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CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	30 May 2019	Agenda Item	3.2
Report Title	Nurse Staffing Levels (Wales) Act 2018-19 report		
Report Author	Rob Jones, Corporate Matron Helen Griffiths, Corporate Head of Nursing		
Report Sponsor	Cathy Dowling, Assistant Director of Nursing and Patient Experience Samantha Lewis Assistant Director of Finance		
Presented by	Gareth Howells, Director of Nursing and Patient Experience Lynne Hamilton Director of Finance Hazel Robinson Director of Workforce & Organisational Development		
Freedom of Information	Open		
Purpose of the Report	Yearly report of progress, status and plans relating to the Nurse Staffing levels (Wales) Act.		
Key Issues	Note the progress and compliance with 2018-2019 nurse staffing Act (NSA) requirements.		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE 		

NURSE STAFFING LEVELS (WALES) ACT 2016

1. INTRODUCTION

The Nurse Staffing Levels (Wales) Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they can evidence:

- Sufficient nurses to sensitively care for patients.
- Robust workforce plans & recruitment strategies.
- Bi-annual establishment reviews using the triangulated process of quality indicators, an acuity audit and professional judgement.
- Structures and processes in place to ensure appropriate nurse staffing levels are maintained and monitored across their organisations.

This report has been formatted to comply with that request by Welsh Government and aims to provide the:

- 2018 - 2019 position of the health board's progress in the implementation of the Act
- Methodology used to inform the triangulated approach.
- Annual impact on care of not maintaining the nurse staffing level.
- Reasonable steps taken to maintain the nurse staffing levels.
- Process for monitoring the nurse staffing levels.
- Measures taken to inform patient about the nurse staffing levels.

2. 2018-2019 ACTIONS & POSITION

At the start of 2018 the Health Board developed a monthly Health Board Multidisciplinary Nurse Staffing Act Steering Group, chaired by the Deputy Director of Nursing & Patient Experience, which reports to Nursing Midwifery Board & Workforce & Organisational Development Committee. The meeting was split into two sections:

Part A concentrates on reviewing Act compliance by assessing existing risks and the utilisation of the triangulated method of establishment calculation.

Part B focuses on recruitment & retention strategies whilst also exploring efficiency & effectiveness projects to achieve compliance with the Act/minimise risk.

The funded nursing establishment of wards were rebalanced to include an uplift of 26.9% headroom and 1 whole time equivalent (WTE) supervisory ward manager, both requirements of the Act. Further actions during 2018 include:

- Undertaking two formal reviews of nurse staffing requirements using the triangulated method.
- Conducting a review of workforce planning procedures, for 2018 to 2021, which include; Health Board recruitment events, retention, workforce planning & redesign, training and development.
- Introducing a rigorous data approval process to ensure accuracy of the 6 monthly acuity data prior to sign off.
- Transferring clinical Nursing areas within nurse staffing Act wards to an electronic rostering system to support the escalation and monitoring of non-compliance. This system also integrates with nurse bank enabling ward managers to request bank/agency shifts sooner and with a simpler process.
- Conducting monthly risk assessments of reportable ward areas
- Implementing electronic devices (iPads) to capture live patient acuity data.
- Holding daily safety huddles within our Service Delivery Units which includes monitoring live Acuity & Staffing levels.
- Ensured a robust handover of the Nurse staffing act position as part of the Bridgend Boundaries requirements

Number of adult acute medical inpatient wards included	12
Number of adult acute surgical inpatient wards included	17
Number of occasions where nurse staffing level was recalculated in addition to the bi-annual calculation	0

The calculations during 2018 identified that there was a need to change the funded establishments of registered and non-registered nurses across the 39 wards (including Princess of Wales). The board made decision to uplift the nursing establishments by a total of £3.9M. This was completed by the April 2019 budget setting requirements. This has led to an increase in the registered and non registered nursing workforce by:

- 123.62 whole time equivalent (WTE) Health Care Support Workers.
- 24.79 WTE Registered Nurses.

All establishment changes have been initiated resulting in full Nurse Staffing Act Wales compliance based on the 2018-2019 calculations.

2.1

Health board reporting template

Health board/trust reporting template	
Health board	Swansea Bay University Health Board
Reporting period	1/4/2018 – 31/3/2019
Requirements of Section 25A	<p>The Nurse Staffing Levels (Wales) Act requires health service bodies to make provision for appropriate nurse staffing levels, and ensure that they can evidence:</p> <ul style="list-style-type: none"> • Sufficient nurses to sensitively care for patients. • Robust workforce plans & recruitment strategies. • Bi-annual establishment reviews using the triangulated process of quality indicators, an acuity audit and professional judgement. • Structures and processes in place to ensure appropriate nurse staffing levels are maintained and monitored across their organisations. <p>This report aims to provide the:</p> <ul style="list-style-type: none"> • Position of health board's progress in the implementation of the Act • Methodology used to inform the triangulated approach. • Annual impact on care of not maintaining the nurse staffing level. • Reasonable steps taken to maintain the nurse staffing levels. • Process for monitoring the nurse staffing levels. • Measures taken to inform patient about the nurse staffing levels.
Financial Year 2018/2019	
Date annual report on the nurse staffing level submitted to the Board	30 th May 2019

Number of adult acute medical inpatient wards where section 25B applies

Based on the first establishment review of 2018 including acuity data from January 2018 and quality indicators from the 1/4/18 – 31/3/19 the required WTE's for Medical Wards are as follows:

Swansea Bay UHB		April 2019	
UNIT	Ward	RN	HCSW
Morrison	Ward D	20.19	22.74
Morrison	Ward F	21.96	23.21
Morrison	Ward S	21.96	20.96
Morrison	Anglesey	30.02	20.98
Morrison	Cardigan	21.96	15.16
Morrison	Gowers	21.96	17.41
Singleton	Ward 3	21.96	22.74
Singleton	Ward 4	20.19	22.74
Singleton	Ward 6	21.96	13.38
Singleton	Ward 8	21.96	16.94
Singleton	Ward 9	20.19	11.61
Singleton	Ward 12	33.57	24.52

<p>Number of adult acute <u>surgical</u> inpatient wards where section 25B applies</p>	<p>Based on the first establishment review of 2018 including acuity data from January 2018 and quality indicators from the 1/4/18 – 31/3/19 the required WTE's for surgical wards are as follows:</p> <table border="1" data-bbox="958 304 1648 1015"> <thead> <tr> <th colspan="2">Swansea Bay UHB</th> <th colspan="2">April 2019</th> </tr> <tr> <th>UNIT</th> <th>WARD</th> <th>RN</th> <th>HCSW</th> </tr> </thead> <tbody> <tr><td>Morrison</td><td>Pembroke</td><td>27.77</td><td>9.36</td></tr> <tr><td>Morrison</td><td>Cyril Evans</td><td>21.96</td><td>11.13</td></tr> <tr><td>Morrison</td><td>Dan Danino</td><td>16.16</td><td>9.36</td></tr> <tr><td>Morrison</td><td>Clydach</td><td>14.38</td><td>9.36</td></tr> <tr><td>Morrison</td><td>Ward A</td><td>23.4</td><td>18.71</td></tr> <tr><td>Morrison</td><td>Ward B</td><td>23.74</td><td>16.94</td></tr> <tr><td>Morrison</td><td>Ward C</td><td>21.96</td><td>13.38</td></tr> <tr><td>Morrison</td><td>Ward G</td><td>27.77</td><td>18.71</td></tr> <tr><td>Morrison</td><td>Ward H</td><td>22.73</td><td>11.61</td></tr> <tr><td>Morrison</td><td>Ward J</td><td>23.74</td><td>16.94</td></tr> <tr><td>Morrison</td><td>Ward R</td><td>27.77</td><td>19.19</td></tr> <tr><td>Morrison</td><td>Ward T</td><td>25.99</td><td>15.16</td></tr> <tr><td>Morrison</td><td>Ward V</td><td>27.77</td><td>20.96</td></tr> <tr><td>Morrison</td><td>Ward W</td><td>16.92</td><td>9.36</td></tr> <tr><td>Morrison</td><td>Powys</td><td>12.61</td><td>3.55</td></tr> <tr><td>Singleton</td><td>Ward 2</td><td>27.77</td><td>11.61</td></tr> <tr><td>NPT</td><td>Ward A</td><td>14.5</td><td>5.08</td></tr> </tbody> </table>	Swansea Bay UHB		April 2019		UNIT	WARD	RN	HCSW	Morrison	Pembroke	27.77	9.36	Morrison	Cyril Evans	21.96	11.13	Morrison	Dan Danino	16.16	9.36	Morrison	Clydach	14.38	9.36	Morrison	Ward A	23.4	18.71	Morrison	Ward B	23.74	16.94	Morrison	Ward C	21.96	13.38	Morrison	Ward G	27.77	18.71	Morrison	Ward H	22.73	11.61	Morrison	Ward J	23.74	16.94	Morrison	Ward R	27.77	19.19	Morrison	Ward T	25.99	15.16	Morrison	Ward V	27.77	20.96	Morrison	Ward W	16.92	9.36	Morrison	Powys	12.61	3.55	Singleton	Ward 2	27.77	11.61	NPT	Ward A	14.5	5.08
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<p>The process and methodology used to inform the triangulated approach</p>	<p>The process of establishing a review of wards that fall within the reporting element of the Act is divided into sections:</p> <ul style="list-style-type: none"> • An acuity audit. • Quality indicators (Falls, Pressure ulcers, Medication errors) review. • Professional judgement. • Planned roster submissions. • WTE's required calculations including 26.9% headroom & 1 WTE Ward Manager/Sister. • Unit Nurse Director & Service Delivery Unit's Finance representatives review. • Scrutiny panel – Executive Directors of Nursing & Patient Experience, Workforce & Organisational Development and Finance.
<p>Informing patients</p>	<p>Section 25B states that Health Boards must make arrangements to inform patients of the nurse staffing level. We have achieved this in several ways:</p> <ul style="list-style-type: none"> • The production and distribution of a frequently asked questions leaflet, available on request at each reporting ward. • Posters illustrating the planned roster displayed outside each area in both English & Welsh with the date the staffing level was agreed by the board. • Regular update papers presented to the executive board of which the freedom of information status is open. Papers also published on the Health Boards intranet site.

Section 25E (2a) Extent to which the nurse staffing levels are maintained

<p>Process for maintaining the nurse staffing level</p>	<p>We have acknowledged our responsibility in ensuring all reasonable steps have been taken to meet and maintain the nurse staffing level for each adult acute medical and surgical inpatient ward on both a shift by shift and long term basis. These reasonable steps include:</p> <ul style="list-style-type: none">• Monthly risk assessments on all areas under 25B submitted to NSA steering group• Ward Managers / Matrons / Off ward staff allocated ‘in the numbers’ to meet planned roster• Temporary staffing - Bank/agency/excess hours/overtime/re-deployment from other areas within the organisation.• Daily safety huddle meetings to review acuity levels and admit/transfer mindful of current levels – changes of patient pathway.• Production of HB operation framework and escalation policy• Roster/Annual leave/Study leave reviews.• Using underspends in other clinical areas to support bank/agency cost.• Recruitment & Retention plans• Adjustments in flexible working arrangements.• Well-being at work strategies.
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<p>Process for monitoring the nurse staffing level</p>	<p>An electronic rostering system (Allocate) is currently being rolled out throughout the Health Board. The success and obvious benefits of this system are already noticeable. It is able to provide the data required not only for reporting to Board/WG but also at an operational level giving a real time overview of staffing levels across the service. The introduction of the Safecare module also purchased will commence in July 2019, this is a rostering based acuity module that will provide one central system to rostering, acuity, professional judgement and temporary staff. The benefits of this system include:</p> <ul style="list-style-type: none"> • Information is entered and maintained in one system • Reports can be produced centrally that would provide all of the information required for the Act. • Ward to Board reporting • High level staffing information for services and Delivery Units • User friendly system • Enhanced features to assist with rostering and the management temporary staffing. • rostering tool which facilitates effective deployment of nursing staff on a daily basis/shift by shift • utilisation of an acuity tool to support and inform professional decision-making about staff deployment • flexible staffing deployment protocols/procedures which enable temporary movement of staff based upon professional assessment • Improved reporting • Improved governance and auditing arrangements <p>Datix reporting is currently the method of choice to record the occasions that we have failed to meet the planned roster and an incident has occurred with the ward area. We have produce a separate Nurse Staffing Act section in which all incidents reported in which the planned roster has not been maintained are reviewed and stored.</p> <p>Daily safety huddles have been implemented at an operational level, site managers and matrons report on staff and acuity status' for their areas – decisions regarding temporary staff allocation, staff redistribution and patient flow are made based on that reported.</p>
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Section 25E (2b) Impact on care of not maintaining the nurse staffing levels 1/4/18 – 31/3/19				
Includes data for Princess of Wales Hospital				
Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)	Total number of closed serious incidents/complaints during last reporting period	Total number of closed serious incidents/complaints during current reporting period.	Increase (decrease) in number of closed serious incidents/complaints between reporting periods	Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor
Hospital acquired pressure damage (grade 3, 4 and unstageable).	35	12	↓ 23	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	13	26	↑ 13	11
Medication related never events.	1	0	↓ 1	0
Complaints about nursing care resulting in patient harm (*) (*)This information is not required for period 2018/19	N/A	N/A	N/A	N/A

Section 25E (2c)	
Actions taken / Next steps	<p>The Health Board participated in the All Wales adult acuity audit for January 2019, resulting in some improvement in the quality of validation of the acuity data. Agreement has been reached through the Board Nurse Staffing Act Steering group that further improvements are expected for the June 2019 adult acuity audit.</p> <p>The June adult acuity audit will reflect the uplifted budgeted establishments from April 2019 that were required following previous triangulated calculations.</p> <p>During the months of April 2019 and May 2019 the Health Board undertook a further triangulated calculation of all the acute medical and surgical reportable nurse staffing act wards. Further scrutiny and validation is currently underway and a further report will be presented to board in September 2019 in line with the reporting requirements.</p> <p>It is anticipated, that paediatrics will be the next areas in which we are required to calculate and report to Welsh Government under the remit of the Nurse Staffing Act. We are awaiting notification from Welsh Government to progress implementation. The Health board have prepared in order to comply with the requirements.</p>

3.0 RECOMMENDATION

- * **Note the contents of the paper**

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
The Nurse Staffing levels (Wales) Act calculates the required amount of nursing staff needed within our acute medical and surgical wards by use of a triangulated method, Quality outcomes, patient acuity and professional judgement.		
Financial Implications		
Legal Implications (including equality and diversity assessment)		
Legal requirement to evidence all reasonable steps taken to comply with 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)		
Report History	Nurse staffing Act steering group	
Appendices		