



iAGENDA ITEM

5.3

CTM BOARD

Annual Presentation of Nurse Staffing Levels to the Board

Date of meeting	24 th November 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Debbie Bennion, Deputy Director of Nursing
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
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ACRONYMS

NSLWA	Nurse Staffing Levels Wales Act
LG	Locality Group
CG	Care Group
RN	Registered Nurse
HCSW	Healthcare Support Worker
WLoC	Welsh Levels of Care



wte	Whole Time Equivalent
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1. SITUATION/BACKGROUND

This paper is a reflective account to demonstrate how CTM maintains compliance with the Nurse Staffing Act (NSA) and explains the changes and amendments to the wards and specialities between the periods of October 2021-Sept 2022. There is a repository of data available for reference to reflect all changes, however there has been a number of changes to wards locations and speciality over this period which adds to the complexity to articulate.

The Nurse Staffing Levels (Wales) Act (NSLWA) 2016 became law in March 2016 with the final sections of the Act coming into effect in April 2018 with an extension of the 2nd Act for inpatient paediatric wards became law on 1st October 2021.

The Nurse Staffing Levels (Wales) Act 2016 Statutory Guidance requires the designated person (Executive Nurse Director) to formally present to the Board the nurse staffing requirements for adult inpatient medical, surgical and paediatric inpatient wards. The aim of this report is to provide the Board with a detailed summary of the agreed nurse staffing levels and the changes that have taken place over the reporting period for each ward where Section 25B applies.

The Act requires health service bodies to make provision for appropriate nurse staffing levels and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. Section 25A requires Health Boards to ensure there is robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their Organisations.

Section 25B identifies in patient wards where there is a duty to calculate nurse staffing levels to maintain safe nurse staffing levels using a prescribed methodology. This methodology to determining the staffing levels across the Health Board is well established. Wards that are included in 25B are required to undertake a bi-annual acuity audit by ward managers and senior nurses. This information is then triangulated with professional judgment, patient population, staff in post and a number of pre-determined patient outcomes that are regarded as being nurse sensitive indicators such as patient falls or hospital acquired skin damage.

As the Health Board continues to adjust, resetting back to business as usual, work has been undertaken to ensure wards are realigned and returned to their pre pandemic status. Medical wards have now reset in location and their original service/ speciality of the ward, whereas surgical wards are working through their recovery programme and resetting services accordingly. As a consequence of Covid-19 the ward establishments varied from those set pre Covid-19 (January 2020), with

some wards requiring a temporary increase in their establishment in order to meet the needs of the patients with increased acuity and complexities.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Health Boards are required to calculate and submit their nurse staffing levels for all their section 25B inpatient wards every 6 months and formal presentation of the nursing staff level of each individual Section 25B ward to the Board annually.

Following the bi-annual acuity audit undertaken in January 2022 and June 2022, any proposed changes in staffing levels required on some of these wards, have been reviewed via the process stipulated within the statutory guidance. Each ward has been subjected to the triangulated approach which involves reviewing patient acuity, key quality indicators and professional judgement by the Ward manager and Senior Nurses.

The establishments have been approved and signed off by the Integrated Locality Nurse Directors (now known as Care Group Nurse Director). Each ward has been subjected to review using a triangulated approach, with the workforce planning tool used to produce a ward template. On evaluation this has resulted in Prince Charles Hospital wards 8 & 9, Royal Glamorgan Hospital ward 19 & 20 using a temporarily workforce uplift since June 2021 to date resulting in a cost pressure.

The Board is asked to formally receive and note the information contained within the Annual Presentation of Nurse Staffing Levels to the Board (Appendix A) which has been produced using the prescribed NHS Wales reporting template.

Adult and Paediatric in patient wards where Section 25B applies

The table below shows the number of wards at the beginning and end of the reporting period October 2021- September 2022. There was a total of 36 Section 25B wards within the Health Board at the time of the June 2022 (illustrated as September 2022 in the table below) bi-annual acuity audit.

	Oct 2021	Sept 2022
Number of Acute Medical inpatient Wards	18	16
Number of Acute Surgical inpatient Wards	16	17
Number of Paediatric inpatient wards	3	3

To note during this reporting period, 12 wards have either moved geographical location, repurposed or reset back to their original purpose.

(The establishments for these wards is provided in more detail in Appendix B & C.)

Changes to note

- During the pandemic some Section 25B wards, required their staffing establishments to be temporarily revised as wards were repurposed to provide high care and Covid-19 specific ward areas. These wards have now been returned to their original specialty and location.
- Results of the June 2022 bi-annual acuity audit and changes to ward establishments are explained below:

Prince Charles Hospital

Ward 7

Ward 7 initially located on ward 3 was repurposed into a Covid-19 ward therefore temporarily removed from Section 25B, the ward reverted back to being an elective surgical/ trauma orthopedic and assessment area in June 2022 and is now reportable under Section 25B of the Act.

Ward 8

Ward 8 is a Trauma & Orthopaedic ward and is identified as a Trauma Unit as part of the South Wales Trauma Network (SWTN). The temporary uplift of 5.76wte Band 2 Health Care Support Workers (HCSW), which has been in place since June 2021 continues as a result of June 2022 acuity audit. The audits continues to indicate a rise in acuity levels, with evidence of improvement in the quality indicators, e.g. a decrease in the number of falls. This has led to a temporary decision to maintain the temporary increase in establishment at a cost pressure until the new Care Groups are embedded when further review will take place.

Ward 9

Ward 9 is a medical Endocrinology ward. The temporary uplift of 5.76wte Band 2 Health Care Support Workers (HCSW), has been in place since June 2021 and continues following the June 2022 acuity audit. The audits continue to indicate a rise in acuity levels, with evidence of improvement in the quality indicators, e.g. a decrease in the number of hospital acquired pressure areas. This has led to a temporary decision to maintain the temporary increase in establishments at a cost pressure until the new Care Groups are embedded when further review will take place.



Royal Glamorgan Hospital

Ward 19

As previously reported in the Board paper (May 2022), Nurse Staffing Levels on Ward 19 continue to be temporarily uplifted at a cost pressure of an additional 2.76wte Band 5 RNs to provide a 5 bedded high acuity Non Invasive Ventilation (NIV) bay. This is a result of the recommendation of The British Thoracic Society (BTS) minimum nurse/patient ratio of 1:2 when caring for acute NIV patients. This establishment and funding will be reviewed as the new Care Groups are embedded.

Ward 20

Up until June 2020, Ward 20 was sitting outside of Section 25B of the Act as it was a rehabilitation ward. Since June 2021, it has been repurposed into an acute medical ward under Section 25B of the Act. A recalculation assessment resulted in a required temporary uplift at cost pressure of 2.76wte Band 5 RNs and 5.76wte Band 2 HCSW to meet the acuity and dependency levels. This establishment and funding will be reviewed as the new Care Groups are embedded.

Princess of Wales Hospital

Ward 19

Ward 19 which had previously been located on ward 8 (moved to current location in June 2022) has been repurposed to a medical rehabilitation ward, therefore now sits outside of S25B and will be subjected to the audit going forward.

Ward 11

Ward 11 is a Gynecological ward and was previously located on ward 19 prior to its move in May 2022 to its current location. Due to a reduction in the number of beds (22 down to 19) in the new location, this has resulted in a reduction in staffing by 5.57wte RN's.

Ward 21

Ward 21 is now a community rehabilitation ward which was previously located in Maesteg Hospital and sits outside of S25B. The previous ward based on ward 21 moved to ward 18 in May 30th 2022.

With many of the wards recovering and resetting post pandemic and following the June 2022 bi-annual acuity audit, the Head of Nursing for the Princess of Wales Hospital has requested an uplift in the WTE of HCSW for eight of the eleven wards under S25B of the Act (Wards 5, 6, 7, 8, 9, 10, 18 and 20) . The acuity data for

these areas (see detail in appendix C) indicates that there is a marginal increase in patients scoring level 4/5 (WLoC) presented through the data.

Across many of the 25B acute inpatient wards, there are a number of patients who are waiting transfer into ongoing long-term care or a more suitable rehabilitation area who are medically fit and do not require acute care. Some of these have underlying cognitive impairments such as Dementia and are high risk of falls requiring enhanced supervision. This has resulted in the increased use of a temporary workforce of HCSW at a cost pressure. Using her professional judgement the Head of Nursing has requested a permanent funded uplift to the workforce. Further detailed scrutiny and analysis by the Care Group Nurse Directors is required using the triangulated methodology before this is can be approved as a permanent funded uplift due to the financial impact.

It should be noted that six out of the eight wards (6,7,8,9,10,18) requesting a HCSW uplift do not have a permanent ward hostess service resulting in this role being undertaken by nursing staff. The ward hostess supports patient care providing meals three times a day, clearing away dishes and providing hot drinks. Further work is required as part of the wider workforce analysis to aid in decision making where the workforce is best placed. In addition while this is being undertaken a more detailed strategic nurse staffing review will be undertaken which will include monitoring compliance with the enhanced supervision guidance.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Each of the Locality Group Nurse Directors (now known as Care Group Nurse Directors) have been involved in discussions regarding the establishment staffing level templates and any proposed workforce changes highlighted following June's acuity. The acuity audits are only one aspect of the triangulated methodology that must be used to calculate and agree the workforce requirements. The Care Group Nurse Directors will be responsible for the scrutiny of the nurse sensitive 'quality indicators' (falls, pressure ulcers, medication errors) along with their professional judgement to approve and request any changes to the funded establishment for these wards to the Executive Director of Nursing.

As part of CTM UHB resetting post pandemic, some of the wards within Section 25B of the Act continue to be repurposed or realigned to meet the clinical service needs required. Due to the ongoing surgical recovery programme, the nursing establishments for some of these Section 25B wards may change again before the next bi-annual acuity in January 2023. As part of the requirement of the Act, any changes to ward clinical models, reconfiguration and staffing requirements will be updated on the designated staffing level templates approved by the Care Group Nurse Directors and following approval be authorised by the Executive Nurse Director.

Paediatrics (Health Board Wide)

In October 2021 Section 25B was extended to include Paediatric inpatient wards. It has been recognised during the initial phase of the pandemic that there was reduced numbers of acutely ill or injured children and admitted to the paediatric inpatient wards. Therefore the validity of the calculations for in- paediatrics NSA results remain untested. Close scrutiny is required to identify if clinical presentation and workload show signs of returning to pre pandemic numbers and dependency or if there are differing clinical presentation resulting in an increase in workload on other services such as mental health for example.

3.1 Other All Wales Nurse Staffing Programme Work Streams in Development

The other All Wales Nurse Staffing Programme work streams, namely, Mental Health, District Nursing & Health Visiting are currently on pause at the request of the Chief Nursing Officer (CNO).

3.2 Nurse Roster Policy

The ratification and current implementation of the Nurse Roster Policy, in conjunction with the roll of Safe Care Module (linked to the roster system) with their defined key performance indicators (KPI's) will enable greater scrutiny of nurse rostering across the organisation and will be used to support any changes to any of the nursing establishments.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Staff and Resources Safe Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.



	Not required
Legal implications / impact	Yes (Include further detail below)
	Those contained within the Nurse Staffing Act
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Any temporary increase to current agreed ward establishments will have financial implications. These will be defined, reported and discussed within the Operational Management Board of which the Executive Nurse Director, Deputy Director of Workforce and Deputy Director of Finance respectively are members.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

The Board is asked to **NOTE:-**

- The report as assurance that the statutory requirements relating to Section 25B wards have been completed.
- There are changes to patient acuity and service needs pre Covid, during Covid and now during the resetting phases post Covid adding a level of complexity of evaluation and compliance
- Further work is ongoing at the Princess of Wales to scrutinise wider workforce and workload demands
- Wards continue to reset and as business returns to pre Covid activity the January 2023 acuity audit will enable the Care Group Nurse Directors to have a clearer oversight of the changing population needs and services required to meet these needs.
- The recommendation for any permanent funded uplift in establishment will not be authorized until the output of the January 2023 audit in conjunction with the Enhanced supervision work and a review of the potential benefits of a dedicated ward hostess service