



AGENDA ITEM

5.6

CTM BOARD

NURSE STAFFING LEVELS ANNUAL ASSURANCE REPORT 2022-2023

Date of meeting	25 th May 2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Tanya Tye, Nurse Staffing Act lead
Presented by	Greg Dix, Executive Director of Nursing
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

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

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

NSLWA	Nurse Staffing Levels Wales Act
ILG	Integrated Locality Group
CGND	Care Group Nurse Directors
CNO	Chief Nursing Officer

1. SITUATION/BACKGROUND

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. From the 1st October 2021 the second duty of the Nurse staffing Levels (Wales) Act was extended to paediatric inpatient wards.

Section 25E requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward and paediatric inpatient wards.

The aim of this report is to provide an annual report covering the time period from 6th April 2022 to 5th April 2023, with an overview of the Health Board's level of compliance with the agreed nurse staffing levels; the impact upon the quality of care where the nurse staffing level was not maintained and the actions taken in response to this position.

The triangulated methodology prescribed in section 25C of the Act sets out the principles for calculating the nurse staffing levels. 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. There is a repository of data available for reference to reflect all changes (Appendix B), however, there has been a number of changes to ward locations and specialty over this period which adds to the complexity to articulate.

The Board is asked to formally receive and note the information contained within the 2022/2023 Nurse Staffing Levels (Wales) Annual Assurance Report (Appendix A) which has been produced using the prescribed NHS Wales reporting template.

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

The 2022-2023 Nurse Staffing Levels (Wales) Annual Assurance report (Appendix A) sets out the progress made within CTMUHB during 2022/23 (6th April 2022 - 5th April 2023) in relation to meeting the various statutory requirements of the NSLWA.

Following the acuity audit undertaken in January 2022 and June 2022, wards that are under Section 25B were reviewed in order to ensure the calculation of the nurse staffing levels using the prescribed methodology. These establishments have been reviewed and authorised by the ILG Nurse Directors (now called care Group Nurse Directors). Each ward has been subjected to the triangulated approach and the workforce planning tool to produce a ward template.

On evaluation, this has resulted in Prince Charles Hospital wards 8 & 9 and Royal Glamorgan Hospital Wards 19 & 20 using a temporary workforce uplift since June 2021 to date resulting in cost pressure.

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:

Location Changes

- Ward 21 PWH moved to Ward 18 on May 30th 2022, and changed specialty in June 2022 from surgery to medicine.
- Ward 11 PWH moved location in May 2022 to its current location, with a bed reduction (22 down to 19), this has resulted in a reduction in staffing by 5.57wte RN's

Wards added to section 25B:

- Ward 7 PCH, reverted back from a Covid-19 ward to an elective surgical/ trauma Orthopaedics and assessment area in June 2022 and is now reportable under Section 25B of the Act.

Wards no longer within Section 25B:

- Protected Elective Surgical Unit (PESU) in PCH closed in December 2022, and is currently being used as a surge therefore now sits outside Section 25B.
- Ward 19 PWH, which had previously been located on Ward 8 (moved to its 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 15 PWH, has been repurposed to Care of the Elderly Rehabilitation ward and is deemed to sit outside of S25B.
- Ward 21 is now a community rehabilitation ward which was previously located in Maesteg Hospital and sits outside of S25B.

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 Healthcare Support Workers (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 indicates that there is a marginal increase in patients scoring level 4/5 (WLoC) presented through the data. This has been previously reported in detail in the Annual Presentation of Nurse Staffing Level to the Board in November 2022.

These changes and proposals are described in more detail in the Annual Presentation of Nurse Staffing Levels to the Board (Appendix A). All wards that remain under Section 25B of the Act within CTMUHB are displayed in Appendix B.

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

The Board is asked to note, in particular, under this section there is a requirement to report if there has been an impact on care quality due to not maintaining the nurse staffing levels. The incidents which need to be reported under the Act yearly are the number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor for the following adult patient harm incidents:

- Hospital-acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).
- Medication-related never events.

The incidents which need to be reported under the Act yearly for paediatric inpatient wards are:

- Hospital-acquired pressure damage (grade 3, 4, and unstageable).
- Infiltration/extravasation injuries
- Medication-related never events.

In addition, the Health Board is also required to consider whether a failure to maintain nurse staffing levels played any part in any/all complaints received about nursing care.

The table below provides a summary of the incidents outlined above during the period 6th April 2022 to 5th April 2023. This information is provided in more detail in Appendix A.

	Adult acute S25B wards		Paediatric inpatient wards	
Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses on ADULT acute medical and surgical wards	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
Hospital acquired pressure damage (grade 3, 4 and unstageable)	4	1	0	0



Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	1	1	N/A	N/A
Medication errors never events	0	0	0	0
Infiltration/ extravasation injuries	N/A	N/A	0	3
Any complaints about nursing care	0	0	0	0

The total analysis for the impact of not maintaining the staffing level for this reporting period cannot be made due to 16 open incidents still being investigated, 6 Hospital Acquired pressure ulcers, and 10 regarding nursing care).

From 1st April 2022, the updated 'Once for Wales' e-datix reporting system includes a mandatory field ensuring that ward staffing levels are always considered when a fall, medication error, pressure damage or Infiltration/ extravasation injuries are reported.

All the incidents and complaints included in this report have been reviewed by the Heads of Nursing in the three Acute Hospitals via their internal weekly, scrutiny panel meetings. The incidents which identified that the nurse staffing levels were a contributing factor and subsequent learning from these have been shared more widely.

Conclusion

In summary, 2022-2023 has been a year of resetting following the COVID-19 pandemic within the Health Board and its communities and getting back to business as usual. There continue to be ongoing temporary staffing uplifts within PCH and RGH until March 2023.

- The majority of the wards that were repurposed to meet the clinical demands during the COVID-19 pandemic have returned to either their original specialty/designation, or been utilised to support a new clinical model.
- The start of the implementation programme of 'Safe care' to Section 25B wards within the HB (15 live wards using safe care, with a further 20 wards to implement)
- The recruitment of AWNSA Lead Welsh Government funded until December 2023.
- As part of the All Wales overseas RN recruitment Programme, the HB recruited, trained, and registered (NMC Registration) 96 internationally educated nurses
- 138.17wte. nurses have been recruited via the student streamlining

process.

Next steps for 2023-2024

- To continue to embed SafeCare into the daily routine of ward staff.
- Phase two of International Educated Nurse recruitment.
- Further resetting and development within planned care that will predominately affect the surgical S25B wards within the Health Board.

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 out 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 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-19, during Covid-19 and now during the resetting phases post Covid-19 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-19 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 permanently funded uplift in their 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.
- Any changes to the ward staffing levels will be updated with additional workforce templates and calculations and taken through the signing-off process for the Health Board.