



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	6th December 2018		Agenda Item	3b
Meeting	Quality and Safety Committee			
Report Title	Nurse Staffing Levels (Wales) Act Calculations			
Report Author	Rob Jones, Corporate Matron			
Report Sponsor	Cathy Dowling, Interim Deputy Director of Nursing and Patient Experience			
Presented by	Gareth Howells, Director of Nursing and Patient Experience			
Freedom of Information	Closed			
Purpose of the Report	Report the nurse staffing calculations submitted by Unit Nurse Directors of ward areas that fall under the remit of the Nurse Staffing Act.			
Key Issues	Ensure compliance of calculations and reporting strategies in order to guide the Board to inform decisions regarding safe staffing numbers.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendations	Note as per phased implementation plan – HCSW uplift will be added to April 2019 budget			

NURSE STAFFING LEVELS (WALES) ACT

1. INTRODUCTION

This report sets out the outcome of the extensive nurse staffing level reviews which have been led by the Director of Nursing and Patient Experience in collaboration with the Unit Nurse Directors, Heads of Nursing, Ward Sisters/Managers and senior members of the finance team. A total of 39 wards were identified as requiring consideration under the Act (Appendix 1). The Board is asked to consider the outcome of the review of nurse staffing levels across the 39 included wards.

2. BACKGROUND

The Executive Board agreed to undertake a risk assessed, prioritised implementation of the uplift required identified through the nurse staffing levels triangulation process, investing the resource into 'Hot Spot' wards where the thematic analysis has identified areas of care quality concern and/or risks to patient outcomes. Quality performance objectives would be enhanced e.g. falls reduction, incident reporting timescales and complaints management. Due to the number of registered nurse vacancies currently within the Health Board, the initial stages of implementation would concentrate on Health Care Support Workers as illustrated in the table below:

Phase 1	Action	Timescale	Progress
Phase 1	Ward Managers to be budgeted within the wards establishments to work in a supervisory capacity.	April 2018	Complete
Phase 2	All areas within the Act to have 26.9% headroom to accommodate staff absence and statutory training.	April 2018	Complete
Phase 3	Complete a triangulated review process of rosters within acute medical and surgical inpatient wards. Identify areas of care/quality concern (Hot Spots) and uplift the HCSW establishment to the level presented within each SDU's Nurse Staffing Acts triangulated calculation.	September 2018	Complete
Phase 4	Complete a triangulated review process of rosters within acute medical and surgical inpatient wards. All acute medical & surgical inpatient wards to have their HCSW establishments uplifted in line with each SDU's Nurse Staffing Acts triangulated calculation.	April 2019	
Phase 5	Complete a triangulated review process of rosters within acute medical and surgical inpatient wards.	April 2020	

Phase 6	All acute medical & surgical inpatient wards to have their Registered Nurse establishments uplifted in line with each SDU's Nurse Staffing Acts triangulated calculation.	September 2020	
---------	---	----------------	--

In line with our phased approach the HCSW establishments were uplifted as of September 1st 2018 by the following to the identified 'hot spot' wards:

	HCSW WTE Uplift Sept 2018
Morriston	55.27
NPT	0
POW	9.36
Singleton	26.06
TOTAL	90.69

3. SECTIONS OF THE ACT

<p>25A relates to the Health Boards overarching responsibility, which came into effect in April 2017 requiring Health Boards/ NHS Trusts to ensure they had robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.</p>	<p>Actions taken to comply:</p> <ul style="list-style-type: none"> • Confirmed designated person as the Director of Nursing & Patient Experience • Developed a monthly Health Board Multidisciplinary Nurse Staffing Act steering group • Recruitment / retention events • Workforce planning & redesign • Training & development plans • Formal triangulated staffing reviews • Bi-annual Health Board position papers to Board • Ward feedback on collected acuity data
Status	Compliant

<p>25B and 25C requires Health Boards to use a specific method to calculate appropriate nurse staffing levels, take all reasonable steps to maintain that level and to inform patients of the nurse staffing levels.</p>	<p>Actions taken to comply:</p> <ul style="list-style-type: none"> • 39 wards confirmed using criteria set out in statutory guidance • Monthly SDU risk assessments • Rigorous approval process to ensure accuracy of the 6 monthly acuity data
--	---

	<ul style="list-style-type: none"> • Introduced iPads to aid in the collection & accuracy of patient acuity data • Completed templates for each ward within the Act received bi-annually • Planned roster posters displayed on the entrance to each reporting ward
Status	Compliant

25D , Welsh Government devised statutory guidance and was launched on the 2 nd November 2017	Actions taken to comply: <ul style="list-style-type: none"> • The Health Board supported the launch of the statutory guidance and ensured its publication on the intranet and distribution to Unit Nurse Directors, Executive Directors and Service Directors
Status	Compliant

25E took effect from April 2018 requires the Health Board to report their compliance in maintaining the nurse staffing level for each adult acute medical and surgical ward.	Actions taken to comply: <ul style="list-style-type: none"> • Mechanisms in place within our Service Delivery Units to evaluate/monitor rosters • Introduction of a electronic rostering system • Processes in place to escalate rota gaps to nurse bank which maintains a 75% fill rate • A three year report will be presented to Welsh Government in 2021
Status	Compliant

4. WHERE WE ARE / NEED TO BE

Details regarding the staffing review and establishment changes from January 2018's audit can be found as Appendix 2. Our establishments include 26.9% headroom and 1WTE ward sister/manager to work in a supervisory capacity.

SDU	No. of Wards included	Registered Establishment	HCSW Establishment	Total Establishment
Morrison	21	464.38	307.16 (▲ 55.3WTE)	771.54
NPT	1	11.81	4	15.81
POW	10	212.48	130.29 (▲ 9.36WTE)	342.77
Singleton	7	153.85	120.91 (▲ 26.1WTE)	274.76
TOTAL	39	842.52	562.36 (▲ 90.7WTE)	1426.19

▲ Increase as of September 2018

We have complied with the Act by conducting Bi-annual reviews/recalculations using the triangulated method, the acuity audit section undertaken in both January and June 2018. The recent review now needs to be scrutinised by a panel led by the designated person - Director of Nursing and Patient Experience. Initial examination shows an increase of 17.38 WTE registered Nurses and 10.78 WTE Health Care Support Workers needed compared to the previous review, and the table below illustrates the full potential requirements and financial implications:

SDU	No. of Wards included	Registered Establishment	Registered Uplift Cost £	HCSW Establishment	HCSW Uplift Cost £	Total Cost £
Morrison	21	482.88	703,000	333.53	672,180	1,375,225
NPT	1	14.5	102,220	5.08	27,540	129,760
POW	10	223.16	405,840	151.6	543,405	949,274
Singleton	7	174.96	802,180	125.79	124,440	926,620
TOTAL	38	893.46	2,013,240	614.93	1,367,565	3,380,904

As part of the phased implementation, acute medical & surgical inpatient wards will have their calculated HCSW establishments met by April 2019. This will require an uplift of £1,367,565.

5. HEALTH CARE SUPPORT WORKER UPLIFT

A Health Board wide recruitment process will take place to recruit the required HCSW uplift in readiness for post commencement in April 2019. Not only does this involve the appointment of the HCSW's but also the training requirements needed for the role. A small task and finish group has met to discuss and arrange a two week training program based in Morriston SDU education centre for the successful applicants. During this period the HCSW's will receive an full induction programme that will incorporate all mandatory training.

6. BOUNDARY CHANGE

The implications of the boundary change between ABMU Health Board and Cwm Taf Health Board are an important consideration when determining budget allocations from April 2019 onwards, as a significant amount of investment to ward establishments emanates from the Princess of Wales Service Delivery Unit. The Nurse Staffing Act calculations are conducted bi-annually using the triangulated approach. In May 2019 the Executive Board will be further updated following the bi-annual acuity audit and scrutiny process. This calculation will provide an up to date position in line with the boundary changes.

7. SECTION 25A – AREAS OUTSIDE THE ACT

In effect all wards are included within the Act as it states the Health Board has an overarching responsibility to ensure that sufficient nurses are provided to allow the time to care for patients sensitively. The ABMU Nurse Staffing Act steering group has requested establishment reviews from all specialist and non-acute areas in line with the national staffing standards/interim principles currently in place.

8. RECOMMENDATION

- **Note as per phased implementation plan – HCSW uplift will be added to April 2019 budget**



Appendix 2 -
Previous review.docx



Appendix 1 - Wards
Included.docx

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce		Embedding effective governance and partnerships
			✓				
Link to Health and Care Standards (please ✓)	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 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							
The required uplift for this phase focuses on the recruitment of Health Care Support workers with a annual cost of £957,620.							
Legal Implications (including equality and diversity assessment)							
Legal requirement to evidence all reasonable steps taken to comply with the Act.							
Staffing Implications							
Increase required in HCSW nursing budgets within acute medical and surgical wards.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
Report History							
Appendices		1 – Wards included within the Act 2 – Differences from previous review table					

APPENDIX 1

Morrison	POW	Singleton	NPT
MGH Pembroke	POW Ward 2	SGH Ward 2	NPT – Ward A
MGH Cyril Evans	POW ward 4	SGH Ward 3	
MGH Dan Danio	POW Ward 5	SGH Ward 4	
MGH Clydach	POW Ward 6	SGH Ward 6	
MGH Ward D	POW Ward 7	SGH Ward 8	
MGH Ward S	POW Ward 8	SGH Ward 9	
MGH Gowers	POW Ward 9	SGH Ward 12	
MGH Anglesey	POW Ward 10		
MGH Ward F	POW Ward 11		
MGH Ward V	POW Ward 20		
MGH Ward G			
MGH Ward T			
MGH Ward R			
MGH Ward H			
MGH Ward A			
MGH Ward B			
MGH Ward C			
MGH Ward J			
MGH Ward W			
MGH Powys			
MGH Cardigan			

APPENDIX 2

Outlined below are the number of Registered Nurses and HCSW's calculated to meet the staffing requirements of the Act during the two audit/review periods of 2018:

Morrison					Singleton					Princess of Wales					Neath Port Talbot				
Ward	January 2018		June 2018		Ward	January 2018		June 2018		Ward	January 2018		June 2018		Ward	January 2018		June 2018	
	RN	HCSW	RN	HCSW		RN	HCSW	RN	HCSW		RN	HCSW	RN	HCSW		RN	HCSW	RN	HCSW
A	23.4	18.71	23.5	17.17	2	27.77	11.61	28.83	11.73	2	20.07	13.62	21.96	15.16	A	14.5	5.08	14.5	5.08
B	23.74	16.94	22.67	16.23	3	21.96	22.74	22.56	23.33	4	28.24	13.62	31.32	15.16					
C	21.96	13.38	25.67	13.26	4	20.19	22.74	20.78	23.33	5	20.07	13.62	21.96	15.16					
D	20.19	22.74	20.9	23.45	6	21.96	13.38	22.56	13.5	6	20.07	13.62	21.96	15.16					
F	21.96	23.21	24.45	22.62	8	21.96	16.94	22.56	17.06	7	20.07	13.62	21.96	15.16					
G	27.77	18.71	28.95	17.17	9	20.19	11.61	20.78	11.73	8	20.07	13.62	21.96	15.16					
H	22.73	11.61	23.5	13.5	12	33.57	24.52	36.89	25.11	9	20.07	13.62	21.96	15.16					
J	23.74	16.94	23.5	16.23						10	20.07	13.62	21.96	18.71					
R	27.77	19.19	28	19.9						11	16.16	11.61	16.16	11.61					
S	21.96	20.96	21.73	19.9						20	20.07	13.62	21.96	15.16					
T	25.99	15.16	26.23	18.95															
V	27.77	20.96	28	20.73															
W	16.92	9.36	13.55	9.83															
Anglesey	30.02	20.96	29.9	19.9															
Cardigan	21.96	15.16	21.73	16.23															
Clydach	14.38	9.36	21.73	14.45															
C.Evans	21.96	11.13	21.73	13.5															
D.Danino	16.16	9.36	15.45	9															
Gowers	21.96	17.41	21.73	18.95															
Pembroke	27.77	9.36	27.18	9															
Powys	12.61	3.55	12.73	3.55															

In terms of differences between the two calculations:

POW +18.2 wte registered and 17.4 wte HCSW

Morrison +11.21 wte registered and 6.05 wte HCSW.

Singleton +6.17 wte registered and 2.01 wte HCSW.