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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	Click or tap to enter a date.		Agenda Item	
Report Title	Nurse Staffing Levels (Wales) Act WFOD			
Report Author	Rob Jones, Corporate Matron			
Report Sponsor	Helen Griffiths, Corporate Head of Nursing			
Presented by	Cathy Dowling, Assistant Director of Nursing & Patient Experience			
Freedom of Information	Open			
Purpose of the Report	This report highlights the results of the most recent bi-annual calculation using the Triangulated methodology. The reviews were conducted throughout all acute Medical & Surgical inpatient wards within Swansea Bay University Health Board. The report also provides an overview of the work being undertaken within other specialities in relation to section 25A of the Act to have sufficient nurses to allow the nurses time to care for patients sensitively whenever nursing services are provided.			
Key Issues	Bi-Annual calculations Work being undertaken within other specialities in relation to 25A of the Act.			
Specific Action Required <i>(please choose one only)</i>	Information <input type="checkbox"/>	Discussion <input checked="" type="checkbox"/>	Assurance <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>
Recommendations	Note most recent calculations Acknowledge the work being undertaken within other specialities in relation to 25A of the Act.			

Nurse Staffing Levels (Wales) Act

1. Introduction

The Nurse Staffing Levels (Wales) Act requires health service bodies to make provision for appropriate nurse staffing levels. This report highlights the results of the most recent bi-annual nurse establishment reviews, conducted throughout all acute Medical & Surgical inpatient wards within Swansea Bay UHB and also an overview of the work being undertaken within other specialities. The report, also provides an overview of the work being undertaken within other specialities in relation to 25A of the Act to have sufficient nurses to allow the nurses time to care for patients sensitively whenever nursing services are provided.

2. Calculations using the Triangulated Methodology

The process of establishing a review of wards that fall within 25B the reporting element of the Act is divided into sections:

- An acuity audit.
- Quality indicators (Falls, Pressure ulcers, Medication errors) review.
- Professional judgement.
- Planned roster submissions.
- Whole Time Equivalent (WTE's) required calculations including 26.9% headroom & one WTE Ward Manager/Sister.
- Unit Nurse Director, Service Director & Service Delivery Unit's Finance representatives review.
- Scrutiny panel – Executive Director of Nursing & Patient Experience, Workforce & Organisational Development and Finance.

Outlined on the next page are the ward areas that currently fall within 25B of the Act, their current budgeted nursing establishment and the proposed nursing establishment following the review process & scrutiny panel.

Swansea Bay University Health Board wards that fall under section 25B of the Nurse Staffing Levels (Wales) Act - Acute Medical/Surgical inpatient Wards

Unit	Ward	Beds	Establishment – April 2019		Proposed/Calculated- September 2019		Actions
			Q - wte	UQ – wte	Q – wte	UQ – wte	
NPT	Ward A	19	14.5	5.08			Awaiting submission
Morrison	Ward A	27	23.5	17.2	23.50	19.90	No action required
Morrison	Ward B	26	22.7	16.2	22.67	18.95	Budget Re-aligned
Morrison	Ward C	29	23	13.2	25.72	15.21	Agreed in principle
Morrison	Ward D	27	20.9	21.7	20.90	26.18	Budget Re-aligned
Morrison	Ward F	23	24.42	22.6	24.45	22.62	Budget Re-aligned
Morrison	Ward G	25	27.2	17.2	27.18	17.17	No action required
Morrison	Ward H	26	22.5	11.8	23.50	17.17	Budget Re-aligned
Morrison	Ward J	29	23.5	16.2	24.33	20.73	Agreed in principle
Morrison	Ward R	29	28	19.9	28.00	21.67	Budget Re-aligned
Morrison	Ward S	27	21.7	19.9	21.73	19.90	No action required
Morrison	Ward T	26	26.2	14.4	28.00	19.90	Budget Re-aligned
Morrison	Ward V	32	28	19	28.00	20.73	Budget Re-aligned
Morrison	Ward W	23	18.1	9.8	15.33	5.33	Decrease in Rn &HCSW
Morrison	Anglesey	25	29.9	19.9	29.90	19.90	No action required
Morrison	Cardigan	27	21.7	16.2	21.73	18.95	Agreed in principle
Morrison	Clydach	16	14.5	9	21.73	14.45	Agreed in principle
Morrison	Cyril Evans	25	21.7	13.5	21.73	13.50	No action required
Morrison	Dan Danino	18	15.4	9	15.45	11.73	Budget Re-aligned
Morrison	Gowers	25	21.7	19	21.73	21.67	Budget Re-aligned
Morrison	Pembroke	22	27.2	9	27.18	9.00	No action required
Morrison	Powys	10	12.7	3.6	12.73	3.55	No action required
Singleton	Ward 2	30	28.48	15.41	26.13	15.41	Decrease In RN's
Singleton	Ward 3	30	22.32	23.1	22.32	26.77	Scrutiny panel 21/10/19
Singleton	Ward 4	30	20.54	23.1	19.71	26.77	Scrutiny panel 21/10/19
Singleton	Ward 6	30	22.32	13.38	22.32	19.54	Scrutiny panel 21/10/19
Singleton	Ward 8	30	22.32	16.94	22.32	16.94	No action required
Singleton	Ward 9	23	20.54	11.61	20.54	11.61	No action required

Singleton	Ward 12	30	34.64	24.87	34.64	24.87	No action required
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3. Process of maintaining the nurse staffing level

The Health Board acknowledges responsibility of ensuring all reasonable steps are taken to meet, maintain and monitor 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:

- Monthly risk assessments on all areas under 25B submitted to Nurse Staffing Act (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 Health Board 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.
- Imbedding Electronic rostering system

4. Operational Framework

The Corporate Nursing team have produced an Operational Framework in line with the all-Wales Operational Guidance (2019) that provides guidance on statutory duties, responsible officers and reporting mechanisms in relation to the Act. Underpinning these structure-delegated officers will have responsibility for ensuring the operating framework, escalation and business continuity plans within their Service Delivery areas of responsibility are reflective of the Act.

The purpose of this Framework is to support Health Board staff in the calculation and maintenance of the nurse staffing levels in accordance with the Nurse Staffing Levels (Wales) Act 2016 and contains:

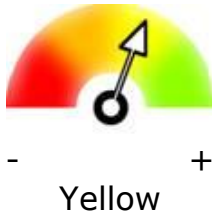
- Aims and Objectives of the Act
- Calculating the Nurse Staffing levels
- Duties and responsibilities of staff
- Reporting the Nurse Staffing levels
- When is the information gathered and reported
- Maintaining the Nurse Staffing levels

5. NHS Wales Shared Services Partnership (Internal) Audit & Assurance

During 2019 SB UHB have been audited in relation to the arrangement in place to ensure that the Health Board has appropriate processes in place to comply with the requirements of the Nurse Staffing Levels (Wales) Act 2016. The audit scope considered whether:

- The Health Board has agreed an appropriate operating framework and procedures and these are made accessible to all relevant staff;
- Nurse staffing levels are calculated, using the prescribed methodology, for all adult acute medical and surgical inpatient wards (as defined within the statutory guidance of the Act) and these levels are reviewed at least every six months, in accordance with the requirements of the Act;
- The Health Board has identified an appropriate Designated Person to calculate the nurse staffing levels, and this person formally presents the nurse staffing levels for every adult medical and surgical inpatient ward (as required by the Act) at least annually to the Board;
- Effective processes are in place to ensure that patients are informed of the nurse staffing levels, in accordance with the requirement of the Act;
- Arrangements are in place to monitor compliance and steps taken to enable wards to maintain nurse staffing at the calculated levels;
- Effective arrangements are in place for reporting to the Board on the extent to which levels have been maintained, the impact of any shortfall and action taken.

The level of assurance given as to the effectiveness of the systems of internal control in place within SB UHB to manage the risks were **Reasonable**.

RATING	INDICATOR	DEFINITION
Reasonable assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

6. Section 25A of the Act - sufficient nurses to allow the nurses time to care for patients sensitively

The Nurse Staffing Levels (Wales) Act will be expanded to all areas of nursing during the next few years. The exact timeframe and speciality stages are yet unknown however it is known that the next phase will be with Paediatric inpatient services. Working groups within Swansea Bay HB are already collecting baseline data, conducting workforce reviews similar to those in operation within acute medical & surgical wards, and contributing to All-Wales work in system/process development. A brief overview of work in progress in SB UHB & throughout Wales is as follows:

Paediatric Work Stream

- Paediatric Welsh Levels of Care – the draft document continues to be tested by paediatric nurses. Quality improvement methodology is being used to support staff in scoring patients twice daily.

Level 5	One to One Care - the patient requires at least one to one continuous nursing supervision and observation for 24 hours a day
Level 4	Urgent Care - The patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors.
Level 3	Complex Care - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment
Level 2	Care Pathway - The patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided.
Level 1	Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.

- Quality Indicators – Using a consensus approach, the paediatric work stream have identified 4 nurse sensitive quality indicators.
- Professional judgement – A recent workshop provided an opportunity for nurses to participate in a professional judgement scenario activity.
- Paediatric Principles – 9 interim principle for nurse staffing on paediatric wards have been developed as a framework to support health boards in calculating nurse staffing levels while the evidence base for the triangulated methodology is being developed.

District Nursing Group

- Through co-production with frontline district nurses the working group is developing an evidence based District Nurse workforce tool that will be used to determine the nurse staffing levels within district nursing service.
- The group have engaged with over a thousand district nurses as they develop Welsh Levels of Care for district nursing. The tool is in its draft form and continues to be developed and refined. Plans are underway to test the tool early next year.

Level 5	Emergency care - patient is in an acute crisis situation requiring escalation and an immediate response
Level 4	Urgent Care - The patient is in a highly unstable, unpredictable condition either related to their primary health need or an exacerbation of other related factors
Level 3	Complex Care - The patient may have a number of identified problems, some of which interact, making it difficult to predict the outcome of individual treatment
Level 2	Managed Care - The patient has a predictable and clearly defined problem/s but there may be a small number of variations in care that are easily managed with minimal impact
Level 1	Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.

- The working group have devised a District Nurse Quality Audit Tool which aims to quantify the quality of district nursing teams with the aim to give a rounded view of the quality of the service that is influenced by the level of nurse staffing.
- Through a national workshop district nurses and managers have explored the use of professional judgement and those unique factors that need to be taken into account when deploying nursing staff to meet the needs of patients.

Mental Health Inpatients Work stream

- The purpose of the mental health inpatient work stream is to devise an evidence based workforce planning tool to determine appropriate nurse staffing levels within adult mental health inpatient wards across Wales.

5	Intensive Care – Intense and enduring presentation. The person often requires interventions with more than one-to-one nursing input
4	Complex Care – The person is highly complex, unstable and unpredictable requiring prompt intervention, often continuous one-to-one.
3	Enhanced Care – The person has a number of identified interacting needs, requiring a higher intensity and frequency of care.
2	General Care – The person has a clearly identified need, but there will be a number of additional factors that could affect treatment.
1	Routine Care – Minimal intervention required. Person is independent and engaging care.

- Twice a year ward managers and their staff participate in an audit using professional judgement workbooks to record the actual staffing verses required staffing on a shift by shift basis during a set 2 week period.

- The mental health working group have conducted a literature review to explore which quality indicators would be relevant within mental health inpatient services as a measure of the quality of care provided. The following indicators have been identified:



- Interim nurse staffing principles have been devised to support health boards in workforce planning whilst the evidence based workforce planning tool is being developed.

Health Visiting

- Draft Principles agreed and awaiting finalisation of agreed HV model before final consultation.

Intensive	Level 5	Immediate Care - An exceptional, high risk, emergency /crisis situation requiring immediate intervention from other professionals/services.
	Level 4	Intensive Support - Potential for significant risk or harm. The family situation is highly unstable and unpredictable requiring intensive periods of support.
Enhanced	Level 3	Enhanced support - A number of issues identified within the family that are susceptible to change and require ongoing review and intervention
	Level 2	Additional Care - A small number of particular issue/s identified within the family for which a planned intervention is required.
Universal	Level 1	Universal Care - No additional needs identified will follow the Healthy Child Wales Pathway

- Literature review completed on behalf of the workstream by University of South Wales in relation to health visiting and quality indicators, further refined search in progress.
- A workshop has been arranged for November to engage Health Visitors in exploring how their professional judgement will be used as part of the triangulated approach to inform nurse staffing levels. This will need to take into account demographics; including predicted change in the demographics of local population, social and environmental factors and the variance of acuity across a cluster.
- Perceived risks and challenges for the workstream include a delay in releasing interim principles and the changes to national programmes including flying start.

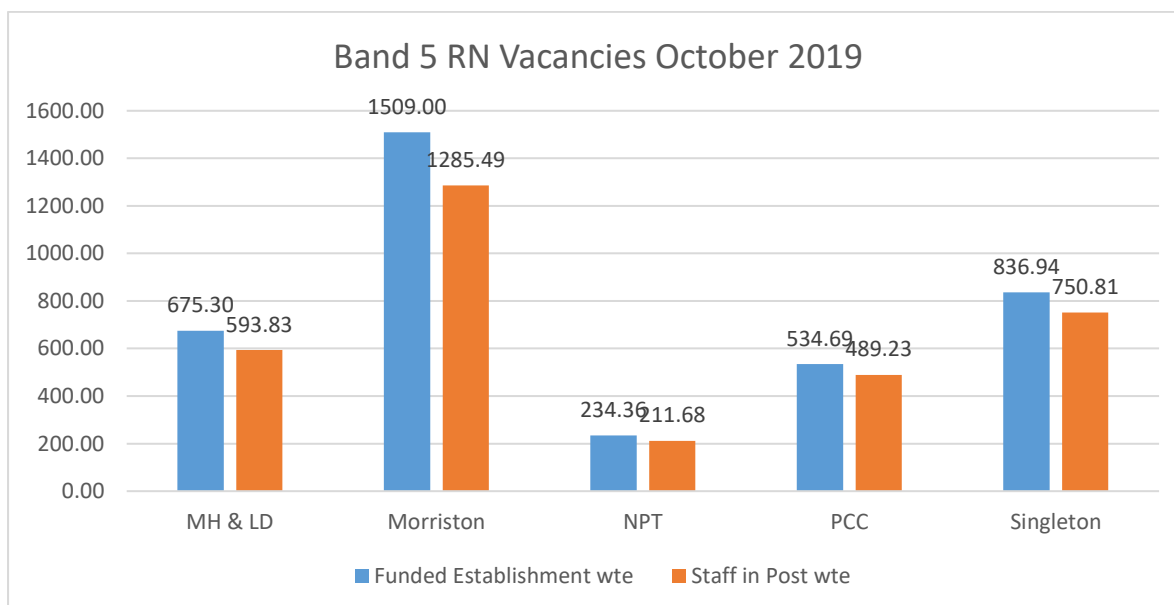
8. Reasonable Steps to Maintain the Nurse Staffing Levels

Ward Managers and Matrons have the responsibility of producing a roster that meets the needs of the patients within the clinical area. The planned roster that has been agreed at Board level is the aim. If the ward has vacancies, substantive staff must be distributed equally throughout the roster and efforts made to fill the gaps by moving staff from other areas if available, working overtime, utilising the Health Board Nurse Bank and in some cases using an external nursing agency. At a strategic level we continue to implement new initiatives and improve with ongoing work involving recruitment & retention strategies.

Recruitment

Service delivery units remain extremely active in their recruitment events, with at least monthly events being held at Morriston's education centre.

These events although hosted by Morriston are able to recruit for all areas that have vacancies and open job adverts. We currently have 459wte Registered nurse band 5 vacancies. During September the Health Board attended 4 student streamlining events that have provided us with the opportunity to promote the services and specialities we have to offer newly registered nurses.



Overseas Recruitment

The Health Board currently have three sources of overseas nurse recruitment:

- Philippine Nurses sourced by the agency HCL 2016.
- EU Nurses working as HCSW in SB UHB sourced by HCL

- Nurse trained overseas who are employed as HCSWs in SBU Health Board

The Health Board is also planning a further recruitment event with HCL for this year to recruit a further 18 nurses that have already attained the NMC English Language requirements.

All Philippine Nurses either sourced by HCL or nurse with overseas registration working employed as HCSWs are subject to acquiring the following to register with the NMC:

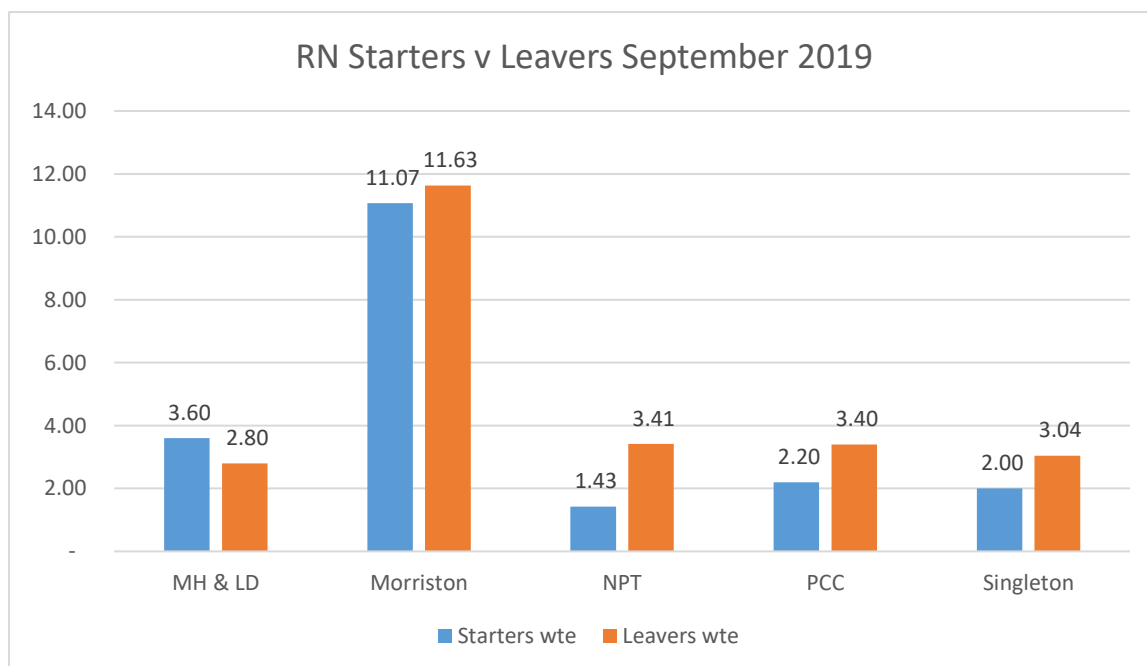
- English Language IELTS level 7 or OET Level B
- CBT exam pass
- Documents approved by the NMC (including qualification records)
- Occupational health and TB screening
- OSCE exam pass

In addition dependent on their right to work status a certificate of sponsorship and VISA is required. EU Nurses working currently in the health board as HCSW are subject to acquiring the following to register with the NMC:

- English Language IELTS level 7 or OET Level B or proof of working at a satisfactory English Language in the Health Board provided by their manager
- Documents approved by the NMC (including qualification records)

Retention

Retaining registered nurses within SB UHB remains a high priority. One of the strategies in place to improve our retention rates is clinical supervision. The Health Board's *Clinical Supervision Strategy for Nurses, Midwives, Specialist Community Public Health Nurses and Nursing Health Care Support Workers* (2018) provides



direction for local development of clinical supervision. Collaborative work between the Service Delivery Units and the Corporate Department is paramount in extending the clinical supervision programme across the Health Board.

Student Streamlining

The first cohort recruited via the SSP were students who qualified as nurses in March 2019. Lessons were learned from this pilot cohort and changes to the process and time-line were made to improve the process for the second cohort. The second cohort of student nurse recruitment managed via the Student Streamlining Project have just completed with 117 nursing students accepting offers of Band 5 posts within Swansea Bay University Health Board. These students commenced their new registrant posts in September 2019.

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	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" 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 checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
All areas discussed relate to a focus on improved quality patient and safety experience.		
Financial Implications		
Financial implications are discussed where appropriate.		
Legal Implications (including equality and diversity assessment)		
To meet the Nursing & Midwifery council requirements.		
Staffing Implications		
Staffing implications are outlined where appropriate.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Elements of the report have been discussed in the following forums		
Report History	Nursing Midwifery Board September 2019.	

	Nurse Staffing Act Steering Group September 2019 Partnership Forum September 2019
Appendices	