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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	16 October 2020	Agenda Item	3.2
Report Title	Annual Assurance 2019-20 report on compliance with the Nurse Staffing Levels (Wales) Act.		
Report Author	Elizabeth Williams, Corporate Matron Helen Griffiths, Corporate Head of Nursing		
Report Sponsor	Christine Williams, Acting Executive Director of Nursing and Patient Experience Cathy Dowling, Assistant Director of Nursing and Patient Experience		
Presented by	Cathy Dowling, Assistant Director of Nursing and Patient Experience		
Freedom of Information	Open		
Purpose of the Report	Overall compliance with the requirements of the Nurse Staffing Levels (Wales) over the past 12 month period 1.4.2019 – 5.4.2020.		
Key Issues	Nurse Staffing Levels (Wales) Act 2016 and purpose of report is to report overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act. Work being undertaken within other specialities in relation to 25A of the act.		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations			

Annual Assurance 2019-20 report on compliance with the Nurse Staffing Levels (Wales) Act.

1. INTRODUCTION

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016 with the final sections of the Act coming into effect in April 2018.

Section 25E requires Health Boards to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward. The Health Board must submit a three yearly report to Welsh Government in May 2021. To facilitate this, an annual assurance report (using an All Wales template) has been agreed through the All Wales Nurse Staffing programme.

The aim of this report is to provide the overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act over the past 12 month period 1st April 2019 to 31st March 2020.

This annual report represents the second of three annual reports, which at the end of the 2018- 2021 reporting period, will form the basis of the statutory three year report to Welsh Government required by the Nurse Staffing Levels (Wales) Act.

The annual report to Board for May 2020 was delayed following agreement by the Executive Nurse Directors due to the COVID-19 pandemic emergency outbreak. As a result of COVID-19 the Chief Nursing Officer issued a Welsh Government letter on the 24th March 2020 to Health Boards. The letter offered the flexibility to decide when to undertake the bi-annual calculations of nurse staffing levels and whether to present their annual report to Board as planned in May 2020. In line with the agreement by the Executive Nurse Director an exceptional paper, COVID –19 Disruption to the Nurse Staffing Levels (Wales) Act 2016 paper was brought to board on 25th May 2020.

The Workforce and Organisational Development Board is asked to formally receive and note the information contained within the Nurse Staffing levels (Wales) Act Annual Assurance report which has been produced using the All Wales reporting template.

2. BACKGROUND

2019-2020 ACTIONS & POSITION

Actions during 2019 – 2020 include:

- Two formal reviews of nurse staffing requirements undertaken in June 2019 and January 2020.
- The triangulated method of calculating the required nurse staffing levels was carried out following the June 2019 acuity audit. Following this the November 2019 Board agreed the proposed uplifts to the Acute Medical & Surgical wards

under section 25B of the act. From November 2019 wards were working to the agreed establishments and formally re-aligned in April 2020.

- An increase in patient acuity levels recorded during each audit within Swansea Bay UHB has led to the development of an Enhanced Supervision Framework which has been introduced into the workplace in March 2020
- At a strategic level we continue with our review of workforce planning procedures, for 2018 to 2021, which include; Health Board recruitment events, retention, workforce planning & redesign, training and development. The success of top of licence work that was completed last year with a plan to further look at key areas this year.
- The NHS Wales Shared Services Partnership (Internal) Audit & Assurance 2019 identified two key findings for consideration one has been actioned and in relation to the second this will be discussed further in the paper.
- Continuing to apply a rigorous data approval process to ensure accuracy of the 6 monthly acuity data prior to sign off.
- Holding daily safety huddles within our Service Delivery Units which includes monitoring live Acuity via SIGNAL & Staffing levels.
- The triangulated method for the January 2020 audit scrutiny panels were postponed in March 2020 due to COVID 19. The Triangulated process has now been undertaken and completed, during July 2020 as outlined in the paper.
- The Health Boards monthly Nurse Staffing Act Steering Group was cancelled on the 30th April 2020 in line with cancellations of the All Wales Nurse Staffing Groups. These meetings resumed in June 2020.
- In response to COVID-19, the development of a Nurse Staffing Silver Logistics Cell to monitor & manage risks in line with section 25A & 25B provided a coordinated focus on the nurse staffing requirements across all Service Delivery Units.
- In addition, a Corporate Training and Education Hub was established which included co-ordination of central recruitment

Below is the number of Adult acute medical and surgical wards where section 25B applies

Number of adult acute medical inpatient wards included	15
Number of adult acute surgical inpatient wards included	14
Number of occasions where nurse staffing level was recalculated in addition to the bi-annual calculation	0

The Nurse Staffing Levels (Wales) Act annual assurance report sets out the overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act over the past 12 month period from 1st April 2019 to 31st March 2020.

The report is divided into the following sections

- **Section 25A** refers to the Health Boards overarching responsibility to ensure **Appropriate Nurse Staffing levels** in any area where nursing services are provided or commissioned, not only adult medical and surgical wards.
- **Section 25B** Actions taken in relation to **Calculating the Nurse Staffing Levels** on section 25B wards during the reporting period acute adult and surgical wards. Using the **Triangulated Approach** to calculate the nurse staffing levels on adult acute medical and surgical wards where section 25B wards applies and **Informing patients**
- **Section 25E (2a)** the **Extent to which the nurse staffing levels have been maintained** and process for **Maintaining the Nurse staffing level (2b) Impact on care** due to not maintaining the nurse staffing levels **(2c) Actions taken** if the nurse staffing level is not maintained.

2.1 Nurse Staffing Levels Assurance Report 2019 -20

Health board/trust reporting template	
Health board	Nurse Staffing Act Meeting
Date annual assurance report with compliance with the Nurse Staffing Levels (Wales) Act is presented to Board	29 th July 2020
Reporting period	1/4/2019 – 31/3/2020
Requirements of Section 25A	<p>25A refers to the Health Boards overarching responsibility to have regard to providing sufficient nurses in all settings not only acute adult medical and surgical wards. 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.</p> <p>The Health Board has been undertaking a structured approach to the review of the nurse staffing levels in all those areas where nursing services are provided or commissioned.</p> <p>We are currently collecting and reviewing establishment calculations from the following areas:</p> <ul style="list-style-type: none"> • Paediatrics • Critical Care Units

- High Care units/wards
- Mental Health
- Operating theatres
- Act Neonatal areas
- Health Visiting
- Primary Care settings
- Emergency Departments
- Non –acute inpatient wards

For these nurse staffing work streams under the national nurse staffing programme. Whether the service under review is supported by the All Wales Staffing Levels Act or not, SBUHB has adopted as far as is practically possible, the principle of using the same triangulated approach to calculating the nurse staffing as set out in the Act and the act statutory guidance for those wards where Section 25B applies. In undertaking these reviews the nursing management structure and designated person take into account:

- National guidelines which guide the assessment of nurse/patient ratios to the identified clinical area
- Quality indicators appropriate to the area and informed by consideration of any relevant expert professional nurse staffing guidance, principles or research, and current best practice standards
- Themes associated with professional judgement appropriate to that clinical service
- And then they exercise professional judgement in analysing the data before agreeing a planned roster for the service and calculating a required establishment for that clinical area. The process is under taken with colleagues from finance, workforce and organisational development operational teams and the designated person. The designated person will calculate the nurse staffing levels based on the use of professional judgement, an evidence- based workforce planning tool, and consideration of how far patients are sensitive to nursing care.

In addition, the progress made within the Health Board which relate to the individual work streams of the All Wales Nurse Staffing programme.

	<p><u>Paediatric In- patient Work Stream</u></p> <p>In December 2019 the Health Minister announced plans to extend the Nurse Staffing Levels (Wales) Act 2016 to include paediatric inpatient wards. Within SBUHB a Task and Finish Group has been set up and a progress report on compliance with the interim paediatrics inpatient nurse staffing principles. The Paediatric Welsh Levels of Care draft document continues to be tested by paediatric nurses.</p> <p>A letter received by the Chief Nursing Officer (CNO) on 24th March 2020 around COVID-19 pandemic and in relation to the extension of the Act to include paediatric inpatient wards confirmed that:</p> <ul style="list-style-type: none"> • Welsh Government will proceed with the legislative steps that will allow extension of the Acts second duty within this government term as committed. This will be achieved through delaying the public consultation to late 2020 and the plenary debate to early 2021 • The planned April 2021 coming-into-force date will be postponed based on at what point health boards have returned to normal enough circumstances to reasonably proceed with the necessary preparations for extension of the Acts second duty into paediatric inpatient wards.
<p>Actions taken in relation to calculating the nurse staffing level on section 25B wards during the reporting period.</p> <ul style="list-style-type: none"> • Adult acute medical inpatient wards • Adult acute surgical wards 	<p>The Nurse Staffing Levels (Wales) Act for 29 adult medical and surgical wards where section 25B applies.</p> <p>Following the bi-annual review in October 2019 using acuity audit data from 1 – 30 June 2019 and quality indicators from 1-March 2019 to 31 August 2019, the nursing establishments were reviewed. In November 2019 the Board agreed the proposed uplifts to the Acute Medical & Surgical wards under section 25B of the Nurse Staffing Levels (Wales) Act. From November 2019 wards were working to the agreed establishments and budgets formally re-aligned in April 2020.</p> <p>The Bi annual calculation for the January 2020 audit scrutiny panels were postponed in March 2020 due to COVID 19. The Bi annual calculation has now been undertaken and completed, during July 2020. The establishments are outlined below and template attached as appendices.</p>

Number of adult acute Medical inpatient wards where section 25B applies

Swansea Bay UHB		April 2019		Nov 2019		Actions	May 2020	
Unit	Ward	RN	HCSW	RN	HCSW		RN	HCSW
Singleton	Ward 3	22.32	23.1	22.32	26.77	No action required	22.32	26.77
Singleton	Ward 4	20.54	23.1	19.71	26.77	No action required	19.71	26.77
Singleton	Ward 6	22.32	13.38	22.32	19.54	No action required	22.32	19.54
Singleton	Ward 8	22.32	16.94	22.32	16.94	No action required	22.32	16.94
Singleton	Ward 9	20.54	11.61	20.54	11.61	No action required	20.54	11.61
Singleton	Ward 12	34.64	24.87	34.64	24.87	No action required	34.64	24.87

The triangulation review for Singleton NSA Wards has been completed and agreed no uplift required for RN or HCSW.

(Appendices 1 Summary of Nurse Staffing Levels for wards where Section 25B applies)

Swansea Bay UHB		April 2019		Nov 2019		Actions	May 2020	
Morrison	Ward C	23.00	13.27	25.72	15.21	Budget realigned	25.72	15.99
Morrison	Ward D	20.9	21.67	20.9	26.18	No action required	20.9	26.18
Morrison	Ward F	24.42	22.6	24.45	22.62	No action required	24.4	22.62
Morrison	Ward S	21.7	19.9	21.73	19.92	No action required	21.7	19.92
Morrison	Angles ey	29.9	19.9	29.9	19.9	No action required	29.9	19.9
Morrison	Cardiga n	21.7	16.2	21.73	18.95	No action required	21.7	18.95
Morrison	Dan Danino	15.4	9.00	15.77	11.59	Budget realigned	16.2	11.59
Morrison	Gower s	21.7	19.00	21.73	21.67	No action required	21.7	21.67

The triangulation review for Morrison NSA Wards has been completed and agreed. Ward C and Dan Danino budgets have been realigned.

(Appendices 1 Summary of Nurse Staffing Levels for wards where Section 25B applies)

Swansea Bay UHB		April 2019		Nov 2019		Actions	May 2020	
NPT	Ward B	14.5	5.08	13.84	5.04	No action required	13.84	5.04

(Appendices 1 Summary of Nurse Staffing Levels for wards where Section 25B applies)

Number of adult acute Surgical inpatient wards where section 25B applies

Swansea Bay UHB		April 2019		Nov 2019		Actions	May 2020	
Unit	Ward	RN	HCSW	RN	HCSW		RN	HCSW
Morrison	Pembroke	27.2	9.00	27.18	9.00	No action required	27.18	9.00
Morrison	Cyril Evans	21.7	13.5	23.25	14.77	No action required	23.25	14.77
Morrison	Clydach	14.5	9.00	21.73	14.45	No action required	21.73	14.45
Morrison	Ward A	23.5	17.2	23.5	19.9	No action required	23.5	19.9
Morrison	Ward B	22.7	16.2	22.67	18.95	No action required	22.67	18.95
Morrison	Ward G	27.2	17.2	27.18	17.17	No action required	27.18	17.17
Morrison	Ward H	22.5	11.8	23.5	17.17	No action required	23.5	17.17
Morrison	Ward J	23.5	16.2	24.33	20.73	No action required	24.33	20.73
Morrison	Ward R	28.00	19.9	28.00	21.67	No action required	28.00	21.67
Morrison	Ward T	26.2	14.4	28.00	19.9	No action required	28.00	19.9
Morrison	Ward V	28.00	19.00	28.00	20.73	No action required	28.00	20.73
Morrison	Ward W	18.1	9.8	15.33	5.33	No action required	15.33	5.33
Morrison	Powys	12.7	3.6	12.73	3.55	No action required	12.73	3.55

The triangulation review for Morrison NSA Wards has been completed and agreed no uplift required for RN or HCSW. It has been identified that 11 wards require a hostess.

(Appendices 1 Summary of Nurse Staffing Levels for wards where Section 25B applies)

Swansea Bay UHB		April 2019		Nov 2019		Actions	May 2020	
Unit	Ward	RN	HCSW	RN	HCSW		RN	HCSW
Singleton	Ward 2	28.66	16.68	28.66	16.68	No action required	28.66	16.68

(Appendices 1 Summary of Nurse Staffing Levels for wards where Section 25B applies)

Number of occasions where nurse staffing level was recalculated in addition to the bi-annual calculation

There were no occasions where nurse staffing levels was recalculated in addition to the bi-annual calculation. As COVID-19 become an established and significant pandemic staff and services were under significant and unprecedented pressure. As a result, the Health Board had to respond at pace, taking swift action to manage an unpredictable and constantly evolving situation under increasing pressure and with limited resources in an attempt to manage the COVID-19 pandemic. Wards/departments were closed to enable the creation of dedicated COVID- 19 positive wards/critical care beds and high respiratory beds on other medical and surgical

	<p>wards to enable the Registered Nurses and non- registered nursing workforce to be temporarily repurposed. Allied Health Professionals supported the clinical areas as well as Student Nurses and Medical Students in repurposed roles.</p>
<p>Using the triangulated approach to calculate the nurse staffing level on section 25B wards.</p>	<p>The process of establishing a review of wards that fall within the reporting element of the Act is the triangulated approach divided into sections:</p> <ul style="list-style-type: none"> • An acuity audit. • Quality indicators (Falls, Pressure ulcers, Medication errors, Complaints about nursing care resulting in patient harm) review. • Professional judgement. • Planned roster submissions. • WTE's required calculations including 26.9% headroom & 1 WTE supernumerary status Ward Manager/Sister. • Unit Nurse 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) will calculate the nurse staffing levels and sign off the establishment review calculations and also the triangulated methodology to formulate the results. <p>The triangulated approach to calculate the nurse staffing levels for each ward has become embedded as a routine 6 monthly cycle that is undertaken for Acute Medical & Surgical wards under section 25B of the Nurse Staffing Levels (Wales) Act.</p>
<p>Informing patients</p>	<p>Section 25B states that Health Boards must make arrangements to inform patients of the nurse staffing level. We have achieved this in several ways:</p> <ul style="list-style-type: none"> • The production and distribution of a frequently asked questions leaflet on the nurse staffing level that is easily accessible on each adult acute medical and surgical ward. • Posters illustrating the planned roster displayed outside each individual adult acute medical and surgical ward in

	<p>both English & Welsh with the date the nurse staffing level was presented to the Health Board.</p> <ul style="list-style-type: none"> • Regular update papers presented to the executive board of which the freedom of information status is open. Papers are also published on the Health Boards intranet site.
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	Section 25E (2a) Extent to which the nurse staffing levels are maintained
The extent of which the nurse staffing levels have been maintained	<p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E, and health boards were using a variety of e-rostering and reporting systems. During the reporting period of 1st April 2019 to 31st March 2020 all health boards/trusts in Wales have been working as part of the All Wales Nurse Staffing Programme to develop a consistent approach to capturing quantitative data on a daily basis (in lieu of a single ICT solution) to enable each organisation to meet the reporting requirements to which the extent the Nurse Staffing Levels across the health board have been maintained in areas which are covered by Section 25B/C of the Act. For the 2019/20 annual report, this health board (together with all other health boards/trusts in Wales) is providing narrative to describe the extent to which the Nurse Staffing Levels have been maintained in order to meet its statutory reporting requirement under Section 25E of the Act.</p> <p>Health Care Monitoring System Enhancements have been made in July 2020 to enable us to capture the extent nurse staffing levels have been maintained against the planned roster for both night and day shift.</p> <p>For the 2020/21 reporting period, it is anticipated that this section of the annual report will contain quantitative data for part of the year at least. This data, once available for every health board in Wales, will be presented by all health boards in a consistent manner.</p> <p>Agreed required uplift in funded establishments in November 2019 to ensure Board comply with the Nurse Staffing Levels (Wales) Act. The increased patient acuity levels within our Health Board over the last few years have resulted in the need for increased levels of</p>

	<p>enhanced supervision (1:1) reducing the risk of falls, pressure damage and to improve the patient experience.</p>
<p>Process for maintaining the nurse staffing levels</p>	<p>We have acknowledged our responsibility in ensuring all reasonable steps have been taken to meet and maintain the Nurse Staffing Levels for each adult acute medical and surgical inpatient ward on both a shift by shift and long term basis. These reasonable steps and the operational framework and escalation procedures include:</p> <ul style="list-style-type: none"> • Monthly risk assessments on all areas under 25B submitted to 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. Roll out of Signal to support this. • Production of HB operation framework and escalation policy • Roster/Annual leave/Study leave reviews. • Using underspends in other clinical areas to support bank/agency cost. • Recruitment - recruitment events, overseas recruitment, student streamlining • Retention plans – clinical supervision, top of licence working • Adjustments in flexible working arrangements. • Well-being at work strategies. • Imbedding Electronic rostering systems and Scrutiny panels • In response to COVID-19, the development of a Nurse Staffing Silver Logistics Cell to monitor & manage risks provide a co-ordinated focus on the nurse staffing requirements across all Service Delivery units <p>E-Rostering</p> <p>The Health Board is now moving to the next phase of the project to implement the rostering tool, Safecare. The system will be</p>

implemented in all wards that report under the requirement of the Nurse Staffing Act (Wales). It is estimated that this will include 28 wards across the three Delivery Units.

Safecare is an acuity based rostering tool that provides an overarching view of staffing levels and patient acuity across the Health Board. This will support decisions to deploy staff appropriately. Discussions have taken place with Allocate to remove the multipliers from the system.

In February 2020, the Health Board began to implement Safecare in the Singleton Delivery Unit with a plan to follow in Neath Port Talbot and Morriston Delivery Unit. The rollout of the Safecare module has been suspended due to COVID-19 with a plan to recommence in September 2020.

Section 25E (2b) Impact on care of not maintaining the nurse staffing levels 1/4/19 – 31-3-2020

Patient harm incidents (i.e. nurse-sensitive Serious Incidents/Complaints)	1) Total number of closed serious incidents/complaints during <u>last</u> reporting period	2) Total number of closed serious incidents/complaints during <u>current</u> reporting period.	3) Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period	4) Increase (decrease) in number of closed serious incidents/complaints between reporting periods	5) Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor
Hospital acquired pressure damage (grade 3,4 and unstageable)	12	10	0	↓ 2	0
Falls resulting in serious harm or death (i.e. level 4&5 incidents).	26	26	5	0	↑ 2
Medication related never events.	0	0	1	0	0
Complaints about nursing care resulting in patient harm.	Not available as no data was required to be reported for the 2018/19 annual assurance report	31 Yellow graded complaints 5 Amber graded complaints		Not applicable	1

Reportable PRESSURE DAMAGE

- There is a total number of 10 closed hospital acquired serious pressure damage incidents. This is a decrease in 2 from last year (12).

- Of these 10 none of these incidents are reported as failure to maintain nursing staffing levels is considered to have been a factor

Reportable FALLS

- There is a total number of 26 closed falls resulting in serious harm there is no increase from last year (26).
- Of these 26 incidents 2 are reported where failure to maintain nursing staffing levels is considered to have been a factor.

1. Incident one reported Nurse Staffing Levels on duty were below the agreed levels and a contributory factor.

On review of the incident there was unplanned sickness with a HCSW, a bank shift was requested however this was not filled. However, the patient had been risk assessed on admission to an admission unit as high risk of falls and 1-to-1 enhanced observation put in place. On transfer to the ward, it is reported there had been some miscommunication and the 1-to-1 enhanced observation was not continued. It was during this period of time the patient fell and came to harm.

The E-rostering report shows the planned roster was not maintained due to unexpected sickness and bank were unable to fill however the 1-to-1 enhanced observation had not been identified or rostered by the ward.

Therefore, the Primary contributory factor is the:

- a. Patient was not risk assessed when transferred to the ward
- b. Lack of communication regarding the 1 to 1 enhanced observation in place for the patient identified as high risk of falls
- c. Resulting in no 1 to 1 enhanced observation in place

Failure to maintain nursing staffing levels was considered to have been a Partial Contributory factor.

2. Incident two reported Nurse Staffing Levels on duty were below the agreed levels and a contributory factor.

The patient was assessed as high risk for 1 to 1 enhanced observation. The ward requested the bank shift in a timely manner however bank were unable to fill the requested shift. It was during

this period of time the patient fell and came to harm. The E-rostering report confirms the 1 to 1 enhanced observation shift bank was not filled. A falls alarm and a high- low bed were in situ.

- There are 5 open fall incidents where the initial screening has identified that Nurse Staffing Levels is not a contributory factor and these will be reported on during the next reporting period.

Reportable MEDICATION

- There is one incident of a medication related never event which is not closed. The initial screening has identified that Nurse Staffing Levels is not a contributory factor and this incident will be reported on during the next reporting period.

Reportable COMPLAINTS about Nursing Care

There was no requirement to report Complaints about Nursing Care resulting in serious patient harm in the 2018/19 annual assurance report.

Within SBUHB Complaints are graded according to the actual outcome/consequences of the care/treatment as Green to Red. Green graded complaint is classed as non-clinical or process issues that can be easily and speedily addressed with no harm arisen. This paper reports on the yellow to amber complaints. Red graded complaints would be investigated under a Serious Investigation process.

There were 36 closed complaints graded Yellow and Amber, 5 of these complaints were graded Amber as causing serious harm, 1 of these complaints refers to where failure to maintain the nurse Staffing level was considered to have been a factor.

The complaint refers to inappropriate nurse staffing levels on a ward which resulted in poor nursing care experience. The ward has since received significant uplift in the funded establishment for RGN and HCSW.

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained
Actions taken when the nurse staffing level was not maintained	All of the incidents included in this report have been scrutinised both by the operational teams and the nurse staffing programme team to review whether the nurse staffing levels were maintained at the time and if not, whether failure to maintain the nurse staffing level contributed to any harm suffered by the patient but also to determine whether there are any other lessons to be learnt from the incidents as outlined above.
Conclusion & Recommendations	
	<p>Year 2019/2020 has been a year of significant progress in meeting the requirements of the Nurse Staffing Levels (Wales) Act 2016.</p> <ul style="list-style-type: none"> • Agreed the proposed uplifts to the Acute Adult Medical & Surgical wards under section 25B of the ACT. • Improvement with quality indicators, with a 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. • Development Enhanced Observation and Support Framework. This will have a positive effect on identifying patients that need enhanced supervision as well as rescuing the time it's in place. • E Rostering supporting the rollout of the Safe care rostering system • Acknowledge the work being undertaken within other specialities in relation to 25A of the Act. • Recruitment & Retention. Several work streams interlinked with the Health Boards High Value Opportunities a summary of developments are: Top of licence working, Efficient nursing workforce and Enhanced Supervision. All will 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.

3. GOVERNANCE AND RISK ISSUES

Corporate risk register Ref: 51 – risk increased from 16 to 20 as a result of reduction in staff availability in relation to staff isolation/sickness – COVID-19.

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

During 2019 SBUHB was audited in relation to the arrangement in place to ensure that the Health Board has appropriate processes in place to comply with the requirements for the Nurse Staffing Levels (Wales) Act 2008. The review identified two key findings for consideration.

The first finding, there was no robust record of the Unit Nurse Directors approval of the wards levels calculated. This has been actioned and all nursing staff templates have been signed to date by the Unit Nurse Director.

The second recommendation highlighted the annual assurance paper to board report, did not present data on the extent to which the calculated nurse staffing levels were achieved during the year. We continue working with the All Wales Group towards a consistent approach in relation to reporting the extent to which staffing levels are maintained.


4. FINANCIAL IMPLICATIONS

Formal budget uplift came into effect 1st April 2020 as outlined in the paper.

5. RECOMMENDATION

Note the contents of the paper

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input 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 type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The Nurse Staffing levels (Wales) Act requires Health Boards and NHS Trusts to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The required amount of nursing staff needed within our Adult acute medical and surgical wards by the use of the triangulated method, Quality outcomes, patient acuity and professional judgement.		

Financial Implications	
The financial impact of the nurse staffing levels over the last two years has been significant both in the registered nurse and health care support workforce.	
Legal Implications (including equality and diversity assessment)	
Legal requirement to fulfil the requirements of the Act.	
Staffing Implications	
Establishment budgets represent full compliance with the Act.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
<p>Briefly identify how the paper will have an impact of the “The Well-being of Future Generations (Wales) Act 2015, 5 ways of working.</p> <ul style="list-style-type: none"> ○ Long Term - The importance of balancing short-term needs with the need to safeguard the ability to also meet long-term needs. ○ Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives. ○ Integration - Considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies. ○ Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives. ○ Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves. 	
Report History	Nurse staffing Act steering group.
Appendices	Appendices 1 –  Appendices 1 - Nurse Staffing Level