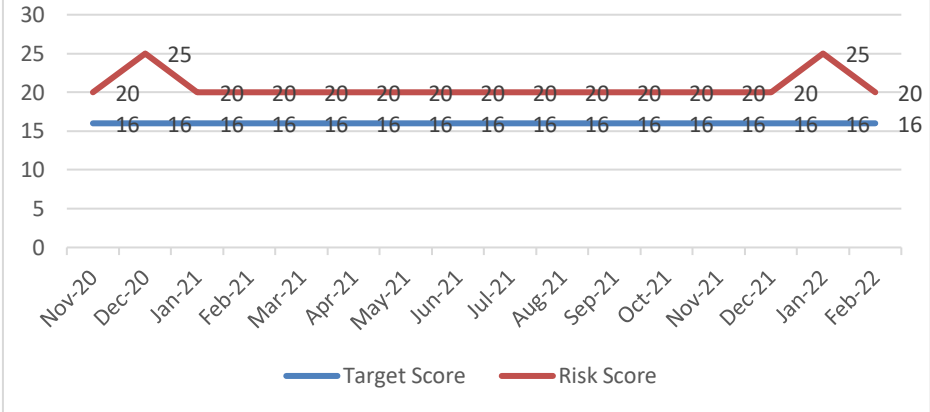


Datix ID Number: 1759 Health & Care Standard: Staff & Resources 7.1 Workforce		HBR Ref Number: 51																																		
Objective: Excellent Staff		Director Lead: Lesley Jenkins, Group Nurse Director																																		
Risk: Non Compliance with Nurse Staffing Levels Act (2016)		Date last reviewed: 14 th February 2022																																		
<div><p>Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 5 = 20 Target: 4 x 2 = 8</p><p>(Neath Port Talbot Site: = 25)</p></div>	<div><table><caption>Risk Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th></tr></thead><tbody><tr><td>Nov-20</td><td>20</td></tr><tr><td>Dec-20</td><td>25</td></tr><tr><td>Jan-21</td><td>20</td></tr><tr><td>Feb-21</td><td>20</td></tr><tr><td>Mar-21</td><td>20</td></tr><tr><td>Apr-21</td><td>20</td></tr><tr><td>May-21</td><td>20</td></tr><tr><td>Jun-21</td><td>20</td></tr><tr><td>Jul-21</td><td>20</td></tr><tr><td>Aug-21</td><td>20</td></tr><tr><td>Sep-21</td><td>20</td></tr><tr><td>Oct-21</td><td>20</td></tr><tr><td>Nov-21</td><td>20</td></tr><tr><td>Dec-21</td><td>20</td></tr><tr><td>Jan-22</td><td>25</td></tr><tr><td>Feb-22</td><td>16</td></tr></tbody></table></div>	Month	Risk Score	Nov-20	20	Dec-20	25	Jan-21	20	Feb-21	20	Mar-21	20	Apr-21	20	May-21	20	Jun-21	20	Jul-21	20	Aug-21	20	Sep-21	20	Oct-21	20	Nov-21	20	Dec-21	20	Jan-22	25	Feb-22	16	<div><p>Rationale for current score:</p><ul style="list-style-type: none">Some improvement in staffing availability in many areas.Ward C, D and E at NPT continue to have high levels of unavailability with Ward C 60 % unavailability W/C 6/2/22 (41% sickness), Ward E 40% (17% sickness) and Ward D 36 % (14% sickness). The Division of Medicine across both sites have an average of 40% unavailability with sickness accounting for 18% of this.There continue to be significant staff absence as a result of COVID-19, Ward C position has resulted from high levels of acuity on the ward with staff experiencing high levels of stress and anxiety.SAU position has improved from a staff availability, however due to a sustained increase in activity core staffing levels are not sufficient to meet the clinical need of the patients. This is mitigated across the group but resulted in an overall increase in the risk score.Cladding work has increased requirement for temporary staffing with Ward 12 and 6 split across 2 templates and Ward 16 continues to take COVID-19 admission.Additional surge beds in NPT with Ward D at 40 beds and Ward C between 38 and 40 beds. Difficulty in filling additional staffing requirementSignificant gaps within the unregistered workforce due to vacancies</div>
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<div><p>Level of Control = 80%</p></div>		<div><p>Rationale for target score:</p><ul style="list-style-type: none">The Service Group is ensuring we have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly.Health Boards are duty bound to take all reasonable steps to maintain nurse staffing levels.</div>																																		
<div><p>Date added to the Service Group risk register November 2018</p></div>																																				

Controls (What are we currently doing about the risk?)	Mitigating actions (What more should we do?)		
<p>The Service Group has put the following controls in place:- Additional Control's reviewed in October 2021 include:</p> <ul style="list-style-type: none"> Daily staffing risk assessment completed with HON or DHON present at the meeting. Escalation to ensure Director oversight and understand risks across the site daily NSA temporary uplift agreed to support SAU and medicine – recruitment progressing Nurse Pool to be re-established – recruitment progressing The Service Group holds daily Nurse Staffing Meeting to review staffing levels in addition the deployment of staff to mitigate risks. This is held daily for the NPT and Singleton sites. The Medicine and Cancer Division holds a daily nursing safety briefings to highlight patient safety risks Weekly Bank and agency grip and control meeting to review and scrutinise all requests, key rostering KPIs and gain assurance of resources required for patients requiring enhanced observation E-Roster Scrutiny Panels operate to ensure the rostering Policy and Standards are fully implemented and are being reviewed to encompass triangulation with key quality indicators. Nurse Bank fully utilised and part of the nurse staffing meetings. Professional Lead Nursing rota implemented seven days a week. Workforce plans are in place for agreed staffing in surge and super surge during COVID-19 emergency with consideration of all reasonable steps. Registered Nurses deployed following daily risk assessment to ensure risks mitigated. Off contract agency requested when other mechanisms fail. <p>Existing Controls</p> <ul style="list-style-type: none"> Confirmed the designated person within the Service Group Service Group represented at the Health Board Nurse Staffing Group Contributed with the work undertaken at an all-Wales level on Acuity levels of care. Undertaken a formal review across all acute Wards that meet NSA criteria for calculating and reporting nurse staffing requirements to ensure a Health Board wide consistent approach is adopted. Conducted 6 monthly reviews [Using triangulation of data] of wards that meet NSA criteria. Provided acuity feedback sessions to all NSA ward areas included in the June audit. Overseas recruitment Band 4 Assistant Practitioners now established as part of the nursing workforce across both sites with robust inductions and competencies which have been completed. Registered Nurses have been secured from the overseas recruitment programme and are now in post Enhanced agency offered for outstanding and not filled shifts. 	<p>Action</p> <p>Daily Staffing Risk Assessment Tool is used across the Service Group to maintain a consistent approach to risk assessment and recording of reasonable steps to mitigate risk. Staffing risks OoH are managed by the team of Site Practitioners on both hospital Sites.</p>	<p>Lead</p> <p>Group Nurse Director</p>	<p>Deadline</p> <p>Implemented and ongoing daily Monday to Friday</p>
	<p>The Ward Sister/Charge Nurse and Matrons should continuously assess the situation and keep the designated person formally appraised.</p>	<p>Group Nurse Director</p>	<p>Ongoing monthly</p>
	<p>The Daily Staffing Tool supports the Service Group to ensure that a system is in place that allows the recording, review and reporting of every occasion when the number of nurses deployed varies from the planned roster.</p>	<p>Group Nurse Director</p>	<p>Ongoing monthly</p>
	<p>Risk register to be reviewed monthly to ensure compliance.</p>	<p>Group Nurse Director</p>	<p>January 2022</p>
<p>Assurances (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> The biannual workforce review has been concluded and submissions submitted identifying gaps in the workforce. Singleton Wards Establishments and Ward B at NPT have now been agreed with updated rosters implemented from August 2021 The ward establishments for Ward C, D and E at NPTH have been reviewed post Covid wave 2 with recommendations made for an interim ward establishments pending the acute services medical redesign. 	<p>Gaps in assurance (What additional assurances should we seek?)</p>		

<ul style="list-style-type: none"> • Ongoing robust recruitment and retention plans in place to reduce vacancies in key clinical areas, which is in line with the Health Board recruitment plan. • The Service Group has validated existing HCSW temporary contracts to support RN shortfalls, substantive HCA posts will be advertised • June Acuity Audit underway with Acuity data being reviewed by Matrons to provide assurance of governance around sign off. • Mobile devices used within adult acute medical and surgical wards included within the Act for the Acuity Audits. • Implementation of E-Rostering across the Service Group to enable accurate reporting of Compliance 	
<p style="text-align: center;">Current Risk Rating 5x5 = 20</p>	<p>Non Compliance with Nurse Staffing Levels (Wales) Act (2016) The Nurse Staffing Levels (Wales) Act, which received Royal Assent on 21st March 2016, places an overarching duty on Local Health Boards and NHS Trusts in Wales to ensure that nurses have time to care sensitively for their patients and codifies current best practice for determining nurse-staffing levels. It requires Local Health Boards and NHS Trusts in Wales to calculate and maintain staffing levels in specific clinical areas, which are Adult acute Medical & Surgical wards. In accordance with the Act, Health Boards/Trusts must submit annual reports to their board and three-yearly reports to Welsh Government in relation to their compliance with the staffing levels, the impact upon the quality of care where the nurse staffing level was not maintained and the actions required in response to this. The Act currently requires the reporting of adult acute medical and surgical inpatient wards, There are 7 wards in Singleton Delivery Unit that meet the NSA criteria.</p> <p>Staffing remains challenging across the Service Group and there difficulty on daily basis in meeting the planned roster requirements on all of the medical inpatient wards at Neath Port Talbot.</p> <p>Additional challenges relating to the cladding work have evolved due to delays in the project and 3rd wave of COVID resulting in adapted plans being implemented</p> <p>High patient acuity has been reported across all medical wards for patients with delirium; expressive behaviour and high risk of falls</p> <p>A quality improvement work stream to review compliance with the enhanced observation framework has commenced in NPT with the introduction of a Memory Impairment Advice Team</p>

Ward 6 and Ward 9 at Singleton and Ward Eat Neath Port Talbot have declared new COVID-19 outbreaks. Ward 6 (Oncology) is in PII for C-Difficile.

High patient acuity has been reported across all sub-acute medical wards on NPT site for patients with delirium; expressive behaviour and high risk of falls with a reported risk of difficulty securing baseline and additional HCSWs.