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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	13 December 2022	Agenda Item	2.2
Report Title	Annual Presentation of Nurse Staffing Levels for wards covered under section 25B of the Nurse Staffing Levels (Wales) Act 2016		
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Report Sponsor	Gareth Howells Interim Executive Director of Nursing and Patient Experience Inese Robotham, Chief Operating Officer Debbie Eytayo, Executive Director of Workforce & Organisational Development Darren Griffiths, Executive Director of Finance and Performance		
Presented by	Gareth Howells, Interim Executive Director of Nursing and Patient Experience Christine Williams, Deputy Director of Nursing and Patient Experience		
Freedom of Information	Open		
Purpose of the Report	<p>This mandatory presentation provides the Workforce and Organisational Development Committee with assurance that Swansea Bay University Health Board (SBUHB) complies with Nurse Staffing Levels (Wales) Act 2016 ('the Act') and asks the Workforce and Organisational Development Committee to note the changes to the nursing establishments</p> <p>This report follows on from the Management Board report, which was presented on 10th August 2022 and discussed and agreed the re-calculations of Nurse Staffing Levels, following January 2022 bi-annual acuity audit.</p> <p>An All Wales mandatory reporting template and appendix is used to describe the actions taken over the reporting period of 1st October 2021 to 30th September 2022, which includes two bi-annual acuity audits and subsequent re-calculations of the nursing staffing levels for each Section 25B ward (acute medical & surgical inpatient wards).</p> <p>There has been further work reviewing unfunded areas due to Service Changes and COVID-19 within the Morriston & Neath Port Talbot/Singleton Service Groups, this will be reported separately.</p>		

Key Issues	<ul style="list-style-type: none"> • Nurse Staffing Levels (Wales) Act 2016 re-calculation of establishment reviews of section 25B wards. • Provide an overview of the actions in place to assure the Workforce and Organisational Development Committee that there has been a clear process in place in order to scrutinise the Nurse Staffing Levels across all Section 25B wards within SBUHB. 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>The Workforce and Organisational Development Committee is asked to;</p> <ul style="list-style-type: none"> • Note the changes to the funded establishments following the June 2022 bi-annual acuity audit to ensure that the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act, 2016. • Note, as previously reported, the limitations surrounding the ability to accurately and robustly report appropriateness of deployed nursing staff until the Safecare system is fully implemented and embedded into every day operational use. 			

Annual Presentation of Nurse Staffing Levels for wards covered under section 25B of the Nurse Staffing Levels (Wales) Act 2016

1. INTRODUCTION

The Nurse Staffing Levels (Wales) Act 2016 referred to as 'the Act' became law on 21st March 2016 which included all acute adult medical and surgical wards and came into effect in April 2018. The extension of 'the Act' into paediatric inpatients areas came into force on 1st October 2021.

The Health Board has a duty under section 25A of 'the Act' to provide sufficient nurses to allow nurses time to care for patients sensitively. Work has been undertaken in relation to other areas, which includes Community Services, Health Visiting, Neonatal, Mental Health & Learning Disabilities and Maternity Services.

The Chief Nursing Officer letter in April 2022, requested a time to pause and reflect on our journey within the Nurse Staffing Act, it has allowed a time to re-evaluate our current position and explore options for the future of the nursing workforce.

'The 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, throughout all acute medical & surgical inpatient wards (Section 25B) within SBUHB, from 1st October 2021 to 30th September 2022.

The bi-annual acuity audits were undertaken in January 2022 and June 2022, in accordance with 'the Act' and scrutiny panels were held in April and October 2022.

A paper was submitted to Management Board on 10th August 2022, which details the outcome of the January audit and April re-calculations.

The calculations and rationale of any changes to the nursing establishments are within the All Wales reporting template, attached as Appendix 1.

The paper provides ongoing assurances on the approach, mechanisms, ongoing monitoring and management of risks to nurse staffing levels during the past year which has continued to be significantly impacted by the COVID-19 pandemic and ongoing move to endemic phase of COVID-19.

With the Acute Medical Service Re-design (AMSR) due to commence in December, there will be further changes expected in early 2023.

2. BACKGROUND

There are two key reporting requirements within the statutory guidance:

1. The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards, acute medical and surgical inpatients wards. To be reported in November each year, this report supports the Integrated Medium Term Plan development. Due to the significant changes expected around the

Acute Medical Service Redesign (AMSR) and following advice taken from the Chief Nursing Officer a decision has been taken to report this Annual Presentation to the Workforce and Organisational Development Committee instead of the Board as delegated authority.

2. The Board receives a (non-statutory) annual assurance report, in May each year, which will form the basis of the three-year statutory report to Welsh Government. The first three-year report was presented on 8th October 2021.

The process for re-calculating the nurse staffing levels is led by the Director of Nursing and Patient Experience, all levels of nursing are engaged in the process.

Scrutiny panels are held with the Service Group, Directors, Heads of Nursing, Workforce & Finance colleagues. Establishments are presented to the Corporate panel which includes members of the Executive Team or deputies including Director of Nursing & Patient Experience, Finance, Director of Operations and Workforce.

The support of the operational teams through this process needs to be noted and commended. Operational teams understanding of their areas has allowed for robust calculations and outcomes that support high standards of patient care.

SBUHB has maintained clear governance surrounding how the nurse staffing levels are met.

There is engagement across the Health Board, allowing for seamless escalation of potential and actual risk. The monthly Health Board Nurse Staffing Act meeting is chaired by Assistant Director of Nursing and attended by all Service Groups, key corporate representatives, for example finance and representatives from Health Education and Improvement Wales (HEIW).

Completed risk assessments are provided from each Service Group, these are discussed and all evidence formally reviewed to agree the overarching corporate risk score. The meeting is a supportive group which enables learning and development of strategies to manage the ongoing pressures faced by the Health Board.

The Corporate Health Board risk score currently stands at 20.

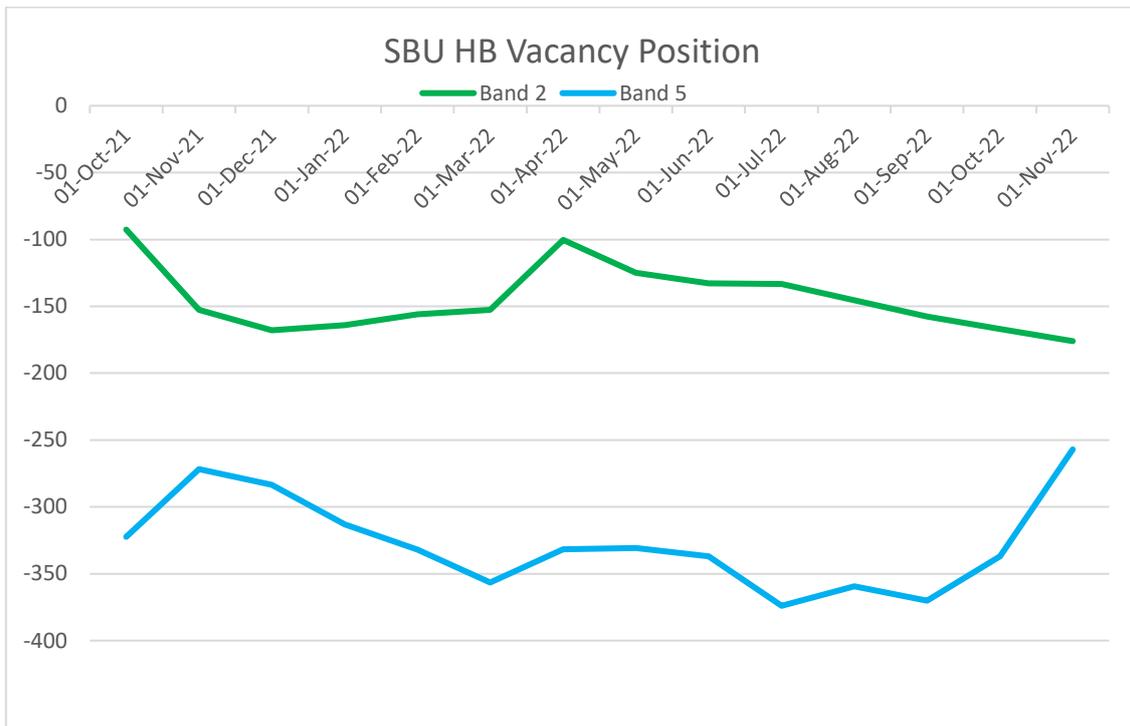
3. CURRENT KEY ISSUES

3.1 Vacancies

The nurse vacancy position for both registered nurses (RN) and Health Care Support Workers (HCSW) are reported, risk assessed, monitored and reviewed through the nursing workforce meetings. These meetings are chaired by the Director of Nursing and Patient Experience or Deputy Director of Nursing, with key members of the Service Groups in attendance.

Current vacancies reported through ESR on 15th November 2022 are 257 Band 5 and 176 Band 2.

The graph below shows the vacancy position during 2022.



3.2 Recruitment and Retention

SBUHB set up a central resourcing team in November 2021, which by January 2022 consists of a Recruitment and Retention Manager who leads a team of two band 3s and one band 4. The team is providing support for band 5 nurse centralised recruitment along with band 2 HSCWs, and band 5 nurse recruitment for theatres. The team aim to streamline and simplify the recruitment process, with the additional benefits; including freeing up nursing time, improved communication and decreased time from vacancy creation to conditional offer by an average of approximately 25 days.

Student streamlining continues to provide new registrant nursing workforce through a centralised process. SBUHB have made improvements to the service provided to newly qualified staff by discussing their individual needs, which includes any support they might require as well as providing student placements in the areas in which they would like to work once qualified.

By increasing our engagement with our nursing students, SBUHB will recruit and retain their services. The current numbers for Autumn 2022 intake of student streamlining are 162 recruited, 5 have withdrawn for various reasons so there are currently 157 onboarding. The split of student streamlining for 2022 is as follows: 85 allocated to Morriston Hospital with the remainder split across MH&LD, Paediatrics, NICU and Singleton Hospital.

Overseas nursing recruitment has also increased with the Health Board's aspiration to offer 350 Band 5 Nurses employment for financial year 22-23. By the end of March 2023 we are aiming to have landed circa 180/200 of those nurses in the UK with support of Health Board and agencies: Medacs and HCL. The numbers of nurses commencing their employment very much depends on external factors of compliance checks and visas being granted allowing them to work in the UK.

All of the nurses interviewed have experience in their home countries as Registered Nurses across either Medical, Surgical, Paediatrics, Neonatal Intensive Care, Theatre specialties and want to develop their careers and work with advanced modern technology to provide high quality of care to patients. On a five weekly basis the target cohort consists of 32 nurses and we are set to welcome these numbers over the remaining four cohorts up until end of March 2023. An intensive interview schedule will continue to reach the Health Board's 350 target through a recruitment trip to India in December, agency interviews and direct applicant interviews.

Retention of our workforce is another area being developed further, particularly the use of exit interviews, this will allow time for supportive reflection, opportunity to see if staff can be retained possibly in another nursing role and look for trends across all nursing staff leaving our Health Board. Encompassing our Health Board values; caring for each other, always improving and working together.

Robust roster scrutiny continues across the Health Board; this supports the wards to utilise their substantive staff as effectively as possible, whilst providing an overview to ensure staff wellbeing is considered. This allows for forward planning and ability to use bank and agency in advance in line with the Health Board's Rostering Policy.

COVID-19 has continued to have a significant impact on all wards/departments, many wards have returned to their original purpose, however there remains red and green COVID pathways through many services, such as elective surgery and the Emergency Department. In order to support the segregated pathways additional staff are often required, this has been in addition to previous rosters and related to COVID-19 pressures. The HB has moved into endemic stage of COVID 19, this will bring further changes.

As the COVID pandemic has evolved, so has our workforce adapted, nursing non-patient facing roles were implemented and essential work 'behind the scenes' was undertaken by colleagues unable to provide direct care to patients. The majority of nurses who needed these non-patient facing roles have returned to providing direct patient care.

The Director of Finance and Performance has convened meetings involving Morriston Service Group, Nursing, Workforce and Finance teams with key Service Group and corporate representation to look at the nurse vacancy position, to profile the current recruitment programme against vacancies, planned retirements, planned service development and known recruitment to identify any further gaps in nursing workforce requirements to deliver our plans.

It is likely that there will remain significant gaps in establishments despite excellent work to increase recruitment and deploy newly qualified registrants through the streamlining process.

3.3 Development of Nursing Workforce

SBUHB has developed and implemented band 3/4 posts to support the registrant workforce in areas where this is suitable. The band 3/4 workforce requires further exploration, this work is being taken forward on both a HB and All Wales basis.

3.4 Safecare Implementation

Safecare, is part of Allocate's HealthRoster, gives visibility of nurse staffing levels across wards and departments, allowing them to maintain safe and compliant patient care based on patient numbers, acuity and dependency. Safecare enables day-to-day operational changes to the roster in real time, whilst facilitating the redeployment of staff across wards. Safecare has both operational and reporting elements; once embedded into routine operational practice, Safecare will allow for evidence based decisions around deployment of nursing staff and accurate reporting.

SBUHB commenced roll out of the Safecare system in February this year, we have completed the roll out on time and now have a phase of embedding the system into every day practice and ensuring we use the tool both operationally and for reporting purposes.

Feedback from operational teams is that Safecare offers more than the previous system, Health and Care Monitoring System (HCMS), for capturing and understanding patient acuity and staffing figures, not only is it easier to navigate it takes less time to input data. Safecare is a system best used live, there are many ways in which Safecare can support operational teams, for example during staffing huddles, deployment of staff, recording movement of staff and for finalising of shifts for substantive, bank and agency staff.

We are entering a stage of the implementation now where we look to embed the system into every day practice, promoting the system to support operational decisions as well as inform the HB and wider audience on SBUHBs ability to meet and maintain of nurse staffing levels.

SBUHB is the second HB to roll out Safecare across Wales, as we have implemented Safecare we have worked on an All Wales basis to improve the reporting capabilities of Safecare to enable us to seamlessly report the required elements of 'the Act'. Allocate Safecare have recently agreed to develop a dashboard to the reporting requirements, this dashboard will not have cost implications. Allocate Safecare will develop this dashboard and hope to have it ready for testing in May 2023.

4. Impact of Acute Medical Service Re-Design (AMSR) on the Health Board requirements under the Nurse Staffing Act Wales (2016)

AMSR is due to take place in December this year, the planned changes will have an impact on the nursing workforce and our nursing establishments. Risks have been identified as part of the consultation and preference exercise, where staff can request a preferred place to work, which may include moving to a different hospital site. Risks have been highlighted in a number of key areas where vacancies will rise. Senior Nurse leadership has also been identified as an area of concern due to retirement.

The recent calculation and review of Nurse Staffing Act (Wales) establishments is based on the current ward/bed configuration, AMSR plans involve changes in most medical wards, including their set up and bed numbers.

The impact of this is that the HB's current ward/bed configuration/specialities are going to dramatically change on 5th December 2022 when the AMSR goes live, which in essence will render a large proportion of the most recent Nurse Staffing Act scrutiny findings out-dated.

Advice has been sought from the Chief Nursing Officer of Wales (CNO) and her colleagues in respect of the reporting flexibility available within 'the Act' in order to accurately report Nurse Staffing Levels whilst undergoing a significant and complex major change within the HB.

Following AMSR, it is anticipated that all wards affected by the changes will need to undergo a thorough re-calculation of the nurse staffing requirements, this would be undertaken once we understand the new patient demand flows through these wards.

Therefore, we anticipate the January acuity audit to continue to be key to supporting decisions around the nurse staffing levels.

The following reporting plan has been supported by the CNO and Welsh Government colleagues as a means of accurately reporting during this time of complex change within SBUHB:

- A paper including the All Wales NSA reporting template will be reported to Workforce and Organisational Development Committee on 13th December, as a designated committee of the Board
- AMSR becomes operational in December 2022
- Once the major bed realignment has taken place, the reportable wards, which come under Section 25B of 'the Act', will undergo re-calculation in the New Year, anticipated to be in January/February 2023 in line with the All Wales requirements

SBUHB recognises that is not ideal, although the process above will provide robust, accurate reporting of service development plan, bed realignment/AMSR and meets the requirements of "the Act".

The next Nurse Staffing Levels report to Board in May 2023 will include scrutiny following the AMSR changes.

5. Financial Implications following June Bi-annual acuity audit and scrutiny

The financial element has been complex through this scrutiny cycle, mainly due to the Acute Medical Services Re-design, COVID related nurse staffing funding and service changes within surgical wards.

Most medical wards in Morriston Hospital will undergo changes to their nursing establishments.

In addition to the above reporting plan, there will be a paper brought to Management Board to articulate the financial picture related to Nurse Staffing levels.

It has been possible to disaggregate the adjustments needed to the establishments as a result of the last two rounds of NSA assessments. The initial assessment against the relevant wards was an additional cost of £2.055m. The recent assessment reduces this by £0.199m to £1.856m. During the pandemic this additional cost has largely been funded by COVID response funding non recurrently. Further, a subset of wards in this analysis are impacted by the AMSR changes and the recurrent budgets for those wards have been set to include NSA requirements; however, wards outside of the AMSR remain non recurrently funded. The further paper referred to above will clarify the overall position of ward establishment funding of which NSA will be a component part within the overall service redesign across both surgical and medical establishments.

6. RECOMMENDATIONS AND CONCLUSION

The Workforce and Organisational Development Committee is asked to;

- Note the changes to the funded establishments following the June 2022 bi-annual acuity audit to ensure that the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act, 2016.
- Note, as previously reported, the limitations surrounding the ability to accurately and robustly report appropriateness of deployed nursing staff until the Safecare system is fully implemented and embedded into every day operational use.

Annual Presentation of Nurse Staffing Levels to the Board										
Health board	Swansea Bay University Health Board (SBUHB)									
Date of annual presentation of Nurse Staffing Levels to Board	13 th December 2022 to Workforce and Organisational Development Committee, the delegated committee									
Period covered	1 st October 2021 to 30 th September 2022									
Number and identity of section 25B wards during the reporting period. <ul style="list-style-type: none"> • Adult acute <u>medical</u> inpatient wards • Adult acute <u>surgical</u> inpatient wards 	<p>Appendix 1 of this report lists the nurse staffing levels for all wards that have been included under Section 25B of 'the Act' during the period 1st October 2021 to 30th September 2022. During this period, there were 31 wards (29 adult and 2 paediatric wards) within SBUHB which meet the inclusion criteria laid out in the statutory guidance and have therefore been subject to the requirements of Sections 25B/C of 'the Act.'</p> <table border="1"> <thead> <tr> <th></th> <th>January 2022</th> <th>June 2022</th> </tr> </thead> <tbody> <tr> <td>Number of adult acute <u>medical</u> inpatient wards Under section 25B</td> <td>15</td> <td>15</td> </tr> <tr> <td>Number of adult acute <u>surgical</u> inpatient wards Under section 25B</td> <td>13</td> <td>14</td> </tr> </tbody> </table> <p>The Chief Nursing Officer letter in April 2022, requested a time to pause and reflect on our journey within the Nurse Staffing Act, it has allowed a time to re-evaluate our current position and explore options for the future of the nursing workforce.</p> <p>The establishments relating to section 25B wards are outlined below, and attached in the All Wales appendix, they provide an overview of the key changes in relation to section 25B wards from 1st October 2021 to 30th September 2022. The appendix includes the required establishments for each ward and</p>		January 2022	June 2022	Number of adult acute <u>medical</u> inpatient wards Under section 25B	15	15	Number of adult acute <u>surgical</u> inpatient wards Under section 25B	13	14
	January 2022	June 2022								
Number of adult acute <u>medical</u> inpatient wards Under section 25B	15	15								
Number of adult acute <u>surgical</u> inpatient wards Under section 25B	13	14								

evidences the rationale, purpose and outcome of recalculations undertaken during the bi-annual calculation cycle. There were no re-calculations outside of the bi-annual calculations during this reporting period.

COVID has affected nurse staffing levels since March 2020, during this time there has been immense pressure to safely meet planned nurse staffing levels. Despite COVID 19 position being very different from 2020 and 2021, we still have pressures resulting from the pandemic. Chief Nursing Officer wrote to all HBs in April 2022 explaining that now is a time to pause and reflect on 'the Act', this is with regard to extension of 'the Act' into Mental Health, District nursing and Health Visiting areas. Although, it has also been a chance to reflect on the journey our nurse staffing levels have taken since 'the Act' became legislation and what has changed during the pandemic.

As such the first re-calculation within this reporting period, was a time to consider 'what we need now'. This resulted in very few changes to our nurse staffing levels following the January 2022 bi-annual acuity audit. During the following six months, additional information and data was gathered and scrutinised in order to fully understand and support our current position and therefore our required nurse staffing levels. The information below is divided into Service Groups and describes the changes made during this reporting period.

Neath Port Talbot and Singleton Service Group

Swansea Bay UHB			October 2021		May 2022 (January 2022 Acuity Audit)		October 2022 (June 2022 Acuity Audit)	
Unit	Ward	Med/Surg	RN	HCSW	RN	HCSW	RN	HCSW
NPT	Ward B	Surgical	15.06	7.78	12.73	7.78	16.33	10.12
NPT	Ward A	Surgical	0	0	0	0	11.73	9.00
Singleton	Ward 1	Surgical	11.61	11.03	12.61	9.00	12.61	9.00
Singleton	Ward 2	Surgical	19.90	13.40	19.90	13.40	28.95	17.29
Singleton	Ward 3	Medical	21.61	26.06	21.61	28.90	21.61	26.06
Singleton	Ward 4	Medical	19.00	26.06	19.00	26.06	19.00	26.06
Singleton	Ward 6	Medical	21.61	20.61	21.61	20.61	21.61	20.61
Singleton	Ward 8	Medical	24.21	19.07	24.21	19.07	24.21	19.07
Singleton	Ward 9	Medical	21.61	11.61	21.61	11.61	21.61	11.61
Singleton	Ward 12	Medical	33.93	24.87	33.93	24.87	33.93	24.87
Totals			188.54	160.49	187.21	158.46	211.59	175.72

Changes following January bi-annual acuity audit are detailed below:

Following January 2022 bi-annual acuity audit, there was agreement to maintain the temporary uplifts related to COVID, which are detailed within the Management Board Paper presented on 10th August 2022, with only one change to WTE within Section 25B wards in Neath Port Talbot and Singleton Service Group.

This change occurred on Ward 1 in Singleton Hospital, where there was a temporary increase of one WTE Band 7 and a decrease of one Band 2 across long day shifts, Monday to Friday, equating 2.03

WTE HCSW. This was supported at scrutiny and also by Management Board on the 10th August 2022 on a temporary basis to provide clear leadership

Changes proposed following June bi-annual acuity audit are detailed below:

Neath Port Talbot Hospital now has two wards under section 25B of 'the Act'. Previously Ward B, a 12 bedded elective surgical ward, which cares for patients undergoing orthopaedic, breast and spinal surgery, was the only Section 25B ward in Neath Port Talbot Hospital. Ward B's template incorporated hours used for Ward A, which was open 48 hours per week on Mondays and Tuesdays as an elective 'clean' ward for COVID Screened patients undergoing breast surgery.

Ward B has seen a change in WTE due to development of a separate template for Ward A and investment from the Surgical Hub Workstream which is outside of the Nurse Staffing calculations and related to Service change.

Ward A now operates with 12 beds over 7 days and has a separate NSA template, Ward A has been discussed and meets the requirements of a Section 25B ward. Due to the size of the wards and that Ward A closes on the weekend; it was agreed through scrutiny that one Band 7 will cover both Ward A and Ward B in Neath Port Talbot Hospital. This will be monitored closely and reviewed at the next re-calculation, or earlier if necessary, as the service develops.

The changes in WTE across Ward A and Ward B amount to:

- 11.73 RN WTE and 9 HCSW WTE on Ward A
- 3.60 RN WTE and 2.33 WTE HCSW on Ward B

Totalling increase of 15.33 RN WTE and 11.33 HCSW WTE across both wards.

Singleton Hospital continues to have eight section 25B wards, two surgical wards and six medical wards.

Ward 1 requests the previous change in following January acuity audit, of one WTE Band 7 and decrease of one HCSW across Monday to Friday long day shifts (2.03 WTE HCSW) is made permanent. This ward

manager post will provide ongoing professional leadership to the ward, which is increasingly important due to the expansion of surgery on the Singleton site. This change was further supported by a recent Corporate Quality assurance visit which was undertaken and clearly outlined the requirement for Senior dedicated leadership within the area.

In addition, Ward 1 carries 3.42 WTE HCSW uplift related to COVID 19, the service group wishes to keep this uplift, although now not related to COVID

Ward 2 whilst there is no uplift requirement for Nurse Staffing purposes, there has been investment into the ward to support the breast flap unit and the enhanced surgical care unit, which amounts to an increase of 9.05 RN WTE and 3.89 HCSW WTE

Ward 3 has been reviewed using the triangulated methodology and has recommended curtailment of the Band 4 HCSW role, due to difficulty filling the post and that Ward 3 is the first ward to transfer under the Acute Medical Service Re-Design (AMSR). Therefore, a reduction of 2.84 WTE Band 4 HCSW.

Ward 4, Ward 6, and Ward 12 there were no changes to nursing establishments at this re-calculation. These wards do not have any temporary COVID funding for nurse staffing

Ward 8 there was no change to nursing establishments on Ward 8, however there was a request to maintain the temporary COVID funding of 1.89 WTE RN and 2.13 WTE HCSW until Ward 8 has transferred under the AMSR.

Ward 9 was reviewed in April 2021 and there was an increase of one RN across all late shifts due to patient acuity, equating to 1.03 RN WTE.

Morriston Service Group

Swansea Bay UHB			October 2021		May 2022		October 2022	
Unit	Ward	Med/Surg	RN	HCSW	RN	HCSW	RN	HCSW
Morriston	Ward H	Surgical	26.35	19.90	26.35	19.90	26.35	19.90
Morriston	Ward T	Surgical	26.35	20.85	26.35	20.85	26.35	20.85
Morriston	Ward V	Surgical	27.62	20.73	27.62	20.73	27.62	20.73
Morriston	Pembroke	Surgical	27.11	17.17	27.11	17.17	27.11	17.17
Morriston	Ward A	Surgical	28.07	25.35	28.07	25.35	26.35	25.35
Morriston	Ward B	Surgical	23.62	22.62	23.62	22.62	23.62	25.35
Morriston	Ward W	Surgical	20.90	18.12	20.90	18.12	20.90	20.85
Morriston	Anglesey	Surgical	27.18	9.00	27.18	9.00	27.18	9.00
Morriston	Powys	Surgical	12.73	3.55	12.73	3.55	12.73	6.28
Morriston	Cyril Evans	Surgical	23.67	13.62	23.67	13.62	23.67	19.07
Total Surgical WTE			243.60	170.91	243.60	170.91	241.88	184.55
Morriston	Ward F	Medical	23.62	28.90	22.79	28.90	23.62	23.74
Morriston	Ward G	Medical	20.90	25.35	20.90	25.35	20.90	25.35
Morriston	Ward J	Medical	34.52	24.52	34.52	24.52	28.24	24.51
Morriston	Ward R	Medical	22.79	27.24	22.79	27.24	22.79	24.52
Morriston	Ward S	Medical	26.35	21.79	26.35	21.79	22.79	21.79
Morriston	Cardigan	Medical	20.90	19.07	20.90	19.07	20.90	19.07
Morriston	Gowers	Medical	25.52	27.24	25.52	27.24	22.79	29.96
Morriston	Ward C	Medical	26.35	17.17	26.35	17.17	26.35	19.90
Morriston	DanDanino	Medical	17.01	12.23	17.01	12.23	17.01	12.23
Total Medical WTE			217.96	203.51	217.13	203.51	205.39	201.07

Total Morriston Service Group current 25B Wards WTE RN and HCSW	461.56	374.42	460.73	374.42	447.27	385.62
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Morriston Service Group currently has 19 Section 25B wards, 10 surgical wards and 9 medical wards.

Changes following January bi-annual acuity audit are detailed below:

Following January 2022 acuity audit and scrutiny only one ward in Morriston Hospital had a change to their nurse staffing requirements. This was a decrease in WTE of RN by 0.83 WTE as an early and a late shift was merged to a long day shift across seven days on Ward F.

The continuation of the temporary COVID related uplifts and the change within Ward F was supported by Management Board on 10th August 2022.

Changes proposed following June bi-annual acuity audit are detailed below:

Surgical Wards in Morriston Service Group

Ward H, Ward T, Ward V and Pembroke Ward requested no change to current nursing establishments. Wards H, T and V have no temporary COVID funding, Pembroke Ward was a new ward, set up during COVID as an elective green pathway.

Trauma and Orthopaedic Wards; **Ward, A, Ward B and Ward W** have undergone service changes from the Spinal Pathway through Ward A. Previous re-calculations have uplifted the WTE for both RN and HCSW on a temporary basis whilst the Service Group understands the changes the spinal pathway will create within the wards.

Ward A has a temporary uplift of 5.45 WTE RN, they have now requested to decrease this by 2.72 WTE RN and to maintain the 5.45 WTE HCSW temporary uplift whilst a business case is prepared.

Ward B had no temporary uplift for WTE RN, however had a 2.72 WTE HCSW temporary uplift related to the change in spinal pathway and the ward providing care to the majority of patients with fractured neck of femur. Ward B has reviewed and compared the patient acuity, quality indicators and used professional judgement to conclude that they wish to maintain the temporary uplift and increase their WTE HCSW establishment by 2.72, which will bring Ward B in line with Ward A; where there has been a clear improvement in both patient and staff experience. This request is for a total increase of 5.45 WTE HCSW; continuation of temporary 2.72 WTE which was agreed following January acuity audit scrutiny and now a further increase of 2.72.

Ward W has seen an impact from the pathways changing in Ward A and B, Ward W now takes direct admissions from Emergency Department as well as in hospital transfers and from other hospital sites. A deep dive was carried out looking at the falls that have occurred within Ward W and found many happening during the evening and at night. Therefore, the request on Ward W to maintain the temporary HCSW uplift of 2.72 WTE which was for additional HCSW across all night shifts and for additional HCSW on all days covering an 11.5 hour twilight shift. This equates to a total of 5.45 WTE HCSW.

Anglesey Ward (Welsh regional burns and plastics surgical ward) has requested no change to current nursing establishments and has no temporary COVID funding.

Powys Ward is requesting a change to WTE HCSW by adding a HCSW to the night shift (2.72 WTE HCSW uplift) to support the current planned roster of two RNs per night.

Cyril Evans Ward has requested additional HCSW across all long day and night shifts, this will support the ward to achieve one HCSW in each bay during the day and increase the visibility across the night, this equates to an additional 5.45 WTE HCSW.

Medical Wards in Morriston Service Group

Ward F has requested a reversal of the previous merge of the RN early and late shifts to a RN long day shift to support staff wishing to work shorter shifts, this is an increase in WTE RN by 0.83. In addition, Ward F wishes to reduce the HCSW across all night shifts and alter a Band 2 HCSW to a Band 3 on all long day and night shifts. Moving forward the ward will be looking to change to facilitate the work around Hospital Acute Stroke Unit (HASU)

Ward G (Care of the Elderly Ward) and **Cardigan Ward** (Renal Ward) have not requested any changes to current nursing establishments and have no temporary COVID funding

Ward J has requested a phased approach to implementation of a Band 4 role within the ward. In terms of WTE figures, there would be an addition of a Band 4 on a long day shift across 7 days, with a reduction in RN and Band 2 HCSW on long day once Band 4 in post. The re-calculation has also reduced the WTE RN on all night shifts. Once Band 4 is in post, this is a reduction of WTE RN by 6.28 with the WTE HCSW remaining the same total WTE figure of 24.51, however 2.72 WTE would be at Band 4 level

Ward R has requested a reduction of one WTE HCSW across all night shifts, 2.72 WTE HCSW.

Ward S has requested a reduction of one RN on both early and late shifts across 7 days, an addition of Band 4 role for all long days and a reduction of Band 2 HCSW across all nights. This equates to 3.56 WTE RN deduction, WTE HCSW figure remains the same, although 2.72 WTE would alter from Band 2 to Band 4

Gowers Ward has requested a phased approach to implementation of a Band 4 role within the ward. In terms of WTE figures, there would be an addition of Band 4 on a long day shift across all days, with a reduction in RN once Band 4 in post

Ward C has requested an additional HCSW across all night shifts, which equates to an increase of 2.73 WTE HCSW. Ward C currently has no temporary COVID funding

Dan Danino Ward has requested no change to current nursing establishments. The ward has temporary COVID funding which equates to 0.78 WTE RN and 0.64 WTE HCSW.

Paediatric Inpatient Wards

Swansea Bay UHB			October 2021		May 2022		October 2022	
Unit	Ward	Med/Surg	RN	HCSW	RN	HCSW	RN	HCSW
Morrison	Ward M	Surgical	23.62	5.45	23.62	5.45	23.62	5.45
Morrison	Oakwood Ward	Medical	29.58	2.72	29.58	2.72	29.58	2.72
Total			53.20	8.17	53.20	8.17	53.20	8.17

Following both acuity audits in January and June 2022, there were no changes to nursing establishments on **Ward M or Oakwood Ward**. In addition, these wards do not have any temporary COVID funding for nurse staffing.

Using the triangulated approach to calculate the nurse staffing level on section 25B wards



The triangulated approach to calculate the nurse staffing levels for each ward has become embedded as a routine 6 monthly cycle that is undertaken for acute medical & surgical wards under section 25B of the Nurse Staffing Levels (Wales) Act.

Supernumerary status: Ward Managers, ward sisters and charge nurses in accordance with statutory guidance and reflected within establishments have the supernumerary (supervisory) status within their funded establishment.

Evidence of 26.9% 'uplift': All wards have the 26.9% uplift built into the funded establishment.

Evidence of use of the triangulated approach-acuity tool (Welsh Levels of Care) quality indicators and professional judgement:

The triangulated methodology prescribed in 'the Act' is used to calculate the Nurse Staffing Levels in each acute medical & surgical (25B) ward and is undertaken routinely on a 6 monthly cycle as outlined below:

- An acuity audit was undertaken from 1st January 2022 until 28th January 2022, and scrutiny panels were held in April 2022; June acuity audit was undertaken from 1st June 2002 to 28th June 2022, with recalculations occurring in September 2022 and scrutiny in October 2022.
- A review of the quality indicators was undertaken following both January and June audits (falls, pressure ulcers, medication errors, complaints).
- Professional judgement was evidenced, as part of the scrutiny process and ward templates.
- Planned roster submissions completed using the All Wales templates.
- Whole Time Equivalent (WTE's) calculations undertaken including 26.9% headroom & one WTE Ward Manager/Sister/ Charge Nurse.
- The Scrutiny process provides assurance that the calculations are correct for deploying the right amount of staff. Ward Managers, Matrons, Senior Matrons, Heads of Nursing, Group Nurse Directors Service Directors, Medical Directors & Group Finance representatives reviewed each ward template as part of the scrutiny process. Rosters were also reviewed for efficiencies.
- As in previous years, the Interim Executive Director of Nursing & Patient Experience held a series of scrutiny panels and invited the Executive Director of Workforce & Organisational Development, the Director of Finance, Director of Operations, Group Nurse Directors, Heads of Nursing and Service Delivery Group Finance representatives. In line with the requirements of 'the Act', the Designated Person (Interim Director of Nursing & Patient Experience) has scrutinised and signed off the establishment review calculations.

This process provides the Board with assurance that SBUHB is meeting the requirements of 'the Act'.

Welsh Levels of Care Work

Through the All Wales Combined (Adult and Paediatric) Workstream we undertook a piece of work looking at the past three years of bi-annual acuity audits in order to understand and confirm accuracy of the data across Wales and within SBUHB.

	<p>We noted that, over time, across Wales there were less Level 1 and 2 patients recorded and there was a significant increase in Level 3 and 4 patients and a small increase in Level 5 patients. SBUHB figures mirrored the rest of Wales.</p> <p>SBUHB carried out an audit of nine wards, reviewing the levels of care recorded and discussing reasons for each level. During the audit we were able to talk to the nurses and re-set the way we record our Welsh Levels of Care. Findings from the audit were fed back to the Service Groups.</p> <p>Senior nursing teams have been engaged and supported the work operationally. The visualisers from the June bi-annual acuity audit are evidence of this hard work. The staffing huddles now report and record numbers of patients for all levels not just the higher levels (4 and 5), which supports accurate re-deployment of staff based on acuity.</p> <p>There is also a corporate Welsh Levels of Care training programme undertaken via Teams. This is important training as there was a knowledge gap, previously only the Band 7 and Band 6 nurses would complete HCMS data entry and now the new Safecare system requires the nurse in charge of the ward to understand and input the data. This training ensures consistent reporting of Welsh Levels of Care and has enabled robust triangulation methodology when re-calculating nurse staffing levels.</p>
<p>Finance implications</p>	<p>Whole time equivalent Nursing establishment changes and the financial implications of bi-annual re-calculation during the reporting period, 1st October 2021 to 30th September 2022</p> <p>Following January bi-annual acuity and April re-calculations, the proposed changes to nursing establishments ask for an increase of 0.05 in RN WTE and a decrease of 2.86 HCSW WTE, with a potential cost saving of £0.07m per year. In addition to this saving, the request to continue temporary uplifts on Orthopaedic Wards A and B, increase 4.5 RN and 8.2 HCSW, with a year cost of £0.5m.</p> <p>The financial element following June 2022 bi-annual acuity audit has been complex through this scrutiny cycle, mainly due to the Acute Medical Services Re-design, COVID related nurse staffing funding and service changes within surgical wards.</p>

	<p>Most medical wards in Morriston Hospital will undergo changes to their nursing establishments.</p> <p>In addition to the above reporting plan, there will be a paper brought to Management Board to articulate the financial picture related to Nurse Staffing levels.</p>
<p>Conclusion & Recommendations</p>	
<p>During this reporting period, staff and services have remained under significant and unprecedented pressure, as COVID-19 has evolved. The situation is ongoing and there will be pressure due to COVID-19 for many more months, despite moving into the endemic phase.</p> <p>The Health Board has continued to respond at pace taking swift action to deal with the unpredictable and constantly changing situation, whilst maintaining a consistent approach to risk assess, monitor and plan the situation.</p> <p>Changes to the ward establishments have been calculated through a rigorous triangulated methodology as outlined within the report.</p> <p>The Acute Medical Re-Design will bring further changes to wards and units over the next few months which will be evidenced in the next stage of recalculations.</p> <p>The Workforce and Organisational Development Committee is asked to:</p> <ul style="list-style-type: none"> • Note the changes to the funded establishments, to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act, 2016. • Receive the report as assurance that the statutory requirements relating to Section 25B wards have been completed and that SBUHB is compliant within the requirements of ‘the Act’. • Note the ongoing reasonable steps outlined in the introduction to monitor and as far as possible maintain the Nurse Staffing levels (Wales) Act, 2016 during the COVID-19 pandemic and the ongoing unprecedented pressures. 	

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 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 type="checkbox"/>
	Excellent Staff	<input checked="" 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 checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The Nurse Staffing levels (Wales) Act, 2016, requires Health Boards and NHS Trusts to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The required amount of nursing staff needed within our adult and paediatric acute medical and surgical wards by the use of the triangulated method, consisting of quality outcomes, patient acuity and professional judgement.		
Financial Implications		
As outlined within the report		
Legal Implications (including equality and diversity assessment)		
Legal requirement to fulfil the requirements of the Act.		
Staffing Implications		
Establishment budgets represent full compliance with 'the Act'.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<ul style="list-style-type: none"> The Health Board risk register and the COVID-19 risk register sets out a framework for how SBUHB will make an assessment of existing and future risks, and how it will monitor, mitigate, plan to manage and prepare for those risks. 		
Report History	Draft Nurse Staffing Act Steering Group, 18 th October 2022	
Appendices	<div style="text-align: center;">  Appendix to NSA Nov 2022 Manageme </div>	

