

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board	Betsi Cadwaladr University Health Board		
Date annual assurance report is presented to Board	Patient Safety and Quality Group 13 th June 2022 The reporting period is 6th April 2021 – 5th April 2022		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards (inaugural report to Board)
During the last year the lowest and highest number of wards	<p>Lowest number of <u>medical</u> wards:</p> <p>Ysbyty Gwynedd - 6 Ysbyty Glan Clwyd – 8 (static during reporting period) Ysbyty Wrexham Maelor - 8</p> <p>Highest number of <u>medical</u> wards:</p> <p>Ysbyty Gwynedd - 7 Ysbyty Glan Clwyd – 8 Ysbyty Wrexham Maelor - 8</p> <p>Oncology & Haematology Ward numbers remained unchanged/static during the reporting period:</p> <p>Ysbyty Gwynedd – 1 (Alaw Ward) Ysbyty Glan Clwyd - 1 (Enfys Ward)</p>	<p>Lowest number of <u>surgical</u> wards:</p> <p>Ysbyty Gwynedd - 3 Ysbyty Glan Clwyd – 4 Ysbyty Wrexham Maelor - 4</p> <p>Highest number of <u>surgical</u> wards:</p> <p>Ysbyty Gwynedd - 5 Ysbyty Glan Clwyd – 5 Ysbyty Wrexham Maelor – 6*</p> <p>Women’s Gynaecology Wards:</p> <p>Ysbyty Gwynedd - 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor - 1</p> <p>*YWM SAU Glyndwr ward became an Act ward end of Q4</p>	<p>Paediatric inpatient wards remained unchanged/static during the reporting period:</p> <p>Ysbyty Gwynedd – 1 Ysbyty Glan Clwyd – 1 Ysbyty Wrexham Maelor – 1</p>
During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	<p>2</p> <p>Alaw YG & Bromfield YWM</p>	<p>1</p> <p>SAU Glyndwr</p>	<p>0</p>

The process and methodology used to calculate the nurse staffing level.

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each Health Board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective and timely care to patients.

This report will detail the Nurse Staffing Levels for the wards that come under Section 25B of the Nurse Staffing Levels (Wales) Act within BCUHB¹. In line with the requirements of the Act these wards are subject to bi-annual reviews in order to accordingly and appropriately calculate nurse staffing levels. The organisation has been fully compliant with the requirements of bi-annual nurse staffing calculations since operational inception of the Act in April 2018.

Methodology used to calculate the nurse staffing level.

Section 25C of the Nurse Staffing Levels (Wales) Act 2016 describes a method of triangulation which is to be applied when undertaking bi-annual nurse staffing level reviews. This approach requires that due regard is given to *Patient Acuity, Care Quality Indicators, and Professional judgement*. In addition to this, nationally endorsed professional nursing workforce guidance and/or standards are taken into account where they exist.

Patient Acuity data is measured by using an evidence-based workforce planning tool Welsh Levels of Care². Although the SafeCare Allocate system³ captures acuity data on a shift by shift basis, formal acuity audits are undertaken every 6 months (January and June) in all wards where section 25B of the Act applies⁴. This audit data is reviewed and validated by the Site/Area Director of Nursing, Head of Nursing, Matron and Ward Manager prior to final sign off and subsequent publication (Visualiser) by HEIW. An increased level of acuity on wards may require a greater number of nursing staff to safely manage the clinical area, and sensitively care for the patients. Factors such as escalation beds, increases in demand and activity, and the national focus are also taken into account when considering acuity.

Care Quality Indicators are measures that are particularly sensitive to care provided only by a nurse and have been shown to have an association with low staffing levels, and must be reported on.

¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to acute medical and acute surgical inpatient wards. Excluded from the definition of Section 25B wards is Outpatient departments, admission portals/assessment units, critical care/high dependency units, day case areas, rehabilitation areas, theatres, procedural units, coronary care units. These areas ordinarily undergo a nurse staffing review (minimum) annual reviews to ensure there are sufficient nurses to provide timely and sensitive care to patients.

² The Welsh Levels of Care consists of 5 levels of acuity ranging from; Level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis, down to Level 1 where the patients condition is stable and predictable, requiring routine nursing care.

³ SafeCare Allocate is a daily staffing software system that matches real time nurse staffing levels to patient acuity enabling informed decision making on staffing levels across a hospital. It enables visibility of staff to support deployment of resource in addition to the recording of red flags and professional judgement

⁴ The formal acuity audit for January 2022 was deferred until February 2022

For *adult medical and surgical inpatient wards* where sections 25B-25E of the Act pertains, these care quality indicators are identified as:

- *Patient falls* - any fall that a patient has experienced whilst on the ward
- *Pressure ulcers* - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward
- *Medication related never events*

For *paediatric inpatient wards* where sections 25B-25E of the Act pertains, in addition to care quality indicators identified above, *infiltration/extraversion injuries must also be reported on.*

Professional judgement is the application of nursing knowledge, skills and experience in order to make an informed decision regarding nurse staffing level calculations. Professional judgement will take into account the qualifications, competencies, skills, experience, professional development, and mandatory training requirements of the nurses providing care to patients within the ward. It will also consider the use of temporary staffing, conditions which may affect care provision, support to students and learners, ward layout, the turnover of patients and overall bed occupancy, the complexity of patient needs in addition to their medical or surgical nursing needs (for example, patients with learning disabilities), and staff health and well-being.

In line with the Act, and following consideration of these factors, an uplift of 26.9% is levied before triangulation to cover staff absences⁵. Band 7 Ward Managers are supernumerary and not included in the care delivery numbers.

Process used to calculate the nurse staffing level.

BCUHBs process of calculating nurse staffing levels has 3 steps:

Step 1: The review process is commenced at ward level with the Ward Manager presenting respective ward acuity data, care quality indicators, and professional judgement. Supportive challenge and discussion involving the senior nurse leadership team⁶, and colleagues from workforce and finance ensures the legitimate and validated application of the triangulated methodology.

Each ward completes the designated proforma available within the 'Nurse Staffing Levels (Wales) Act 2016' Operational Guidance as evidence of the review and application of the triangulated methodology. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations

⁵ Nurse staffing establishments across *acute medical and surgical inpatient wards* have a 26.9% uplift applied to the registered nurse (RN) establishment, and 22% applied to Health Care Support Worker (HCSW) establishments.

⁶ Site/Area Nurse Director, Heads of Nursing, Matrons, Ward Manager

	<p>Step 2: A Health Board wide (multi-site, service specific) review is undertaken to ensure a consistent approach, share good practice and lessons learned, innovate, and facilitate opportunity to improve patient care pathways.</p> <p>Step 3: Final approval of the Nurse Staffing Levels is agreed by the Executive Director of Nursing and Midwifery as the confirmed designated person⁷ and on approval, this is formally presented to the Board (November).</p>		
Informing patients	<p>Information whiteboards at the entrance to each of the wards display the planned nurse staffing levels on the wards. During the COVID-19 pandemic however, as these information boards are displayed in areas ordinarily frequented by visitors, it is acknowledged that this particular method is limited due to the current situation. There is also a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act.</p> <p>Patients are encouraged to ask questions on the ward and staff advocate an open and honest approach to nurse staffing levels. Ward staff endeavour to support the use of I-Pads and mobile phones in order to encourage regular communication between patients and their friends and families.</p> <p>Ward staff are aware of, and endeavour to maintain Welsh Language Standards and translation services to ensure that patients are offered the opportunity to communicate through their language of choice.</p> <p>It is acknowledged that during this particular time further consideration is needed in regard to informing patients of nurse staffing levels and ensuring a comprehensive approach to this particular element of the Act. To date, there have not been no concerns reported by patients or the public regarding how the Health Board is approaching this aspect of its statutory requirements</p>		
<p>Section 25E (2a) Extent to which the nurse staffing level has been maintained</p> <p>As the nurse staffing level is defined under the NSLWA as comprising both the planned roster <i>and</i> the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained <i>and</i> how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.</p>			
Extent to which the required establishment has been maintained within <u>adult acute</u>	<p>YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)</p>		<p>Period Covered 6th April 2021 to 5th April 2022</p>
			<p>Number of Wards:</p>

⁷ The designated person must act within the Health Boards governance framework authorising that person to undertake the nurse staffing calculation on behalf of the Health Boards Chief Executive Officer. In view of the requirement to exercise nursing professional judgement, the designated person should be registered with the Nursing and Midwifery Council and have an understanding of the complexities of setting a nurse staffing level in the clinical environment, such as the Executive Director of Nursing and Midwifery.



<p><u>medical and surgical wards.</u></p> <p>NB: First cycle: spring 2021 following January audit Second cycle: autumn 2021: following June audit</p>	<p>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)</p>	35	723.15	526.72	
	<p>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle</p>	35	687.82	486.73	
	<p>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)</p>	37*	778.19	643.60	
	<p>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle</p>	37*	702.89	493.12	
	<p>CANCER SERVICES YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)</p>		<p>*SAU Glyndwr ward became an Act ward at the end of Q4 and therefore not included in the bi-annual review. Period Covered 6th April 2021 to 5th April 2022</p>		
			<p>Number of Wards:</p>	<p>RN (Wte)</p>	<p>HCSW (Wte)</p>
	<p>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)</p>	2	33.61	27.32	
	<p>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle</p>	2	33.61	27.32	
	<p>Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)</p>	2	33.61	27.32	
	<p>WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle</p>	2	33.61	27.32	
<p>Accompanying narrative:</p> <p><i>The number of wards under section 25B is likely to have changed during the reporting period. For more details of individual wards and their calculated nurse staffing levels, refer to the annual assurance report</i></p>					

This report includes the inaugural nurse staffing calculations for BCUHB inpatient paediatric wards in line with Section 25B and extension of the Act into paediatrics in October 2021.⁸

Throughout the 2021/22 reporting period many wards were caring for patients with, or recovering from, COVID-19 infection. Although these wards may have been recognised as having characteristics pertaining to the jurisdiction of Section 25B, these were considered temporary and due to the dynamic nature of the pandemic it is recognised that the Board may not have been advised of any potential requirement for the permanent reshaping of budgets and nurse staffing establishments (e.g. stepping-down/limiting planned surgery; services temporarily merging into other clinical areas/footprints; patient pathways having temporarily changed, or site reconfiguration⁹). The Board have been advised however of the nurse staffing calculations deemed to be permanent and any requirements relating to associated budgets, with other adjustments being managed on a temporary basis under the umbrella of a COVID-19 driven change.

Overall, the extent to which wards pertaining to Section 25B have repurposed during this reporting period in response to COVID-19, is less than was seen in the previous reporting period 2020/21. Patient acuity however has remained higher than pre-covid periods across all inpatient areas. In line with the rest of Wales, the Health Board is showing a trend of reduced Level 1 and 2 patients, and increased levels 3 and 4 patients in our adult wards. Acuity data for wards pertaining to Section 25B during the reporting period June 2021 shows that just over 80% of patients requiring care were Level 3 and 4, with an increase on previous years of patients requiring Level 5 care (7.15%).

There has been a steady improvement in nursing vacancies from this time last year (March 21), which stood at 12.1% and down to 10.4% in March 2022 with more Registered Nurses and Health Care Support Workers in post than this time last year. In March 2021, there were 480.8 wte vacancies across the band 5 nursing workforce compared to 421.6 wte in March 2022, down by 59.2 wte year on year - almost 29% of these vacancies can be attributed to the wards pertaining to Section 25B. Steady recruitment across band 5 nursing has been achieved in the main through graduates and the international nurse recruitment pipeline coming through at regular intervals. There has been a marginal increase in vacancies in band 5 nurses across Q4 but this was expected and focused work on retention remains a priority for nursing and workforce teams going forward.

Although fairly consistent across the reporting period, registered nursing hours fill rates for Q4 shows an increase with some of the intelligence behind this indicating that usage has gone up due to increased demands on both unscheduled and planned care services with the gap in unfilled hours increasing significantly also. This is monitored closely as fatigue across our substantive staff from supporting Covid 19 takes an effect. Workforce have led a number of initiatives to drive further recruitment to the bank which has seen an increase in numbers. Further recruitment work for bank HCSWs is ongoing to support the services going forward.

⁸ In keeping with the principles of the Act and for the first time, this report has included the nurse staffing calculations undertaken in Women's (gynaecology) and Cancer inpatient wards.

⁹ Wrexham Maelor Hospital



The de-commissioning of the field hospitals during this reporting period saw the return of temporarily redeployed staff return to their substantive posts in order to resume business as usual and service re-start. Wherever possible, staff that have temporarily returned to employment to support the COVID-19 response have been asked to consider continued employment with BCUHB through the offer of alternative permanent employment (in the first instance), otherwise a temporary/bank contract; flexible working arrangements; and fixed term arrangements within other health care settings of their choice. In areas that are fully/over established, rotational posts are offered with the aim to maintain staff interest, and build a successive and sustainable nursing workforce.

*Developments and processes for **achieving** required establishments*

Nursing and workforce team have worked closely to assess and understand workforce requirements and focus on the experience and retention of staff. Initiatives have included:

- Establishment of key posts within Corporate Nursing with a focus on nursing workforce and staffing
- The offer of a meeting with a member of the corporate nursing team to optimise opportunity to avert leavers and a new Retention Interview project being carried out targeting areas of high turnover and leavers within 2 years
- Face to face 6/12/26 week touch point meetings with all new starters to ensure the appropriate provision of pastoral support
- A digital nurse recruitment campaign and attendance at UK wide recruitment campaigns.
- Introduction of the Clinical Nurse Fellowship Programme
- Successful local recruitment campaigns which has seen a total of 825 recruitments to the bank team: HCSW 610; Band 3 Vaccinators 55; Band 4 x3; RN Band 5 x103; Band 5 Vaccinators 20; Band 6 x28; Band 7 x4; Band 8 x2.
- A successful overseas nurse recruitment programme which has welcomed 124 registered nurses to the Health Board during the reporting period 6 April 2021 – 5 April 2022
- Active engagement with the All Wales Nurse Recruitment / All Wales Nurse Staffing Programmes
- Continued engagement with the student nurse streamlining process and annual review of commissioned placements
- A methodical approach to all nurse staffing reviews, using triangulated methodology wherever possible, to determine nurse staffing levels, and the opportunity to utilise the workforce differently e.g introduction of additional/new roles such as Band 4 Assistant Practitioners/Band 3 Progress Chasers
- Introduction of an accredited Nurse Leadership programme - Aspiring Nurse Leaders
- A temporary uplift in the Band 6 ward nursing establishments to strengthen senior support to frontline staff
- Band 5 Rotational Nursing Programme
- Organisational and local Staff Recognition schemes such as Seren Betsi, Staff Achievement Awards, Long Service Awards
- Be Proud Pioneer Programme - aimed at improving and sustaining staff engagement at team level by understanding what may be hindering engagement and supporting the team to build improved engagement behaviours.
- Improved Speak out Safely processes



- The Psychological / Emotional Health and Wellbeing support to staff has been strengthened and continues to be developed further to ensure a robust package is in place for staff.

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u> NB: Second cycle: autumn 2021: following June audit				Period Covered October 2021 – March 2022			
	PAEDIATRICS			Number of Wards:	RN (Wte)	HCSW (Wte)	
	YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)						
	Funded establishment (WTE) of <u>paediatrics inpatient wards prior to 1st October 2021</u>			3	65.5	15.01	
	Required establishment (WTE) of <u>paediatrics inpatient wards calculated during second calculation cycle (Nov)</u>			3	83.46	31.27	
	WTE of required establishment of <u>paediatrics inpatient wards funded following second (Nov) calculation cycle</u>			3	*	*	
Accompanying narrative: *Prior to the extension of the Act to paediatric inpatient units, the revised paediatric wards establishments calculated using the triangulated approach were presented and acknowledged by the Executive Team and noted by the Health Board in September 2021. As this took effect part way through the financial year no increased budgetary uplift occurred but it was acknowledged that it would form part of the IMTP process for 2022/23.							
Extent to which the planned roster has been maintained within <u>both adult medical and surgical wards and paediatric inpatient wards</u> NB: To obtain this information add the figures from the 2 sections below together		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	46148	4827 10.46%	1599 3.46%	5847 12.67%	5183 11.23%	37.82%



Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	43591	4311 9.89%	1578 3.62%	5632 12.92%	4985 11.44%	37.87%
<p>Accompanying narrative:</p> <p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E of the 2016 Act, and health boards/trusts were using a variety of e-rostering and reporting systems. During the first reporting period health boards/trusts in Wales worked as part of the All Wales Nurse Staffing Programme, to enhance the Health Care Monitoring System (HCMS) (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent to which the nurse staffing levels across the health board/trust. NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required.</p> <p>Over the last 3 years extensive work has been undertaken to inform the development of the Safecare system that continues to be implemented within health boards and trusts within Wales through a phased approach. Each health board/trust is at different stages of implementation and Betsi Cadwaladr University Health Board has implemented Safecare across all Section 25B adult acute medical & surgical wards with further plans to implement to the paediatric wards during 2022. The implementation of this national IT system will ensure consistency in recording and reporting data across organisations and support the 'Once for Wales' approach'.</p> <p>For the first reporting period (April 2018 - April 2021) this health board, together with all other health boards/trusts in Wales, provided narrative to describe the extent to which the nurse staffing levels have been maintained in order to meet its statutory reporting requirement under Section 25E of the Act. During the latter part of the second reporting period (April 2021 - April 2024) because of a robust national IT system being implemented, it is anticipated that health boards/trusts can collate, review and report more information relating to the extent that nurse staffing levels have been maintained. In addition, health boards/trust will be able to demonstrate the extent to which the planned roster has been maintained and whether the deployment of nurse staffing was appropriate to meet the needs of patients sensitively.</p>							

During year 1 of the current reporting period (April 2021 - April 2022) health boards/trust have utilised 2 systems to enable the capture and analysis of data – the Health Care Monitoring System (HCMS) and SafeCare. Due to the COVID-19 pandemic health boards/trusts have experienced extreme operational pressures which has impacted on the organisations ability to implement Safecare within the desired timeframe and data capture has not been consistent throughout that period

During April 2021 to April 2022 this health board has utilised the SafeCare system to capture data for the adult acute medical & surgical wards. SafeCare provides the ward user with the opportunity to record whether or not staffing was appropriate to meet the needs of the patients on a shift by shift basis. The information reported for the extent to which the planned roster has been maintained within adult acute medical and surgical wards is based on the Early, Late and Night shifts only, includes both substantive and temporary staffing as recorded on the rosters, and the response provided by the ward user as to the appropriateness of the staffing levels on each of these shifts. As the data has been collated and reported on at the end of the reporting period the information is based on the Act Wards as at April 5th 2022.

Over the course of the reporting year there have been several factors that may have impacted BCUHBs ability to consistently capture the data required. The impact of the COVID-19 pandemic has necessitated ward movements and service re-designs throughout the year, there have been higher levels of staff absence, and a notable turnover over of key staff in senior nursing positions.

This is the first year of reporting in this way and whilst undertaking the data analysis it has become apparent that data validity and accuracy at this point in time is unreliable and incomplete. For example, the completion of the data set requesting information regarding the *appropriateness of staffing* on each shift yielded a low compliance level of 37.87% across the reporting period. Furthermore, a small but relevant number of anomalies were found with the data with some staffing entries marked as both *appropriate and not appropriate* for the same shift. For the purpose of this report these entries have been marked as no data entered and amendments have been made to the system to prevent these anomalies in future.

Analysis of the data has led to several recommendations being made to ensure that subsequent data is appropriately monitored and validated at regular intervals throughout the year, with an aim to increase and improve compliance and data quality.

The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the Health Board takes ‘all reasonable steps’ to maintain its staffing levels and this includes strategic recognition of the resource and expertise required to do so. Through the provision of Welsh Government funding¹⁰ BCUHB has successfully recruited a Nurse Staffing Programme Lead who will be responsible for leading on the improvements in the data quality required. Improvements will involve:

- Training Needs Analysis with targeted actions aligned to the findings

¹⁰ CNO letter February 2022 – 18 month pump-prime funding for 8A NSA lead with the expectation that Health Boards make this position permanent and take this into account in financial planning 2024

- Development of an in-house training package to ensure organisational memory during times of significant change
- Identification of a clear reporting framework to ensure accountability and information dissemination
- Data sourcing
- Review and update information and training material available on BetsiNet pages
- Utilising the system reconfiguration as an opportunity to review, refresh and relaunch SafeCare
- Bringing services together to look at best practice / shared learning
- Comparing finance ledgers, ESR and E-Rostering

Sustained improvements will be require:

- Monthly reporting schedule to the Health Economies
- Details of how wards are performing against meeting the planned roster
- Narrative aligned to Welsh Levels of Care and the appropriateness of staffing
- Acuity data
- Quality outcomes data
- Staffing establishment data
- Benchmarking data at local & national levels
- Utilising report data to inform on-going action plans

BCUHB continues to work closely with the All Wales Safecare Implementation Group to support and ensure a consistent All Wales approach. An All Wales SafeCare Standard Operating Procedure has recently been developed and cascaded to the Directors of Nursing within each Area and Site. Recent enhancements have been made to the SafeCare system and the introduction of these will be utilised as an opportunity to review and refresh the system usage within BCUHB, and compliance across the organisation during 2022¹¹.

Extent to which the planned roster has been maintained within <u>paediatric inpatient wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	906	453 and 50%	21 and 2%	215 and 24%	198 and 22%	98.7%

¹¹ Additional resource will be required to support monthly data monitoring, analysis, and reporting in order to ensure the Health Board meets statutory reporting requirements relating to ‘the extent to which the nurse staffing level has been maintained’

Accompanying narrative:

As the 2016 Act was not extended to Paediatric until 1st October this report contains information from the 1st October 2021

On the 1st October 2021 the second duty of the 2016 Act was extended to paediatric inpatient wards. Prior to the extension date health boards calculated their nurse staffing levels for each paediatric inpatient ward, these were presented to their Board/delegated committee in September 2021. The process and systems used within paediatric inpatient wards align to those used within the adult medical and surgical inpatient wards. The use of Health Care Monitoring System (HCMS) and Safecare, as per the adult wards, has enabled health boards to begin capturing the data required to inform the reporting requirements under section 25E of the 2016 Act from this date.

Within this health board the period covered is from the extension of the Nurse Staffing Levels (Wales) Act to paediatrics on October 1st 2021 through to and including February 2022, when the acuity audit was completed in BCU, thus not a full six month period. This is the first assurance report inclusive of the paediatric units, and currently Safecare is not in use within the paediatric areas. Data has therefore been extracted manually from the Health Care Monitoring System (HCMS).

The first staffing calculations using the triangulated methodology were undertaken by paediatric units using the June 2021 acuity data and were presented to Board in September 2021 in readiness for the extension of the act in October 2021. Each of the three inpatient paediatric wards in BCUHB required an increase in staffing establishments to meet their planned rosters. The ability to meet the planned roster has varied between units depending on the level of success to recruit to the new establishments. Recruitment is ongoing, with an expectation that all posts will be recruited to with the graduation of the current child branch cohort. It should be noted that this has unfortunately been delayed from September 2022 to January 2023 due to covid-19 pandemic. Recruitment for unregistered workforce is also ongoing.

The varied recruitment challenge is reflected in, for example, the percentage of shifts where the planned roster was not met and not appropriate; which varies from 8.9% in the area with least recruitment challenge, to 44% in the area with greatest challenge.

Despite the above, there were only three incidents where failure to meet the planned roster was considered to be a contributory factor in this reporting period. These were three complaints about nursing care, all of them related to busy shifts. One incident where a referral to social services was not completed in a timely manner, one where emla cream was left on a patient for longer than the required time and one where support was not felt to be adequate for a parent.

**Process for
maintaining the Nurse
staffing level**

Paediatrics

Whilst recruitment to the new establishments is not complete, there has been an increase in registered workforce across the three paediatric units with an additional 3.12wte registered nurses and 13.03wte unregistered HCSW's employed. (This figure includes one area where the registered workforce has actually decreased by 3.69wte due to high turnover rate, leaving a deficit of 9.37wte to meet planned roster in that unit.)

All three BCUHB area Children and Young People teams are involved in annual workforce planning which informs nursing education commissioning. There has been an increase in the number of child branch places commissioned for current and upcoming years to ensure an adequate supply of children's trained nurses. Through the student streamlining process, proactive recruitment is encouraged to secure the workforce required.

In addition, career progression for HCSW workforce to allow them to progress to registered nurses is supported and there are a number currently seconded on to the degree programmes.

There is a focus on staff retention with strong preceptorship programmes for new graduates, and an ethos of support for lifelong learning and staff development within paediatrics. Strong consideration is given to providing a positive work-life balance and on staff work satisfaction.

A small team of bank staff are utilised to support the planned roster appropriately. Agency staff are used infrequently due to the lack of available agency nurses with the necessary skills and expertise.

Adult acute surgical and medical inpatient wards

The process for maintaining nurse staffing levels is a continuous process which includes long term and short term planning.

Reasonable *steps to maintain nurse staffing levels* include:

The use of temporary workforce in addition to the offer for staff to work additional hours or overtime to support their areas.

Data cleansing and contact with inactive (more than 3 months) nurse bank workers to understand why shifts have not been worked, and what could be done to encourage activity

Increasing efficiency throughout the recruitment process with the aim to reduce the number of nurse vacancies across the organisation through the monitoring and reporting of recruitment KPIs

Streamlined fast track internal recruitment commenced in September 2018 and continues



Partnership working with local universities, schools and colleges to support the development of accredited training packages and routes into health care (e.g return to practice, apprenticeships)

Maximising opportunities for healthcare support worker development through Assistant Practitioner, Open University and Part Time Bachelor of Nursing routes

The provision of pastoral support for graduates and oversees nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB

Close working relationships with allied health professionals and non-nursing colleagues in order to utilise additional support where nurse staffing is unavailable, for example, therapy support/theatre staff/pharmacy and administrative progress chasers

Bi-weekly multi-site staff deployment meetings to enable a forward look at staffing to identify areas of risk, monitor roster compliance, understand the requirements and availability of temporary staffing, and the availability of staff suitable for redeployment. The meeting also provides an opportunity to consider any patient harms or concerns that may have potentially arisen as a result of nurse staffing.

Daily site operational meetings involving discussions relating to capacity, staffing and system risk to inform decisions regarding opening/closing additional capacity, planned care, and the redeployment of available staff.

Where appropriate, study leave and non-essential meetings stood down

Nurse managers and non-patient facing/corporate nursing teams deployed to support their clinical areas in order to maintain nurse staffing levels, and staff health and well-being through ensuring appropriate break times

Roster optimisation - 6 weekly roster performance meetings re-commenced to ensure roster KPIs are met, and consider any timely remedial actions required in support of the approval process.

All vacant shifts are sent to the temporary staffing team once the rosters have been created and approved to ensure timely requests for bank/agency workers

A streamlined fast track recruitment process for internal staff

An increase in the Band 6 establishments across identified wards pertaining to Section 25B with a primary purpose of strengthening senior support out of hours, whilst enhancing professional development and leadership.

Supporting the secondments of substantive HCSWs into the part-time BN course in order to augment a home-grown, sustainable nursing workforce

KEY: Ysbyty Wrexham Maelor - YWM / Ysbyty Glan Clwyd - YGC / Ysbyty Gwynedd - YG

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in adult acute medical & surgical inpatients wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year (6 April 2020 – 5 April 2021)	Number of closed incidents/complaints during current year (6 April 2021 – 5 April 2022)	Total number of incidents/complaints <u>not closed</u> (6 April 2021 – 5 April 2022) and to be reported on/during the <u>next</u> year (6 April 2022 – 5 April 2023)	Increase (decrease) in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained (6 April 2021 – 5 April 2022)	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor (6 April 2021 – 5 April 2022)
Hospital acquired pressure damage (grade 3, 4 and unstageable)	YWM 22	YWM 18	YWM 1	YWM decrease	YWM 0	YWM 0
	YGC 26	YGC 65	YGC 0	YGC increase	YGC 0	YGC 0
	YG 65	YG 60	YG 3	YG decrease	YG 0	YG 0
	Cancer n/a	Cancer 4	Cancer 0	Cancer n/a	Cancer 0	Cancer 0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	YWM 25	YWM 12	YWM 4	YWM decrease	YWM 0	YWM 0
	YGC 26	YGC 17	YGC 0	YGC decrease	YGC 0	YGC 0
	YG 29	YG 12	YG 6	YG decrease	YG 1	YG 1
	Cancer n/a	Cancer 0	Cancer 0	Cancer n/a	Cancer 0	Cancer 0
Medication errors never events	YWM 12	YWM 3	YWM 0	YWM decrease	YWM 0	YWM 0
	YGC 3	YGC 0	YGC 0	YGC decrease	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG static	YG 0	YG 0
	Cancer n/a	Cancer 0	Cancer 0	Cancer n/a	Cancer 0	Cancer 0
Any complaints about nursing care	YWM 7	YWM 3	YWM 0	YWM decrease	YWM 0	YWM 0
	YGC 2	YGC 0	YGC 0	YGC decrease	YGC 0	YGC 0
	YG 1	YG 0	YG 0	YG decrease	YG 0	YG 0
	Cancer n/a	Cancer 0	Cancer 0	Cancer n/a	Cancer 0	Cancer 0

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Paediatric inpatient wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year	Number of closed incidents/complaints during current year	Total number of incidents/complaints <u>not closed</u> and to be reported on/during the <u>next year</u>	Increase (decrease) in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
Hospital acquired pressure damage (grade 3, 4 and unstageable)	0	0	0	NA	0	0
Medication errors never events	0	0	0	NA	0	0
Infiltration/extravasation injuries	2	2	0	NA	0	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	0	NA	0	0
Any complaints about nursing care	11	11	3	NA	6	3

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

Section 25E (2c) Actions taken if the nurse staffing level is not maintained	
<p>Actions taken when the nurse staffing level was <u>not</u> maintained in section 25B wards</p>	<p>On the paediatric units, where the staffing level was not maintained the following mitigating measures are applied:</p> <ul style="list-style-type: none"> • Loss of supernumerary status of ward managers to carry out clinical work • Use of other non-clinical hours, e.g. practice development nurse working clinically • Matron/ Head of Nursing works clinically • Extra hours / overtime offered to substantive staff • Change of rota to fulfil ward requirement from future shifts • Additional consultant discharge rounds undertaken to reduce inpatient occupancy if appropriate • Use of bank/agency staff • Movement of staff from neonatal units to support paediatric roster • Cancellation of study leave • Cancellation of elective work and staff redeployment to support acute work • Paediatric escalation policy is followed on all units. This may necessitate ward closure to any additional admissions for a period <p>For inpatient medical and inpatient surgical wards, monitoring and maintaining nurse staffing levels is a continual process. Appropriate action, mitigation and escalation is in line with BCUHB Staffing Policy http://howis.wales.nhs.uk/sitesplus/861/page/48259</p> <p>In addition to the action noted by paediatric areas:</p> <ul style="list-style-type: none"> • Shift by shift real-time review of staffing and the redeployment of staff to support areas of concern through the utilisation of the SafeCare roster system • Bi-weekly multi-site staff deployment meetings (stepped up/down accordingly) to identify areas of risk, opportunities to redeploy staff, roster compliance, and harms associated with staffing. These regular review meetings have been maintained throughout the reporting period to enable early recognition of, and response to, the need for variations in the planned nurse staffing levels for wards pertaining to Section 25B. Planned rosters may have been 'appropriately varied' on rare occasions in light of the complexities of the clinical environments • Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provide bespoke support sessions via SWS for example. • Shared learning through the ward managers and matrons monthly meetings • Increased visibility of the senior nursing team (matron/HON/DON) and PALS team (where appropriate) through walkabouts/audit/patient feedback surveys • Daily incident reviews with escalation of major and catastrophic incidents • Potential/confirmed harms reported through bi-weekly staff deployment meetings



	<ul style="list-style-type: none">• Introduction of the Nursing Quality Assurance Framework- to ensure deep dives are conducted into each clinical area in support of Ward Accreditation• HAPU scrutiny (weekly) MDT meetings• Falls are reviewed daily at matron & Heads of Nursing meeting. Make it safe plus completed within 72 hrs. Falls scrutiny meetings in place with implementation of ward level education by PDN and champions, embedding N.I.C.E guidelines.• Increased audit activity in areas of concern to support improvement work
Conclusion & Recommendations	<p>Throughout the past year, nurse staffing levels for all healthcare settings across BCUHB have been calculated at a level which demonstrates the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. This statutory requirement has ensured that the staffing levels for all wards and areas across BCUHB caring for inpatients have been set and, wherever possible maintained. When it has not been possible to maintain staffing levels, appropriate action, mitigation and escalation is in line with BCUHB Staffing Policy http://howis.wales.nhs.uk/sitesplus/861/page/48259</p> <p>It has been challenging to consistently meet the planned roster within wards given the extremity of the current situation. The COVID-19 pandemic is unfinished and the true extent of this remains unseen. Staffing requirements over the last 2 years have increased at a level significantly in excess of previous years. The professional judgement of nurse managers and leaders has been relied on significantly given the dynamic and constantly evolving clinical situation. During this time <u>all</u> staff have displayed resilience and solidarity as the organisation endeavours to:</p> <ul style="list-style-type: none">• Manage the pressures of unscheduled care• Re-start planned/elective services against the backdrop of consequential and unprecedented waiting list times• Maintain nurse staffing levels together with vacancies, staff absences, and increased patient care needs• Manage reduced bed capacity, and maintain patient pathways within a climate that has exacerbated long standing issues within social care• Deliver a large scale vaccination programme <p>The Board are asked to note and support the following next steps:</p> <ol style="list-style-type: none">1. A review of the resource requirements to support the Nursing Workforce, Staffing and Professional Standards agenda to ensure the organisation is able to fulfil its statutory duties in relation to the Nurse Staffing Levels (Wales) Act 2016; and focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns.2. The emerging BCUHB People Strategy & Plan will be an essential enabler to the delivery of this key priority, and this will be further supported through the development and implementation of a robust Nursing Workforce Strategy that will place focus on retention and innovation.