

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016: Report for Board/Delegated Committee

Health board	Betsi Cadwaladr University Health Board		
Date annual assurance report is presented to Board	Executive Meeting 26th April 2023 Board Committee Meeting 25 th May 2023 The reporting period is 6th April 2022 – 5th April 2023.		
	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	<p>Total lowest number of <u>Medical</u> Wards = 24 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 8</p> <p>Total highest number of <u>Medical</u> wards = 25 Ysbyty Gwynedd 7 Ysbyty Glan Clwyd 9 Ysbyty Wrexham Maelor 9</p>	<p>Total lowest number of <u>Surgical</u> Wards = 15 Ysbyty Gwynedd 4 Ysbyty Glan Clwyd 5 Ysbyty Wrexham Maelor 6</p> <p>Total highest number of <u>Surgical</u> wards = 17 Ysbyty Gwynedd 5 Ysbyty Glan Clwyd 6 Ysbyty Wrexham Maelor 6</p>	<p>Paediatric inpatient wards have remained unchanged/static during the reporting period:</p> <p>Total <u>Paediatric</u> Wards = 3 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>Adult acute medical inpatient ward staffing levels have been reviewed / recalculated on one occasion outside of the bi-annual calculation process:</p> <p>1) Following a site reconfiguration within the Ysbyty Maelor site to transfer the former ENT surgical ward to be a medical ward, now known as Prince of Wales.</p>	<p>Adult acute surgical inpatient ward staffing levels have been reviewed / recalculated on three occasions outside of the bi-annual calculation process:</p> <ol style="list-style-type: none"> 1) Following a site reconfiguration within the Ysbyty Maelor site to transfer the former ENT surgical ward to be a medical ward, now known as Prince of Wales. 2) Bromfield ward stepped up as Act wards following the return of elective Gynaecological patients. 3) Ffrancon ward stepped up as Act wards following the return of elective Gynaecological patients. 	<p>Staffing levels have not been reviewed / recalculated outside of the bi-annual calculation periods.</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 focus on the wards to which Section 25B of the Nurse Staffing Levels (Wales) Act pertains within BCUHB¹. In line with the requirements of the Nurse Staffing Levels (Wales) Act 2016, wards pertaining to Section 25B are subject to bi-annual reviews² in order to appropriately calculate planned nurse staffing levels. The organisation has been fully compliant with the requirements of bi-annual nurse staffing calculations since the operational inception of the Nurse Staffing Levels (Wales) Act 2016 in April 2018. The narrative detailed within the Annual Assurance Report (appendix 2) has attempted to demonstrate the rationale for any proposed changes to the nurse staffing levels, for example changes to care quality outcomes, or sustained change in the pattern of patient acuity and ward activity.

Methodology used to calculate the nurse staffing level:

Section 25C of the Nurse Staffing Levels (Wales) Act 2016 describes the triangulated method of calculation that must be applied when undertaking the nurse staffing level calculations / reviews. The triangulated methodology involves collecting, reviewing and interpreting data relating to Patient Acuity, Care Quality Indicators, and Professional judgement.

Patient Acuity data is measured using Welsh Levels of Care³ evidence-based workforce planning tool. This measure of patients' levels of acuity indicates how much care is required in order to determine the nurse staffing level that is required to meet reasonable requirements of care. Within BCUHB the RL Datix SafeCare system⁴ captures acuity data on a shift by shift basis, however across Wales, in all wards where section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies, formal acuity audits are undertaken every 6 months (January and June). The acuity 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.

¹ Section 25B of the Nurse Staffing Levels (Wales) Act 2016 applies to adult acute medical inpatient wards; adult acute surgical inpatient wards; and paediatric inpatient wards. Excluded from the definition of Section 25B wards are 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 (minimum) annual nurse staffing review to ensure there are sufficient nurses to provide timely and sensitive care to patients.

² Statutory calculations of nurse staffing levels across wards pertaining to Section 25B take place between March/April (reporting to Board in May) and August/September (reporting to Board in November).

³ 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.

⁴ RL Datix (formally known as Allocate) SafeCare is a daily staffing software system that displays real time nurse staffing levels and patient acuity enabling informed decision making on staffing levels across a hospital site. It enables visibility of staff to support deployment of resource in addition to the recording of red flags and professional judgement reasons and mitigating actions taken.

Care Quality Indicators are measures that are particularly sensitive to care provided only by a nurse and must be considered during the calculation process. The quality indicators shown to have an association with low nurse staffing levels are identified as:

- Patient falls - any fall that a patient has experienced whilst a patient on the ward
- Pressure ulcers - total number of hospital acquired pressure ulcers considered to have developed while a patient on the ward;
- Medication administration errors - any error in the preparation, administration or omission of medication by nursing staff
- Complaints – wholly or partly about care provided to patients by nurses made in accordance with the complaint's regulations.

Paediatric inpatient wards also include infiltration/extraversion injuries as part of their care quality indicator measurements.

In addition to the indicators set out above, any other indicator that is sensitive to the nurse staffing level may be considered. Examples may include, but are not limited to, patient experience, unmet care needs, failure to respond to patient deterioration, staff experience & well-being and compliance with mandatory training and performance development reviews.

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.

During the process of calculating the nurse staffing levels using the triangulated approach there is no pre-determined hierarchy in terms of the evidence with equal weighting given to all the information that informs this process. The designated person⁵ will make the determination of the nurse staffing levels based on an analysis of all the information collected about the ward and the contributions of those staff involved in the process.

In line with the Nurse Staffing Levels (Wales) Act 2016, and following consideration of these factors, an uplift of 26.9% is applied to both the registered nurse (RN) and Health Care Support Worker (HCSW) establishments to cover staff absences⁶. As per the

⁵ 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.

⁶ The 26.9% covers absences relating to annual leave, sickness and study leave but excludes maternity leave.

requirements of the Nurse Staffing Levels (Wales) 2016 Act all Band 7 Ward Managers are supernumerary and are therefore not included in the required establishment figures.

Process used to calculate the nurse staffing level:

In line with the Nurse Staffing Levels (Wales) Act 2016, nurse staffing calculations are to be approved by a designated person⁵ who is authorised to undertake this calculation on behalf of the Chief Executive Officer. 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. Within Welsh Health Boards the designated person is the Executive Director of Nursing.

BCUHBs process of calculating nurse staffing levels has 3 steps:

Step 1: Initial Review

The review process is commenced at ward level with the Ward Manager presenting ward acuity data, care quality indicators, and professional judgement. Each ward completes the designated proforma available within the 'Nurse Staffing Levels (Wales) Act 2016' Operational Guidance to evidence the review process and application of the triangulated methodology described above. This also ensures a consistent and transparent approach to undertaking nurse staffing level calculations. This is presented at site level, for review, discussion and supportive challenge.

The Integrated Health Community Nurse Director / Associate Director of Nursing leads the site reviews to calculate Nurse staffing levels in collaboration with the Heads of Nursing, Matrons, Ward Sister/Manager, and colleagues from finance. The review is informed by both qualitative and quantitative information comprising of information and data gathered using the triangulated methodology covering Patient Acuity, Care Quality Indicators, and Professional judgement.

Additional information provided at the initial review includes, though is not limited to:

- Current ward bed numbers and speciality, including specific treatments or procedures.
- Ward environment, layout and geographical position
- Detail of service and patient pathway changes
- Ward based initiatives. improvement programmes or action plans
- Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc.).
- Workforce/Staffing related metric data i.e. Performance & Development Review (PADR) compliance, mandatory training compliance, sickness, maternity leave.
- Patient flow/activity related data for the previous 12 months.
- Finance related data i.e. pay/non pay expenditure/utilisation of permanent/temporary staff.

	<p>Step 2: Health Board Wide Review A Health Board wide (multi-site, service specific) review is undertaken, led by the Director of Nursing for Workforce, Staffing and Professional Standards, taking into account national guidance and best practice evidence, to ensure a consistent Health Board wide approach. The review includes sharing good practice and lessons learnt and providing assurance of compliance with the Nurse Staffing Levels (Wales) Act 2016 requirements in that all workforce models must include an uplift of 26.9% and that a supernumerary Band 7 Ward Sister/Charge nurse has been calculated within the overall workforce plan for each ward. Supportive challenge and discussions are undertaken between the senior nurse leadership team⁷, and colleagues from workforce and finance to ensure the legitimate and validated application of the triangulated methodology.</p> <p>Step 3: Formal Presentation of Nurse Staffing Levels to Executive Director of Nursing & Midwifery Each Integrated Health Community Nurse Director / Associate Director of Nursing formally present their proposed nurse staffing levels to the Executive Director of Nursing and Midwifery as the confirmed designated person. In attendance are the Executive Directors for Workforce & Organisational Development; & Finance (or their nominated deputies). Final approval of the Nurse Staffing Levels is agreed by the Executive Director of Nursing and Midwifery as the confirmed designated person and on approval, these are formally presented to the Board in November each year.</p>
<p>Informing patients</p>	<p>In line with the requirements of the Nurse Staffing Level (Wales) Act 2016, information boards are located at the entrance to each of the wards displaying the planned nurse staffing levels on the wards and the date these were presented to the Board. Nationally agreed bilingual “Once for Wales” templates are utilised to display the planned staffing levels, with supplementary information available via a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available bilingually in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act.</p> <p>During the COVID-19 pandemic, as these information boards are displayed in areas ordinarily frequented by visitors, it is acknowledged that this particular method has been limited at times. Further consideration has been needed in regard to informing patients of nurse staffing levels and ensuring a comprehensive approach to this particular element of the Act. 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 tablets and mobile phones in order to encourage regular communication between patients and their friends and families. 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>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>

⁷ Director of Nursing for Workforce, Staffing and Professional Standards, Integrated Health Community Nurse Director / Associate Director of Nursing and Heads of Nursing



Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards</u> .	YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)	Period Covered 6 th April 2022 to 5 th April 2023		
		Number of Wards:	RN (WTE)	HCSW (WTE)
NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May 2022)	39	803.58	687.81
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May 2022) calculation cycle	39	750.62	522.55
	Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (November 2022)	40	790.83	706.13
	WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (November 2022) calculation cycle	40	768.81	527.20
	<p>During previous reporting periods the pressures of Covid-19 have made it difficult at times to distinguish within areas the bed base that would ordinarily form part of the Section 25B requirements, and those that would be excluded. As the organisation resumes business as usual, services have had the opportunity to review and reconsider their clinical environments in addition to known further changes, such as the restarting of elective and planned care activity.</p> <p>The number of Section 25B wards has changed during the reporting period and within some of these wards the associated staffing establishments have also changed. A number of wards required staffing levels have been recalculated for the following reasons (for some wards' nurse staffing levels were recalculated for more than one reason, or on more than one occasion):</p> <ul style="list-style-type: none"> • 12 wards were recalculated due to a change in the patient acuity and / or patient harm profiles • 3 wards were recalculated following staffing skill mix reviews • 5 wards were recalculated due to a review of or change in funded bed numbers or ward layout • 3 wards were recalculated due to service/pathway changes • 3 wards new were including as Section 25B wards and undertook their inaugural formal reviews <p>Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. The narrative detailed within the annual assurance report appendices demonstrates the rationale for any changes to the nurse staffing</p>			

levels. Financial implications of the reviews will be considered by the Executive Team and considered within the 2023/24 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

The nurse staffing reviews have again identified the regular (and in some areas sustained) use of “escalation beds” in response to system pressures and as such funding for these beds are included for consideration in the planning and prioritisation schedule of the Integrated Medium Term Plan (IMTP). Staff are utilised from across the site to support the staffing of these wards/beds alongside the use of temporary staffing. Seasonal and temporal pressures historically experienced during winter months, build throughout the year and it is evident that this pressure is placing significant stress on staff and creating significant risks for patients.

Whilst previous reviews and associated reports have included the staffing requirements necessary to support escalated beds within the Section 25B wards, from the Autumn 2022 review, and in line with other Health Boards within Wales, the required nursing establishment figures will not include staffing levels for these beds. The figures presented in this report reflect this change in the review process between the Spring 2022 and Autumn 2022 reviews. Although staffing requirements associated with escalated beds will not be included in the data relating to Section 25B wards this information will continue to be captured as part of the nurse staffing levels review process and included within the respective Integrated Health Community IMPT plans.

The extent to which wards pertaining to Section 25B have repurposed during this reporting period is less than was seen in the previous reporting period 2021/22. 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 acute medical and surgical wards. Acuity data for wards pertaining to Section 25B during the reporting period in June 2022 shows that just over 75% of patients requiring care were Level 3 and 4, with 8% of patients requiring Level 5 care.

As wards continue to facilitate the changing demands of the patient population it is recognised that professional judgments made for some areas may change between the bi-annual nurse staffing level calculation reviews and therefore some staffing changes are recognised as interim amendments pending further review. During this reporting period an increase in patient acuity, dependency and reported harms have affected staffing requirements across the services, predominantly with an increased need for Healthcare Assistants.

Developments and processes for achieving required establishments across all Section 25B wards (adult & paediatric):

There are a range of both short and long term actions being taken by the Health Board to improve the extent to which a sufficient workforce is available to work within the Registered Nurse and Health Care Support Worker establishments across all health settings. Workforce and Organisational Development teams continue to work closely with senior nursing and midwifery colleagues to assess and understand workforce requirements, maximise recruitment and focus on the experience and retention of nursing staff. In support of this work a Health Board wide Nursing Recruitment and Retention group meets monthly and oversees a comprehensive work plan including:



- Continued overseas nurse recruitment programme with a plan to recruit 380 WTE registered nurses over 2 years, of which, 80 WTE will be registered mental health nurses. Since this work stream began 58 WTE registered nurses have been successfully recruited with the first cohort arriving in October 2022.
- Bachelor of Nursing FastTrack for Health Care Support Workers to “grow our own”
- Assistant Practitioners (Band 4) integrated well within establishments, and undertaking extended duties on a competency assessed basis
- Continual review and enhancements of BCUHB careers framework
- Corporate led HCA recruitment drives, working closely with the temporary staffing team to directly appoint regular bank workers whilst sustaining an agile temporary workforce.
- Annual establishment reviews for areas exempt from Section 25B
- Monitoring of the SafeCare Allocate system usage to ensure targeted support to areas of poor compliance, and ensure visibility of available nursing resource and workforce utilisation.
- The development of a Workforce Utilisation Dashboard to identify the utilisation of substantive and temporary staff within rosters, measured against funded establishments in ESR. Staff unavailability (i.e. annual leave / sickness / training / parenting) will be included in the dashboard to identify the drivers for low substantive staff utilisation, and high temporary workforce requests above agreed funded establishment.

Short-term mitigation remains through the use of temporary staffing (bank and agency staff) and deployment of substantive staff internally.

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>	Period Covered October 2021 – March 2022			
	PAEDIATRICS YSBYTY WREXHAM MAELOR / YSBYTY GLAN CLWYD / YSBYTY GWYNEDD (Combined total)	Number of Wards:	RN (WTE)	HCSW (WTE)
NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit	Required establishment (WTE) of <u>paediatrics inpatient wards</u> calculated during first cycle (May 2022)	3	83.46	31.27
	WTE of required establishment of <u>paediatrics inpatient wards</u> funded following first (May 2022) calculation cycle	3	79.45	31.27
	Required establishment (WTE) of <u>paediatrics inpatient wards</u> calculated during second calculation cycle (November 2022)	3	83.46	31.27
	WTE of required establishment of <u>paediatrics inpatient wards</u> funded following second (November 2022) calculation cycle	3	79.45	31.27



The number of Section 25B wards within paediatrics has not changed during the reporting period and there have been no changes made to the required staffing establishments. Details of individual wards and their calculated nurse staffing levels can be found in the annual assurance report appendices. Financial implications of the reviews will be considered by the Executive Team and considered within the 2023/24 financial planning cycle however, to mitigate the risks all Section 25B wards have been able to recruit and staff to the calculated required establishment figures utilising temporary staffing as necessary to achieve these levels.

The acuity data shows very few patients at level 1 on the paediatric wards, with the majority of patients being levels 2 and 3. There were no days without some patients at level 4 or 5 across the units. The paediatric wards have a very high turnover with average length of stay lower than that seen on adult wards. This is supported by the flow data with up to 50 admissions recorded across the three paediatric units per day.

Extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric inpatient wards

	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	47093	10451 22.19%	3386 7.19%	12581 26.72%	14368 30.51%	86.61%

Extent to which the planned roster has been maintained within adult acute medical and surgical wards

	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	44829	9286 20.71%	3315 7.39%	11980 26.72%	13974 31.17%	86.00%

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.

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 with BCUHB having implemented Safecare across all Section 25B adult acute medical & surgical wards and the paediatric wards having recently undertaken implementation of the system with work ongoing to embed this within these ward areas. The implementation of this national IT system will ensure consistency in recording and reporting data across organisations and support the 'Once for Wales' approach'.

During April 2022 to April 2023 BCUHB 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 who utilising their professional judgement to record the appropriateness of the staffing levels on each of these shifts.

This is the second year of reporting in this way and significant improvements have been made in the quality of the data being reported with overall data completeness rising from 37.82% to 86% across the adult medical and surgical Section 25B during this reporting period. Work will continue to ensure that the improvements are sustained with data being monitored and validated at regular intervals throughout the year.

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 been developed and is in use across BCUHB. Enhancements continue to be made to the SafeCare system to ensure the reporting requirements of the Act can be met 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 2023⁸.

⁸ 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'

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
		1165 51.46%	71 3.14%	601 26.55%	394 17.39%	
TOTAL	2264					98.54%

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 which was 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 and use of HCMS and Safecare, as per the adult wards, has enabled health boards to move towards capturing the data required to inform the reporting requirements under section 25E of the 2016 Act from this date.

During this reporting period the paediatric inpatient wards have utilised the Health Care Monitoring System (HCMS) to enable the capture and analysis of data. Operational pressures have impacted on the organisations ability to implement Safecare to the paediatric wards within the desired timeframe, with this having only been undertaken during the latter part of this reporting period. The paediatric ward in Ysbyty Maelor Wrexham has successfully moved to capturing data fully within the SafeCare system, with data from 1st February until 5th April reported for this area via the SafeCare system. Work is ongoing to ensure the SafeCare system is fully embed across the paediatric wards and it is anticipated that all three wards will be fully utilising the SafeCare system to capture the data by June 2023.

Process for maintaining the Nurse staffing level

The Nurse Staffing Levels (Wales) Act 2016 statutory guidance requires that the Health Board takes ‘all reasonable steps’ to maintain its staffing levels. As a Health Board there has been underpinning work to secure and assure plans for maintaining nurse staffing levels and compliance with the 2016 Act to date, and ongoing. There is continual development as greater information, analysis and comprehension is gained both locally and nationally.

The ongoing impact of Covid 19, vacancy rates and variability in skill mix continues to be a challenge which cannot be under estimated. The competency, skill and experience of the nurses providing care to patients is a crucial component that has influenced the nurse staffing requirements within the bi annual calculation.



Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”. There are established processes in place within the Integrated Health Communities nursing structures which allow for reviews of nurse staffing levels operationally on a daily basis, and support operational risk based decisions about the deployment of staff.

The process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with specific examples of actions which have been taken at both strategic/corporate and operational levels provided below, demonstrating that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board:

- The Allocate SafeCare system provides real-time data in relation to staffing, skill mix and patient acuity. The system is reviewed on a shift-by-shift basis (as a minimum) by the Senior Nursing teams. The system, in addition to professional judgement, enables the temporary redeployment of resource to support timely and sensitive patient care.
- 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.
- Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services
- Nurse staffing escalation processes are outlined in the [BCUHB - Nurse Staffing Levels Policy](#) and [BCUHB Paediatric Escalation Policy](#)
- Band 7 Ward Managers are ordinarily supernumerary however they will have been included in care delivery numbers at times of increased capacity needs, and when providing sickness/absence cover.
- Where appropriate study leave and non-essential meetings are stood down
- Offer for staff to work additional hours or overtime to support their areas
- Use of temporary workforce – any gaps that cannot be filled by substantive staff are tendered in advance to the temporary workforce team in order to optimise fill rate. Where appropriate, block booking is supported to ensure stability, and regular workers to aid continuity
- 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
- 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.
- Annual workforce planning undertaken which informs nursing education commissioning
- 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
- Reporting potential compromise to patient care and/or experience considered to be attributed to nurse staffing via the Datix system and review.



- Roster optimisation – ensuring that all rosters are completed in line with Rostering Policy WP28a. Rosters are subject to a double approval process which is monitored by the senior nursing team to ensure safe and effective rosters
- A streamlined fast track recruitment process
- Partnership working with local universities to maximise opportunities for recruitment and retention including innovative opportunities for post graduate development
- The introduction of additional roles to support nurse staffing such as Assistant Practitioners (Band 4) Progress Chasers (Band 3) to support the safe and timely discharge of patients
- Maximising opportunities for healthcare support worker development through Assistant Practitioner, Open University and Part Time Bachelor of Nursing routes
- The appointment of new graduates via the streamlining process continues to be a success as does the overseas recruitment programme.
- The provision of pastoral support for graduates and overseas nurses to ensure they settle well and have a rewarding and fulfilling career within BCUHB
- Targeted focus of innovative Nurse recruitment campaigns both locally, nationally and internationally informed by workforce data/analysis and feedback
- Staff wellbeing strategies are in place
- Work is ongoing to ensure there is a strong focus on staff retention with preceptorship programmes for new graduates, an ethos of support for lifelong learning and staff development, and the ability to provide a positive work-life balance and focus on staff work satisfaction.

Recruitment and retention activity has prioritised areas with significant need/risk. On the balance of risk, and following on from the staffing reviews undertaken in Spring 2022, wards have recruited above funded establishments to ensure timely and sensitive nursing care. Recruitment initiatives have specifically focussed on increasing substantive registrants and non-registrants within the Health Board, via routes such as international recruitment, Health Care Assistants graduate schemes and external supported campaigns. Short /intermediate term mitigation continues to be through temporary staffing of bank and agency staff and deployment of staff internally.



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 (06/04/2021 – 05/04/2022)	Number of closed incidents/ complaints during current year (06/04/2022 – 05/04/2023)	Total number of incidents/ complaints <u>not closed</u> (06/04/2022 – 05/04/2023) and to be reported on/during the <u>next</u> year (06/04/2023 – 05/04/2024)	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 (06/04/2022 – 05/04/2023)	Number of incidents / complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor (06/04/2022 – 05/04/2023)
Hospital acquired pressure damage (grade 3, 4 and unstageable)	YWM 18	YWM 21	YWM 2	YWM Increase	YWM 0	YWM 0
	YGC 65	YGC 55	YGC 17	YGC Decrease	YGC 0	YGC 0
	YG 60	YG 96	YG 4	YG Increase	YG 24	YG 13
	Oncology & Haematology N/A	Oncology & Haematology 12	Oncology & Haematology 1	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 1	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	143	185	24	Increase	24	13
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	YWM 12	YWM 15	YWM 0	YWM Increase	YWM 0	YWM 0
	YGC 17	YGC 10	YGC 3	YGC Decrease	YGC 0	YGC 0
	YG 12	YG 14	YG 0	YG Increase	YG 2	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 1	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	41	40	3	Decrease	2	0



Medication errors never events	YWM 3	YWM 0	YWM 0	YWM Decrease	YWM 0	YWM 0
	YGC 0	YGC 0	YGC 0	YGC Static	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG Static	YG 0	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	3	0	0	Decrease	0	0
Any complaints about nursing care ⁹	YWM 3	YWM 2	YWM 0	YWM Decrease	YWM 0	YWM 0
	YGC 0	YGC 0	YGC 0	YGC Static	YGC 0	YGC 0
	YG 0	YG 0	YG 0	YG Static	YG 0	YG 0
	Oncology & Haematology N/A	Oncology & Haematology 1	Oncology & Haematology 0	Oncology & Haematology N/A	Oncology & Haematology 0	Oncology & Haematology 0
	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 2	Womens Gynaecology N/A	Womens Gynaecology 0	Womens Gynaecology 0
Total	3	3	2	Static	0	0

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

This is the first year that the oncology & haematology and Womens gynaecology wards have reported the above quality indicators with their wards being stepped up as Section 25B during the course of this reporting period.

It is noted that a recommendation in the “Nurse Staffing Levels (Wales) Act 2016 – statutory summary of nurse staffing level report 2018-2021” was to ask the All Wales Nurse Staffing Group and Executive Nurse Directors to consider what revisions to the reporting template, including the quality indicator information, should be used for the second reporting period and the CNO has asked that consideration should be given to aligning the three year reports with the measures that will underpin the reporting requirements of the Quality and Engagement Act 2020. Nationally work has commenced on reviewing and enhancing the current reporting templates with there being BCUHB representation on this national group.

⁹ Complaints refer 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 (06/04/2021 – 05/04/2022)	Number of closed incidents/complaints during current year (06/04/2022 – 05/04/2023)	Total number of incidents/complaints <u>not closed</u> (06/04/2022 – 05/04/2023) and to be reported on/during the <u>next</u> year (06/04/2023 – 05/04/2024)	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 (06/04/2022 – 05/04/2023)	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor (06/04/2022 – 05/04/2023)
Hospital acquired pressure damage (grade 3, 4 and unstageable)	0	0	0	Static	0	0
Medication errors never events	0	0	0	Static	0	0
Infiltration/extravasation injuries	2	0	0	Decrease	0	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	0	Static	0	0
Any complaints about nursing care ⁹	11	6	3	Decrease	1	0

It is noted that a recommendation in the “Nurse Staffing Levels (Wales) Act 2016 – statutory summary of nurse staffing level report 2018-2021” was to ask the All Wales Nurse Staffing Group and Executive Nurse Directors to consider what revisions to the reporting template, including the quality indicator information, should be used for the second reporting period and the CNO has asked that consideration should be given to aligning the three year reports with the measures that will underpin the reporting requirements of the Quality and Engagement Act 2020. Nationally work has commenced on reviewing and enhancing the current reporting templates with there being BCUHB representation on this national group.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained	
<p>Actions taken when the nurse staffing level <u>was not</u> maintained in section 25B wards</p>	<p>As previously detailed the process for maintaining nurse staffing levels is a continuous process which includes both long and short term planning with actions taken at both strategic/corporate and operational levels, which demonstrate that “all reasonable steps” have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board. These include all reasonable steps being implemented to reduce the risk when the nurse staffing level was not maintained with appropriate action, mitigation and escalation undertaken in line with the BCUHB - Nurse Staffing Levels Policy and the BCUHB Paediatric Escalation Policy</p> <p>The impact on care quality when nurse staffing levels have not been maintained is monitored operationally with the senior nursing teams applying their professional judgment to ensure that the staffing levels wherever possible, were maintained – and, where not possible, mitigated. In addition to the actions previously noted above, the below are also undertaken:</p> <ul style="list-style-type: none"> • Wellbeing support for staff where there has been significant staffing shortfalls on a continuous basis and provision of bespoke support sessions via Staff Wellbeing Service for example. • Shared learning through the Ward Managers and Matrons monthly meetings • Increased visibility of the senior nursing team (Matrons/ Heads of Nursing / Directors of Nursing) and Patient Advice & Liaison Support Service (PALS) team (where appropriate) through walkabouts/audit/patient feedback surveys • Daily incident reviews with escalation of major and catastrophic incidents • Weekly Hospital Acquired Pressure Ulcers (HAPU) scrutiny multi-disciplinary team meetings • Falls are reviewed daily at Matron & Heads of Nursing meeting with the “Make it safe” requirements completed within 72 hrs. Falls scrutiny meetings are in place with implementation of ward level education by Practice Development Nurses and falls champions, embedding N.I.C.E guidelines. • Increased audit activity in areas of concern to support improvement work • Nursing Quality Assurance Framework - to ensure deep dives are conducted into each clinical area in support of Ward Accreditation
<p>Conclusion & Recommendations</p>	<p>The report provides assurance to the Health Board that in line with statutory guidance the Health Board is fully compliant with the requirements of the Nurse Staffing Levels (Wales) Act 2016 bi annual calculations for 25B adult inpatient medical and surgical wards; and paediatric inpatient wards.</p> <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 - Nurse Staffing Levels Policy and the BCUHB Paediatric Escalation Policy</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. The professional judgement of nurse managers and leaders has been relied on significantly given the dynamic and constantly evolving clinical situation. During this time all staff have displayed resilience and solidarity as the organisation endeavours to:

- 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
- Maintain patient pathways within a climate that has exacerbated long standing issues within social care

The Board are asked to note and support the following next steps:

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; focus on meeting the nurse staffing establishments through ambitious and successful recruitment campaigns; focus on the retention of committed and skilled staff.
2. The 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.
3. Corporate finance teams will work with operational finance teams to adjust budgets as part of the annual planning cycle to reflect the revised approved rosters.
4. The E-Rostering team will adjust roster demand templates to reflect the agreed 'planned rosters'
5. Ward Managers will process the recruitment of staff, based on the revised nursing establishment (where applicable)
6. Ward Managers will display any changes to the planned roster on the ward boards displayed at the ward entrance