

<b>Datix ID Number: 1759</b> <b>Health &amp; Care Standard: Staff &amp; Resources 7.1 Workforce</b>		<b>HBR Ref Number: 51</b>																																																								
<b>Objective:</b> Excellent Staff		<b>Director Lead:</b> Lesley Jenkins, Group Nurse Director																																																								
<b>Risk:</b> Non Compliance with Nurse Staffing Levels Act (2016)		<b>Date last reviewed:</b> October 11 <sup>th</sup> 2021																																																								
<b>Risk Rating</b> (consequence x likelihood): Initial: 4 x 4 = 16 Current: 4 x 5 = <b>20</b> Target: 4 x 2 = 8	<table border="1"> <caption>Risk Score and Target Data</caption> <thead> <tr> <th>Month</th> <th>Target</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr><td>Jun-20</td><td>7</td><td>20</td></tr> <tr><td>Jul-20</td><td>7</td><td>20</td></tr> <tr><td>Aug-20</td><td>7</td><td>20</td></tr> <tr><td>Sep-20</td><td>7</td><td>20</td></tr> <tr><td>Oct-20</td><td>7</td><td>20</td></tr> <tr><td>Nov-20</td><td>7</td><td>20</td></tr> <tr><td>Dec-20</td><td>7</td><td>25</td></tr> <tr><td>Jan-21</td><td>7</td><td>20</td></tr> <tr><td>Feb-21</td><td>7</td><td>20</td></tr> <tr><td>Mar-21</td><td>7</td><td>20</td></tr> <tr><td>Apr-21</td><td>7</td><td>20</td></tr> <tr><td>May-21</td><td>7</td><td>20</td></tr> <tr><td>Jun-21</td><td>7</td><td>20</td></tr> <tr><td>Jul-21</td><td>7</td><td>20</td></tr> <tr><td>Aug-21</td><td>7</td><td>20</td></tr> <tr><td>Sep-21</td><td>7</td><td>20</td></tr> <tr><td>Oct-21</td><td>7</td><td>20</td></tr> </tbody> </table>		Month	Target	Risk Score	Jun-20	7	20	Jul-20	7	20	Aug-20	7	20	Sep-20	7	20	Oct-20	7	20	Nov-20	7	20	Dec-20	7	25	Jan-21	7	20	Feb-21	7	20	Mar-21	7	20	Apr-21	7	20	May-21	7	20	Jun-21	7	20	Jul-21	7	20	Aug-21	7	20	Sep-21	7	20	Oct-21	7	20	<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>Continued constraints in staff availability as a result of staff isolation/sickness/ shielding RAs - Covid-19. Frequently below minimum staffing number requirements across the acute medical wards at Singleton.</li> <li>SAU position deteriorated significantly during July and August due to multiple staff leaving unit and sickness this left a deficit of 10 WTE RN's. Mitigated across the group but resulted in an overall increase in the risk score. Within October some staff have on-boarded which has reduced the risk score but unavailability has been 40 – 50 % due to increased sickness (26%)</li> <li>Cladding work has increased requirement for temporary staffing with medicine having 3 wards (Ward 4,6 and 8) now split across 2 templates. This causes a particular risk in staffing night shifts.</li> </ul>	
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<b>Level of Control</b> = 80%	<b>Rationale for target score:</b> <ul style="list-style-type: none"> <li>The Service Group is ensuring we have the structures and processes in place to provide reassurance under the Act and are allocating resources accordingly.</li> <li>Health Boards are duty bound to take all reasonable steps to maintain nurse staffing levels.</li> </ul>																																																									
<b>Date added to the Service Group risk register</b> November 2018																																																										
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																																																								
The Service Group has put the following controls in place:- <b>Additional Control's reviewed in October 2021 include:</b> <ul style="list-style-type: none"> <li>Staffing Silver Cell initiated to provide Director oversight and understand risks across the site daily</li> <li>NSA temporary uplift agreed to support SAU – recruitment is underway</li> <li>Nurse Pool to be re-established – recruitment underway</li> <li>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.</li> <li>The Medicine Division holds a daily nursing safety briefings to highlight patient safety risks</li> <li>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</li> <li>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.</li> <li>Nurse Bank fully utilised and part of the nurse staffing meetings.</li> </ul>		<table border="1"> <thead> <tr> <th>Action</th> <th>Lead</th> <th>Deadline</th> </tr> </thead> <tbody> <tr> <td>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.</td> <td>Group Nurse Director</td> <td>Implemented and ongoing daily Monday to Friday</td> </tr> <tr> <td>The Ward Sister/Charge Nurse and Matrons should continuously assess the situation and keep the designated person formally appraised.</td> <td>Group Nurse Director</td> <td>Ongoing monthly</td> </tr> </tbody> </table>			Action	Lead	Deadline	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.	Group Nurse Director	Implemented and ongoing daily Monday to Friday	The Ward Sister/Charge Nurse and Matrons should continuously assess the situation and keep the designated person formally appraised.	Group Nurse Director	Ongoing monthly																																													
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<ul style="list-style-type: none"> <li>Professional Lead Nursing rota implemented seven days a week.</li> <li>Workforce plans are in place for agreed staffing in surge and super surge during COVID-19 emergency with consideration of all reasonable steps.</li> <li>Registered Nurses deployed from all adult divisions to support the significant gap within SAU.</li> </ul> <p><b>Existing Controls</b></p> <ul style="list-style-type: none"> <li>Confirmed the designated person within the Service Group</li> <li>Service Group represented at the Health Board Nurse Staffing Group</li> <li>Contributed with the work undertaken at an all-Wales level on Acuity levels of care.</li> <li>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.</li> <li>Conducted 6 monthly reviews [Using triangulation of data] of wards that meet NSA criteria.</li> <li>Provided acuity feedback sessions to all NSA ward areas included in the June audit.</li> <li>Overseas recruitment</li> <li>Band 4 Assistant Practitioners now established as part of the nursing workforce across both sites with robust inductions and competencies which have been completed.</li> <li>Registered Nurses have been secured from the overseas recruitment programme with a plan for start dates between October – December 2021</li> <li>Off contract agency authorisation has been agreed to support SAU and ward 3, this is reviewed weekly.</li> </ul>	<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>November 2021</p>
	<p>The Service group have increased the deployment of Registered Nurses into SAU to support gaps as a result of sickness and vacancies.</p>	<p>DHoN</p>	<p>Monthly Review</p>
<p><b>Assurances (How do we know if the things we are doing are having an impact?)</b></p> <ul style="list-style-type: none"> <li>The biannual workforce review has been concluded and submissions submitted identifying gaps in the workforce.</li> <li>Singleton Wards Establishments and Ward B at NPT have now been agreed with updated rosters implemented.</li> <li>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.</li> <li>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.</li> <li>The Service Group has progressed significant HCSW recruitment to support the winter plan.</li> <li>Mobile devices used within adult acute medical and surgical wards included within the Act for the Acuity Audits.</li> <li>Implementation of E-Rostering across the Service Group to enable accurate reporting of Compliance</li> <li>WNCR being rolled out in Singleton commencing November 2021</li> </ul>	<p><b>Gaps in assurance (What additional assurances should we seek?)</b></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 &amp; Surgical wards. In accordance with the Act, Health Boards/Trusts must</p>		

**Current Risk Rating**  
**5x4 = 20**

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.

Staffing remains challenging across the Service Group as we see increased operational pressure as lockdown has been eased. There difficulty on daily basis in meeting the planned roster requirements on all of the medical inpatient wards at Singleton with the hotspots being Ward 3, 9, 6. In NPT Ward E is the hotspot.

Additional challenges relating to the cladding work have evolved due to delays in the project and 3<sup>rd</sup> wave of COVID resulting in adapted plans being implemented

Ward 1, 2 and Ward B surgical wards have been able to meet their planned roster requirements with a daily risk scoring of 4.

High patient acuity has been reported across all medical wards for patients with delirium; expressive behaviour and high risk of falls

A quality improvement work stream to review compliance with the enhanced observation framework continues to progress in NPT with the introduction of a Memory Impairment Advice Team.

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.