

Appendix A
Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee

Health board	Cwm Taf Morgannwg University Health Board (CTMUHB)		
Date annual assurance report is presented to Board	25 th May 2023 The reporting period is from April 6 th 2022- April 5 th 2023		
	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	Lowest 16 and highest 17	Lowest 15 and highest 18	3
During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	1 - PoWH ward 18 changed from surgery to medicine July 22		0
The process and methodology used to calculate the nurse staffing level.	<p>The Nurse Staffing Levels (Wales) Act 2016 (hereafter referred to in this document as the Act) came into effect in April 2018 for Adult Acute Medical and Surgical inpatient wards. From the 1st October 2021 the second duty of the Nurse staffing Levels (Wales) Act was extended to paediatric inpatient wards. When referring to Section 25B wards in this report, these are the adult acute medical and surgical inpatient and Paediatric inpatient wards within the Health Board (HB).</p> <p>Section 25B requires Health Boards/ Trusts to calculate and take reasonable steps to maintain the nurse staffing level in all of these wards. The calculation is undertaken bi-annually in January and June as per agreement within the once-for-Wales approach.</p>		

The triangulated methodology set in section 25C of the Act, sets out the principles to calculate the nurse staffing levels. This is a summary of the findings at each acuity audit period.

January and June 2022 staffing calculation

For the January 2022 bi-annual acuity audit each Section 25B ward was analysed using the data captured from various digital systems. The data was collated and analysed to assess compliance with the nurse staffing recommendations.

The data from the following areas were reviewed and examined with the Ward Sister, Senior Nurse, and Lead Nurse responsible for the ward and the Heads of Nursing from each acute hospital to generate the report:

Key Areas of Data capture:

- Current nurse staff availability, including staff not included in the core roster such as supervisory ward manager.
- Patient acuity data for the month of January and June 2022.
- Care quality indicators data from the previous 6 months (falls, medication errors, pressure damage and serious incidents).
- Workforce-related metric data, mandatory training compliance, vacancy, recruitment and sickness.
- Information relating to patient flow, patient acuity and care quality metrics via the IT performance reporting system Datix reporting, a system that allows live information to be available to the Ward Managers, Heads of Nursing and ILG Nurse Directors (now known as care group Nurse Directors) for review.
- Assurance of compliance that all workforce models included in the Nurse Staffing Levels Act have an uplift of 26.9% and supernumerary Band 7 Ward Sister/Charge nurse calculated within the overall workforce plan for that ward.

The planning templates were discussed and ratified by the Ward Sister/Charge Nurse, senior nurses, Heads of Nursing and the ILG Directors of Nursing. The final templates were endorsed by the Executive Nurse Director.

	<p>A report from each audit was presented separately to the Board giving an overview of the findings and assurance regarding compliance in maintaining the nurse staffing levels for their Section 25B wards.</p> <p>January 2022 audit was presented on the 25th May 2022 and June audit was presented on the 24th November 2022.</p>
<p>Informing patients</p>	<p>The statutory guidance states that “LHBs and Trusts must make arrangements to inform patients of the nurse staffing level” (paragraph 20). The statutory requirements are to inform patients of the nurse staffing levels by ensuring that the most up-to-date information is displayed on wards in relation to the staffing levels agreed.</p> <p>To ensure transparency and consistency across Wales, the All Wales Adult Acute Medical & Surgical Inpatient Work Stream Group redesigned the templates to ensure compliance with this guidance for CTMUHB, bilingual poster templates are displayed either outside or inside the ward entrance for all 25B wards that are included in the Act including Paediatrics.</p> <p>The poster template identifies the information of the nurse staffing numbers calculated for the identified period and also the date that the calculation was undertaken and signed off by the designated person. following the June 2022 bi-annual acuity audit and calculation all eligible wards were issued the new template to be completed and displayed with the responsibility to ensure they are completed correctly with oversight given to Ward manager and Senior nurses to ensure compliance.</p> <p>Paediatric inpatient wards have paediatric specific templates which were issued following the initial calculation and are being used within CTMUHB.</p> <p>All Section 25B wards have patient information leaflets available for informing patients about the Nurse Staffing Levels (Wales) Act 2016. Information posters explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy-read versions) can be provided to answer any more detailed questions a patient or a visitor may have about the Act, children and young person’s poster is visible on all paediatric inpatient wards.</p>

Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u>	Period Covered 06/04/22- 05/04/23		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)	32	644.94	496.96
WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle	32	644.94	496.96
Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)	33	672.97	514.90
WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle	33	672.97	514.90
<p>Accompanying narrative: Following the Covid-19 Pandemic S25B, across CTMUHB, there has been a period of resetting and wards have been realigned. This has led to some wards changing specialty and service delivery. This has also been influenced by the surgical recovery programme (for more details of individual wards and their calculated nurse staffing levels, refer to Appendix B).</p> <p>Wards that have been added to S25B</p> <ul style="list-style-type: none"> • Ward 7 PCH reverted from Covid-19 to a general surgical and orthopaedic ward <p>Wards no longer within Section 25B</p> <ul style="list-style-type: none"> • Protected Elective Surgical Unit (PESU) in PCH, closed in December 2022 now used as a surge area. • Ward 21 PWH is currently a community ward housing Llynfi Ward 			

- 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.

In November 2022 calculations is evidence to suggest additional staffing establishment requirement, this is primarily due to wards either being repurposed from Covid wards and/or reopened and then being included into the section 25B of the 2016 Act.

When required, the Care Groups (Formally ILGs) Nurse Directors will review and realign their budgets accordingly to meet the ongoing staffing requirements for section 25B wards.

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>	Period Covered 06/04/22- 05/04/2023		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of <u>paediatric inpatient wards</u> calculated during first cycle (May)	3	93.97	19.1
WTE of required establishment of <u>paediatric inpatient wards</u> funded following first (May) calculation cycle	3	93.97	19.1
Required establishment (WTE) of <u>paediatric inpatient wards</u> calculated during second calculation cycle (Nov)	3	93.97	19.1
WTE of required establishment of <u>paediatric inpatient wards</u> funded following second (Nov) calculation cycle	3	93.97	19.1

Accompanying narrative:

During the initial calculation, the nurse staffing levels were calculated using the triangulated methodology and compared to the current funded establishments to determine any workforce gaps. There have been ongoing challenges in relation to filling registered nurse vacancies following the first calculation which has meant that some posts identified are still to be recruited into.

The new calculation has been completed using the same processes and is unchanged from the initial calculation. A focus on the recruitment processes continues to enable timely appointment of new staff,

	and a new recruitment and retention plan has been developed. As the longer-term effects of the pandemic on nurses is not fully understood, the nursing retention plan has been revised to reflect the new challenges posed in terms of staff wellbeing.						
Extent to which the planned roster has been maintained within <u>both adult medical and surgical wards and paediatric inpatient wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL						
Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL						
	<p>Accompanying narrative:</p> <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 of the 2016 Act, and Health boards/Trusts were using a variety of e-rostering and reporting digital systems. During the first reporting period, Health boards/Trusts in Wales worked as part of the All Wales Nurse Staffing Programme, to enhance the Health Care Monitoring system (HCMS) (in lieu of a single ICT solution) to enable each organisations to demonstrate the extent to which the nurse staffing levels across the Health Board/Trust.</p> <p>NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse</p>						

	<p>staffing levels required.</p> <p>Following the January bi-annual audit it was found that Health Education Improvement Wales (HEIW) was unable to extract the data required to inform the creation of the visualisers via the Business intelligence system due to the national changes made to the Health Care Monitoring System (HCMS). Despite liaison between HEIW and Digital Health Care Wales (DHCW), a solution was not found and as a result, Health Boards/Trusts sought local solutions. Work within the Health Board Informatics team, is looking into a solution to provide this information, therefore for this Board paper this data is currently unavailable, however, it is anticipated that the data will be available for subsequent reports as well the 3 yearly compliance report due in May 2024.</p>						
<p>Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u></p>		<p>Total number of shifts</p>	<p>Shifts where planned roster met and appropriate</p>	<p>Shifts where planned roster met but not appropriate</p>	<p>Shifts where planned roster not met but appropriate</p>	<p>Shifts where planned roster not met and not appropriate</p>	<p>Data completeness</p>
	<p>TOTAL</p>						
	<p>Accompanying narrative:</p> <p>Due to the challenges encountered with IT (Information Technology) platform change for HCMS, CTMUHB has been unable to access the information when using the Power BI digital application this is not unique to CTM and is an issue raised across the whole of Wales, CTMUHB ICT alongside Clinical Audit are working on a solution to provide this information for the HB, therefore for this Board paper, this data is currently unavailable. Safecare digital platform, will be implemented and operational across CTMUHB in all 25B wards by November 2023, which will allow reports to be generated to capture data through one system, therefore data will be used using a blended source for the 3 yearly compliance report and the Annual Assurance report due in May 2024.</p>						
<p>Process for maintaining the Nurse staffing level</p>	<p>Strategic/corporate steps taken to maintain staffing levels</p> <ul style="list-style-type: none"> • Planned recruitment of identified posts across the Health Board. • Roster completion – ensuring that all rosters are completed as per policy and that all rosters are developed to ensure that the correct number of staff are able to be provided, underpinned by a suite of rostering metrics. 						

- Roster approval process – all nurse rosters are subject to an approval process monitored by the senior nurses to ensure a safe and effective roster.
- As part of the Health board recruitment program, over the last year and going into the next reporting period (April 2023- April 2024) the Health Board have implemented a series of interactive meetings for student nurses who are entering the streamlining process to promote 'working for the Health Board'. During this reporting period, we have successfully recruited through streamlining 131.71wte student nurses.
- The Health Board has been an active member in the newly established All Wales International Registered Nurse Programme and has recruited 96 nurses into CTM UHB, during 2022/ 2023. There is also representation at the All Wales forums exploring the creation of career frameworks for registered nurses, advanced clinical practitioners and Band 4 nursing roles.

Operational steps taken to maintain staffing level

- Robust systems of daily staff planning, and patient flow and acuity held on each acute site (Safe to Start) to inform plans for ensuring appropriate staffing levels are in place, risk assessed and managed where required, for the forthcoming 24 hours. Within Paediatrics, staff are also deployed across sites where risks are identified to ensure appropriate clinical skills met.
- Escalation process to manage staffing deficits clearly articulated in an operating framework and nurse staffing escalation policy.
- Signposting for staff to well-being support mechanisms and facilities.
- Deployment of supernumerary Ward Sister/Charge Nurse to undertake direct care delivery when required.
- Enhanced overtime payment rates to substantive staff for a defined period to secure additional workforce capacity.

The NSLWA statutory guidance requires that the Health Board takes 'all reasonable steps' to maintain its staffing levels and this includes strategic/ corporate as well as operational steps. The Nursing

Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy for the Health Board supports the process of calculation and maintenance of nursing staffing levels in all S25B wards and paediatric inpatient wards and the actions that are taken to review, record and escalate where nurse staffing levels are not maintained.

Strategic/corporate/ heads of nursing responsibilities to maintain staffing levels

The Heads of Nursing within the Health Board chair monthly workforce meetings to discuss their wards' current vacancies and recruitment plans. To support these meetings, the Allocate/Rostering team provides feedback and scrutiny of the ward rosters to review efficiencies and compliance against key metrics and in line with the rostering policy. All nurse rosters are subject to an approval process monitored by the senior nurse team to ensure the maintenance of a safe and effective roster.

Ward level responsibilities to maintain staffing level

Since November 2019 , the All Wales Executive Nurse Director, through the All Wales Nurse Staffing programme forum implemented a guidance document to support what constitutes 'All Reasonable Steps' to support decision-making in relation to ensure maintaining safe staffing levels. This is a statutory requirement to be taken in order to maintain the nurse staffing levels at the calculated levels.

Within the Acute Hospitals, staffing levels are reviewed three times a day and where required staff are deployed accordingly to risk and using All reasonable steps and professional judgement to aid decision making. .

Across CTUHB, there are well- established processes for reviewing staffing levels operationally on a daily basis and for making operational, risk-based decisions about the deployment of staff via the bed/staffing meetings.

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in adult acute medical & surgical inpatients wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/ complaints during last year	Number of closed incidents/ complaints during current year	Total number of incidents/ complaints not closed and to be reported on/during the next year	Increase (decrease) in number of closed incidents/ complaints between previous year and current year	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)	16	10	6	Decrease	4	1
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	2	2	0	Same	1	1
Medication errors never events	0	0	0		0	0
Any complaints about nursing care	35	25	10	Decrease	0	0

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Paediatric inpatient wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/ complaints during last year	Number of closed incidents/ complaints during current year	Total number of incidents/ complaints not closed and to be reported on/during the next year	Increase (decrease) in number of closed incidents/ complaints between previous year and current year	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)	0	0	1		0	0
Medication errors never events	0	0	0		0	0
Infiltration/ extravasation injuries	7	7	0	Increase of 2	5	3
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	0		0	0
Any complaints about nursing care	1	1	0		0	0

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained
	<p>Inpatient Acute Adult Medical and Surgical Wards During the last year (6/4/22-5/4/23) there has been 2 incidents where not maintaining the planned nurse staffing level was deemed to have contributed to these incidents, 1 hospital acquired pressure damage and 1 falls. There has been an reduction in the amount of complaints received relating to nursing care, however, of the closed complaints, failure to maintain the nurse staffing level has not be a contributing factor.</p> <p>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.</p> <p>From 1st April 2022, the updated Once for Wales datix reporting system includes a mandatory field ensuring that ward staffing levels are always considered when a fall, medication error or pressure damage is reported.</p> <p>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 has been shared more widely.</p> <p>Paediatrics Inpatient wards During the last year (6th April 2022- 5th April 2023) there has been 3 complaints where not maintaining the planned roster could have been a contributing factor and 5 extravasation injuries that occurred when the planned roster had not been maintained.</p> <p>All the incidents and complaints included in this report have been reviewed by the Head of Nursing for Children & Young People via their governance meetings, who identified that the nurse staffing levels were a contributing factor and lessons learnt from the incidents have been shared more widely.</p>
Conclusion & Recommendations	<p>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 at a cost pressure.</p>

- 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 'SafeCare' 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 (when)
- 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.