

Datix ID Number: 1759		HBR Ref Number: 51																																																	
Health & Care Standard: Staff & Resources 7.1 Workforce																																																			
Objective: Excellent Staff		Director Lead: Lesley Jenkins, Group Nurse Director																																																	
Risk: Non Compliance with Nurse Staffing Levels Act (2016) – ADULT SERVICES		Date last reviewed: 3/11/22																																																	
<div>Risk Rating (consequence x likelihood): Initial: 4 x 4 = 16 Current: 5 x 4 = 20 Target: 4 x 4= 16</div>	<div><table><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Aug-21</td><td>16</td><td>20</td></tr><tr><td>Sep-21</td><td>16</td><td>20</td></tr><tr><td>Oct-21</td><td>16</td><td>20</td></tr><tr><td>Nov-21</td><td>16</td><td>20</td></tr><tr><td>Dec-21</td><td>16</td><td>20</td></tr><tr><td>Jan-22</td><td>16</td><td>25</td></tr><tr><td>Feb-22</td><td>16</td><td>20</td></tr><tr><td>Mar-22</td><td>16</td><td>25</td></tr><tr><td>Apr-22</td><td>16</td><td>25</td></tr><tr><td>May-22</td><td>16</td><td>20</td></tr><tr><td>Jun-22</td><td>16</td><td>20</td></tr><tr><td>Jul-22</td><td>16</td><td>20</td></tr><tr><td>Aug-22</td><td>16</td><td>20</td></tr><tr><td>Sep-22</td><td>16</td><td>20</td></tr><tr><td>Oct-22</td><td>16</td><td>20</td></tr></tbody></table></div>			Month	Target Score	Risk Score	Aug-21	16	20	Sep-21	16	20	Oct-21	16	20	Nov-21	16	20	Dec-21	16	20	Jan-22	16	25	Feb-22	16	20	Mar-22	16	25	Apr-22	16	25	May-22	16	20	Jun-22	16	20	Jul-22	16	20	Aug-22	16	20	Sep-22	16	20	Oct-22	16	20
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	<div>Rationale for current score:</div> <ul style="list-style-type: none"><li>Continued RN &amp; HCA attrition in the Division of Medicine linked to AMSR however we have had some international recruitment which has reduced the overall gap.</li><li>RN Vacancy Medicine:<ul style="list-style-type: none"><li>Ward 3 = 8.88 WTE</li><li>Ward 4 = 2.4 WTE</li><li>Ward 6 = 9 WTE</li><li>Ward 8 = 9.61 WTE</li><li>Ward 9 = 4.61 WTE</li><li>Ward C = 5.08 WTE</li><li>Ward D = 2.2 WTE</li><li>Ward E = 4.08 WTE</li></ul></li><li>Total medicine RN Vacancy = 45.86 WTE (Including NPT Wards) which equates to a 30% vacancy across all medical wards.</li><li>Band 4 Assistant Practitioner posts have been uploaded to Tracs to fill vacancies within the NPT rosters and to support registrant gaps due to the challenges in recruitment.</li><li>Singleton site experiencing significant challenges due to cladding work and wards on split templates (Wards 2, and 9) this requires an additional registrant per shift to support safe staffing. This has been very difficult to cover.</li><li>Ward 9 and 12 are current hotspots with 27% sickness on Ward 9 giving a total unavailability of 57%. Ward 12 is reporting 10% sickness and an 8% supernumerary which supports completion of chemo competencies but results in 44% unavailability.</li><li>Neath Port Talbot Wards have now reconfigured with no surge beds open.</li><li>Singleton continue to have surge beds open across split ward templates due to the cladding work</li><li>Significant gaps within the unregistered workforce due to vacancies (total vacancy across medicine is 33.35 WTE) Generic recruitment is ongoing</li></ul>																																																		

Level of Control = 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>		
Date added to the Service Group risk register November 2018						
<b>Controls (What are we currently doing about the risk?)</b>				<b>Mitigating actions (What more should we do?)</b>		
<p>The Service Group has put the following controls in place:-</p> <p><b>Additional Control's reviewed in June 2022 include:</b></p> <ul style="list-style-type: none"><li>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</li><li>NSA temporary uplift extended to support SAU and Medicine</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 and Cancer 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><li>Registered Nurses deployed following daily risk assessment to ensure risks mitigated.</li><li>Off contract agency requested when other mechanisms fail.</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>Escalation for Pre authorisation for off contract agency for shifts not filled via Pool system.</li></ul>				<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
				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
				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.	Group Nurse Director	Ongoing monthly
Risk register to be reviewed monthly to ensure compliance.	Group Nurse Director	Monthly				
<b>Assurances (How do we know if the things we are doing are having an impact?)</b> <ul style="list-style-type: none"><li>The biannual workforce review has been concluded and submissions submitted identifying gaps in the workforce.</li><li>Scrutiny panels have taken place, recognition of the pending AMSR changes to the NSA wards.</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></ul>				<b>Gaps in assurance (What additional assurances should we seek?)</b>		

<ul style="list-style-type: none"> <li>• The Service Group is recruiting to Band 4 Assistant Practitioners to offset the RN gap</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> </ul>	
<p style="text-align: center;"><b>Current Risk Rating</b> <b>5x4 = 20</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 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 AMSR, cladding work have evolved due to delays in the project and ongoing pressures as a result 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>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.</p>