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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>25 May 2023</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Report Title</b>	<b>Annual Assurance 2021-22 report on compliance with the Nurse Staffing Levels (Wales) Act 2016.</b>		
<b>Report Author</b>	Helen Griffiths, Corporate Head of Nursing Catherine Morgan-Edwards, Corporate Matron Geraint Norman Head of Strategic Financial Planning		
<b>Report Sponsor</b>	Gareth Howells, Executive Director of Nursing & Patient Experience Darren Griffiths, Executive Director of Finance Debbie Eyitayo, Director of Workforce and Organisational Development		
<b>Presented by</b>	Gareth Howells, Executive Director of Nursing and Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	Overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 for the 12-month reporting period of April 6 <sup>th</sup> 2022 - April 4 <sup>th</sup> 2023.		
<b>Key Issues</b>	Nurse Staffing Levels (Wales) Act 2016 the purpose of this paper is to report overall compliance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 using an All Wales Template, particularly the reportable quality indicators for the Section 25B wards.		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ol style="list-style-type: none"> <li>1. <b>Receive</b> the report as assurance that the statutory requirements relating to the reportable Section 25B wards have been completed.</li> <li>2. <b>Note</b> the ongoing reasonable steps taken to monitor &amp; as far as possible maintain the Nurse Staffing levels (Wales) Act 2016</li> <li>3. <b>Note</b> that the most recent bi-annual calculation of Section 25B wards will be reported through the internal governance process and included in the November 2023 Annual Assurance Report in a "Once for Wales" approach.</li> <li>4. <b>Note</b> quality indicators relating to falls, pressure ulcers, medication never event and complaints (wholly or partly related to nursing care).</li> </ol>		

	<p>5. <b>Note</b> the Nursing and Midwifery Workforce development work that has been undertaken and will continue for the next year, which will include a focus on the impact on services, the care being provided, the cost impact, and efficiencies released.</p> <p>6. <b>Note</b> that this paper does not have a new financial requirement as the calculations outlined in this paper have been previously discussed and agreed in both the May 2022 Board paper as well as the Workforce &amp; Organisational Development Committee report in December 2022 and as part of Acute Medical Service Redesign (AMSR) Board Updates.</p>
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## 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 1<sup>st</sup> 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 and for paediatric inpatient wards.

This annual assurance report (using an All Wales template) had been agreed through the All Wales Nurse Staffing programme and represents the second 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 ongoing assurance that Swansea Bay University Health Board (SBUHB) remains compliant with the requirements of 'the Act' over the past 12-month period, 6th April 2022 to 4th April 2023. Recording the ongoing assurances on the approach, mechanisms, ongoing monitoring and management of risks relating to Nurse Staffing Levels.

The timeline below outlines the work that has been completed during 2022, which informed both nurse staffing levels re-calculations undertaken in 2022.

Date	Position	Status
January 2022	January bi annual patient acuity audit undertaken	Completed
April 2022	January acuity Nurse Staffing Levels re-calculation / scrutiny panels undertaken	Completed
26 <sup>th</sup> May 2022	May Annual Assurance 2021-22 report on compliance with the Nurse Staffing Levels (Wales) Act 2016 presented to Board	Completed
June 2022	June bi- annual patient acuity audit undertaken	Completed
August and September 2022	June acuity Nurse Staffing Levels re-calculation / scrutiny panels undertaken	Completed
November 2022	Calculation of the medical wards affected by the Acute Medical Service Re-design, these wards became active on 5 <sup>th</sup> December 2022	Completed
15 <sup>th</sup> December 2022	Mandatory Annual Assurance 2021-22 report on compliance with the Nurse Staffing Levels (Wales) Act 2016; paper taken to Workforce & Organisational	Completed

	Development Committee in December 2022.	
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COVID-19 pandemic has remained a factor during this reporting year, despite the endemic phase of the pandemic, the increased risks and added pressures across the Health Board (HB) have remained, although have now become more routine practice and our ability to adapt and provide robust care is evident.

SBUHB remain one of a few HBs in Wales that have completely rolled out SafeCare to all adult and paediatric acute medical and surgical in-patient wards.

SafeCare, our staffing tool is embedded into daily practice and provides near live information about the activity and nurse staffing levels on our wards. This IT solution records patient acuity, additional exceptional ward activity, supports decisions around staffing and can record deployment of staff across the organisation.

In the future, through SafeCare, the HB will have the ability to report how the HB maintains the nurse rosters and whether the nurse in charge, using their professional judgement, deems the level of nursing staff appropriate or not. SafeCare records this information, although the process to extract the information currently is not available.

All Wales work has been commenced to provide a straightforward way to extract the data captured within the SafeCare system. Currently, we cannot clearly report the number of times we have met the planned rosters or not and if the nurse staffing level was deemed to be appropriate or not. This is ongoing work which Allocate (SafeCare) who are currently on target to deliver in Summer 2023.

The Health Boards Monthly Nurse Staffing Act Steering Group meetings continued. Service Group Nurse Staffing risk assessments are reported, and discussed during this meeting; the group agree the monthly overall corporate risk score, which is discussed and reported in the Workforce and Organisational Development Committee and reported to Quality and Safety Committee.

The HB (health board) has been reviewing its Nursing and Midwifery workforce, this work will continue to develop innovative roles to support the service and meet the needs of our patients.

As there is a UK wide shortage of Registered Nurses to fill Band 5 vacancies. A different approach for the recruitment and retention of the non-registered workforce is needed to enhance this staff group, and ensure safe care delivery. The HB will be required to ensure that all staff in these roles are working at top of licence, and being supported to develop from apprentice level through to senior nursing leaders. There has been significant scoping already undertaken which includes:

1. Work to develop Band 3 and 4 roles, Trainee Assistant Practitioner and Assistant Practitioner roles, in order to support the registrant workforce during this reporting period. A work programme has commenced to progress this work. These roles now feature in many of the agreed rosters, and further work is being

progressed amend establishments accordingly. There are generic All Wales job descriptions and this work is also linking in to HEIW (Health Education and Improvement Wales), and on an All Wales basis. Discussions around workforce profile occurs at each nurse staffing scrutiny and Service Groups are reviewing their establishments and looking at roles and tasks that can be delegated safely to a non-registrant.

2. The development of a recruitment team, established last year, has been integral to the streamlining of the process from advert to starting work within SBUHB. This team has freed nurse's time and shortened the time from advert to interview to commencing role. Initial feedback is that applicants state they feel supported through the recruitment process with good communication.
3. The target of 350 offers for overseas nurses for 2022/23 has been met – 201 nurses have arrived and the remainder will arrive April to July. The nurses have filled vacancies mainly in Morrison Hospital and theatres.

The plan for 2023/24 is to recruit a further 350 nurses. Nurses will be sourced via an focused overseas recruitment via an agency, direct applicants to the HB, and participation in the all Wales International nurse recruitment approach (Phase 2). The nurses are undertaking their 4-week OSCE (Objective structured clinical examination) training in the new training suite within the HB Headquarters. Accommodation is provided on arrival in Swansea and additional support in clinical areas is now in place via two Practice Development Nurses. OSCE pass rate remains at 100%, although some nurses require a second exam sitting. The HB has recruited paediatric overseas nurses, within neo-natal and paediatric services. During March and April, 64 international nurses came to Swansea, with a further 32 nurses arriving on 4<sup>th</sup> May.

The majority of these 96 nurses will be working on our wards from June, firstly as a Band 4 nurse. Once the international nurses are working within our wards, this will have an obvious impact on the vacancy rates in the Health board as well as reduce band and agency spend. In addition HCSW (health care support worker) recruitment continues, which includes development of community HCSW roles.

4. Student Streamlining has been successful again this year, allocations for adult newly qualified figures for March 2023 are Morriston 52, Singleton 6, Neath 3, MH&LD (mental health and learning disabilities) 9, and Primary & Community Care 3. There has been increased engagement with the newly qualified workforce, which is anticipated to attract students on qualifying and to bring greater retention. Paediatric student streamlining happens once a year, unlike adult qualified nurses where there is bi-annual uptake.
5. The Health Board has undertaken a deep dive into the Maternity service-staffing model to gain a further understanding. Work is being progressed to look at different roles such as the Maternity Support Workers within this service. In

a recent recruitment round, the HB received 120 applications for 10 Midwifery Support Worker posts.

6. Health Visitor services have developed a band 5 role within their service to support Health Visitors through a delegation process. These posts have increased the applications to the Specialist Community Public Health Nurse (SCPHN) course, supporting the 'Grow your own' model.
7. All Wales work in relation to the Team around the Person is being progressed; through a HEIW work stream, the initial proposal is to look at Multidisciplinary Teams within both the acute and non-acute inpatient areas with a view to broaden this work at a later date. Roles such as the house keeper/hostess roles will be included in this work. The HB has representation within this group to support the work being taken forward.
8. The HB has been one of the leaders in the UK in progressing the Digital Nursing footprint. Nurses have taken the opportunity to embrace the Welsh Nursing Record (WNCR) which has been implemented within all general in-patient adult wards across the HB. Future plans are in place to implement a digital record within Paediatrics, Midwifery, and Intensive Care, in line with the All Wales Approach. The Hospital Electronic Prescribing and Medicines Administration (HEPMA) is also in place across acute sites as well as SIGNAL. There are further plans within the HB to increase the digital technology. Work is progressing to scope the time saved by implementing these digital solutions.
9. The All Wales community nursing specification has also been received, which is a helpful document in identifying key areas of focus to further develop Community and Primary care services. The self-assessment of the primary and community services delivery group against the specification is being undertaken will be completed in the 2<sup>nd</sup> quarter of 2023/2024.
10. Currently the cleaning of beds, mattresses, patient lockers and other patient care equipment is undertaken by nursing staff. A positive review has recently been completed to enhance domestic cleaning at ward level across seven days per week. to take on this role. The aim for the work is to reduce time spent by nurses on cleaning especially when nurse staffing levels are challenging. A plan is now being developed to roll out across Morriston Hospital in the first instance.

The work outlined above will continue over the next year, which will include a focus on the impact on services, the care being provided, the cost impact, and efficiencies released.

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 bi-annually.

This All Wales report template does not include the bi-annual calculations undertaken following January 2023 acuity audit and subsequent re-calculations and corporate

scrutiny in March 2023. This will be formally reported through the HB internal assurance process and included in the next mandatory Annual Assurance report to Board in November 2023, 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.

The Board 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. All reasonable steps are implemented; further detail is reported in the All Wales reporting template below.

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 6 <sup>th</sup> 2022- April 4 <sup>th</sup> 2023 Presentation to Board on Thursday 25 <sup>th</sup> May 2023		
	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	<b>12 – 17</b> Currently 12 wards	<b>13 – 15</b> *Ward A NPT and Clydach Ward opened Currently 15 wards	<b>2</b>
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	6 current Section 25B Medical wards were re-calculated in November 2022 and four additional Section 25B wards were created and calculated in Morriston Hospital as part of the Acute Medical Service Re-Design (AMSR). The main purpose of these re-calculations were as part of the AMSR, the financial impact was reported through the AMSR Board to Board. In addition, five Section 25B wards were re-calculated as they altered their purpose and became sub-acute wards, therefore falling out of the	<b>0</b>	<b>0</b>



	reportable Section 25B and into Section 25A.		
<b>The process and methodology used to calculate the nurse staffing level.</b>	<p>During the reporting period there have been two bi-annual re-calculations of the Nurse Staffing Levels on the acute medical and surgical Section 25B wards, both adult and paediatric wards in line with the requirements of Nurse Staffing Levels (Wales) Act, 2016, to note through this report will be referred to as 'the Act'. Both re-calculations were conducted following the bi-annual acuity audits in January 2022 and June 2022.</p> <p>In addition to the bi-annual re-calculations, SBUHB has undergone a radical Acute Medical Service Re-design (AMSR), which required the recalculation of seven medical wards in November 2022. The new agreed medical nurse staffing templates went live on 5<sup>th</sup> December 2022, this re-design resulted in an additional four section 25B wards within Morriston Hospital site and a decrease of five Section 25B wards in Singleton site. Singleton Hospital wards became Section 25A wards due to the fact that there's no longer an acute medical admission pathway on Singleton Hospital site and the wards primary purpose becoming sub-acute medicine.</p> <p>The triangulated methodology described in Section 25C of 'the Act'; has been 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 and 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 also complied with the requirement for the one whole time equivalent (WTE) ward manager/ward sister/charge nurse to be supernumerary, to the planned roster across all Section 25B wards.</p> <p>To meet the triangulated methodology, all aspects of the ward are discussed, this includes vacancies, quality indicators, possible action plans, patient flow data, bed and ward occupancy, percentage of supplementary staff used within the ward, staff wellbeing, including the supervisory ward manager being required within the ward nurse staffing hours.</p>		

All alterations to rosters are reported in Appendix 1. Reasons for changes included, surge beds opened longer term, patient acuity – both raised and lower acuity, environmental issues around ward layout and visibility of patients. Discussion surrounding skill mix on wards has been debated and many wards, particularly within the new AMSR set up, have introduced Band 4 Nurse Associates to their rosters.

SBUHB has continued its robust approach to reporting and recording patient acuity. All acuity recording is scrutinised within the Service Groups, from peer support at ward level, through Ward managers and Matrons to Group Nurse Directors.

Welsh Levels of Care training has continued and there has been focused work and support from Corporate team as necessary.

Since COVID-19, across Wales, acuity has been increasing slightly and can be attributed to many of our patients presenting slightly later in their disease progression.

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 the required nurse staffing level.

June 2022 acuity audit required significant team working, across rostering, digital and nursing teams to support the delivery of visualisers prepared by Health Education and Innovation, Wales (HEIW). The data held within SafeCare system needed to be transferred to the Health and Care Monitoring System (HCMS) in order for HEIW to use the data and create visualisers. SBUHB had not undertaken this process before; it was a confusing and time-consuming process. HEIW did provide visualisers, although amendments were not possible due to difficulties accessing the raw data and timescales. This enforced the need for an All Wales solution regarding HB data stored within SafeCare and our ability to access the data in a useable form. This All Wales work with Allocate/SafeCare will provide HBs with a way to access the data in order to create visualisers.

	<p>Following the January 2023 acuity audit, Health Education and Innovation, Wales (HEIW) were unable to generate visualisers as the link between HEIW and HCMS failed. Despite considerable work by Digital Health and Care Wales (DHCW) and HEIW, there was no workable solution. SBUHB used this as an opportunity to develop our own visualisers, again the rostering, digital and corporate nursing teams worked closely together and created visualisers, using Power BI. We were able to edit the visualisers and plan to be able to generate visualisers more regularly than twice a year going forward.</p> <p>Appendix A provides the rationale and outcome of recalculations following both acuity audits in January 2022 and June 2022, and re-calculations of the medical wards following the additional re-calculation relating to AMSR.</p>
<b>Informing patients</b>	<p>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.</p> <p>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. Both the adult and paediatric wards 'Informing patients' templates have been updated this year, they are shared with the Service Groups and saved on the Nurse Staffing Act shared drive. The posters have been updated following each re-calculation to reflect the current planned rosters for all Section 25B wards, through monthly Matrons audits and the quality assurance visits compliance with this requirement of 'the Act' is assured.</p> <p>From April 2022 to present day, the restrictions on visiting due to COVID-19 has meant that the effectiveness of this system has been limited for visitors, although once visiting increases the effectiveness will improve.</p> <p>In addition, an All Wales Frequently Asked Questions leaflet is available on all Section 25B wards to provide supporting information that any patient or visitors might have regarding 'the Act'.</p> <p>The shared drive for all Nurse Staffing Act resources has allowed easy sharing of pertinent documents, along with the HEIW Suite of Nurse Staffing Levels resources, this is a useful resource and has been made available for staff across the HB.</p>

	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.			
<b>Section 25E (2a) Extent to which the nurse staffing level has been maintained</b> As the nurse staffing level is defined under the NSLWA as comprising both the planned roster <i>and</i> the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained <i>and</i> how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.				
<b>Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards</u>.</b>  NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit		<b>Period Covered 06.04.2022 to 04.04.2023</b>		
		<b>Number of Wards:</b>	<b>RN (WTE)</b>	<b>HCSW (WTE)</b>
	<b>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)</b>	<b>28</b>	<b>648.82</b>	<b>536.88</b>
	<b>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle</b>	<b>28</b>	<b>648.82</b>	<b>536.88</b>
	<b>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)</b>	<b>29</b> *Ward A NPT	<b>658.86</b>	<b>551.26</b>
	<b>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle</b>	<b>29</b> *Ward A NPT	<b>658.86</b>	<b>551.26</b>
	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 has undertaken an Acute Medical Service Re-design (AMSR), which launched on 5 <sup>th</sup> December 2022, this impacted 10 medical wards in Morriston Hospital and 5 wards in Singleton Hospital, all nurse staffing levels calculations were considered using the triangulated approach, and agreed through the AMSR Board. The nurse			

staffing templates were reviewed and updated, in line with the significant service changes across these medical wards.

The table below documents the current WTE on Section 25B wards following the AMSR.

		January Audit 2022		June Audit 2022		December 2022 AMSR		WTE December 2022 after AMSR	
						Additional Calculation		Additional Calculation	
Area	Ward	RN	HCSW	RN	HCSW	RN	HCSW	RN	HCSW
Morriston	A	29.07	25.35	26.35	25.35			26.35	25.35
	B	23.62	22.62	23.62	25.35			23.62	25.35
	C	26.35	17.17	26.35	19.90			26.35	19.90
	D	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	F	22.67	28.07	23.62	23.74	0.00	0.00	0.00	0.00
	G	20.90	25.35	20.90	25.35	0.00	0.00	0.00	0.00
	H	26.35	19.90	26.35	19.90			26.35	19.90
	J	34.52	24.52	28.24	21.79	0.00	0.00	0.00	0.00
	R	22.79	27.24	22.79	24.52	0.00	0.00	0.00	0.00
	S	26.35	21.79	22.79	19.07	0.00	0.00	0.00	0.00
	T	26.35	20.84	26.35	18.12			26.35	18.12
	V	27.62	20.73	27.62	20.73			27.62	20.73
	W	20.90	18.12	20.90	20.85			20.90	20.85
	AMAU	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Anglesey	27.18	9.00	27.18	9.00			27.18	9.00
	Cardigan	20.90	19.07	20.90	19.07			20.90	19.07
	Clydach	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Cyril Evans	23.67	15.62	23.67	19.07			23.67	19.07

		Dan Danino	17.01	12.23	17.01	12.23			17.01	12.23	
		Gowers	25.52	27.24	22.79	27.24	0.00	0.00	0.00	0.00	
		Pembroke	27.11	17.17	27.11	17.17			27.11	17.17	
		Powys	12.73	3.55	12.73	6.28			12.73	6.28	
		Dyfed	0.00	0.00	0.00	0.00	12.37	6.28	12.37	6.28	
		Tawe	0.00	0.00	0.00	0.00	15.45	11.73	15.45	11.73	
		Ward D AMSR	0.00	0.00	0.00	0.00	20.90	26.18	20.90	26.18	
		Ward E AMSR	0.00	0.00	0.00	0.00	12.73	17.17	12.73	17.17	
		Ward F AMSR	0.00	0.00	0.00	0.00	24.45	26.18	24.45	26.18	
		Ward G AMSR	0.00	0.00	0.00	0.00	21.73	20.73	21.73	20.73	
		Ward J AMSR	0.00	0.00	0.00	0.00	35.35	20.73	35.35	20.73	
		Ward R AMSR	0.00	0.00	0.00	0.00	24.45	17.17	24.45	17.17	
		Ward S AMSR	0.00	0.00	0.00	0.00	21.73	17.17	21.73	17.17	
		Gower Ward AMSR	0.00	0.00	0.00	0.00	27.18	28.90	27.18	28.90	
	Singleton	1	12.61	9.00	12.61	9.00			12.61	9.00	
		2	19.90	13.40	28.95	17.29			28.95	17.29	
		3	21.61	28.90	21.61	28.90					
		4	19.00	26.06	19.00	26.06					
		6	21.61	20.61	21.61	20.61					
		8	24.21	19.07	24.21	19.07					
		9	21.61	11.61	21.61	11.61					
		12	33.93	24.87	33.93	24.87			33.93	24.87	
	NPTH	A	0.00	0.00	11.73	9.00			11.73	9.00	
		B	12.73	7.78	16.33	10.12			16.33	10.12	
	Adults S25B Wards Total WTE		648.82	536.88	658.86	551.26	Only wards calculated 216.34	Only wards calculated 192.24	626.03	495.54	

		Number of Wards	RN (WTE)	HCSW (WTE)
	<b>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during AMSR (November 2022)</b>	28	626.03	495.54
	<b>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following AMSR (November 2022)</b>	28	626.03	495.54
	Following AMSR, the numbers of Section 25B medical wards decreased to 12, five acute medical wards in Singleton Hospital changed their purpose and became sub-acute and therefore are now considered under Section 25A of 'the Act'.			
<b>Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u></b>  NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit		<b>Period Covered 06.04.2022 to 04.04.2023</b>		
		<b>Number of Wards:</b>	<b>RN (WTE)</b>	<b>HCSW (WTE)</b>
	<b>Required establishment (WTE) of <u>paediatrics inpatient</u> wards calculated during first calculation cycle (May)</b>	2	53.2	8.17
	<b>WTE of required establishment of <u>paediatrics inpatient</u> wards funded following first (May) calculation cycle</b>	2	53.2	8.17
	<b>Required establishment (WTE) of <u>paediatrics inpatient</u> wards calculated during second calculation cycle (Nov)</b>	2	53.2	8.17
	<b>WTE of required establishment of <u>paediatrics inpatient</u> wards funded following second (Nov) calculation cycle</b>	2	53.2	8.17

The extension of 'the Act' into paediatric in patient areas occurred on 1<sup>st</sup> October 2021 and reported to Board in November 2021 as part of the annual mandatory presentation to Board.

SBUHB paediatric in-patient Section 25B wards continue to be two wards, Ward M (surgical) and Oakwood ward (Medicine) with 4 High Dependency Beds. There have been no changes in ward activity or purpose that have impacted the nurse staffing levels during this reporting year.

There has been a successful drive to recruit and develop the Band 6 workforce. The role of the Band 6 is key to ensuring consistent leadership for patient flow and management of risk.

To facilitate this recruitment a robust process has been put in place, which includes secondment opportunities to the Band 6 role, therefore developing the Band 5's within the current workforce. The education team are currently working through a journey of excellence to formalise a development programme for Band 5 to Band 6 roles; this has been further developed for Band 6 to Band 7 roles. To fulfil the Band 5 establishment the paediatric service recruited International nurses who are now embedded into practice.

Within the uplift it is the recommendation to have a Band 6 (0.51 WTE) professional supernumerary role providing support and leadership at the weekend across the two inpatient wards. The senior professional support daytime the current Band 7 and Band 6 nursing staff will cover hours. The recruitment and secondment into Band 6 posts has allowed us to facilitate and sustain this.

It is predicated that recruitment of Band 6 nurses to the 1.5 WTE vacancies will be from within the established Band 5 posts. In paediatric service, through a mapping of service and understanding the average number of staff lost in a 12-month period, this has allowed for the essential over recruitment of Band 5 nurses through the annual streamlining process.

Band 7 Ward Managers, in accordance with statutory guidance, are supernumerary to the ward establishments.

Paediatrics continue to have 3 beds closed due to the restrictions and management of respiratory infections around Infection, Control and Prevention (IPC) where there remains two High Dependency area's in place. Surgical capacity



	<p>has returned to normal with admission intake back to pre COVID levels, with the addition of initiative lists at weekend to reduce waiting lists.</p> <p>There is a robust process for reporting and scrutiny of patient acuity with the paediatric service. Acuity, capacity and demand are closely monitored, in particular High Dependency as the need across Wales for intensive care beds has been challenging over the past few months</p>
<p><b>Extent to which the planned roster has been maintained within <u>both adult medical and surgical wards and paediatric inpatient wards</u></b></p>	<p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 ('the Act') came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E of the 2016 Act, and 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.</p> <p>Extensive work has continued this year to inform and support the development of the Safecare system, particularly the reporting element of the system. This work on a 'Once of Wales' Approach will allow for reporting of the data held within SafeCare. It is anticipated that there will be streamlined reporting methods by Summer 2023. SBUHB created visualisers following January 2023 bi-annual acuity audit and plan to continue to undertake this for each bi-annual acuity audit. This should allow for more timely availability of visualisers to our service groups and the ability to amend if required.</p> <p>SBUHB was the second HB in Wales to roll out the SafeCare system to all reportable wards and it is now embedded into everyday use. SafeCare is able to gather staffing and acuity data in a virtually live system, which can support safe staffing. The system is used within some daily staffing huddles and allows for deployment of staff and documentation/recording of risk management.</p>

	<p>It is important to note that once a nurse staffing level concern has been raised, all reasonable steps, detailed in the statutory and operational guidance, are considered and implemented as appropriate. SafeCare allows for the recording of red flags and professional judgements, once all reasonable steps have been undertaken, there is the opportunity to document the solution used to mitigate the risk.</p>
<p><b>Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u></b></p>	<p>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 there has been continued impact due to COVID-19, particularly in the first quarter of this reporting year.</p> <p>As previously reported, key to understanding the pressures across SBUHB, all Service Groups continued their daily staffing huddles Workforce meetings continue, risk register scores are reviewed monthly and discussed in a supportive collaborative environment.</p> <p>Recording of patient acuity using the Welsh Levels of Care is embedded in practice with robust Service Group scrutiny undertaken. The raising of red flags and professional judgements within SafeCare provides understanding of ward activity, on an almost live basis, and supports staffing decisions and reporting requirements.</p> <p>A training programme for Welsh Levels of Care has been ongoing through 2022 – 2023. This training is now provided as requested by Service Groups.</p>
<p><b>Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u></b></p>	<p>The process and systems used within paediatric inpatient wards align to those used within the adult medical and surgical inpatient wards and use of Safecare, as per the adult wards, has enabled HBs to capture the data required to inform the reporting requirements under section 25E of ‘the Act’ from this date.</p> <p>Within SBUHB, paediatric in-patient wards started to use Safecare in November 2022. Paediatric in-patient wards follow the same process as all Section 25B adult acute medical and surgical wards.</p>
<p><b>Process for maintaining the Nurse staffing level</b></p>	<p>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.</p> <p>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.</p>

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 monthly Nurse Staffing Steering Group, involving Service Groups and corporate team, allows for a supportive arena to discuss and report risk, share learning and good practice, the overarching corporate risk score has been agreed at 20 for the majority of this reporting year.

SBUHB have continued to utilise a number of key initiatives to support the maintenance of nurse staffing levels, some of which are outlined below:

11. Nurse Staffing Workforce Transformation Meetings
12. SafeCare provides an overview of the staffing situation in each Service Group, this system supports the decision-making process with deployment of staff on a daily, shift by shift basis.
13. When required Ward Managers / Matrons / Off ward staff are allocated 'in the numbers' to meet planned roster.
14. Staff are utilised via temporary staffing – bank / agency / excess hours / overtime / re-deployment from other areas within the organisation.
15. There continues to be high visibility of nursing leaders within the clinical areas to early identify areas at risk and mitigate where possible.
16. The electronic rostering system (Allocate HealthRoster) is embedded within the HB and has been used in all the Section 25B wards since September 2019.
17. Rostering reports are created to assess where the nursing pressures (hotspots) exist in clinical environments.
18. 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.
19. Risk assessments in relation to nurse staffing are updated regularly to reflect the ongoing position within the Service Groups, these are then reported through the HBs monthly Nurse Staffing Act Steering Group.
20. Wellbeing at Work strategies are in place.
21. There has been significant scoping and development work for the Band 3 and 4, Trainee Assistant Practitioners and Assistant Practitioner role to support the registrant workforce during this reporting period. These roles now feature within some of the agreed rosters.

	<p>22. The recruitment team, established last year, has streamlined the recruitment process. Applicants state they feel supported through the recruitment process with good communication. This team have also benefitted operational teams who have seen a decrease in time required to process applications.</p> <p>23. The target of 350 offers for overseas nurses for 2022/23 has been met – 201 nurses have arrived and the remainder will arrive April to July. The nurses have filled vacancies mainly in Morrison Hospital and theatres. New recruitment for 2023/24 is 350 nurses. Nurses will be sourced via Agency, direct applicants to the HB, and participation in the all Wales International nurse recruitment approach (Phase 2). The nurses are undertaking their 4 week OSCE training in the new training suite within the HB Headquarters. Accommodation is provided on arrival in Swansea and additional support in clinical areas is now in place via two Practice Development Nurses. OSCE pass rate remains at 100%, although some nurses require a second exam sitting. The HB has recruited paediatric overseas nurses, within neo-natal and paediatric services</p> <p>24. Student Streamlining has been successful again this year, allocations for adult newly qualified figures for March 2023 are Morriston 52, Singleton 6, Neath 3, MH&amp;LD- 9, Primary &amp; Community -3. 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.</p>
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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 year</u>	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)	10	2	20	Decrease by 8	2	1
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	7	12	7	Increase by 5	5	1
Medication errors never events	0	0	0	N/A	N/A	N/A
Any complaints about nursing care	10	5	10	Decrease by 5	0	0

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

There have been 2 closed reports of pressure damage in this reporting year, which is a decrease of 8. However, there are 20 open incidents of pressure damage undergoing investigation, which will be reported within the next reporting period. These include both unavoidable and avoidable incidents.

Following investigation, both of the incidents report not all rosters were met, for the shifts covering the 72 hours prior to identification of the pressure damage. Both 72-hour period were short by one HCSW for the day shifts and for one incident therefore a shortfall of one RN on the late shift as well.

On investigation and scrutiny, the pressure damage reported was deemed avoidable in both cases. This was due to poor documentation and unable to locate skin bundles. However, one of the incidents documents that the patient declined interventions such as regular re-positioning, which could have prevented pressure damage. Skin bundle and Purpose T completion is poor for both incidents. This has been addressed, service groups

complete scrutiny of all pressure damage and there has been extensive training regarding the use of pressure damage assessment tools and documentation.

The main themes relating to pressure damage have been with our nursing documentation and timeliness of routine skin checks. Roll out of WNCR has supported timely documentation.

Last year, we reported that when patients transfer into areas, either as direct admission from home or from another care setting, there could have been delay in assessment of skin; the standard is within 2 hours of admission to an area. Work undertaken has shown improvement.

This year's report suggest initial assessments are carried out in the correct timeframe, further work continues with handover of care to ensure information is clear with care plans established as necessary. It is noted that there are 20 open incidents, which will be reported within next years report, this figure is higher than previous years. This could be attributed to the new Datix system.

#### **Reportable Falls (resulting in severe harm or death)**

There have been 13 incidents of falls resulting in severe harm or death during this reporting year, this is an increase by 5 from last reporting year. However, this figure now includes the 11 open incidents from reporting year – April 2021 to April 2022.

All falls, both avoidable and unavoidable, of severe harm or death, have been included in this report.

Six of the falls occurred when the rosters were not met, however following review and scrutiny, only one incidents was linked to the fact that there was a shortage of nurses against the planned roster. Three of the falls were unavoidable, nurse staffing was not cited as a reason for the fall, this includes patients with capacity that had been assessment by nurses (and physiotherapists) which resulted in assessments to support independent mobility.

Three falls were unavoidable; issues raised were lack of direct observation, lack of equipment, such as high-low bed, lack of enhanced observation documentation. All incidents route cause has been addressed and additional training and support provided as required.

One incident was attributed to failing to maintain the nurse staffing level and is deemed a contributing factor in the fall. This incident occurred whilst there was a short fall of two RNs on the shift, although HCSW numbers had been met; this resulted in a lack of enhanced observation framework completion and implementation of the assessment.

There are currently 7 incidents open and under investigation which will be included in the next reporting period. There were 11 open incidents from last reporting year (April 2021 to April 2022), this could account for the some of the increase in reported falls this year.

COVID-19 has continued to have an impact on our ability to observe care; it has been more difficult to closely observe patients requiring isolation. Note: some of the incidents reported in this template happened during the peak of COVID-19 although the incident was not closed until this reporting year (April 2022 to April 2023). In addition, COVID-19 related is the impact of no or limited visitors on site to support patients, particularly confused patients who would have benefitted from seeing someone they know who understands them.

It was noted that for all falls incidents, all policies and procedures were followed and there were no incidents where the incorrect care was given or omitted after the fall.

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

#### **Reportable Medication Errors (Never events)**

There have been no medication related never-events during this reporting period. The Medication Safety Group continues to meet regularly and investigate and report incidents as required.

#### **Reportable Complaints about Nursing Care**

**NOTE:** Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR) and does not include complaint resolved through early resolution.

There have been 5 complaints made about nursing care (1 from previous reporting period, not previously reported, and 4 from the current reporting period).

All the complaints cite communication as a concern, either written or verbal. Transfer of patients to other wards or nursing home is mentioned in two complaints. The roll out of WNCR will support the nurse's timely completion of this information. Two complaints note nurse behaviour as part of the complaint. All incidents reported that learning has occurred and support has been given to the nurses involved.

There are currently 10 complaints under investigation and will be included in the next reporting period, previous year there were 5 open complaints which have been included within this report.

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 continued to work this year, exploring and agreeing 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 year</u>	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
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**NOTE:** Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

There have no reportable incidents or complaints within paediatric in-patient wards during this reporting year.

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained
<b>Actions taken when the nurse staffing level was not maintained in section 25B wards</b>	<p>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 on the ability to meet rosters, particularly during the first quarter of this year.</p> <p>Due to the demand on services the ability to close beds was not always available as a means to mitigate risk.</p> <p>The Service Groups continue their staffing huddles, twice a day, and the Workforce Transformation meetings are in place to discuss staffing and transformation initiatives within the Service Groups. The weekly workforce meetings have now been stood down, however during the COVID-19 pandemic and times when staffing was greatly impacted they 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. SafeCare provides a global view of the HB position as reported in both the morning and afternoon.</p> <p>Senior nursing leadership is present, across 24 hours 7 days a week, within the service groups to enable professional decisions to take place at any time.</p>
<b>Conclusion &amp; Recommendations</b>	<p>There has been continued support for the Nurse Staffing Levels (Wales) Act 2016 from across all levels of the HB, ward to board. Operational teams have worked hard to understand their wards and effectively triangulate and articulate their required nurse staffing levels through a scrutiny process which is open, transparent and supportive. Service Groups should be commended for time and effort they have given to achieve accurate workable nurse staffing rosters, with the added development of alternative skill mix with the introduction of Assistant Nurse Practitioners.</p>

	<p>Temporary funding attributed to COVID-19 has been removed through re-calculations of each ward, the temporary staffing has either been removed as not required since COVID-19 pandemic has reached endemic phase or incorporated into the wards staffing model as the ward has altered, for example due to increased beds or changes in patient acuity.</p> <p>SBUHB continues to fully support the nurse staffing requirements.</p> <p>Highlights of this reporting period include:</p> <ul style="list-style-type: none"> <li>• Completion of the Safecare roll out and embedding into every day practice</li> <li>• Joint working across digital, rostering and nursing teams to development a Power BI to create visualisers, which were used following June bi-annual acuity. SBUHB will create visualisers following each acuity audit and further work is planned to look to provide visualisers more often than bi-annually.</li> <li>• All Wales work to develop SafeCare reporting has been successful and the enhancement should be available from Summer 2023. Due to the support provided by the SafeCare delivery group, the enhancement made to the SafeCare system did not incur any additional cost.</li> <li>• All Wales work on Datix reporting and alteration to questions relating to Nurse Staffing levels within Datix has been undertaken this reporting year, the new questions will be in place in Summer 2023. It is hoped that these improvements will provide more robust complete data surrounding the reportable incidents and complaints. Further work is planned to develop an All Wales Nurse Staffing Report from Datix to ensure consistent reporting across Wales.</li> <li>• Development of proposed changes to parameters of the quality indicators, to incorporate moderate harm; which will bring reporting in line with the Duty of Candour.</li> <li>• New central recruitment team implemented last year supporting teams to recruit effectively with excellent feedback for candidates.</li> <li>• Continued successful overseas recruitment.</li> </ul> <p>Looking forward into 2023/24, it is important to maintain the momentum with regard to the work carried out this year.</p> <p>The recommendations for 2023/24 are:</p> <ul style="list-style-type: none"> <li>• 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 through Safecare. Use the newly developed HB Power BI Visualisers to create additional visualisers when required to further support service groups ability to accurately review wards.</li> <li>• Maintain and develop wider opportunities to facilitate more flexible working patterns</li> <li>• Continue to engage in the HEIW Retention Workstream.</li> </ul>
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- Continue to work closely with Workforce and Organisational Development colleagues, particularly considering staff well-being.
- Mental Health, District nursing and Health Visiting Workstream Leads have now completed their seconded posts on 31.03.2023, work plans have been incorporated into a transition document which will be presented to Executive Nurse Directors in April and then for shared at the All Wales Nurse Staffing Group to ensure continuation and governance of the work related to each workstream.
- Note the Nursing and Midwifery Workforce development work that has been undertaken and will continue for the next year, focusing on the impact on services, the care being provided, the cost impact, and efficiencies released.
- Continue to 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 and to support any agreed changes to the reporting parameters of the quality indicators and the enhancements within Datix.

The Board is asked to:

- Receive the report as assurance that the statutory requirements relating to Section 25B wards of the Nurse Staffing Levels (Wales) Act 2016 have been completed.
- Note the ongoing reasonable steps taken to monitor & as far as possible maintain the Nurse Staffing Levels (Wales) Act 2016.
- 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.
- Note that this paper does not have a new financial requirement as the calculations outlined in this paper have been previously discussed and agreed in both the May 2022 Board paper as well as the Workforce & Organisational Development Committee report in December 2022 and as part of Acute Medical Service Redesign (AMSR) Board Updates.

Appendices			
	Appendix A	Appendix B	Appendix C