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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	17 December 2019	Agenda Item	4.2
Report Title	Nurse Staffing Levels (Wales) Act – Workforce and OD Committee		
Report Author	Rob Jones, Corporate Matron		
Report Sponsor	Helen Griffiths, Corporate Head of Nursing Cathy Dowling, Deputy Director of Nursing & Patient Experience (Chair of Health Boards Nurse Staffing Act Steering Group). Lynne Hamilton, Executive Director of Finance Hazel Robinson, Executive Director of Workforce & Organisational Development		
Presented by	Gareth Howells, Executive Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	<ul style="list-style-type: none"> This mandatory report provides the Committee with the nurse staffing level calculations on acute medical & surgical inpatient wards using the triangulated methodology. The Act places a statutory requirement on Health Boards to calculate and report to Board on a 6 monthly basis. In line with the requirements of the Act, the Designated Person (Director of Nursing & Patient Experience) has scrutinised and signed off the establishment review calculations in conjunction with the Executive Director of Workforce & Organisational Development and the Executive Director of Finance. The methodology and results are highlighted within this paper. The report also provides an overview of the work being undertaken within other specialities in relation to section 25A of the Act to have sufficient nurses to allow the nurse time to care for patients sensitively whenever nursing services are provided. 		

Key Issues	Bi-Annual calculations Work being undertaken within other specialities in relation to 25A of the Act.			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>The paper was presented at the Health Board on 28th November 2019 and the recommendations were approved by the Board</p> <p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Note the significant improvement with quality indicators, reduction in falls, pressure damage, complaints, length of stay and medication errors on wards previously invested in under the remit of the Nurse Staffing Levels (Wales) Act. • Note required uplift in funded establishments to ensure the Board remain fully compliant with the Nurse Staffing Levels (Wales) Act. • Note the increased patient acuity levels within our Health Board over the last few years that have resulted in the need for increased levels of enhanced supervision (1:1) reducing the risk of patient falls, pressure damage and to improve the patient experience. • Support the ongoing review of our bed base in line with the Health Boards clinical plan to ensure continued compliance with the Act. • Acknowledge the work being undertaken within other specialities in relation to 25A of the Act. 			

Nurse Staffing Levels (Wales) Act 2016

1. Introduction

The Nurse Staffing Levels (Wales) Act requires health service bodies to make provision for appropriate nurse staffing levels. This report highlights the results of the most recent bi-annual nurse establishment reviews, conducted throughout all acute Medical & Surgical inpatient wards within Swansea Bay UHB and also an overview of the work being undertaken within other specialities. The report, also provides an overview of the work being undertaken within other specialities in relation to 25A of the Act to have sufficient nurses to allow the nurses time to care for patients sensitively whenever nursing services are provided.

2. How do we calculate the required nursing establishments?



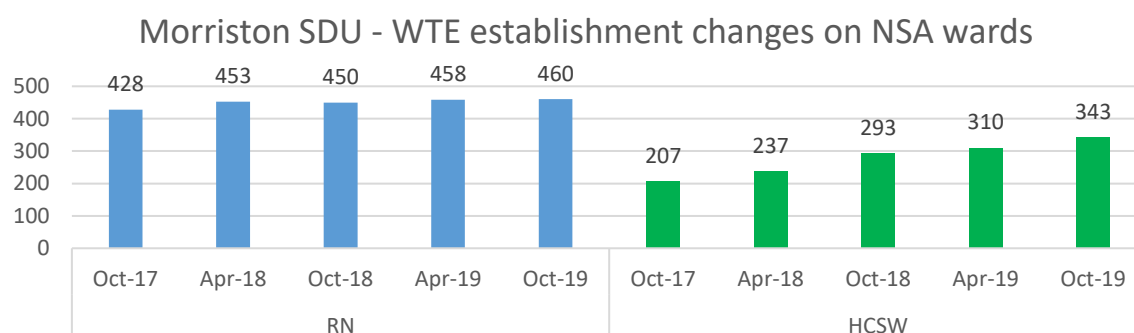
The process of establishing a triangulated review of wards that fall within 25B the reporting element of the Act is divided into sections:

- An acuity audit.
- Quality indicators (Falls, Pressure ulcers, Medication errors) review.
- Professional judgement.
- Planned roster submissions.
- Whole Time Equivalent (WTE's) required calculations including 26.9% headroom & one WTE Ward Manager/Sister.
- Unit Nurse Director, Service Director & Service Delivery Unit's Finance representatives review.
- Scrutiny panel – Executive Director of Nursing & Patient Experience holds a series of panels that include the Executive Director of Workforce & Organisational Development, the Executive Director of Finance, Unit Nurse Directors and service delivery units finance representatives. In line with the requirements of the Act, the Designated Person (Director of Nursing & Patient Experience) has scrutinised and signed off the establishment review calculations and also the triangulated methodology used to formulate the results.

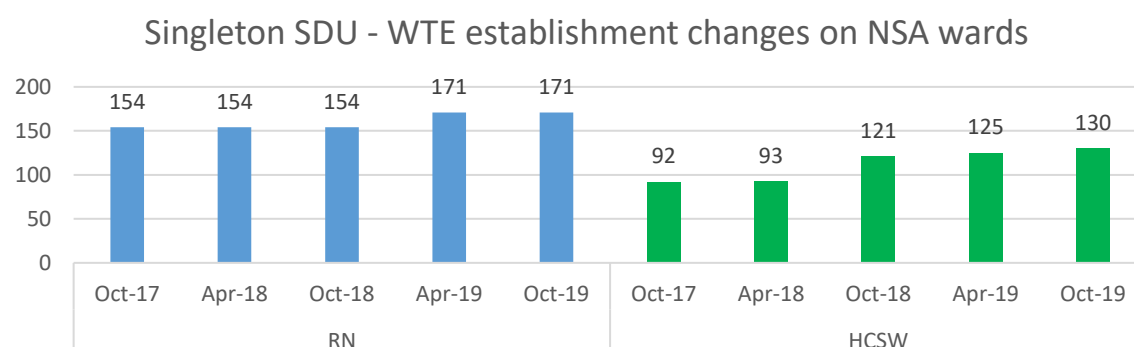
3. What changes to nursing establishments have we already made since the introduction of the Act?

The Bi-annual establishment calculations have resulted in many changes to the nursing budgets. Individual breakdowns of each ward within the nurse staffing at can be found in *Appendix 2*. The graphs below illustrate the changes for both Registered Nurses and Health Care Support Workers since October 2017 per Service Deliver Unit:

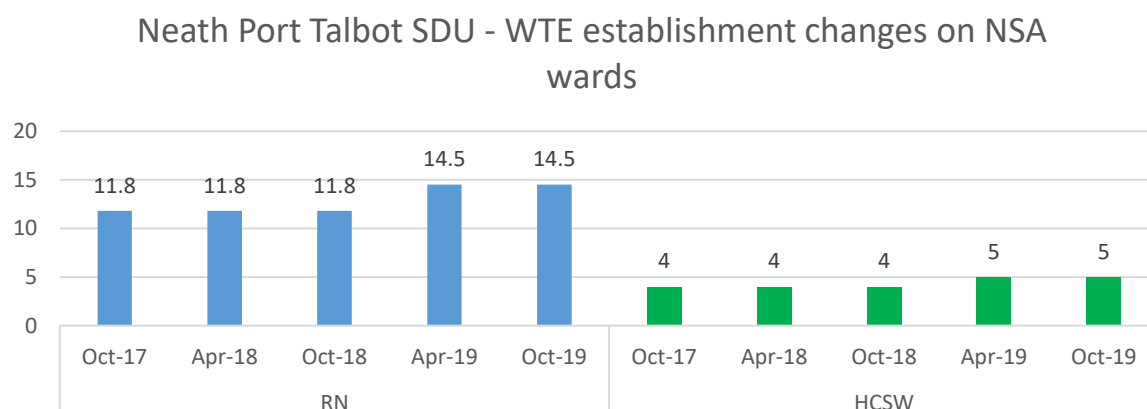
Morriston



Singleton



Neath Port Talbot Hospital

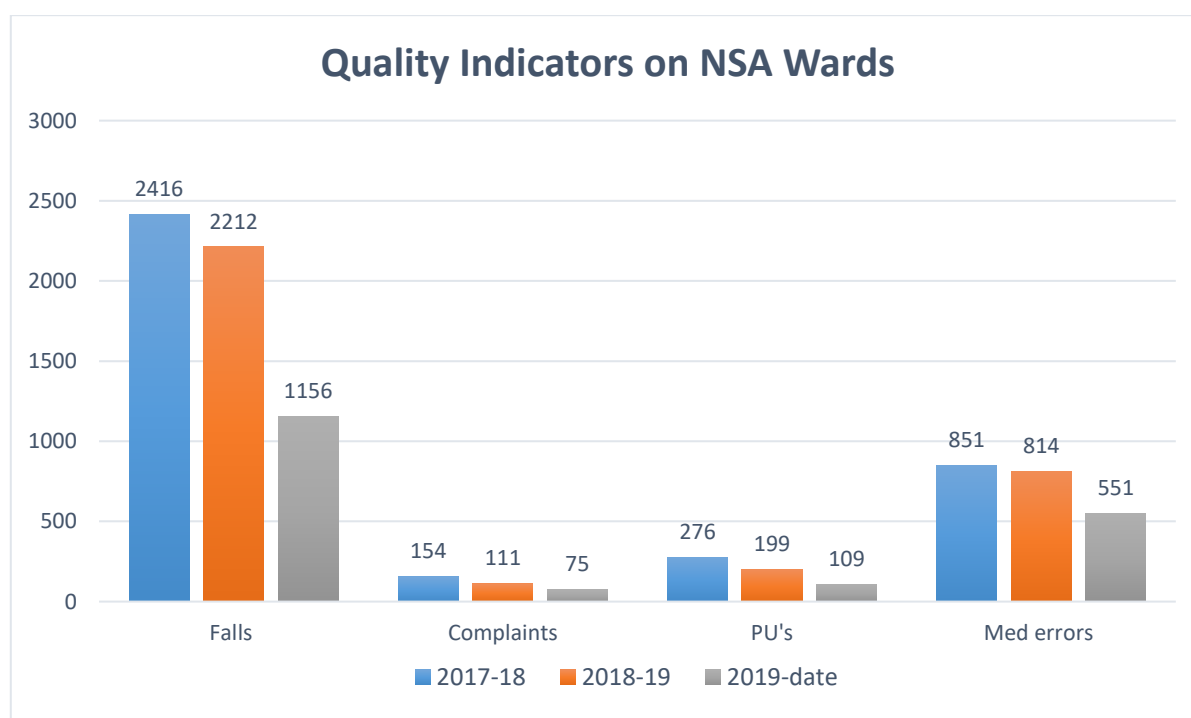


4. Has the investment in nursing establishments since the introduction of the Act made any difference to the quality of patient care and Quality Indicators?

An integral part of the triangulated method of calculating the required staffing levels, Quality Indicators are to be used as a measure of the need for change and also improvements made. The Act requires acute medical & surgical wards to collect and report on the following indicators:

- Patient falls
- Pressure ulcers
- Medication errors
- Complaints

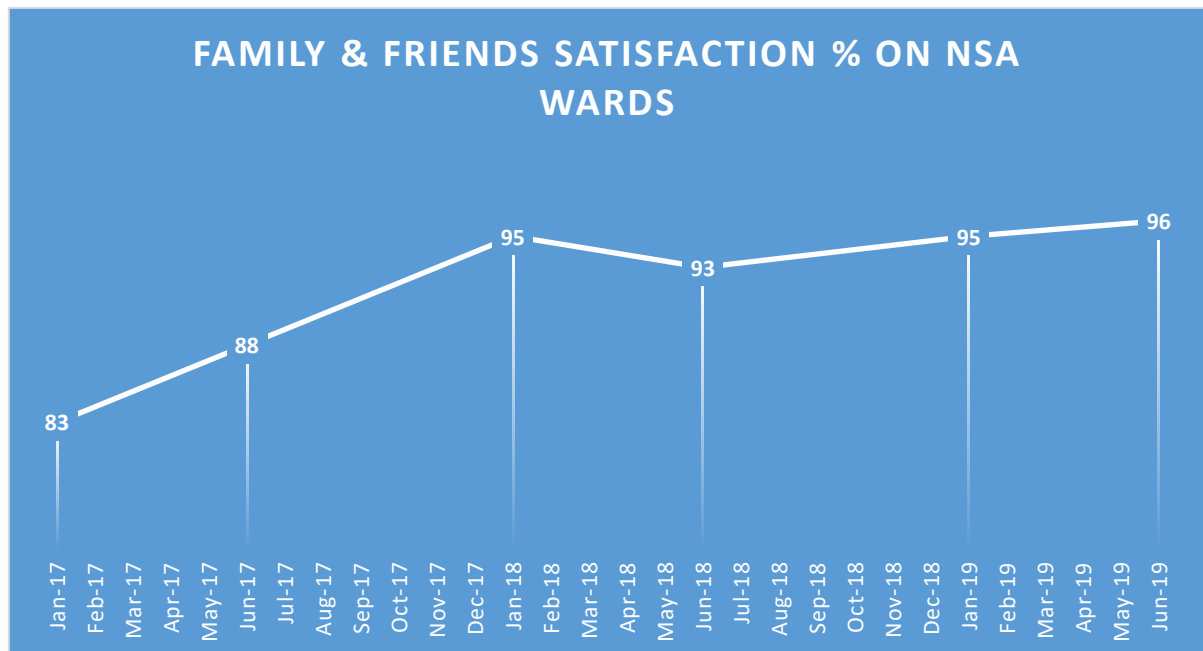
Since the Nurse staffing Act has been implemented we have seen a reduction in the amount of measurable quality indicators, evidence that our investments in nursing budgets are contributing to safer care and improved quality. Falls, complaints, pressure damage and medication errors have all decreased.



The High Values Opportunities project has estimated that the average cost per pressure ulcer & patient fall is £10,000, using that as a benchmark the cost savings from 2017-2018 are £2,810,000 with an even greater saving anticipated given the current number of incidents in 2019.

5. Has Patient Satisfaction improved on NSA wards?

Based on the results of the Family & Friends surveys on wards included in the Act, the level of improvement since the Act's implementation has increased from 83% to 96%.

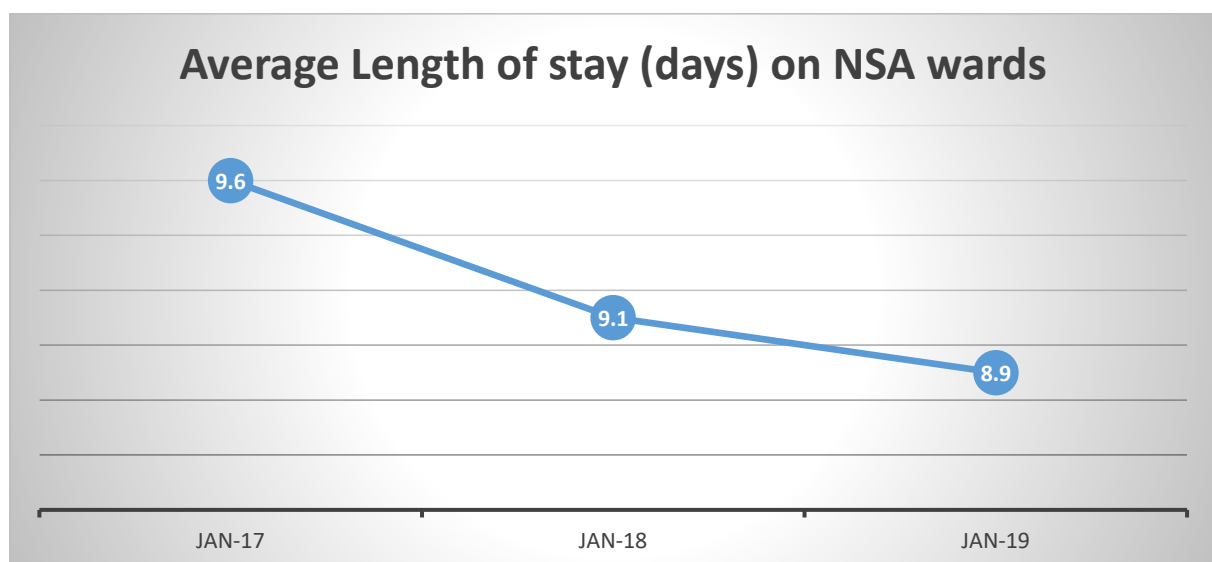


A reoccurring theme within the feedback cards we receive is the time taken to answer buzzers on wards. There has been a significant reduction in the number of occasions the Patient Experience team has had to immediately respond to real time feedback in relation to these themes.

beds
Staff
caring
pain
friendly
buzzers
kind
nurse
respect
overworked

6. Has the average length of stay for patients on NSA wards changed?

A delayed transfer of care (DTOC) occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility such as a residential or nursing home, package of home care or awaiting transfer to another facility'. The patient experience is upper most which encompasses not only the psychological distresses but the physical harm such as deconditioning. The delays are not just external social care delays for instance but can be principally due to poor in hospital processes and duplication, family and provider challenges and legal disputes. The Health Board is currently the highest in Wales at 98 delayed transfers of care in the October DToC census with a 6,700 rolling bed day losses over a 12 month period.

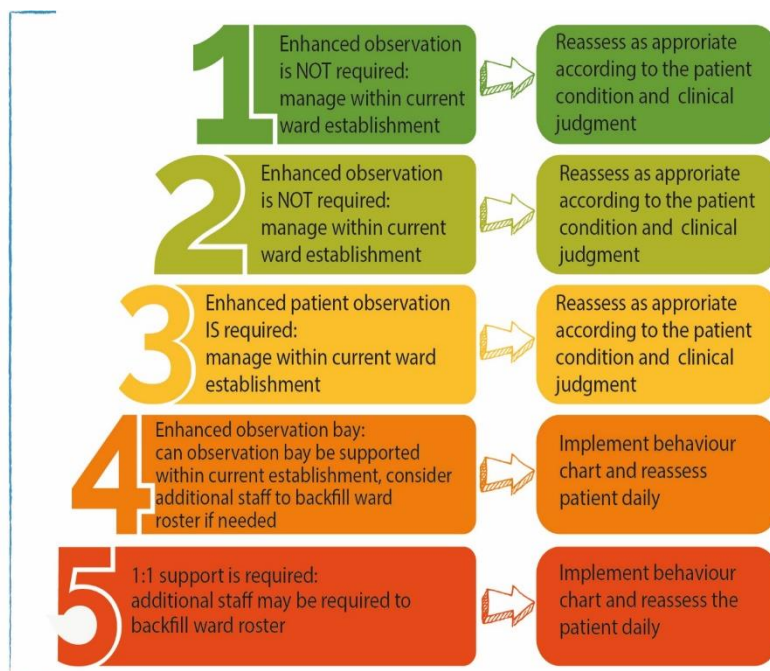


The work undertaken with ward redesign and investment in nursing establishments has proven effective in reducing the length of stay on wards that fall under the Nurse Staffing Act. The chart above shows the progress made since January 2017.

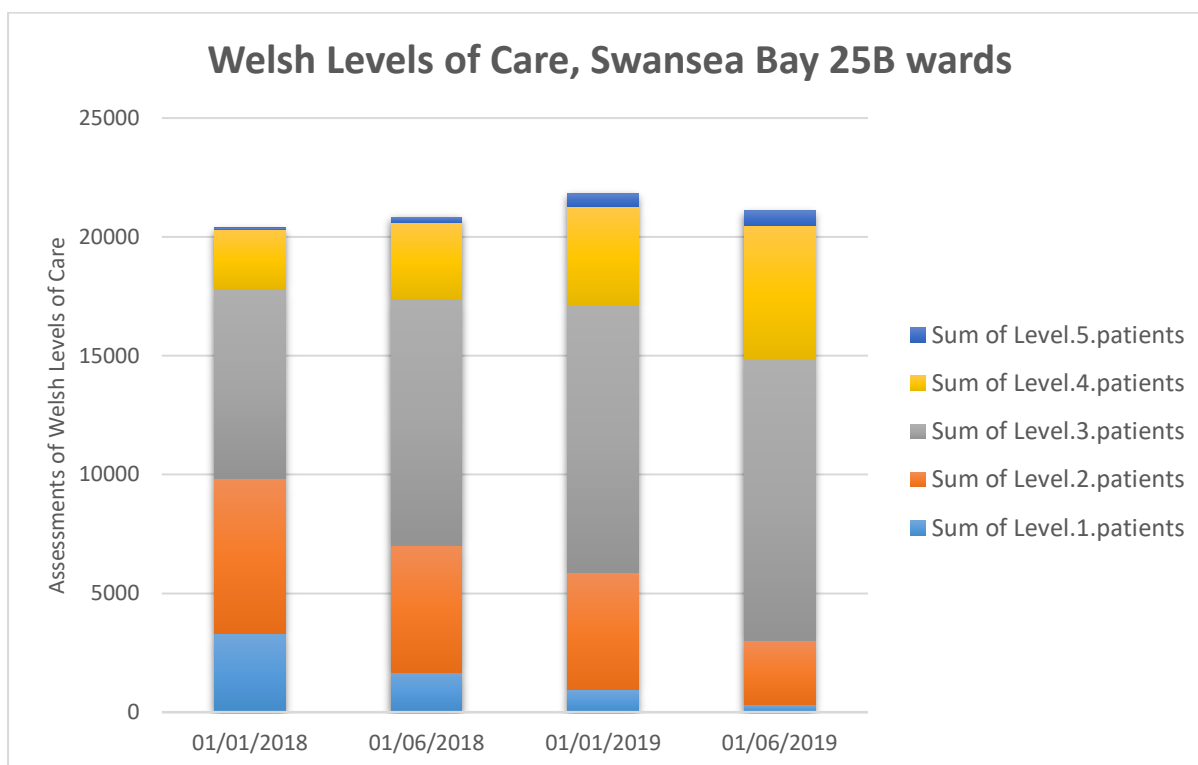
7. To what extent has patient Acuity audit changed within the Health Board?

We have seen an increase in patient's acuity levels within Swansea Bay UHB during each audit as illustrated in the graph below. With higher acuity levels particularly at level 3 + 4 necessitates the need for enhanced supervision. This has had a significant impact on the numbers of Bank & Agency Health Care Support workers requested over that of the agreed substantive establishment. Through the Nursing Workforce High Value Opportunities a Health Board Enhanced Supervision framework has been developed.

Does the Patient Require Enhanced Observation? → Assess against the levels in the Enhanced observation framework/ Risk Assessment



This will have a positive effect on identifying patients that need enhanced supervision as well as reducing the period of time it's in place. However the scrutiny panels have validated that the required uplift of HCSW's identified in section 9 is necessary to meet patient need.

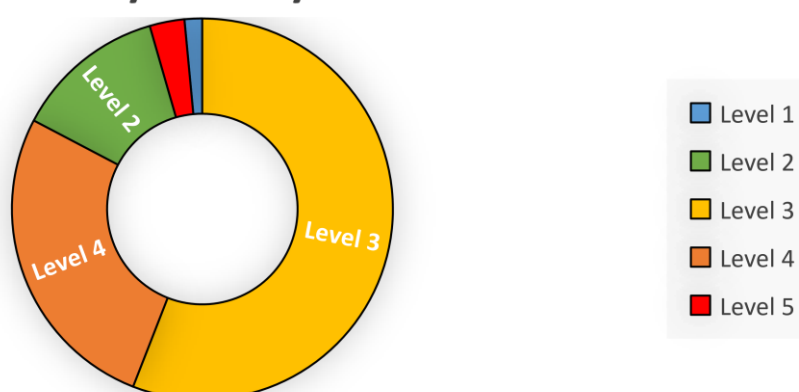


The gathering of acuity data is now collected daily on the majority of acute medical & surgical inpatient areas. We are still only required by Welsh Government to report the data collected during January and June each year, however we have found it beneficial to compare a greater amount of patient acuity information to reliably calculate our nurse staffing level requirements for each area.

8. What has the June 2019 Audit shown us?

The results of the audit during the entire month of June was testament to how the Health Board has improved with the collection of accurate data. All wards that undertook the audit has no missing data and were fully completed, this only helps to improve the accuracy and reliability of the information gathered.

Swansea Bay - Acuity Levels - June 2019



June's audit shows that the acuity levels of patients is increasing, therefore the undertaken establishment review results to provide the correct number of nurses and skill mix within our ward environments have changed.

The table below shows the number of wards achieving certain targets from across Wales and within Swansea Bay UHB.

Wales		Swansea Bay	
191	Adult Acute Medical & Surgical Wards	29	Adult Acute Medical & Surgical Wards
140	5-6 Nursing Hours per Patient-Day	21	5-6 Nursing Hours per Patient-Day
13	< 5 Nursing Hours per Patient-Day	1	< 5 Nursing Hours per Patient-Day
111	3-4 RN Hours per Patient-Day	18	3-4 RN Hours per Patient-Day
67	< 3 RN Hours per Patient-Day	7	< 3 RN Hours per Patient-Day
94	Ratio RN to HSCW: 50-59% RN	15	Ratio RN to HSCW: 50-59% RN
58	< 50% RN	7	< 50% RN
91	Deploying between 25 & 49% supplementary staff	6	Deploying between 25 & 49% supplementary staff
2	More than 50% supplementary staff	0	More than 50% supplementary staff
3	Total & RN target hours met every day	0	Total & RN target hours met every day

Morriston

- 21 adult acute medical and surgical wards
- 16 wards deployed 5-6 total nurse staffing hours per patient day
- No wards deployed less than 5 total nurse staffing hours per patient day
- 17 wards deployed 3-4 RN hours per patient day
- 1 ward deployed less than 3 RN hours per patient day
- 14 wards deployed 50-59% RN
- 2 wards deployed less than 50% RN
- 3 wards used between 25 & 49% supplementary staff

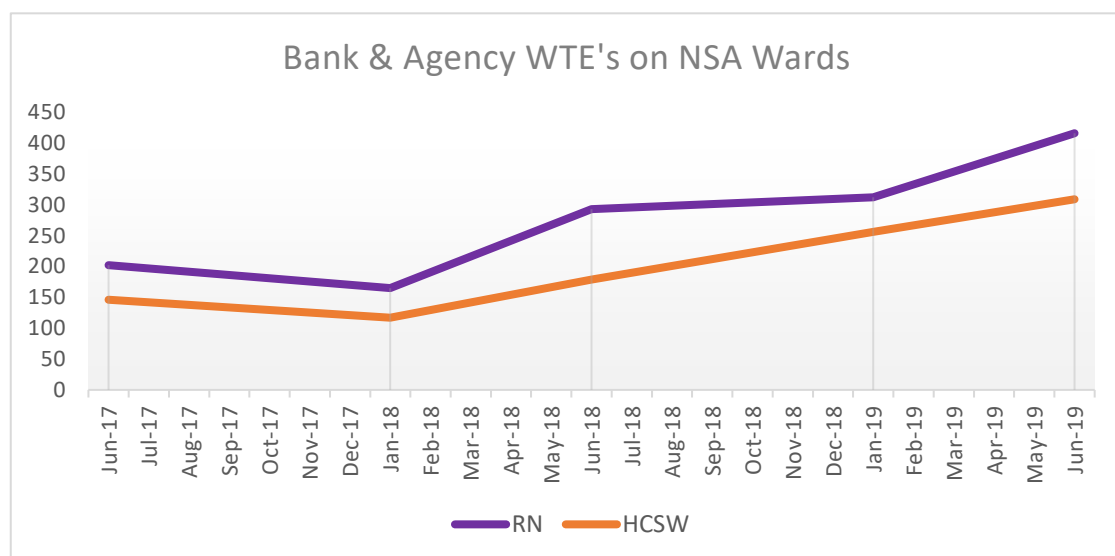
Singleton

- 7 adult acute medical and surgical wards
- 5 wards deployed 5-6 total nurse staffing hours per patient day
- 1 ward deployed 3-4 Rn hours per patient day
- 6 wards deployed less than 3-4 RN hours per patient day
- 1 ward deployed 50-59% RN
- 5 ward deployed less than 50% RN
- 3 wards used between 25 & 49% supplementary staff.

We can conclude many positive aspects from the information above, such as our use of supplementary staff is less than 50% in all areas despite a large vacancy position. 21 of our wards are able to provide 5-6 care hours per patient per day.

9. How much bank & Agency staff have we been using?

As the requirements and budgets have increased within our NSA wards so have the reliance on Bank & Agency staff. The Health Board has recruitment & retention strategies (*detailed in section 8*) in place to reduce the requirement of



excessive bank & agency usage, however somewhat at the mercy of waiting for the increased student cohorts to graduate from universities in 2021.

10. Which wards are included under section 25B of the Nurse Staffing Levels (Wales) Act?

All acute Medical/Surgical inpatient wards within Swansea Bay UHB are included under section 25B of the Act. These wards have been consistent since the Act was introduced with the only change being 9 wards at the Princess of Wales Hospital moving to CTM UHB.

The bi-annual reviews are expected to constantly change as they consider the many aspects of the calculation methodology. As a Health Board compliant with the Act due to previous investments it is important to note the reasons as to why further changes are needed. The largest of these changes would be the increased acuity levels within our ward areas, resulting in patients requiring increased levels of support due to their condition and the ability to provide the quality of care expected and delivered.

Outlined on the following page are the ward areas that currently fall within 25B of the Act, their current budgeted nursing establishment and the proposed nursing establishment following the review process & scrutiny panel. Individual ward establishment calculations can be found as *Appendix 1*.

			Establishment – April 2019		Proposed/Calculated- September 2019		Actions
Unit	Ward	Beds	Q - wte	UQ – wte	Q – wte	UQ – wte	
NPT	Ward A	19	14.5	5.08	14.03	8.95	Awaiting scrutiny panel
Morrison	Ward A	27	23.5	17.2	23.50	19.90	No action required
Morrison	Ward B	26	22.7	16.2	22.67	18.95	Budget Re-aligned
Morrison	Ward C	29	23	13.2	25.72	15.21	Agreed in principle
Morrison	Ward D	27	20.9	21.7	20.90	26.18	Budget Re-aligned
Morrison	Ward F	23	24.42	22.6	24.45	22.62	Budget Re-aligned
Morrison	Ward G	25	27.2	17.2	27.18	17.17	No action required
Morrison	Ward H	26	22.5	11.8	23.50	17.17	Budget Re-aligned
Morrison	Ward J	29	23.5	16.2	24.33	20.73	Agreed in principle
Morrison	Ward R	29	28	19.9	28.00	21.67	Budget Re-aligned
Morrison	Ward S	27	21.7	19.9	21.73	19.90	No action required
Morrison	Ward T	26	26.2	14.4	28.00	19.90	Budget Re-aligned
Morrison	Ward V	32	28	19	28.00	20.73	Budget Re-aligned
Morrison	Ward W	23	18.1	9.8	15.33	5.33	Decrease in Rn &HCSW
Morrison	Anglesey	25	29.9	19.9	29.90	19.90	No action required
Morrison	Cardigan	27	21.7	16.2	21.73	18.95	Agreed in principle
Morrison	Clydach	16	14.5	9	21.73	14.45	Agreed in principle
Morrison	Cyril Evans	25	21.7	13.5	21.73	13.50	No action required
Morrison	Dan Danino	18	15.4	9	15.45	11.73	Budget Re-aligned
Morrison	Gowers	25	21.7	19	21.73	21.67	Budget Re-aligned
Morrison	Pembroke	22	27.2	9	27.18	9.00	No action required
Morrison	Powys	10	12.7	3.6	12.73	3.55	No action required
Singleton	Ward 2	30	28.66	16.68	28.66	16.68	No action required
Singleton	Ward 3	30	22.32	23.1	22.32	26.77	Agreed in principle
Singleton	Ward 4	30	20.54	23.1	19.71	26.77	Agreed in principle
Singleton	Ward 6	30	22.32	13.38	22.32	19.54	Agreed in principle
Singleton	Ward 8	30	22.32	16.94	22.32	16.94	No action required
Singleton	Ward 9	23	20.54	11.61	20.54	11.61	No action required
Singleton	Ward 12	30	34.64	24.87	34.64	24.87	No action required

11. Are any financial changes required?

Morrison service delivery unit had a significant number of changes to their ward establishments based on the most recent calculations. Work undertaken by the interim Unit Nurse Director have been hugely effective in reducing the amount of further financial investment needed to support these changes. The budget for ward W has been re-aligned (now 16 beds rather than 23), the budget has been added to Ward A, Ward B and the unqualified element of Ward J. A review was undertaken in conjunction with the finance teams to areas that the services have been recently modernised. Service leads have moved budgets to cover the Nurse Staffing Act requirements – these include Ward R, Ward V and Gowers Ward, no non-NSA ward has been reduced in establishment to achieve this. Morrison also explored the option of reducing beds in order to achieve compliance, although given the current unscheduled care pressures this was not considered to be a viable option.

Singleton have also been able to re-align budgets to achieve a £53,000 reduction in registered nurse costs and their only uplift in requirements are in Health Care Support workers.

SDU	WARD	RN Uplift	HCSW Uplift
Morrison	Ward C	£107,000	£54,000
	Ward J	£33,000	£122,000
	Cardigan	£1000	£74,000
	Clydach	£285,000	£147,000
Singleton	Ward 3	£0	£112,000
	Ward 4	-£53,000	£110,000
	Ward 6	£0	£176,000
N.P.T	Ward A	£?	£?
TOTAL		£	£

Reg/hcsw nurse current spend over budget – compare

KPMG – feedback

12. What is our process to maintain the nurse staffing level?

The Health Board acknowledges responsibility of ensuring all reasonable steps are taken to meet, maintain and monitor the nurse staffing level for each adult acute medical and surgical inpatient ward on both a shift-by-shift and long term basis. These reasonable steps include:

- Monthly risk assessments on all areas under 25B submitted to Nurse Staffing Act (NSA) steering group
- Ward Managers / Matrons / Off ward staff allocated 'in the numbers' to meet planned roster
- Temporary staffing - Bank/agency/excess hours/overtime/re-deployment from other areas within the organisation.
- Daily safety huddle meetings to review acuity levels and admit/transfer mindful of current levels – changes of patient pathway.
- Production of Health Board Operation framework and Escalation policy
- Roster/Annual leave/Study leave reviews.
- Using underspends in other clinical areas to support bank/agency cost.
- Recruitment & Retention plans
- Adjustments in flexible working arrangements.
- Well-being at work strategies.
- Imbedding Electronic rostering system

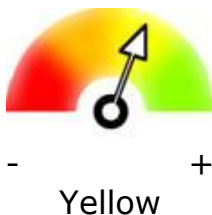
13. NHS Wales Shared Services Partnership (Internal) Audit & Assurance

During 2019 SB UHB have been audited (*Appendix 3*) in relation to the arrangement in place to ensure that the Health Board has appropriate processes in place to comply with the requirements of the Nurse Staffing Levels (Wales) Act 2016. The audit scope considered whether:

- The Health Board has agreed an appropriate operating framework and procedures and these are made accessible to all relevant staff;
- Nurse staffing levels are calculated, using the prescribed methodology, for all adult acute medical and surgical inpatient wards (as defined within the statutory guidance of the Act) and these levels are reviewed at least every six months, in accordance with the requirements of the Act;
- The Health Board has identified an appropriate Designated Person to calculate the nurse staffing levels, and this person formally presents the nurse staffing levels for every adult medical and surgical inpatient ward (as required by the Act) at least annually to the Board;

- Effective processes are in place to ensure that patients are informed of the nurse staffing levels, in accordance with the requirement of the Act;
- Arrangements are in place to monitor compliance and steps taken to enable wards to maintain nurse staffing at the calculated levels;
- Effective arrangements are in place for reporting to the Board on the extent to which levels have been maintained, the impact of any shortfall and action taken.

The level of assurance given as to the effectiveness of the systems of internal control in place within SB UHB to manage the risks were **Reasonable**.

RATING	INDICATOR	DEFINITION
Reasonable assurance		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>

14. What about the wards not currently under the statutory requirements to report?

25A refers to the Health Boards' overarching responsibility to have regard to providing sufficient nurses in all settings. When exercising their responsibilities, the Board must consider and have due regard to the duty on them under this section to have the appropriate number of nurses to allow them to care for patients sensitively wherever nursing services are provided.

We are currently collecting and reviewing establishment calculations from the following areas:

- Paediatrics
- Critical Care Units
- High Care units/wards
- Mental Health
- Operating theatres
- Midwifery
- Neonatal areas

- Health Visiting
- Primary Care settings
- Emergency Departments
- Non-acute inpatient wards

The Nurse Staffing Levels (Wales) Act will be expanded to all areas of nursing during the next few years. The exact timeframe and speciality stages are yet unknown however it is known that the next phase will be with Paediatric inpatient services.

As with the implementation of the Act on acute medical & surgical wards, the extension of the Act to other areas is expect to have a significant financial impact. Working groups within Swansea Bay HB are already collecting baseline data, conducting workforce reviews similar to those in operation within acute medical & surgical wards to prepare for these changes and gradually adjust establishments to reduce the sudden impact. Teams within the Health Board are contributing to All-Wales work in system/process developments, a brief overview of progress in SB UHB & throughout Wales is as follows:

Paediatric Work Stream

- Paediatric Welsh Levels of Care – the draft document continues to be tested by paediatric nurses. Quality improvement methodology is being used to support staff in scoring patients twice daily.

Level 5	One to One Care - the patient requires at least one to one continuous nursing supervision and observation for 24 hours a day
Level 4	Urgent Care - The patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors.
Level 3	Complex Care - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment
Level 2	Care Pathway - The patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided.
Level 1	Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.

- Quality Indicators – Using a consensus approach, the paediatric work stream have identified 4 nurse sensitive quality indicators.
- Professional judgement – A recent workshop provided an opportunity for nurses to participate in a professional judgement scenario activity.

- Paediatric Principles – 9 interim principle for nurse staffing on paediatric wards have been developed as a framework to support health boards in calculating nurse staffing levels while the evidence base for the triangulated methodology is being developed.

District Nursing Group

- Through co-production with frontline district nurses the working group is developing an evidence based District Nurse workforce tool that will be used to determine the nurse staffing levels within district nursing service.
- The group have engaged with over a thousand district nurses as they develop Welsh Levels of Care for district nursing. The tool is in its draft form and continues to be developed and refined. Plans are underway to test the tool early next year.

Level 5	Emergency care - patient is in an acute crisis situation requiring escalation and an immediate response
Level 4	Urgent Care - The patient is in a highly unstable, unpredictable condition either related to their primary health need or an exacerbation of other related factors
Level 3	Complex Care - The patient may have a number of identified problems, some of which interact, making it difficult to predict the outcome of individual treatment
Level 2	Managed Care - The patient has a predictable and clearly defined problem/s but there may be a small number of variations in care that are easily managed with minimal impact
Level 1	Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.

- The working group have devised a District Nurse Quality Audit Tool which aims to quantify the quality of district nursing teams with the aim to give a rounded view of the quality of the service that is influenced by the level of nurse staffing.
- Through a national workshop district nurses and managers have explored the use of professional judgement and those unique factors that need to be taken into account when deploying nursing staff to meet the needs of patients.
- Mental Health Inpatients Work stream
- The purpose of the mental health inpatient work stream is to devise an evidence based workforce planning tool to determine appropriate nurse staffing levels within adult mental health inpatient wards across Wales.

5	Intensive Care – Intense and enduring presentation. The person often requires interventions with more than one-to-one nursing input
4	Complex Care – The person is highly complex, unstable and unpredictable requiring prompt intervention, often continuous one-to-one.
3	Enhanced Care – The person has a number of identified interacting needs, requiring a higher intensity and frequency of care.
2	General Care – The person has a clearly identified need, but there will be a number of additional factor that could affect treatment.
1	Routine Care – Minimal intervention required. Person is independent and engaging care.

- Twice a year ward managers and their staff participate in an audit using professional judgement workbooks to record the actual staffing verses required staffing on a shift by shift basis during a set 2 week period.
- The mental health working group have conducted a literature review to explore which quality indicators would be relevant within mental health inpatient services as a measure of the quality of care provided. The following indicators have been identified:



- Interim nurse staffing principles have been devised to support health boards in workforce planning whilst the evidence based workforce planning tool is being developed.

Health Visiting

- Draft Principles agreed and awaiting finalisation of agreed HV model before final consultation.

Intensive	Level 5	Immediate Care - An exceptional, high risk, emergency /crisis situation requiring immediate intervention from other professionals/services.
	Level 4	Intensive Support - Potential for significant risk or harm. The family situation is highly unstable and unpredictable requiring intensive periods of support.
Enhanced	Level 3	Enhanced support - A number of issues identified within the family that are susceptible to change and require ongoing review and intervention
	Level 2	Additional Care - A small number of particular issue/s identified within the family for which a planned intervention is required.
Universal	Level 1	Universal Care - No additional needs identified will follow the Healthy Child Wales Pathway

- Literature review completed on behalf of the workstream by University of South Wales in relation to health visiting and quality indicators, further refined search in progress.
- A workshop has been arranged for November to engage Health Visitors in exploring how their professional judgement will be used as part of the triangulated approach to inform nurse staffing levels. This will need to take into account demographics; including predicted change in the demographics of local population, social and environmental factors and the variance of acuity across a cluster.
- Perceived risks and challenges for the workstream include a delay in releasing interim principles and the changes to national programmes including flying start.

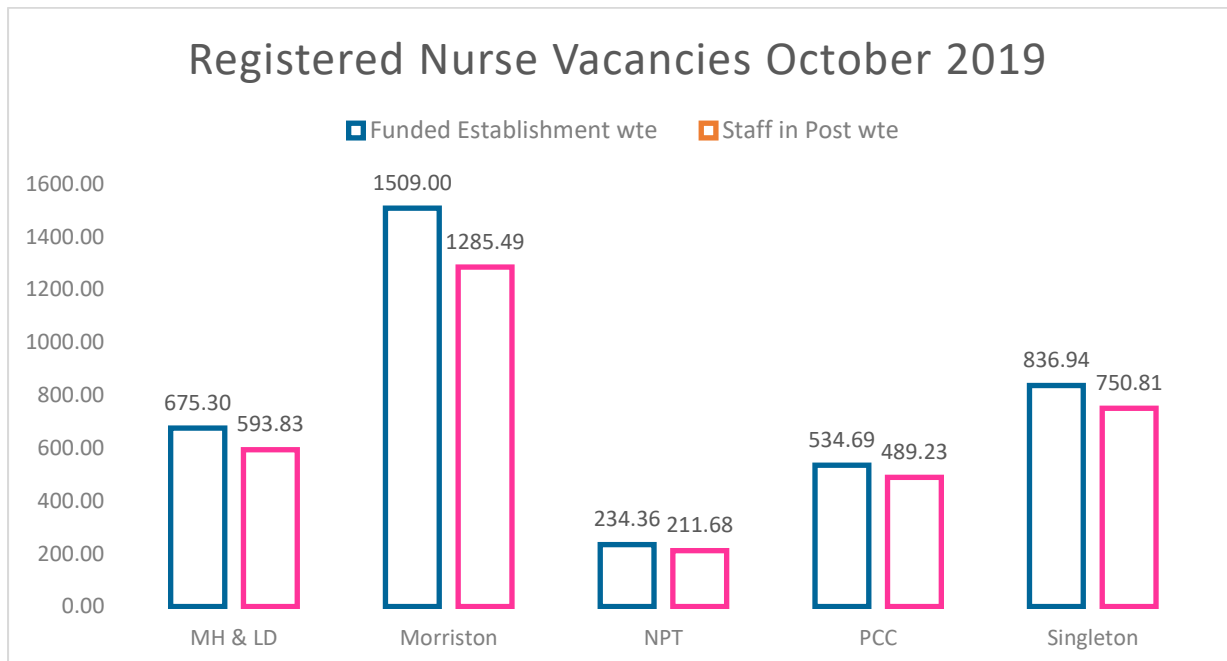
8. Reasonable Steps to Maintain the Nurse Staffing Levels

Ward Managers and Matrons have the responsibility of producing a roster that meets the needs of the patients within the clinical area. The planned roster that has been agreed at Board level is the aim. If the ward has vacancies, substantive staff must be distributed equally throughout the roster and efforts made to fill the gaps by moving staff from other areas if available, working overtime, utilising the Health Board Nurse Bank and in some cases using an external nursing agency. At a strategic level we continue to implement new initiatives and improve with ongoing work involving recruitment & retention strategies.

Recruitment

Service delivery units remain extremely active in their recruitment events, with at least monthly events being held at Morriston's education centre.

These events although hosted by Morriston are able to recruit for all areas that have vacancies and open job adverts. We currently have 459wte Registered nurse vacancies. During September the Health Board attended 4 student streamlining events that have provided us with the opportunity to promote the services and specialities we have to offer newly registered nurses.



Overseas Recruitment

The Health Board currently have three sources of overseas nurse recruitment:

- Philippine Nurses sourced by the agency HCL 2016.
- EU Nurses working as HCSW in SB UHB sourced by HCL
- Nurse trained overseas who are employed as HCSWs in SBU Health Board

The Health Board is also planning a further recruitment event with HCL for this year to recruit a further 18 nurses that have already attained the NMC English Language requirements.

All Philippine Nurses either sourced by HCL or nurse with overseas registration working employed as HCSWs are subject to acquiring the following to register with the NMC:

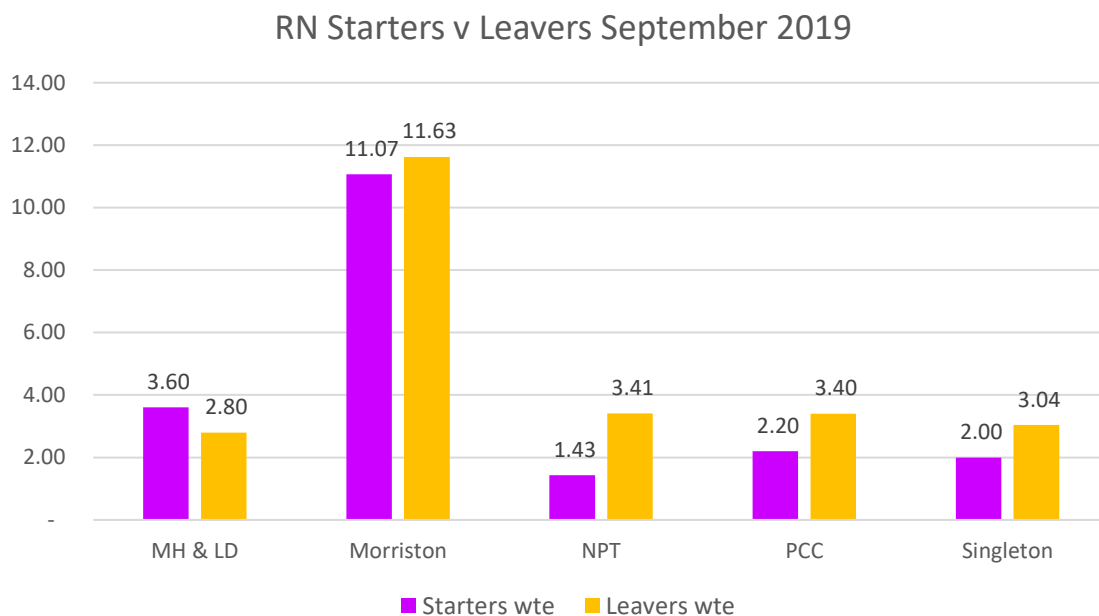
- English Language IELTS level 7 or OET Level B
- CBT exam pass
- Documents approved by the NMC (including qualification records)
- Occupational health and TB screening
- OSCE exam pass

In addition dependent on their right to work status a certificate of sponsorship and VISA is required. EU Nurses working currently in the health board as HCSW are subject to acquiring the following to register with the NMC:

- English Language IELTS level 7 or OET Level B or proof of working at a satisfactory English Language in the Health Board provided by their manager
- Documents approved by the NMC (including qualification records)

Retention

Retaining registered nurses within SB UHB remains a high priority. One of the strategies in place to improve our retention rates is clinical supervision. The Health Board's *Clinical Supervision Strategy for Nurses, Midwives, Specialist Community Public Health Nurses and Nursing Health Care Support Workers* (2018) provides direction for local development of clinical supervision. Collaborative work between the Service Delivery Units and the Corporate Department is paramount in extending the clinical supervision programme across the Health Board.



Student Streamlining

The first cohort recruited via the SSP were students who qualified as nurses in March 2019. Lessons were learned from this pilot cohort and changes to the process and time-line were made to improve the process for the second cohort. The second cohort of student nurse recruitment managed via the Student Streamlining Project have just completed with 117 nursing students accepting offers of Band 5 posts within Swansea Bay University Health Board. These students commenced their new registrant posts in September 2019.

Electronic rostering & new rostering policy

The Health Board has launched the rostering policy to ensure the effective utilisation of the nursing and midwifery workforce. The effectiveness of the utilisation of nursing staff and resources within SBU Health Board is crucial to the quality of care patients receive. The Lord Carter report (2016) recommends the use of an E-Rostering system due to the ease with which the resultant data can be analysed.

The policy aims:

- To ensure that nursing rosters are effective and efficient to maintain patient safety.
- To ensure that skill mix is planned in accordance with the guiding principles defined in the Nurse Staffing Act.
- To ensure the redeployment of nursing staff across a Delivery Unit to maintain appropriate skill mix.
- To ensure that rosters are fair and equitable to all staff and are in line with the Improving Working Lives agenda.
- To facilitate the production of effective rosters which are compliant with the European Working Time Directive.
- To provide a mechanism for reporting against set Health Board Key Performance Indicators (KPIs).
- To facilitate the payment of staff through data being entered at source.

High Values Opportunities

The Nurse Staffing Act places a duty on Health Boards to calculate, maintain and report the agreed staffing level. Several workstreams interlinked with the Health Boards HVO's with have a direct impact on our ability to accurately calculate and report on our staffing levels, plus also to design a service by developing new nursing roles tailored to meet the needs of our patients. A summary of recent developments are outlined below:

Top of Licence Working

- Confirmation of the destinations (Hospitals/Wards) for the recently graduated student nurses. Current expected number on new entrants (117-125). All are scheduled to start in Substantive roles in September 2019.
- 5 Vacancies filled following the Assistant Practitioner Band 4 recruitment campaign.
- Further work undertaken to define the training programme for the Assistant Practitioner Band 3 roles.

Efficient Nursing Workforce

- Consultation process undertaken for the refreshed 'Nurse Roster' Policy.

- Continued quality assurance of the 'Scrutiny Panels' for Nurse Rostering for the SDUs.
- Commence planning for the E-Roster refresh at Neath Port Talbot Hospital.
- Embedding the system set-up (w/c August 4 onwards) following the 'go-live' of 'E-Roster at Morriston.
- Planning for 'Roster Principles Training' on the management pathway programme (facilitated by Learning & Development). This will support efficient rostering principles and robust KPIs.

Enhanced Supervision

- 2 Week pilot of the new 'Enhanced Observation and Support Framework' at all wards in Neath Port Talbot Hospital.
- Pilot of the 'Enhanced Observation and Support Framework' at selected wards at Singleton and Morriston.
- Further analysis of Bank and Agency trends / requests for Enhanced Supervision (1:1, Acuity, Co-horting).
- Scoping of further opportunities to introduce Occupational Therapy, Physiotherapy, Arts in Health (as part of supporting Patients receiving Enhanced Supervision in Hospitals).

Recommendations

- Note the significant improvement with quality indicators, reduction in falls, pressure damage, complaints, length of stay and medication errors on wards previously invested in under the remit of the Nurse Staffing Levels (Wales) Act.
- Agree required uplift in funded establishments to ensure the Board remain fully compliant with the Nurse Staffing Levels (Wales) Act.
- Note the increased patient acuity levels within our Health Board over the last few years that have resulted in the need for increased levels of enhanced supervision (1:1) reducing the risk of patient falls, pressure damage and to improve the patient experience.
- Support the ongoing review of our bed base in line with the Health Boards clinical plan to ensure continued compliance with the Act.
- Acknowledge the work being undertaken within other specialities in relation to 25A of the Act.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
All areas discussed relate to a focus on improved quality patient and safety experience.		
Financial Implications		
Financial implications are discussed where appropriate.		
Legal Implications (including equality and diversity assessment)		
To meet the Nursing & Midwifery council requirements.		
Staffing Implications		
Staffing implications are outlined where appropriate.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Elements of the report have been discussed in the following forums		
Report History	Nursing Midwifery Board September 2019. Nurse Staffing Act Steering Group September 2019 Partnership Forum September 2019	
Appendices	1 – Ward Financial 2– Internal Audit report	