Meeting Date	**26 May 2022**	**Agenda Item**	**2.6**
Report Title	**Annual Assurance 2021-22 report on compliance with the Nurse Staffing Levels (Wales) Act 2016.**		
Report Author	Helen Griffiths, Corporate Head of Nursing Catherine Morgan-Edwards, Corporate Matron		
Report Sponsor	Christine Williams, Interim Deputy Director of Nursing and Patient Experience Samantha Moss Deputy Director of Finance		
Presented by	Gareth Howells, Interim Executive 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) Act 2016 for the 12-month reporting period of April 6th 2021- April 5th 2022		
Key Issues	Nurse Staffing Levels (Wales) Act 2016 and purpose of paper is to report overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016.		
Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☐
Recommendations	Members are asked to: 1. Receive the report as assurance that the statutory requirements relating to Section 25B wards have been completed. 2. Note the ongoing reasonable steps taken to monitor & as far as possible maintain the Nurse Staffing levels (Wales) Act 2016 during the COVID-19 pandemic and the unprecedented pressures. 3. Note that the most recent bi-annual calculation of Section 25B wards will be reported through the internal governance process and included in the November 2022 Annual Assurance Report in a “Once for Wales” approach. 4. Note that there is therefore no new financial request above the financial investment already agreed by the Board in November 2021.			

NURSE STAFFING LEVELS (WALES) ACT 2016

1. INTRODUCTION

The Nurse Staffing Levels (Wales) Act, 2016, ('the Act') became law on 21st March 2016 with the 'the Act' coming into full effect in April 2018. An extension of 'the Act' into paediatric inpatient wards occurred during this reporting period on 1st October 2021.

Section 25E of 'the Act' requires Health Boards to report their compliance in maintaining the nurse staffing levels for each adult acute medical and surgical ward for the entire reporting period and for paediatric inpatient wards from 1st October 2021.

The Health Board (HB) submitted its first three yearly report to Welsh Government in May 2021. This annual assurance report (using an All Wales template) had been agreed through the All Wales Nurse Staffing programme and represents the first of three annual reports which will form the basis of the second statutory three-year report to Welsh Government in May 2024 (reporting period April 2021 to April 2024) which is a requirement of 'the Act'.

The aim of this report is to provide the overall compliance with the requirements of 'the Act' over the past 12-month period, 6th April 2021 to 5th April 2022. Delivering ongoing assurances on the approach, mechanisms, ongoing monitoring and management of risks relating to Nurse Staffing Levels.

The Chief Nursing Officer letter received on 4th January 2022 discussed the option for Health Boards to opt out of the January Acuity Audit due to continued COVID-19 pressures. Swansea Bay University Health Board (SBUHB) agreed to continue with the January audit in line with the majority of Welsh health boards.

The information below outlines the work that has been completed over the past 12-month reporting period; 6th April 2021 to 5th April 2022.

Date	Position	Status
January 2021	January bi annual patient acuity audit undertaken	Completed
April 2021	January acuity Nurse Staffing Levels re-calculation / scrutiny panels undertaken	Completed
May 2021	Additional (outside of bi-annual calculation) re-calculation of 4 Section 25B wards, shift pattern change due to staff consultation.	Completed

27th May 2021	May Annual Assurance 2020-21 report on compliance with the Nurse Staffing Levels (Wales) Act 2016 presented to Board	Completed
June 2021	June bi- annual patient acuity audit undertaken	Completed
August and September 2021	June acuity Nurse Staffing Levels re-calculation / scrutiny panels undertaken	Completed
September 2021	First Calculation of Paediatric Inpatient wards undertaken	Completed
28th September 2021 to Workforce and OD Committee (Designated Board) and 7th October 2021 to Board	Extension of 'the Act' into paediatric in-patient wards - Paper to Board	Completed
1st October 2021	Extension of 'the Act' into Paediatric Inpatient wards	Completed
25th November 2021	Mandatory Annual Assurance 2020-21 report on compliance with the Nurse Staffing Levels (Wales) Act 2016; paper taken to Board	Completed

Wave 3 of the COVID-19 pandemic brought increased risks and added pressures across the HB, similar to Wave 2, where there was the expectation to maintain essential services despite there being a high number of staff absenteeism due to a COVID-19 positive status.

A daily staffing tool remained in place and was completed by each Service Group to provide an overview of the staffing situation, which supports the decision making process with deployment of staff. The Health Boards Monthly Nurse Staffing Act Steering Group meetings continued. Service Group risk assessments in relation to Nurse Staffing were reported through this group. At the height of Wave 3 the Corporate score was 25 and has now been reduced to 20.
At this time during Wave 3, the Silver Workforce Nurse Staffing Logistics Cell was restarted weekly to monitor and manage risks in line with 'the Act' chaired by the Interim Deputy Director of Nursing. All reasonable steps were implemented and further discussed in more detail through the All Wales reporting template below.
The HB continues to work collaboratively in following a 'Once for Wales' approach, to ensure consistency in calculating and reporting staffing levels, with the completion of the All Wales Staffing Levels templates for each Section 25B ward.

This report does not include the bi-annual calculations undertaken following January 2022 acuity audit and subsequent re-calculations in March / April 2022. This will be

reported through the HB internal assurance process and included in the next mandatory Annual Assurance report to Board in November 2022, in line with the 'Once for Wales' approach.

This annual report provides ongoing assurances on the approach, mechanisms, ongoing monitoring, quality indicator reporting and management of risks to nurse staffing levels. This report differs from the mandatory report to Board in November each year due to the inclusion of quality indicator analysis. This analysis supports the development of the three-yearly report to Welsh Government.

In addition, this report discusses the Health Boards ability to maintain the nurse rosters and whether the nurse using their professional judgement deemed the level of nursing staff appropriate or not. Currently due to the IT systems available the HB is not able to report accurately the extent to which it achieves the planned rosters. It is also not possible to provide robust data as the HB is rolling out the new 'Once for Wales' IT solution called Safecare. This work will support a more robust data capture and improved analysis, in line with the 'Once of Wales' approach.

The HB 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

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board	Bwrdd Iechyd Prifysgol Bae Abertawe / Swansea Bay University Health Board (SBUHB)		
Date annual assurance report is presented to Board	The reporting period is April 6th 2021- April 5th 2022 Presented to Board on Thursday 26th May 2022		
	Adult acute <u>medical</u> inpatient wards	**Adult acute <u>surgical</u> inpatient wards**	**Paediatric inpatient wards**
During the last year the lowest and highest number of wards	**15**	**13**	**2**
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	Four Section 25B Medical wards were re-calculated in May 2021, in addition to and outside of the bi-annual calculation periods, the main purpose of this review was to alter shift patterns following staff engagement. No financial impact occurred at this time.	**0**	Both paediatric inpatient wards conducted their first calculation of Nurse Staffing Levels prior to the extension of 'the Act' into paediatric inpatient areas on 1st October 2021.
The process and methodology used to calculate the nurse staffing level.	During the reporting period there have been two re-calculations of the Nurse Staffing Levels on the adult acute medical and surgical Section 25B wards, following the bi-annual acuity audits in January 2021 and June 2021 and the first calculation for paediatric in-patient areas was undertaken on 25th August 2021 and presented to Executive Board on 22nd September 2021 prior to extension of 'the Act' on 1st October 2021. The triangulated methodology described in Section 25C of Nurse Staffing Levels (Wales) Act, 2016 (NSLWA); through this report will be referred to as 'the Act'; was implemented as prescribed for all Section 25B wards for both re-calculations during this reporting period. Through the scrutiny panels, the designated person took into consideration		

the opinions of the Service Group nursing management structure; from ward manager level through the nursing structure to the Group Nurse Director; ensuring the requirement to levy an uplift of 26.9% was met; and complied with the requirement for the one whole time equivalent ward manager/ward sister/charge nurse to be supernumerary to the planned roster.

To meet the triangulated methodology, all aspects of the ward are discussed, this includes vacancies, quality indicators, possible action plans, patient flow data, percentage of supplementary staff used within the ward, including the supervisory ward manager being required within the ward nurse staffing hours.
Some section 25B wards required alterations to their rosters to meet the needs of their patients, for example raised acuity or opening of surge beds. Some adjustments were supported on a temporary basis to support the ongoing requirements related to the COVID-19. The table below breaks down the reasons for change and whether temporarily supported or required on a permanent basis.

Reason for change	**Number of Section 25B wards effected through the reporting period**
Due to a change in the patient acuity	2 wards had an uplift due to change in patient acuity, one on a temporary basis and one permanently to provide great HCSW visibility across the ward.
The primary function of the ward had changed	No wards
Due to service/pathway changes	3 wards received an uplift due to service changes. A temporary uplift to nursing rosters occurred in two wards whilst a formal business case is prepared for the new Spinal Pathway and a third roster increase was temporarily provided as the amber and green pathways through cardiac surgical services continue.

Due to changes in shift patterns	6 wards, following staff engagement, altered their shift patterns. Many changes were either early and late shift to a long day shift or vice versa.
COVID related changes	3 wards received increases in nurse staffing due to COVID-19, all on a temporary basis for 6 months.

The COVID-19 pandemic has continued to have an impact on the re-calculation of Nurse Staffing Levels across SBUHB, wards areas have increased their nursing establishment on a temporary basis to support the changes that COVID-19 has brought. This includes the continued need for additional time to 'don' and 'doff' Personal Protective Equipment (PPE), to supporting the marked increases in patient acuity due to COVID-19 and the use of surge beds to alleviate pressure and increase essential patient flow.

During the re-calculations of the nurse staffing levels we have been mindful of the reported increase in patient acuity across SBUHB. This significant increase has led to an All Wales piece of work looking at acuity across Wales, this initial work has confirmed that there is a reported increase in patient acuity across all Health Boards in Wales. This increase can be accounted for as many of our patients throughout the pandemic have presented to hospital later on in their disease progression. Although, a series of training sessions have been provided to ensure a consistent approach to the assessment of individual patients' acuity and which level of nursing care they require. This training will continue and with the implementation of Safecare, a module of the Healthroster System, SBUHB should have a robust consistent reporting ability.

In addition to the training, there is planned engagement with Service Groups to ensure robust scrutiny of all reported levels of care through the nursing structure. From peer support at ward level, through ward manager and Matron to Group Nurse Directors.

Going forward, this clear process will support robust useable data to shape and secure nursing staffing levels appropriately. Further engagement within the clinical areas is also planned to provide direct support to wards, this work will be audited and fed back to the clinical areas and the nursing structure.

	In order to support the re-calculation process, individual ward comparisons of visualisers and quality indicators have been prepared to aid the triangulated approach to calculating the required nurse staffing level. This has allowed for reflection over the previous year, review of any action plans and current data to support any changes or to remain at same nurse staffing level. During the next reporting period, Health Education and Innovation, Wales (HEIW) plan to support HBs to generate their own visualisers. This will allow for more real time information to support decisions, both within and outside of the current bi-annual audits. Paediatric areas have generated their own visualisers through Power BI since extension of 'the Act'. SBUHB, Section 25B wards have remained as their main purpose of either an adult acute medical or surgical ward or paediatric in-patient ward, despite caring for patients with COVID-19. The Chief Nursing Officer, (CNO) stated in her letter to NHS Wales Executive Nurse Directors, dated 24th March 2020, that: '' wards repurposed as novel wards to deal with the COVID-19 pandemic would be considered an exception under the definition of an adult medical ward and therefore would not be subject to the prescribed triangulated calculation methodology'' Therefore, the reportable Section 25B wards have been unchanged during this reporting period. Appendix A provides the rationale and outcome of recalculations following both acuity audits in January 2021 and June 2021, and re-calculations of four wards in addition to the bi-annual re-calculation cycle. The mandatory annual presentation of the nurse staffing level was presented to Board on 25th November 2021.
Informing patients	There is an All Wales agreed process in order to meet the statutory requirement to inform patients of the planned nurse staffing levels for all wards where Section 25B pertains.

	This involves the display of a bilingual poster outside the ward entrance clearly describing the ward staffing rosters, with the date the nurse staffing level was presented to the Health Board. In addition, All Wales Frequently Asked Questions leaflet is available on all Section 25B wards to provide additional information any patient or visitor might have regarding 'the Act'. The posters have been updated following each re-calculation to reflect the current planned rosters for all Section 25B wards, the restrictions due to COVID-19 within acute hospital sites has meant that the effectiveness of this system has been limited for visitors. Implementation of a shared drive for all Nurse Staffing Act Resources has allowed easy sharing of pertinent documents. In addition, regular update papers are presented to the Nursing Staffing Act Group, Workforce and Organisational Development board, Nursing and Midwifery board, Quality and Safety Governance Group and Executive Board of which the freedom of information status is open. Papers are also published on the Health Boards intranet site. HEIW are currently developing a suite of Nurse Staffing Levels resources, which will be available to all HBs. SBUHB is one of the pilot HB for this piece of work. Early feedback is positive and it is felt that this will provide an additional clear resource to support us as a HB and also inform our patients, families and carers.
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.	
	Period Covered 06.04.2021 to 05.04.2022

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u> NB: First cycle: spring 2021 following January audit Second cycle: autumn 2021: following June audit		**Number of Wards:**	**RN (WTE)**	**HCSW (WTE)**
	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)	**28**	**646.1**	**500.6**
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle	**28**	**646.1**	**500.6**
	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)	**28**	**648.77**	**531.46**
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle	**28**	**648.77**	**531.46**
	SBUHB undertakes any re-calculations with joint decisions from both the designated person, service group representatives, finance and workforce colleagues. As such all Section 25B nurse staffing establishments remain fully funded. SBUHB is undergoing an Acute Medical Service Re-design (AMSR), currently in planning stages with implementation in September 2022. This will have an impact on many wards across SBUHB, with medical specialities and bed number changing. The bi-annual re-calculations will be unaffected by this process. The nurse staffing templates will be reviewed and updated in line with the significant service changes across the medical wards. Possibly resulting in additional calculations. The new templates will be prepared and scrutinised in line with the triangulated methodology to ensure consistent safe nurse staffing levels. Recruitment and retention of nursing staff is discussed later in this report.			
Extent to which the required establishment has		**Period Covered 01.10.2021 to 05.04.2022**		
		Number of Wards:	**RN (WTE)**	**HCSW (WTE)**

been maintained within <u>paediatric inpatient wards</u> NB: Second cycle: autumn 2021: following June audit	**Funded establishment (WTE) of <u>paediatrics inpatient</u> wards <u>prior</u> to 1st October 2021**	**2**	**45.2**	**5.13**
	Required establishment (WTE) of <u>paediatrics inpatient</u> wards calculated during second calculation cycle (Nov)	**2**	**53.2**	**8.17**
	WTE of required establishment of <u>paediatrics inpatient</u> wards funded following second (Nov) calculation cycle	**2**	**53.2**	**8.17**
	The extension of 'the Act' into paediatrics was calculated prior to 1st October 2021 and reported to Board in November 2021 as part of the mandatory presentation to Board, Appendix B. All required establishments were funded from 1st October 2021, there was no difference between required establishments and funded establishments. SBUHB paediatric in-patient wards remained as two wards and there were no changes in ward activity or purpose that impacted on nurse staffing levels. Through the calculation process the two paediatric in-patient wards under 'the Act', required 8 RN whole time equivalent (WTE) and 3.04 HCSW WTE; which includes 0.51 Band 6 and 2.92 HCSW WTE to ensure HCSW support is available at night. To facilitate this recruitment a robust process was put in place, which included successful promotion of a Band 5 nurse from the current workforce. Band 5 posts recruited international nurses to support this establishment due to the urgency of these posts and skill set required. Within the uplift it is the recommendation to have a Band 6 (0.51 WTE) professional supervisory role providing support and leadership at the weekend across the two inpatient wards. The senior professional support daytime hours will be covered by the current Band 7 and Band 6 nursing staff. The recruitment of this Band 6 post is currently in progress.			

	It's predicated that recruitment of Band 6 nurses will be from within the current Band 5 paediatric establishment. To recruit to these Band 5 positions paediatrics will recruit through the student streamlining process. Band 7 ward managers, in accordance with statutory guidance, are supernumerary to the NSA establishments. Paediatrics continue to have 10 beds closed due to COVID restrictions and surgical capacity remains 50% under normal activity. Acuity, capacity and demand will be closely monitored.
Extent to which the planned roster has been maintained within <u>both adult medical and surgical wards and paediatric inpatient wards</u>	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 HBs/Trust were using a variety of e-rostering and reporting systems. During the first reporting period HBs/Trust 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 organisation to demonstrate the extent to which the nurse staffing levels across the HB/Trust. 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 staffing levels required. Over the last 3 years' extensive work has been undertaken to inform the development of the Safecare system that continues to be implemented within HBs/Trust across Wales through a phased approach. Each HB/Trust across Wales are at different stages of implementation; SBUHB has commenced a 32-week implementation plan for Safecare, which commenced on the 1st February 2022, with the plan to complete roll out across all inpatients wards by November 2022. The Safecare system is linked to Healthroster and data input is more straight forward than with HCMS. Safecare has a reporting element which is currently under development and will support operational decisions. Currently, 10 wards are using Safecare, the operational and reporting capabilities have not yet been fully utilised, although initial feedback has been positive. Safecare is part of the 'Once of Wales' approach, SBUHB are the second HB to commence roll out of the Safecare System. The implementation of this national IT system will improve

	consistency in recording, reporting and updating data across organisations and support the 'Once for Wales' approach. For the first reporting period (April 2018-April 2021), SBUHB together with all other HB/Trust in Wales, provided 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'. During the latter part of the second reporting period (April 2021-April 2024) because of a robust national IT system being implemented (Safecare), it is anticipated that HBs/Trust can collate, review and report more information relating to the extent that nurse staffing levels have been maintained. Work is ongoing with Safecare/Allocate using a 'Once for Wales' approach to be able to demonstrate the extent to which the planned roster has been maintained and if it was appropriate to meet the patients' needs, as well as evidencing all reasonable steps including the deployment of nurse staffing. The support of the newly appointed data analysis within HEIW will be key to developing workable solutions. During year 1 of the current reporting period, (April 2021-April 2022), SBUHB has utilised two systems to enable the capture and analysis of nurse staffing data – HCMS and Safecare. Despite improvements in data capture during this reporting period, there is still not one system used across Wales. Currently in SBUHB, Health Care Monitoring System (HCMS) collects patient acuity data and information as to whether the nursing rosters are met or not and if the roster is deemed appropriate or not at that time. Importantly, HCMS does not have the ability to update actions, both in terms of professional judgement or movement of staff. An All Wales Power BI application has been developed to help collate the information regarding whether the rosters are met. Unfortunately, this Power BI application does not interface between both HCMS and Safecare. Therefore, a complete data picture is not possible at this time as SBUHB has information in both systems whilst the roll out is being undertaken. During transition from HCMS to Safecare, there will be a period of time where the nurse staffing data is unavoidably incomplete, this will impact on all HBs/Trust across Wales when rolling out Safecare.

	It is important to note that once a nurse staffing level concern has been raised, all reasonable steps, detailed in the statutory guidance, are considered and implemented as appropriate. However, as discussed above, the HCMS data is not altered to reflect this, recording of all reasonable steps and updated risk is recorded on the daily site staffing management and escalation document (Appendix C) during the daily staffing huddles within each Service Group. With the implementation of Safecare and the requirement to complete twice a day, and the ability to record all reasonable steps and document any movement of staff within the Healthroster system, many of the data issues will be resolved by the start of year 3, (April 2023 to April 2024); of this three year reporting period, (April 2021 to April 2024).
Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>	SBUHB can confirm that all requirements of 'the Act' have been met during this reporting period. 'All reasonable steps' described in the statutory guidance have been utilised, although it should be noted that the impact of COVID-19 has continued throughout this reporting period and the Omicron variant impacted significantly on the ability to meet the planned rosters as the availability of both substantive staff and agency staff were significantly affected. As previously reported, key to understanding the pressures across SBUHB, all Service Groups continued their daily staffing huddles and completed the 'daily site staffing management and escalation' document, appendix C. Workforce meetings were re-introduced, risk register scores were reviewed and discussed in a supportive collaborative environment. Further work is planned surrounding Welsh Levels of Care and how as nurses we use our professional judgement to decide if a shift is appropriately staffed. This is an important piece of work as the Safecare system requires the nurse in charge of a shift to provide this professional judgement. Currently, most wards in SBUHB, the ward manager, charge nurse or ward sister provide their professional judgement, however with Safecare the nurse in charge completes the acuity and provides their professional judgement at the time of data entry. This has created a need for support and training, as well as an opportunity to re-assess our current practises.
Extent to which the planned roster has been maintained	On the 1st October 2021, the second duty of 'the Act' was extended to paediatric inpatient wards. Prior to the extension date the HB calculated their nurse staffing levels for each paediatric inpatient ward which was presented to their Board/delegated committee in September 2021. The process and systems used within paediatric inpatient wards align to those used within the adult medical and surgical inpatient wards and use of HCMS and Safecare, as per the adult

within <u>paediatric inpatient wards</u>	wards, has enabled HBs to begin towards capturing the data required to inform the reporting requirements under section 25E of 'the Act' from this date. Within SBUHB, paediatric in-patient wards capture data using the HCMS System, the roll out of Safecare is planned by November 2022. Paediatric in-patient wards follow the same process as all Section 25B adult acute medical and surgical wards.
Process for maintaining the Nurse staffing level	The HB acknowledges responsibility for ensuring all reasonable steps have been taken to meet and maintain the nurse staffing level for each adult acute medical and surgical inpatient ward and paediatric inpatient wards on both a shift by shift and long term basis. There are established processes in place within the Service Groups nursing structures which allow for review of nurse staffing levels operationally on a daily basis, and support operational risk based decisions about the deployment of staff via the daily site staffing huddles. All reasonable steps, detailed in previous nurse staffing reports and within statutory and operational guidance, continue within the HB to mitigate the risks of nurse staffing. The impact of COVID-19 on our nurse staffing levels has continued throughout this reporting period, with the overarching corporate risk score increased to 25 during January 2022 during the third wave of COVID-19, this score has now returned to risk score of 20. SBUHB have utilised a number of key initiatives to support the maintenance of nurse staffing levels, some of which are outlined below: 1. Silver Workforce Nurse Staffing Logistics Cell which was originally set up following Wave One to monitor and manage risks in line with 'the Act' chaired by the Interim Director of Nursing & Patient Experience, continued to focus on any key issues (hot spots) regarding Nurse Staffing levels across all Service Groups and supported any immediate measures and solutions required. This Cell was stood down and re-instate when Wave Two and Wave Three provided significant challenges across SBUHB. Due to an improved picture during February 2022, this meeting has now been stood down.

	2. The daily site staffing management and escalation document is completed to provide an overview of the staffing situation in each Service Group, this supports the decision making process with deployment of staff on a daily, shift by shift basis. 3. When required Ward Managers / Matrons / Off ward staff are allocated 'in the numbers' to meet planned roster. 4. Staff are utilised via temporary staffing – bank / agency / excess hours / overtime / re-deployment from other areas within the organisation. 5. There continues to be high visibility of nursing leaders within the clinical areas to early identify areas at risk and mitigate where possible. 6. Rostering reports were created to assess where the nursing pressures (hotspots) exist in clinical environments. 7. The electronic rostering system (Allocate) is embedded within the HB and has been used in all the Section 25B wards since September 2019. 8. Roster scrutiny meetings continue across the HB to improve monitoring and reporting of rostering, in addition this improves real time visibility of where nurse staffing pressures exist. 9. Risk assessments in relation to nurse staffing have been updated regularly within the Service Groups to reflect the ongoing impact of COVID-19 on nurse staffing these have been reported through the HBs monthly Nurse Staffing Act Steering Group. 10. Wellbeing at Work strategies are in place. 11. There has been significant development of the Band 3 and 4, Trainee Assistant Practitioners and Assistant Practitioner role to support the registrant workforce during this reporting period. 12. A recruitment team was established during this reporting period and has streamlined the recruitment process. Initial reports confirm applicants feel they are better supported and recruitment communication has improved. In addition, operational teams have seen a decrease in time required to process applications. 13. The project to recruit 130 overseas nurses in the financial year 2021-22 and a further 60 nurses for 2022-23 is on track to deliver and there is a proposal to recruit an additional 100 nurses for the financial year 2022-23. OSCE pass rate remains at 100%, although some nurses require a second exam sitting. The HB has also introduced the recruitment of paediatric overseas nurses, within neo-natal and paediatric services

	14. Student Streamlining has been successful, increased engagement with the newly qualified workforce is hoped to bring greater retention. Paediatric student streamlining happens once a year, unlike adult qualified nurses where there is bi-annual uptake. 15. The HB continues to support the 'Grow your Own' programme, which supports HCSWs undertaking part-time nurse training, there has been an increase in numbers undertaking this form of nurse training.

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 <u>not closed</u> and to be reported on/during the <u>next</u> 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	10	10	Increase by 10	1	0

Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	3	7	11	Increase by 4	1	0
Medication errors never events	0	0	0	N/A	N/A	N/A
Any complaints about nursing care	16	10	4	Decrease by 6	1	1

Reportable pressure Damage (unstageable, Grade 3 and Grade 4)

There have been a total of 10 reports of pressure damage (3 from previous reporting period and 7 from current reporting period), which includes unavoidable and avoidable incidents.

Following investigation, 9 of the incidents report all rosters were met for the shifts covering the 72 hours prior to identification of the pressure damage.
1 incident reports a shift when pressure damage was identified and did not meet the roster, however the shifts in the 72 hours prior to identification of the pressure damage the rosters were met. Therefore, it is felt that nurse staffing levels were not a contributing factor to the pressure damage occurred.
There are currently 10 reports open and undergoing investigation which will be included in the next reporting period.

The main themes relating to pressure damage have been seen within our nursing documentation and timeliness of routine skin checks. Hotspots have been noted when patients transfer into areas, either as direct admission from home or from another care setting, another hospital inpatient area or nursing home; standard is within 2 hours. Work is ongoing to ensure all initial assessment and ongoing assessments are carried out in the correct timeframe and that handover of care is clear with care plans established as necessary. In addition, work with agency nurses to ensure that

their knowledge and skills are up to date and that they are aware and able to follow all SBUHB policies and procedures. Agency nurses do have an induction to SBUHB, which is ward based.

Reportable Falls (resulting in severe harm or death)

There have been a total of 7 incidents of falls resulting in severe harm or death (6 from previous reporting period, now closed, and 1 from the current reporting period). All falls either those deemed avoidable or unavoidable have been included in this report.

One fall occurred when the roster was not as planned. This fall following investigation and scrutiny was deemed unavoidable. The patient had capacity and was mobilising independently. The planned roster was 3 RN + 3 HCSW, actual staff deployed was 2 RN + 4 HCSW, resulting in the same number of people on duty. For these reasons, this incident has not been reported as the failure to maintain the nurse staffing level (planned roster) being a contributing factor.
There are currently 11 incidents open and under investigation which will be included in the next reporting period.

It was noted that the majority of falls incidents, all policies and procedures were followed and there were no incidents where the incorrect care was given or omitted after the fall. Of the 7 incidents, one cited poor communication with the family and within the nursing and medical teams, it was found that the falls sticker was not in the medical notes for this patient. All except one incident had full and up to date falls assessments, the one incident where the falls assessment had not been completed was for a patient who has been transferred from another ward prior to the fall.

Pressure ulcer and Falls Incidents have been reported through the HB Strategic Groups to further support learning and ensure complete governance process.

Reportable Medication Errors (Never events)

There has been no medication related never-events during this reporting period. This will be discussed within the Medication Safety Group.

Reportable Complaints about Nursing Care

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

There have been a total of 10 complaints made about nursing care (4 from previous reporting period, not previously reported, and 6 from the current reporting period). One complaint is relating to a long inpatient stay (4 weeks) and therefore we cannot be sure if nurse staffing levels had a direct impact on the complaint. This has been reported as a complaint where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor.

There are currently 4 complaints under investigation and will be included in the next reporting period.

The complaints are for varied reasons, which include timeliness of providing requested analgesia, poor communication, end of life care, staff attitude. Communication and documentation both feature within the complaints. All closed complaints have been fed back to staff involved to support learning.
In gaining the information around our quality indicators we have worked closely with Datix teams to ensure data capture is accurate, reflects the requirements of 'the Act' and is in-line with the rest of Wales. An All Wales working group has been set up to further explore and clarify the correct parameters for each quality indicator.

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 <u>not closed</u> and to be reported on/during the <u>next</u> 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)	N/A	0	0	N/A	0	0
Medication errors never events	N/A	0	0	N/A	0	0
Infiltration/ extravasation injuries	N/A	0	0	N/A	0	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	N/A	0	0	N/A	0	0
Any complaints about nursing care	N/A	0	0	N/A	0	0

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

Since extension of 'the Act' on 1st October 2021, there have no reported incidents or complaints within paediatric in-patient wards.

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained
Actions taken when the nurse staffing level <u>was not</u> maintained in section 25B wards	As previously discussed, all reasonable steps have been implemented to reduce risk when the nurse staffing level was not maintained. As noted in the previous reporting period, the COVID-19 pandemic has impacted greatly on the ability to meet rosters. The availability of both substantive, bank and agency staff was severely decreased in the second and third wave of the pandemic. Due to the demand on services the ability to close beds was not always available as a means to mitigate risk. The Service Groups increased their daily staffing huddles to twice a day and the HB wide weekly workforce meeting was in place when required. This provided an overview of the Service Groups as well as the whole HB, enabling pre-planning and identification of potential 'hot spots'. The ability to plan any reasonable steps helped maintain rosters

	and patient safety. The completion of the daily site staffing management and escalation document has supported this work. Senior nursing leadership was present, across 24 hours 7 days a week, within the Service Groups to enable professional decisions to take place at any time.
Conclusion & Recommendations	During 2021/22 £1.73m was invested into ward areas linked to 'the Act' of which £0.9m was from COVID funding. Of the investment £1.42m was recurrent. The recurrent investment has been used to support Paediatric wards (£0.65m) and the remainder (0.77m) to support wards across Morrriston and Neath Port Talbot Service Groups. In conclusion, the 2021/22 year has continued to be extremely challenging in order to meet the requirements of the Nurse Staffing Levels (Wales) Act (2016). The significant and unprecedented pressure, due to COVID-19 has continued throughout this reporting period. The HB has responded at pace taking swift action to deal with the unpredictable and constantly evolving situation, whilst maintaining a consistent approach to risk assess and monitor the situation Highlights of this reporting period include: • Extension of 'the Act' into paediatric inpatient wards • Commencement of the Safecare roll out • Development of the Power BI report to start to record and report if the rosters are met and through the nurses' professional judgement, to establish if the nurse staffing level is deemed appropriate to sensitively meet the needs of our patients • New central recruitment team implemented • Successful overseas recruitment Looking forward into 2022/23, it is important to remain focussed on what has been achieved in the past year and to embrace opportunities as we move towards endemic stage of COVID-19.

	The recommendations for 2022/23 are: • Re-calculate the nurse staffing levels for all Section 25B wards on bi-annual basis, using new IT solutions in the form of Power BI reporting and Safecare • Develop the ability to generate HB Visualisers when required and for the bi-annual calculations • Maintain and develop wider opportunities to facilitate more flexible working patterns • Work closely with Workforce and OD colleagues, particularly considering staff well-being • Support the Nurse staffing work streams nationally and continue with All Wales objectives surrounding Mental Health and Learning Disablities and District nursing and Health Visiting • Further develop robust processes to provide a consistent and standardised review of incidents of patient harm, ensuring lessons are learnt for the benefit of all patients • Continue to support the rollout of the Safecare system across SBUHB, aiming to use the system to its maximum potential for both reporting and operational decisions The Board is asked to: 1. Receive the report as assurance that the statutory requirements relating to Section 25B wards have been completed. 2. Note the ongoing reasonable steps taken to monitor & as far as possible maintain the Nurse Staffing levels (Wales) Act 2016 during the COVID-19 pandemic and the unprecedented pressures. 3. Note that the most recent bi-annual calculation of Section 25B wards will be reported through the internal governance process and included in the November 2022 Annual Assurance Report in a “Once for Wales” approach. 4. Note that there is therefore no new financial request above the financial investment already agreed by the Board in November 2021.

Appendices	

Nurse Staffing Level (Wales) Act 2016: Annual Assurance Report Appendix: Summary of Required Establishment

Health board/trust:	Bwrdd Iechyd Prifysgol Bae Abertawe / Swansea Bay University Health Board		
Period reviewed:	Start Date: 06.04.2021	End Date: 05.04.2022	
Number of wards where section 25B applies:	**Medical:**	**Surgical:**	**Paediatric:**
	15	**13**	**2 – Reporting dates from 1st October 2021 to 5th April 2022**

***Supernumerary i.e. 1 WTE supernumerary ward sister/charge nurse included in the establishment**

Adult Acute Medical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6th 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5th 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Morriston Ward C	26.35	17.17	Yes	26.35	17.17	Yes	Yes	No		No	No	
Morriston Ward F	23.62	23.89	Yes	23.62	28.9	Yes	Yes	Yes	+5.28 agreed temporarily – COVID response	No	No	
Morriston Ward G	20.9	25.35	Yes	20.9	25.35	Yes	Yes	No		No	No	
Morriston Ward J	34.52	19.07	Yes	34.52	19.07	Yes	Yes	No		No	No	
Morriston Ward R	23.62	21.79	Yes	22.79	27.24	Yes	Yes	Yes	-0.83 WTE RN to allow for merge of early and late RN	No	No	

									shift to long days across 7 days. +5.7 WTE HCSW to increase both long days and night shifts by 1 HCSW. Change to RN WTE agreed. HCSW increase agreed on temporary basis (6 months) due to current increased acuity and COVID response.			
Morriston Ward S	**27.18**	**22.62**	**Yes**	**26.35**	**21.79**	**Yes**	**Yes**	**Yes**	-0.83 RN WTE and -0.83 WTE HCSW. Merge Early and late shift to Long day. Changes agreed.	**No**	**No**	
Morriston Cardigan Ward	**20.9**	**19.07**	**Yes**	**20.9**	**19.07**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Cyril Evans Ward	**24.67**	**15.62**	**Yes**	**24.67**	**15.62**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Gowers Ward	**25.52**	**21.79**	**Yes**	**25.52**	**27.24**	**Yes**	**Yes**	**Yes**	+5.45 WTE HCSW to allow for HCSW per bay. Agreed to permanent uplift.	**No**	**No**	
Singleton Ward 3	**22.32**	**26.77**	**Yes**	**21.61**	**26.06**	**Yes**	**Yes**	**No**		**Yes**	**Yes**	-0.71 RN WTE;

												E and L merged to LD
Singleton Ward 4	**19.71**	**26.77**	**Yes**	**19.0**	**26.06**	**Yes**	**Yes**	**No**		**Yes**	**Yes**	-0.71 RN WTE; E and L merged to LD
Singleton Ward 6	**22.32**	**19.54**	**Yes**	**21.61**	**20.61**	**Yes**	**Yes**	**No**		**Yes**	**Yes**	-0.71 RN WTE; E and L merged to LD
Singleton Ward 8	**22.32**	**16.94**	**Yes**	**24.21**	**19.07**	**Yes**	**Yes**	**No**		**Yes**	**Yes**	-0.71 RN WTE; E and L merged to LD
Singleton Ward 9	**21.61**	**11.61**	**Yes**	**21.61**	**11.61**	**Yes**	**Yes**	**No**		**No**	**No**	
Singleton Ward 12	**34.64**	**24.87**	**Yes**	**33.93**	**24.87**	**Yes**	**Yes**	**Yes**	-0.71 RN WTE; E and L merged to LD	**No**	**No**	

Adult Acute Surgical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6th 20**)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5th 20**)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Morriston Ward A	**23.62**	**19.9**	**Yes**	**28.07**	**25.35**	**Yes**	**Yes**	**Yes**	+4.45 RN WTE and +5.45 HCSW WTE allowing for additional RN and HCSW on LD and night shifts. Agreed on temporary basis until April 2022, to allow for Spinal business case to be developed. Change of Service to Ward A	**No**	**No**	
Morriston Ward B	**23.62**	**19.9**	**Yes**	**23.62**	**22.62**	**Yes**	**Yes**	**Yes**	+2.72 WTE HCSW, to allow for extra HCSW on night shift. Temporary uplift whilst Ward A develop business case	**No**	**No**	

Morriston Ward H	**26.35**	**19.9**	**Yes**	**26.35**	**19.9**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Ward T	**26.35**	**20.85**	**Yes**	**26.35**	**20.85**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Ward V	**27.62**	**20.73**	**Yes**	**27.62**	**20.73**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Ward W	**20.9**	**15.4**	**Yes**	**20.9**	**18.12**	**Yes**	**Yes**	**Yes**	+2.72 WTE HCSW to allow for additional HCSW on night shift. Uplift due to COVID Response temporary for 6 months.	**No**	**No**	
Morriston Anglesey Ward	**27.18**	**9.0**	**Yes**	**27.18**	**9.0**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Dan Danino Ward	**17.01**	**11.45**	**Yes**	**17.01**	**12.23**	**Yes**	**Yes**	**Yes**	+0.78 WTE HCSW to increase by 1 HCSW on Mon and Wednesday nights, for review in 6 months	**No**	**No**	
Morriston Pembroke	**27.11**	**17.17**	**Yes**	**27.11**	**17.17**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Powys Ward	**12.73**	**3.55**	**Yes**	**12.73**	**3.55**	**Yes**	**Yes**	**No**		**No**	**No**	
Singleton Ward 1	**11.61**	**5.58**	**Yes**	**11.61**	**11.03**	**Yes**	**Yes**	**Yes**	+5.45 WTE HCSW to allow for one extra HCSW on LD and night shifts, temporary	**No**	**No**	

									basis for review in January 2022			
Singleton Ward 2	**19.9**	**13.4**	**Yes**	**19.9**	**13.4**	**Yes**	**Yes**	**No**		**No**	**No**	
Neath Port Talbot Ward B	**11.9**	**10.9**	**Yes**	**12.73**	**7.78**	**Yes**	**Yes**	**Yes**	+0.83 RN WTE due to change of LD to E and L shift and decrease in HCSW by 3.12 decreasing HCSW by night.	**No**	**No**	

Paediatric inpatient wards

Ward	**Required Establishment at the start of the reporting period (as at October 1st 2021)**		**Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?***	**Required Establishment at the end of the reporting period (as of April 5th 2022)**		**Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?***	**Biannual calculation cycle reviews, and reasons for any changes made**			**Any reviews outside of biannual calculation, if yes, reasons for any changes made**		
	RN WTE	**HCSW WTE**		**RN WTE**	**HCSW WTE**		**Completed**	**Changed**	**Rationale**	**Completed**	**Changed**	**Rationale**
Morriston Ward M	**19.68**	**2.53**	**Yes**	**23.62**	**5.45**	**Yes**	**Yes**	**Yes**	**First calculation**	**No**	**No**	
Morriston Oakwood Ward	**25.52**	**2.6**	**Yes**	**29.58**	**2.72**	**Yes**	**Yes**	**Yes**	**First calculation**	**No**	**No**	

Meeting Date	**28th September 2021**	**Agenda Item**	
Report Title	**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'**		
Report Author	Jane Phillips-Interim Head of Nursing for Children & Young People		
Report Sponsor	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		
Presented by	Gareth Howells Interim Executive Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	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.		
Key Issues	The second duty of 'the Act' will extend to Paediatric inpatients on the 1st 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.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☒
Recommendations	Members are asked to: • **Note the recommendations of the nurse staffing levels following submission of the templates to the Health Board Scrutiny panel** • **Agree required uplift of funded establishments to ensure the Board remains fully compliant with the Nurse Staffing Levels (Wales) Act for Paediatric Wards.**		

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 1st October 2021 this was confirmed on 23rd 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 Childrens 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.

Presentation of Nurse Staffing Levels for Paediatric Inpatient Wards to Board prior to implementation of the second duty of the act in October 2021	
Health board	Swansea Bay Health Board (SBUHB)
Date of presentation of Nurse Staffing Levels to Board	Executive Team 22nd September 2021 Quality and Safety Committee 28th September 2021 as delegated authority on behalf of the Board. Board Presentation 7th October 2021
Period covered	1st June 2021- 1st January 2022
Number and identity of paediatric inpatient wards under section 25B	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'. 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 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 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.

	There is a paediatric emergency unit in the Emergency department (ED) which although not part of the Children & 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. 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: 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. Safeguarding admissions requiring investigations, referrals to social services, linking with police and education significantly contribute to the workload on the ward. Supervision of children when the parent is not present to ensure safety & security. Supervision of the parent when there are safeguarding concerns and child protection plans are in place. 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. **<u>OAKWOOD WARD</u>** 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 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 Critical Care course in Bristol Children Hospital. HDU admissions include: Surgical cases and ward attenders under the care of gastroenterology. 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 & 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. 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).

	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. **Team Working** 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. 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. **<u>WARD M</u>** 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. 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). During COVID general medical care. 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. **Team Working** 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. **Nursing Establishment and Skills** The wide range of clinical skills and experience to safely care for children & 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 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 Childrens 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 1st 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 1st June until 30th 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: • Implementing the refreshed Nurse Rostering Policy • Reviewing opportunities for development of Band 3 & Band 4 nursing roles

	• Grip & Control Efficiency meetings • Reviewing rotational opportunities to extend into Childrens Emergency Unit (ED) 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.
Finance and workforce implications	**The Triangulated Review Identified the Following:** 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. **Oakwood Ward levels of care for the reporting period:** • 1% level 1 care • 41% level 2, 20 % level 3, all were general ward patients • 36 % level 4 this is a combination of HDU care and CAMHS patients • 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. **Ward M levels of care for the reporting period** • 3% level 1 • 40 % Level 2 patients were predominantly day case patients. • 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 care of monitoring with 21% of supplementary staff being needed for these patients. • 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. • Similar to Oakwood there were increased complex mental health patients on the ward. • Lack of HSCW at night to support activity and demands of a busy paediatric unit was identified as a factor. • The lack of senior nursing support ‘out of hours’ was identified as a challenge. **Following the Recalculations for Ward M the Following Uplift is Required:**

	• 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. • 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. 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). 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).
Conclusion & Recommendations	
	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 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. 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. 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 & 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. 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 & enhance patient experience. 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.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
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 inpatient paediatric wards by the use of the triangulated method, Quality outcomes, patient acuity and professional judgement.		
Financial Implications		
There is a financial implication which is outlined within the paper		
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)		
'The Act' will support future workforce planning.		
Report History	Nurse Staffing Act Steering Group	
Appendices	Appendix 2 Financial Implicatior Appendix 1.docx	

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

DRAFT Daily Safe Staffing Management and Escalation

Probability Descriptors LIKELIHOOD		
Descriptor		Probability
1	Rare	<0.1 per cent
2	Unlikely	0.1 – 1 per cent
3	Possible	1 -10 per cent
4	Likely	10 - 50 per cent
5	Almost Certain	> 50 per cent

CONSEQUENCES			
Frequency		Probability	Example
1	Negligible	Negligible. Very low risk to patient safety, where harm to patients is highly unlikely	
2	Minor	Low risk to patient safety, although harm to patients is very small or unlikely	
3	Moderate	Risk to patient safety which required urgent 'same' day action	
4	High Risk	High risk to patient safety and required immediate action*	*e.g. Recorded fall; Recorded pressure ulcer developed or worsened; Medication administration error (error in preparation, administration or omission of medication
5	Extreme	Significant risks to patient safety, which are likely to result in harm to patients. Immediate and extraordinary action required	

Escalation Alert Levels				
GREEN	YELLOW	AMBER	RED	BCI
Steady State	Action Required	High Risk	Very High Risk	Business Continuity Incident
Score 1-4	Score 5-10	Score 12-16	20	25
Risk to Patient Safety and Experience				

RISK SCORING MATRIX					
Consequences					
Likelihood	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	BCI

SAFE STAFFING ESCALATION PLAN

GREEN	YELLOW	AMBER	RED	BLACK
TRIGGERS	**TRIGGERS**	**TRIGGERS**	**TRIGGERS**	**TRIGGERS**
Able to maintain the agreed staffing levels	Deficits to planned roster Redeployment or temporary staff utilisation unavailable Increased activity/acuity/dependency e.g. enhanced observation that is not met by planned roster Overall minimum RN numbers available however skill mix is not met	Multiple deficits to planned roster And therefore shifts not staffed to agreed level but to a level that meets the current service demand (occupancy, acuity and dependency, Activity and Complexity) Overall RN hours less than 66% of target for requirement of shift **and** skill mix is not met Overall	Significant or ongoing shifts not staffed to the planned roster Compromised ability to meet current inpatients occupancy rate, dependencies, acuity or complexity Less than 2 RNs present on a ward during any shift. RN hours less than 24 on a day Supplementary staff more than 50% Inability to de-escalate from high risk (amber) after 24 hrs	Significant deficits to agreed staffing roster over multiple areas which is compromising essential services and maybe short notice or persistent. (Risk assessment matrix score 25) or Or Executive Declared Business Continuity Incident (BCI)
ACTION	**ACTION**	**ACTION**	**ACTION**	**ACTION**
No action required All areas safely staffed and operational Continue to monitor	**IN HOURS** Consider: •Professional judgement of staffing needs •Realign roster including skill mix •Divert internal resources to areas of greatest risk. •Review and consider cancellation of management time, planned TOIL, study leave Utilisation of part time staff, bank staff, agency in line with Health Board's Rostering policy •Report exact shortage to Matron/ Senior Matron •Report shortage and contingency plan at Site meeting •Report on HCMS as part of daily acuity audit •Report on DATIX predicated/actual impact on patient safety or outcome and include risk assessment and mitigating actions taken	**IN HOURS** Consider: •Professional judgement of staffing needs •Realign roster including skill mix •Escalate to Matron/Senior Matron •Check Yellow action plan and risks identified completed •Matron/senior Matron review staffing across service area •Review and consider cancellation of management time, planned TOIL, study leave Utilisation of part time staff, bank staff, agency in line with Health Board's Rostering policy •Consider deployment of specialist nurses and educators •Identify pre-defined volunteer support •Report shortage and contingency plan at Site staffing meeting •Report on HCMS as part of daily acuity audit •Report on DATIX predicated/actual impact on patient safety or outcome and include risk assessment and mitigating actions taken. •Report to Silver cell Nurse Staffing meeting •**Escalate to Senior Matron/ relevant HON/ UND if inadequate staffing levels still exist**	**IN HOURS** •Check Amber action plan and risks identified completed **REVIEW MEETING WITH RELEVANT SENIOR DECISION MAKER** **Senior Matron/ relevant HoN** **Senior decision maker considers:** • Report to silver Cell Staffing meeting • Nurse Temporary partial bed closure • Cancellation of Outpatient activity • Cross organisation response and support • Divert options • Report on DATIX predicated/actual impact on patient safety or outcome and include risk assessment and mitigating actions taken • Urgent implementation of plan to de-escalate staffing concerns and avoid need to declare a BCI • ASSESS and ADVISE timeframe for recovery/ de-escalation • **Escalate to Group Nurse Director/ Group Director who will discuss appropriate actions around potential cancellation of services**	**IN HOURS** • Escalate via the Silver cell staffing or Executive lead.) • Initiate (BCI) Plans or Major Incident Policy
	OoH • Escalate to Professional Nurse Staffing lead/Clinical Site Matron	**OoH** • Escalate to Professional Nurse staffing lead/ Clinical Site Matron • If unresolved escalate to silver on Call manager	**OoH** • Escalate to Professional Nurse staffing lead/ Clinical Site Matron Silver On Call Manager refers to Gold Executive On Call	**OoH** Silver On Call manager refers to Gold Executive On call once all actions have been exhausted. • Declare Business Continuity Incident (BCI) • Initiate (BCI) Plans or Major Incident Policy Silver Command
OUTCOME	**OUTCOME**	**OUTCOME**	**OUTCOME**	**OUTCOME**
No reported concern or compromise to patient care or safety due to the available staffing in an area	Reported concern over the available level of staff however there was no actual compromise to patient care or safety	Reported concern over the available level of staff with: • Limited compromise to patient care • Did not impact on the patients required care interventions	Reported concern over the available level of staff with actual compromise to patient care or safety	Collective or escalating serious concerns reported over the available level of staff There was significant compromise to patient care , safety & Service

Date:										12pm Safe Staffing Assessment - Chair:					
Planned Roster						Actual Beds Open	Actual			Attendees:					
Nurse Staffing Act Wards	Staff group	Early	Long Day	Late	Night		Late	Night	Early Next Day	Acuity and Quality Issues to consider	Record of Actions / Professional Judgement	Risk Rating		Risk Rating	Outcome
	RN											Likelihood		0	
	HCA											Consequence			
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
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	RN											Likelihood			
	HCA											Consequence		0	
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	HCA											Consequence		0	
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	HCA											Consequence		0	

	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														
Non Nurse Staffing Act															
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
	1:1														

Nurse Staffing Level (Wales) Act 2016: Annual Assurance Report Appendix:
Summary of Required Establishment

Health board/trust:	Bwrdd Iechyd Prifysgol Bae Abertawe / Swansea Bay University Health Board		
Period reviewed:	Start Date: 06.04.2021	End Date: 05.04.2022	
Number of wards where section 25B applies:	**Medical:**	**Surgical:**	**Paediatric:**
	15	**13**	**2 – Reporting dates from 1st October 2021 to 5th April 2022**

***Supernumerary i.e. 1 WTE supernumerary ward sister/charge nurse included in the establishment**

Adult Acute Medical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6th 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5th 2022)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Morriston Ward C	26.35	17.17	Yes	26.35	17.17	Yes	Yes	No		No	No	
Morriston Ward F	23.62	23.89	Yes	23.62	28.9	Yes	Yes	Yes	+5.28 agreed temporarily – COVID response	No	No	
Morriston Ward G	20.9	25.35	Yes	20.9	25.35	Yes	Yes	No		No	No	
Morriston Ward J	34.52	19.07	Yes	34.52	19.07	Yes	Yes	No		No	No	
Morriston Ward R	23.62	21.79	Yes	22.79	27.24	Yes	Yes	Yes	-0.83 WTE RN to allow for merge of early and late RN	No	No	

									shift to long days across 7 days. +5.7 WTE HCSW to increase both long days and night shifts by 1 HCSW. Change to RN WTE agreed. HCSW increase agreed on temporary basis (6 months) due to current increased acuity and COVID response.			
Morriston Ward S	**27.18**	**22.62**	**Yes**	**26.35**	**21.79**	**Yes**	**Yes**	**Yes**	-0.83 RN WTE and -0.83 WTE HCSW. Merge Early and late shift to Long day. Changes agreed.	**No**	**No**	
Morriston Cardigan Ward	**20.9**	**19.07**	**Yes**	**20.9**	**19.07**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Cyril Evans Ward	**24.67**	**15.62**	**Yes**	**24.67**	**15.62**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Gowers Ward	**25.52**	**21.79**	**Yes**	**25.52**	**27.24**	**Yes**	**Yes**	**Yes**	+5.45 WTE HCSW to allow for HCSW per bay. Agreed to permanent uplift.	**No**	**No**	
Singleton Ward 3	**22.32**	**26.77**	**Yes**	**21.61**	**26.06**	**Yes**	**Yes**	**No**		**Yes**	**Yes**	-0.71 RN WTE;

												E and L merged to LD
Singleton Ward 4	**19.71**	**26.77**	**Yes**	**19.0**	**26.06**	**Yes**	**Yes**	**No**		**Yes**	**Yes**	-0.71 RN WTE; E and L merged to LD
Singleton Ward 6	**22.32**	**19.54**	**Yes**	**21.61**	**20.61**	**Yes**	**Yes**	**No**		**Yes**	**Yes**	-0.71 RN WTE; E and L merged to LD
Singleton Ward 8	**22.32**	**16.94**	**Yes**	**24.21**	**19.07**	**Yes**	**Yes**	**No**		**Yes**	**Yes**	-0.71 RN WTE; E and L merged to LD
Singleton Ward 9	**21.61**	**11.61**	**Yes**	**21.61**	**11.61**	**Yes**	**Yes**	**No**		**No**	**No**	
Singleton Ward 12	**34.64**	**24.87**	**Yes**	**33.93**	**24.87**	**Yes**	**Yes**	**Yes**	-0.71 RN WTE; E and L merged to LD	**No**	**No**	

Adult Acute Surgical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6th 20**)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5th 20**)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Morriston Ward A	**23.62**	**19.9**	**Yes**	**28.07**	**25.35**	**Yes**	**Yes**	**Yes**	+4.45 RN WTE and +5.45 HCSW WTE allowing for additional RN and HCSW on LD and night shifts. Agreed on temporary basis until April 2022, to allow for Spinal business case to be developed. Change of Service to Ward A	**No**	**No**	
Morriston Ward B	**23.62**	**19.9**	**Yes**	**23.62**	**22.62**	**Yes**	**Yes**	**Yes**	+2.72 WTE HCSW, to allow for extra HCSW on night shift. Temporary uplift whilst Ward A develop business case	**No**	**No**	

Morriston Ward H	**26.35**	**19.9**	**Yes**	**26.35**	**19.9**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Ward T	**26.35**	**20.85**	**Yes**	**26.35**	**20.85**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Ward V	**27.62**	**20.73**	**Yes**	**27.62**	**20.73**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Ward W	**20.9**	**15.4**	**Yes**	**20.9**	**18.12**	**Yes**	**Yes**	**Yes**	+2.72 WTE HCSW to allow for additional HCSW on night shift. Uplift due to COVID Response temporary for 6 months.	**No**	**No**	
Morriston Anglesey Ward	**27.18**	**9.0**	**Yes**	**27.18**	**9.0**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Dan Danino Ward	**17.01**	**11.45**	**Yes**	**17.01**	**12.23**	**Yes**	**Yes**	**Yes**	+0.78 WTE HCSW to increase by 1 HCSW on Mon and Wednesday nights, for review in 6 months	**No**	**No**	
Morriston Pembroke	**27.11**	**17.17**	**Yes**	**27.11**	**17.17**	**Yes**	**Yes**	**No**		**No**	**No**	
Morriston Powys Ward	**12.73**	**3.55**	**Yes**	**12.73**	**3.55**	**Yes**	**Yes**	**No**		**No**	**No**	
Singleton Ward 1	**11.61**	**5.58**	**Yes**	**11.61**	**11.03**	**Yes**	**Yes**	**Yes**	+5.45 WTE HCSW to allow for one extra HCSW on LD and night shifts, temporary	**No**	**No**	

									basis for review in January 2022			
Singleton Ward 2	**19.9**	**13.4**	**Yes**	**19.9**	**13.4**	**Yes**	**Yes**	**No**		**No**	**No**	
Neath Port Talbot Ward B	**11.9**	**10.9**	**Yes**	**12.73**	**7.78**	**Yes**	**Yes**	**Yes**	+0.83 RN WTE due to change of LD to E and L shift and decrease in HCSW by 3.12 decreasing HCSW by night.	**No**	**No**	

Paediatric inpatient wards

Ward	**Required Establishment at the start of the reporting period (as at October 1st 2021)**		**Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?***	**Required Establishment at the end of the reporting period (as of April 5th 2022)**		**Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?***	**Biannual calculation cycle reviews, and reasons for any changes made**			**Any reviews outside of biannual calculation, if yes, reasons for any changes made**		
	RN WTE	**HCSW WTE**		**RN WTE**	**HCSW WTE**		**Completed**	**Changed**	**Rationale**	**Completed**	**Changed**	**Rationale**
Morriston Ward M	**19.68**	**2.53**	**Yes**	**23.62**	**5.45**	**Yes**	**Yes**	**Yes**	**First calculation**	**No**	**No**	
Morriston Oakwood Ward	**25.52**	**2.6**	**Yes**	**29.58**	**2.72**	**Yes**	**Yes**	**Yes**	**First calculation**	**No**	**No**	

Meeting Date	**28th September 2021**	**Agenda Item**	
Report Title	**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'**		
Report Author	Jane Phillips-Interim Head of Nursing for Children & Young People		
Report Sponsor	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		
Presented by	Gareth Howells Interim Executive Director of Nursing & Patient Experience		
Freedom of Information	Open		
Purpose of the Report	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.		
Key Issues	The second duty of 'the Act' will extend to Paediatric inpatients on the 1st 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.		
Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☒
Recommendations	Members are asked to: • **Note the recommendations of the nurse staffing levels following submission of the templates to the Health Board Scrutiny panel** • **Agree required uplift of funded establishments to ensure the Board remains fully compliant with the Nurse Staffing Levels (Wales) Act for Paediatric Wards.**		

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 1st October 2021 this was confirmed on 23rd 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 Childrens 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.

Presentation of Nurse Staffing Levels for Paediatric Inpatient Wards to Board prior to implementation of the second duty of the act in October 2021	
Health board	Swansea Bay Health Board (SBUHB)
Date of presentation of Nurse Staffing Levels to Board	Executive Team 22nd September 2021 Quality and Safety Committee 28th September 2021 as delegated authority on behalf of the Board. Board Presentation 7th October 2021
Period covered	1st June 2021- 1st January 2022
Number and identity of paediatric inpatient wards under section 25B	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'. 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 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 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.

	There is a paediatric emergency unit in the Emergency department (ED) which although not part of the Children & 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. 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: 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. Safeguarding admissions requiring investigations, referrals to social services, linking with police and education significantly contribute to the workload on the ward. Supervision of children when the parent is not present to ensure safety & security. Supervision of the parent when there are safeguarding concerns and child protection plans are in place. 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. **<u>OAKWOOD WARD</u>** 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 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 Critical Care course in Bristol Children Hospital. HDU admissions include: Surgical cases and ward attenders under the care of gastroenterology. 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 & 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. 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).

	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. **Team Working** 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. 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. **<u>WARD M</u>** 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. 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). During COVID general medical care. 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. **Team Working** 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. **Nursing Establishment and Skills** The wide range of clinical skills and experience to safely care for children & 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 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 Childrens 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 1st 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 1st June until 30th 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: • Implementing the refreshed Nurse Rostering Policy • Reviewing opportunities for development of Band 3 & Band 4 nursing roles

	• Grip & Control Efficiency meetings • Reviewing rotational opportunities to extend into Childrens Emergency Unit (ED) 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.
Finance and workforce implications	**The Triangulated Review Identified the Following:** 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. **Oakwood Ward levels of care for the reporting period:** • 1% level 1 care • 41% level 2, 20 % level 3, all were general ward patients • 36 % level 4 this is a combination of HDU care and CAMHS patients • 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. **Ward M levels of care for the reporting period** • 3% level 1 • 40 % Level 2 patients were predominantly day case patients. • 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 care of monitoring with 21% of supplementary staff being needed for these patients. • 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. • Similar to Oakwood there were increased complex mental health patients on the ward. • Lack of HSCW at night to support activity and demands of a busy paediatric unit was identified as a factor. • The lack of senior nursing support 'out of hours' was identified as a challenge. **Following the Recalculations for Ward M the Following Uplift is Required:**

	• 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. • 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. 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). 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).
Conclusion & Recommendations	
	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 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. 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. 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 & 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. 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 & enhance patient experience. 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.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒

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 inpatient paediatric wards by the use of the triangulated method, Quality outcomes, patient acuity and professional judgement.
Financial Implications
There is a financial implication which is outlined within the paper
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)
'The Act' will support future workforce planning.

Report History	Nurse Staffing Act Steering Group
Appendices	Appendix 2 Financial Implicatior Appendix 1.docx

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

DRAFT Daily Safe Staffing Management and Escalation

Probability Descriptors LIKELIHOOD		
Descriptor		Probability
1	Rare	<0.1 per cent
2	Unlikely	0.1 – 1 per cent
3	Possible	1 -10 per cent
4	Likely	10 - 50 per cent
5	Almost Certain	> 50 per cent

CONSEQUENCES			
Frequency		Probability	Example
1	Negligible	Negligible. Very low risk to patient safety, where harm to patients is highly unlikely	
2	Minor	Low risk to patient safety, although harm to patients is very small or unlikely	
3	Moderate	Risk to patient safety which required urgent 'same' day action	
4	High Risk	High risk to patient safety and required immediate action*	*e.g. Recorded fall; Recorded pressure ulcer developed or worsened; Medication administration error (error in preparation, administration or omission of medication
5	Extreme	Significant risks to patient safety, which are likely to result in harm to patients. Immediate and extraordinary action required	

Escalation Alert Levels				
GREEN	YELLOW	AMBER	RED	BCI
Steady State	Action Required	High Risk	Very High Risk	Business Continuity Incident
Score 1-4	Score 5-10	Score 12-16	20	25
Risk to Patient Safety and Experience				

RISK SCORING MATRIX					
Consequences					
Likelihood	1	2	3	4	5
1	1	2	3	4	5
2	2	4	6	8	10
3	3	6	9	12	15
4	4	8	12	16	20
5	5	10	15	20	BCI

SAFE STAFFING ESCALATION PLAN

GREEN	YELLOW	AMBER	RED	BLACK
TRIGGERS	**TRIGGERS**	**TRIGGERS**	**TRIGGERS**	**TRIGGERS**
Able to maintain the agreed staffing levels	Deficits to planned roster Redeployment or temporary staff utilisation unavailable Increased activity/acuity/dependency e.g. enhanced observation that is not met by planned roster Overall minimum RN numbers available however skill mix is not met	Multiple deficits to planned roster And therefore shifts not staffed to agreed level but to a level that meets the current service demand (occupancy, acuity and dependency, Activity and Complexity) Overall RN hours less than 66% of target for requirement of shift **and** skill mix is not met Overall	Significant or ongoing shifts not staffed to the planned roster Compromised ability to meet current inpatients occupancy rate, dependencies, acuity or complexity Less than 2 RNs present on a ward during any shift. RN hours less than 24 on a day Supplementary staff more than 50% Inability to de-escalate from high risk (amber) after 24 hrs	Significant deficits to agreed staffing roster over multiple areas which is compromising essential services and maybe short notice or persistent. (Risk assessment matrix score 25) or Or Executive Declared Business Continuity Incident (BCI)
ACTION	**ACTION**	**ACTION**	**ACTION**	**ACTION**
No action required All areas safely staffed and operational Continue to monitor	**IN HOURS** Consider: •Professional judgement of staffing needs •Realign roster including skill mix •Divert internal resources to areas of greatest risk. •Review and consider cancellation of management time, planned TOIL, study leave Utilisation of part time staff, bank staff, agency in line with Health Board's Rostering policy •Report exact shortage to Matron/ Senior Matron •Report shortage and contingency plan at Site meeting •Report on HCMS as part of daily acuity audit •Report on DATIX predicated/actual impact on patient safety or outcome and include risk assessment and mitigating actions taken	**IN HOURS** Consider: •Professional judgement of staffing needs •Realign roster including skill mix •Escalate to Matron/Senior Matron •Check Yellow action plan and risks identified completed •Matron/senior Matron review staffing across service area •Review and consider cancellation of management time, planned TOIL, study leave Utilisation of part time staff, bank staff, agency in line with Health Board's Rostering policy •Consider deployment of specialist nurses and educators •Identify pre-defined volunteer support •Report shortage and contingency plan at Site staffing meeting •Report on HCMS as part of daily acuity audit •Report on DATIX predicated/actual impact on patient safety or outcome and include risk assessment and mitigating actions taken. •Report to Silver cell Nurse Staffing meeting •**Escalate to Senior Matron/ relevant HON/ UND if inadequate staffing levels still exist**	**IN HOURS** •Check Amber action plan and risks identified completed **REVIEW MEETING WITH RELEVANT SENIOR DECISION MAKER** **Senior Matron/ relevant HoN** **Senior decision maker considers:** • Report to silver Cell Staffing meeting • Nurse Temporary partial bed closure • Cancellation of Outpatient activity • Cross organisation response and support • Divert options • Report on DATIX predicated/actual impact on patient safety or outcome and include risk assessment and mitigating actions taken • Urgent implementation of plan to de-escalate staffing concerns and avoid need to declare a BCI • ASSESS and ADVISE timeframe for recovery/ de-escalation • **Escalate to Group Nurse Director/ Group Director who will discuss appropriate actions around potential cancellation of services**	**IN HOURS** • Escalate via the Silver cell staffing or Executive lead.) • Initiate (BCI) Plans or Major Incident Policy
	OoH • Escalate to Professional Nurse Staffing lead/Clinical Site Matron	**OoH** • Escalate to Professional Nurse staffing lead/ Clinical Site Matron • If unresolved escalate to silver on Call manager	**OoH** • Escalate to Professional Nurse staffing lead/ Clinical Site Matron Silver On Call Manager refers to Gold Executive On Call	**OoH** Silver On Call manager refers to Gold Executive On call once all actions have been exhausted. • Declare Business Continuity Incident (BCI) • Initiate (BCI) Plans or Major Incident Policy Silver Command
OUTCOME	**OUTCOME**	**OUTCOME**	**OUTCOME**	**OUTCOME**
No reported concern or compromise to patient care or safety due to the available staffing in an area	Reported concern over the available level of staff however there was no actual compromise to patient care or safety	Reported concern over the available level of staff with: • Limited compromise to patient care • Did not impact on the patients required care interventions	Reported concern over the available level of staff with actual compromise to patient care or safety	Collective or escalating serious concerns reported over the available level of staff There was significant compromise to patient care , safety & Service

Date:										12pm Safe Staffing Assessment - Chair:					
Planned Roster						Actual Beds Open	Actual			Attendees:					
Nurse Staffing Act Wards	Staff group	Early	Long Day	Late	Night		Late	Night	Early Next Day	Acuity and Quality Issues to consider	Record of Actions / Professional Judgement	Risk Rating		Risk Rating	Outcome
	RN											Likelihood		0	
	HCA											Consequence			
	1:1														
	RN											Likelihood			
	HCA											Consequence		0	
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	RN											Likelihood			
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Non Nurse Staffing Act															
	RN											Likelihood			
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