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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28<sup>th</sup> September 2021</b>	<b>Agenda Item</b>		
<b>Report Title</b>	<b>Presentation of Nurse Staffing Levels for Paediatric wards covered under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 referred to as 'The Act'</b>			
<b>Report Author</b>	Jane Phillips-Interim Head of Nursing for Children & Young People			
<b>Report Sponsor</b>	Christine Williams, Interim Executive Director of Nursing & Patient Experience Lesley Jenkins, Group Nurse Director, Neath Port Talbot and Singleton Service Group (NPTSSG) Darren Griffiths, Executive Finance Director			
<b>Presented by</b>	Gareth Howells Interim Executive Director of Nursing & Patient Experience			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	The mandatory presentation provides the Committee with the nurse staffing level calculations for the two inpatient paediatric wards under section 25B of the Nurse Staffing Levels (Wales) Act 2016.			
<b>Key Issues</b>	The second duty of 'the Act' will extend to Paediatric inpatients on the 1 <sup>st</sup> October 2021. This paper provides the Quality and Safety Committee with the calculations for the two inpatient paediatric wards (section 25B) within the Health Board.			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note the recommendations of the nurse staffing levels following submission of the templates to the Health Board Scrutiny panel</b></li> <li>• <b>Agree required uplift of funded establishments to ensure the Board remains fully compliant with the Nurse Staffing Levels (Wales) Act for Paediatric Wards.</b></li> </ul>			

# NURSE STAFFING LEVELS (WALES) ACT 2016

## 1. INTRODUCTION

The Nurse Staffing Levels (Wales) Act 2016 referred to as 'the Act' became law on 21st March 2016 with the final sections of 'the Act' coming into effect in April 2018.

The Nurse Staffing Levels (Wales) Act requires health service bodies to make provision for appropriate nurse staffing levels. This report provides Board with the first calculations for the extension of 'the Act' into the two inpatient paediatric wards (25B) within Swansea Bay University Health Board.

### Background

The second duty of 'the Act' will extend to Paediatric inpatients on the 1<sup>st</sup> October 2021 this was confirmed on 23<sup>rd</sup> February 2021 by the Chief Nursing Officer. There has been significant work undertaken by the Health Board in preparation for the extension of 'the Act' with senior nursing representation at the All Wales Paediatrics Nurse staffing Group which has supported a 'Once for Wales' approach. In addition, Swansea Bay University Health Board (SBUHB) has a monthly Nurse Staffing Act Steering group which has ensured regular monitoring of the milestones and duties that the Health Board is required to follow.

The paediatric work stream has been influenced by the work undertaken by the adult work stream and whilst a similar approach has been followed, the work stream has ensured references are applicable to paediatrics following a Children's Rights approach throughout. The youth advisory boards have been instrumental in creating a range of information materials suitable for children and young people which will be available via local Health Board internet sites.

The Paediatric Welsh Levels of Care have been developed, tested, and refined by operational teams across Wales since 2016 and the final draft was signed off by the All Wales Nurse Staffing Group in November 2020. The paediatric work stream group, alongside frontline staff, have identified four nurse sensitive quality indicators and have developed ways of evidencing professional judgement consistently. Collectively, this information will inform the calculation of the nurse staffing level on each paediatric inpatient ward. The mandatory presentation provides the Board with the nurse staffing level of inpatient paediatric wards identified through the statutory guidance of the Act. This is determined by which wards areas meet the definitions of the paediatric inpatient wards.

<b>Presentation of Nurse Staffing Levels for Paediatric Inpatient Wards to Board prior to implementation of the second duty of the act in October 2021</b>	
<b>Health Board</b>	Swansea Bay Health Board (SBUHB)
<b>Date of presentation of Nurse Staffing Levels to Board</b>	<p>Paper and request has undergone a wide and robust scrutiny process involving the Interim Executive Director of Nursing &amp; Patient Experience, the Director of Finance, Group Nurse Director, Head of Nursing and Group Finance and HR representatives.</p> <p>Executive Team 22<sup>nd</sup> September 2021 deferred while reviewed by the new EDON – Discussed with Executive Team 27<sup>th</sup> September 2021 team request to approve virtually</p> <p>Quality and Safety Committee 28<sup>th</sup> September 2021 as delegated authority on behalf of the Board.</p> <p>Board Presentation 7<sup>th</sup> October 2021</p>
<b>Period covered</b>	1 <sup>st</sup> June 2021- 1 <sup>st</sup> January 2022
<b>Number and identity of paediatric inpatient wards under section 25B</b>	<p>Swansea Bay University Health Board (SBUHB) has confirmed that there are two Paediatric inpatient wards identified as meeting the criteria under section 25B of ‘the Act’.</p> <p>A “Paediatric inpatient ward” is an area where patients receive active treatment for an injury or illness requiring either planned or urgent medical intervention provided by – or under the supervision of – a consultant physician or surgeon. Patients on these wards will be aged 0 – 17, however 16 and 17 year olds may receive treatment in an adult inpatient ward on occasions where professional judgment deems it to be more clinically appropriate. Patients are deemed to be receiving active treatment if they are undergoing intervention for their injury or illness prescribed by the consultant</p> <p>As outlined above there are two paediatric in patient wards in the Health Board identified as falling within Section 25B of ‘the Act’. Additionally, the service also has a paediatric assessment unit (PAU). The paediatric areas in Morriston work closely together managing</p>

	<p>the wards and PAU to ensure appropriate deployment of staff to the area with highest clinical activity, acuity or need. PAU is not a Section 25B ward and therefore does not fall under the remit of this report.</p> <p>There is a paediatric emergency unit in the Emergency department (ED) which although not part of the Children &amp; Young People Division or Section 25B of 'the Act' does call upon paediatrics for nursing support for emergencies such as collapse or cardiac arrest. Therefore, this requires the paediatric areas to have a nominated nurse with the appropriate skills and experience to be the 'bleep holder' 24 hours a day to respond to emergency calls across the Morriston site.</p> <p>Whilst the both inpatient ward areas provide different care there are a number of similarities which will be included as part of the introduction to avoid duplicating the information. The wards have workload requirements additional to the direct care provided to the patients which has an impact on the nursing team:</p> <p>The paediatric areas have a Policy for the Promotion of Safety of Babies and Children on the ward which guides staff on the measures required to be taken to prevent any risk of abduction or patients absconding from the ward. The ward is locked at all times to maintain the safety which means that anyone arriving at the ward has to be identified before gaining admission and all children must not leave without a parent or consent from the clinical staff.</p> <p>Safeguarding admissions requiring investigations, referrals to social services, linking with police and education significantly contribute to the workload on the ward.</p> <p>Supervision of children when the parent is not present to ensure safety &amp; security. Supervision of the parent when there are safeguarding concerns and child protection plans are in place.</p>
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Family centred care is fundamental to caring for children and the input required from parents is essential, with at least one parent remaining on the ward at all times.

### **OAKWOOD WARD**

Oakwood is currently an eleven bedded medical inpatient paediatric ward with a dedicated four bedded high dependency unit (HDU). The ward admission criteria is from birth to the age of 16 years with the exception of some 16 – 18 year old young people with complex medical needs under the care of a paediatrician or young person with long term conditions awaiting transition into adult services.

The ward will consider both adult medical and surgical admissions, post 16 years of age in times of extreme bed pressures across the hospital site. The care of these admissions is led by general paediatrician with input from the wider specialities including anaesthetics and intensivists.

The inpatient paediatric wards have seen a significant increase of Children and Adolescent Mental Health Service (CAMHS) admissions during 2021, which is reflective of the position being reported by all Health Board's across Wales. Data from Welsh Government (sept 2021) reports a worsening position of CAMHS referral and waiting times across Wales with:

April 2021 – 534 referrals with 62.9% being seen within 4 weeks.

July 2021- 720 referrals and only 40% seen within 4 weeks resulting in acute presentations at emergency departments and admission to inpatient wards, which adds to the complexity of the patients on the ward.

### **High Dependency (HDU) Care**

HDU care is provided by a team of nurses who are within the current Oakwood ward establishment. The HDU team comprise of 13 staff, 38% of which have accomplished the

	<p>Critical Care course in Bristol Children Hospital. HDU admissions include: Surgical cases and ward attenders under the care of gastroenterology.</p> <p>High dependency level 2 care includes Continuous Positive Airway Pressure (CPAP) and High Flow for respiratory patients, stabilisation of patients prior to transfer to a Paediatric Intensive Care Unit (PICU) usually Cardiff but can be into an English Trust. Until the retrieval team -Wales &amp; West Acute Transport for Children service (WATCH) take over the care, the children are nursed in a stabilisation holding area which is either within the HDU area theatre recovery or ED with the Paediatric HDU nursing team providing nursing support with the paediatric medical and anaesthetic teams.</p> <p>The establishment is planned for two HDU trained nurses per shift to be rostered for HDU. In addition, there are a number of junior staff on the ward who work alongside senior staff to gain experience in HDU care. There are standards for paediatric critical care which recommends a senior nurse each shift with 24-hour responsibility for the High Dependency Unit (Paediatric Critical Care Standards).</p> <p>For general paediatric wards there are seasonal pressures similar to adult services with viral infections particularly RSV having an impact during the autumn and winter months. This will require the service to have sufficient nurses to respond to variations in admission rates.</p> <p><b>Team Working</b></p> <p>The ward works closely with the multi-disciplinary clinical team, general paediatricians, surgical teams, intensivists and therapies and regional Childrens services. There are a significant number of children who have shared care between local paediatricians and regional specialists which requires the nursing team to work collaboratively to ensure seamless pathways of care and continuity for children and their families.</p> <p>The nursing teams are required to work closely with other agencies to support and safeguard children which frequently involves providing supervision to parents in line with child protection plans.</p>
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### **WARD M**

Ward M is currently an 18 bedded surgical paediatric ward accepting patients from birth to 16 years of age with the exception of some 16-18-year-old young people with complex health needs under the care of a community paediatrician or young person with a long-term condition who is awaiting transition to adult services.

The unit will also consider both adult medical and surgical admissions post 16yrs in times of extreme bed pressures across the hospital site.

Specialities include:

- General Surgery
- Orthopaedics,
- Ear, Nose, Throat (ENT)
- Max fax, Dental
- Ophthalmic
- Urology

The unit supports tertiary cleft patients (approximately 45 cases per year), this will exclude ongoing reconstructive surgical cases who will require HDU care.

There are also arrangements for children who are immunosuppressed with known conditions such as cancer and cystic fibrosis to be admitted to this ward.

	<p>In addition to planned elective admissions the ward takes referrals from the Paediatric Assessment Unit (PAU), Emergency Department, plastics and specialist centres such as University Hospital Wales (UHW).</p> <p>During COVID Ward M (normally a surgical ward) has been required to provide medical bed capacity for those children who require shielding. Additionally there are 2 surgical HDU beds which historically have been unfunded since the move from Singleton in 2009. The ward supports HDU surgical care, which is unfunded. The activity is variable for ENT services and this has been decreased during COVID. There is currently a large waiting list of patients for cleft surgery therefore HDU activity has increased at pace. Staffing support for these cases requires 1:2 care for a period of 24 hours and this is reflected in the roster of the planned surgical days.</p> <p><b>Team Working</b></p> <p>The ward works with a large multidisciplinary team and surgical specialities including therapists, specialist nurses and an oncology shared care pathway with UHW. Staff have received extensive training to manage such a wide range of surgical and medical cases including needing HDU trained staff and staff with specialist training for providing chemotherapy and managing regional burns admissions.</p> <p><b>Nursing Establishment and Skills</b></p> <p>The wide range of clinical skills and experience to safely care for children &amp; young people from all of the clinical specialities on the ward is significant. Safely managing the roster to ensure sufficient staff with the appropriately required skills and experience to care for the patients is significant. Specialist nursing and medical teams in conjunction with the practice development nurse ensure training is maintained and up to date. The training requirements are likely to be greater than on many of the adult wards due to the significant number of</p>
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specialities, and age range of the patients (babies, children and young people). This does pose challenges when it comes to releasing the staff for additional training.

### **Impact of COVID on Paediatric Services**

For Children's services the initial impact of COVID and lockdown resulted in a reduction in demand for paediatric inpatient care. The paediatric Assessment unit (PAU) closed and moved to work jointly with ED to develop a one point of access for all children to reduce the impact on in patient children wards and exposure of children to COVID.

Oakwood's configuration changed in line with infection control guidance resulting in a reduction of beds from 16 to 11 general ward beds. With the HDU beds being split into two red pathway HDU beds with a separate two bedded green pathway bay. There has now been an increase in admissions including those requiring HDU for post-operative care and respiratory support which is expected to rise further due to the increase cases of RSV.

The ward continues to accommodate medical and surgical cases admitted with positive or suspected COVID.

Ward M reduced its bed capacity by six, and in addition to providing surgical care there is a four bedded HDU area for surgical HDU. Additionally, Ward M has cared for general medical paediatric patients who have a negative COVID swab, this has therefore increased the complexity of the patient flow on the ward. From March 2020 at the onset of the COVID, Dyfed Ward closed burns and plastic care for children and they have been accommodated on Ward M.

**Using the triangulated approach to calculate the nurse staffing level on section 25B wards**



The triangulated approach to calculate the nurse staffing levels for each ward has been implemented into paediatrics following extensive training as part of the preparation for the extension of 'the Act'. There has been local and national support during these early stages of implementation to monitor and ensure compliance with the triangulated approach to calculating the staffing.

Local workshops have been facilitated to support the paediatric nursing staff to understand the acuity data and the application of professional judgement.

Prior to this calculation the All Wales Paediatric Nursing Principles were used but as of 1<sup>st</sup> October 2021 these have been superseded by 'the Act'.

**Supernumerary status:** Ward sisters in accordance with statutory guidance are reflected within establishments and have the Supernumerary (supervisory) status within their funded establishment.

However, during the calculation period supernumerary status was only achieved 33% of the time for Oakwood Ward. Ward M sister achieved supernumerary status but this was only achieved due to the additional Dyfed Ward staffing.

**Evidence of 26.9% 'uplift':** Both wards have the 26.9% uplift built into the updated funded establishment evidenced in the attached (appendix 1).

**Evidence of use of the triangulated approach-acuity tool (Welsh Levels of Care) quality indicators and professional judgement:**

The triangulated methodology prescribed in 'the Act' is used to calculate the Nurse Staffing Levels in each of the inpatient paediatric (25B) wards and was undertaken as outlined below;

- An acuity audit was undertaken from 1<sup>st</sup> June until 30<sup>th</sup> June 2021.
- A review of the quality indicators was undertaken (pressure damage, medication errors, extravasation, complaints).
- Professional judgement evidenced as part of the scrutiny process and ward templates.
- Planned roster submissions completed using the All Wales templates.
- Whole Time Equivalent (WTE's) calculations undertaken including 26.9% headroom & one WTE Ward Manager/Sister/ Charge Nurse.
- The Scrutiny process provides assurance that the calculations are correct for deploying the right amount of staff. Ward Managers, Matrons, Head of Nursing, Group Nurse Directors & Group Finance representatives reviewed each ward template as part of the scrutiny process. Rosters were also reviewed for efficiencies.
- The Interim Executive Director of Nursing & Patient Experience held a panel and invited the Director of Finance, Group Nurse Director, Head of Nursing and Group Finance representative. In line with the requirements of 'the Act', the Designated Person (Interim Director of Nursing & Patient Experience) has scrutinised and signed off the establishment review calculations.

### **Transforming Programme**

'The Nurse Staffing Levels (Wales) Act 2016 places a duty on Health Boards to calculate, maintain and report the agreed staffing level. During the preparation process for implementing 'the Act' into paediatrics the nursing team implemented the following come into line with adult work streams these include:

	<ul style="list-style-type: none"> <li>• Implementing the refreshed Nurse Rostering Policy</li> <li>• Reviewing opportunities for development of Band 3 &amp; Band 4 nursing roles</li> <li>• Grip &amp; Control Efficiency meetings</li> <li>• Reviewing rotational opportunities to extend into Childrens Emergency Unit (ED)</li> </ul> <p>The aim is to transform, modernise the nursing workforce, making use of tools and resources available, to produce value and efficiencies, utilising agile working models, and implement a professional leadership framework, and a successful drive for recruitment and retention.</p>
<p><b>Finance and workforce implications</b></p>	<p><b>The Triangulated Review Identified the Following:</b></p> <p>Nationally paediatric services have seen a significant decrease in admissions during COVID this picture is changing now with more admissions as restrictions have been lifted. For a general paediatric ward there are seasonal pressures similar to adult services with viral infections particularly RSV having an impact during the autumn and winter months. This will require the service to have sufficient nurses to respond in variations in admission rates.</p> <p><b>Oakwood Ward levels of care for the reporting period:</b></p> <ul style="list-style-type: none"> <li>• 1% level 1 care</li> <li>• 41% level 2, 20 % level 3, all were general ward patients</li> <li>• 36 % level 4 this is a combination of HDU care and CAMHS patients</li> <li>• 2% level 5 which was a CAMHS patient admitted under Section 3 of the Mental Health Act requiring 2:1 care which during the stay increased to 3:1.</li> </ul> <p><b>Ward M levels of care for the reporting period</b></p> <ul style="list-style-type: none"> <li>• 3% level 1</li> <li>• 40 % Level 2 patients were predominantly day case patients.</li> </ul>

- 9 % level 4 was a CAMHS patient who required 1:1 care having been Sectioned under the Mental Health Act. 1:1 care was met the majority of the time by the current ward staff providing care due to the lack of availability of bank and agency staff suitably trained to care for CAMHS patients.

**Health Care Support Worker (HCSW) Staffing**

Due to the current establishment of HCSW’s on Oakwood and the rest of the paediatric areas in Morriston there are insufficient hours to support the ward activity with the registered nursing team frequently being required to undertake non registered staff roles & responsibilities: – for example escorting transfers, supporting the fundamentals of care and continuous rounds to support the children and parents. HCSW’s are essential for providing the emotional support to parents/carers particularly when there is a critically ill child and the registered nurse is needed for the direct care of their child.

The current HCSW’s undertake additional child specific training including: Supporting new mothers with breastfeeding, distraction therapy for children when undergoing investigation procedures, assisting the play team, and providing support for parents who are a resident on the ward for the duration of the patients stay. There are 1:1 supervision of a child requirements when the parent is not present on the ward and supervision required for complex safeguarding concerns where parents are removed pending child protection investigations. Due to the paediatric HDU being on Oakwood the support staff are essential to providing ‘running’ support for the registered nurses and medical teams.

**OAKWOOD WARD**

- Occupancy levels were lower during this reporting period – this is in part due to reduced activity still as a consequence of restrictions due to COVID and also reflective of seasonal activity levels.
- HDU demand continued during this period

- The paediatric areas had significant pressures due to increased presentation of adolescents with mental health illness with some being admitted under the Mental Health Act and requiring high levels of monitoring care. During the reporting period the ward required 21% supplementary staffing (above the budgeted staffing establishment) to safely manage the ward activity.
- Staff were deployed from PAU (which is not identified as a section 25B ward under 'the Act') to provide nursing support.
- The staffing levels identified minimal fluctuation of the number of staff deployed by day and night. This is reflective of the ward requirements as HDU and the general ward areas have to be staffed to an agreed level to meet the unpredictability of the ward admissions and there is usually very little difference in nursing care demands between day or nights.
- Maintaining staffing levels to respond to the unpredictability of admissions requiring HDU care was necessary
- Junior staff reported applying professional judgement and supporting services across the paediatric areas a challenge, particularly when being required to bed manage and ensure a bleep holder was available to respond to emergencies.
- Areas where HDU care is provided requires senior nursing support and leadership
- Lack of HCSW'S during the night impacts on the registered staff providing direct care.

**Following the Recalculations for Oakwood the Following Uplift is Required:**

- Increase the establishment of registered nurses by 4.06wte to ensure safety on the ward, and manage 'the Activity & acuity' of the complex clinical area and maintain the supernumerary status of the Band 7 to provide clinical leadership. This is particularly relevant to the night shift where there has been minimal numbers of staff and very little support available for any peaks in admissions or deterioration of patients.

- Within this uplift is the recommendation to have a Band 6 (0.51wte) professional supervisory role providing support and leadership at the weekend across the two inpatient wards. The senior professional support for the remaining daytime hours will be covered by the current Band 7 and 6 nursing staff.
- To uplift one of the Band 5 staff at night to a Band 6 to provide senior support, this Band 6 member of the team at night will be required to provide professional support in addition to working clinically. They will be responsible for coordinating HDU care across the areas, (including HDU on Ward M), respond to paediatric emergencies including cardiac arrest cover across the Morriston Site. Have a clinical operational overview of the site and be able to provide paediatric nursing advice for issues relating to children across the organisation in line with recommended standards in paediatric nurse staffing levels. (RCN, Defining Staffing Levels in Children & Young Peoples Services 2013).

### **WARD M**

- The ward activity has significantly increased as planned care recovery plans are implemented this did result in episodes of the ward being at full capacity.
- Patient flow was high with a large turnover of patients and a total of: 224 admissions: 124 direct admissions, 50 transfers from PAU/CEU (emergency department). A high number of the patients being day cases and therefore staffing rosters are managed to respond to high activity into the evening and additional night cover for planned HDU surgery. The bed occupancy data by night is between 35% & 40% which would support the reduced staffing levels a night - acknowledging the ward will have emergency surgical admissions
- The impact of additional staff from Dyfed Ward resulted in minimal additional deployment of staff from other areas, the ward sister had more supernumerary time.

	<ul style="list-style-type: none"> <li>• Similar to Oakwood there were increased complex mental health patients on the ward.</li> <li>• Lack of HSCW at night to support activity and demands of a busy paediatric unit was identified as a factor.</li> <li>• The lack of senior nursing support 'out of hours' was identified as a challenge.</li> </ul> <p><b>Following the Recalculations for Ward M the Following Uplift is Required:</b></p> <ul style="list-style-type: none"> <li>• Increase the establishment of registered nurses - Band 5 by 3.94wte in order to ensure safety on the ward, manage 'the activity and acuity' of the complex clinical area and ensure the supernumerary status of the band 7 to provide clinical leadership. This can be achieved if Dyfed staff currently redeployed to the area are maintained on the ward in the future.</li> <li>• Approve the recommendation for maintaining 1 HCSW per shift on Ward M to support the registered staff in providing direct clinical care = uplift Band 2 by 2.92wte.</li> </ul> <p>In order to ensure that across the 2 inpatient children's wards in Morriston there is a professional supervisory role providing support and leadership 24 hours a day the recommendation is to increase the Band 6 (this is included on Oakwood Ward template).</p> <p>The financial impact following the recalculations using the triangulated methodology and scrutiny process for the two section 25B inpatient paediatric wards are detailed in the attached (Appendix 2).</p>
<b>Conclusion &amp; Recommendations</b>	
	<p>Oakwood ward has overcome significant challenges during the pandemic and whilst the number of admissions has been lower than previous years the unplanned nature of the</p>



	<p>admissions with the requirement to respond and care for sick children requiring HDU care and for some ITU retrieval means that appropriate levels of staffing are critical.</p> <p>The ward works closely with Ward M and PAU to ensure staff are deployed quickly to the area of most need. This does require the paediatric nursing team to have skills and experience of a very wide range of illness and conditions. The triangulation workshops and the acuity calculation process in June 2021 demonstrated the significant shortfall in senior nursing decision making 'out of hours'. This role is essential for overseeing HDU care, responding to emergencies in the unit but also across the hospital site and providing bed management support.</p> <p>Since June 2021 ward M reverted back to a paediatric ward with an aim to improve the significant pressures on planned care and waiting times. The Health Board has regional paediatric services which adds to the importance of recovery, as such the elective work has increased whilst safely managing the ongoing impact of COVID. The ward has a large variation of specialities and teams on the ward requiring the nursing staff to be highly skilled. The impact of COVID has resulted in significant challenges for young people requiring admission with mental health problems as CAMHS have struggled to manage. Moving burns &amp; plastics onto Ward M has been beneficial, the small nursing team from Dyfed have support Ward M nursing staff to gain skills and expertise with a positive impact on the roster particularly at night.</p> <p>The lack of a HCSW at night is a risk with this role being pivotal in supporting the all clinical areas. The HCSW would also support a ward when a qualified member of staff is away from the clinical area for a period of time when attending an emergency situation. Critically ill children being prepared for transfer to PICU are nursed in Theatre Recovery this is supported with a qualified staff member and HCSW who can provide 'runner role' for equipment in addition to supporting the parents allowing the qualified nurse to provide direct care to care for the child. Due to nature of emergency paediatrics HCSW support play distraction at nights to reduce anxiety promote cooperation &amp; enhance patient experience.</p>
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The Quality indicators have been reviewed as part of the professional judgement whilst there have been recorded incidents. There is no evidence of these being directly linked to nurse staffing. Weekly clinical incident meetings are held with the Head of Nursing, Matrons, Ward sisters and medical lead to review and consider any immediate actions to be taken, plans for investigating and to establish if staffing levels could have contributed to the incident.

As discussed earlier there has been significant work undertaken by the Health Board in preparation for the extension of 'the Act' with senior nursing representation at the All Wales Paediatrics Nurse staffing Group which has supported a 'Once for Wales' approach. In addition, SBUHB's monthly Nurse Staffing Act Steering group will continue to monitor the progress, milestones and duties that the Health Board is required to follow.

The Health Board has embraced the opportunity of the structured approach required when calculating the nurse staffing levels. The knowledge and expertise gained from the initial implementation of 'the Act' has supported the challenge of the extension into the inpatient paediatric areas.

The Committee is asked to

- Agree & note the changes to the funded establishments and financial implication, to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act.
- Receive the report as assurance that the statutory requirements relating to Section 25B wards have been completed.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	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"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
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 inpatient paediatric wards by the use of the triangulated method, Quality outcomes, patient acuity and professional judgement.		
<b>Financial Implications</b>		
There is a financial implication which is outlined within the paper		
<b>Legal Implications (including equality and diversity assessment)</b>		
Legal requirement to fulfil the requirements of 'the Act'.		
<b>Staffing Implications</b>		
Establishment Budgets represent full compliance with 'the Act'		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
'The Act' will support future workforce planning.		
<b>Report History</b>	Nurse Staffing Act Steering Group	
<b>Appendices</b>	Appendix – (1) - NSA Paediatric Wards paper final version Sept 2021 – Financial Implications	
	Appendix – (2) - NSA Paediatric Wards paper final version Sept 2021 – Sign off Sheet	