



AGENDA ITEM

5.8

CTM BOARD

THE NURSE STAFFING LEVELS (WALES) ACT (2016) UPDATE REPORT FOR ADULT ACUTE FOLLOWING THE BI ANNUAL CALCULATION IN JUNE 2021

Date of meeting	25 November 2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
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Presented by	Greg Dix, Executive Director of Nursing
Approving Executive Sponsor	Executive Director of Nursing
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
(Insert Name)	(DD/MM/YYYY)	Choose an item.

ACRONYMS

NSLWA	Nurse Staffing Levels Wales Act
ILG	Integrated Locality Group



1 SITUATION/BACKGROUND

The Nurse Staffing Levels (Wales) Act (NSLWA) 2016 became law in March 2016 with the final sections of the Act coming into effect in April 2018. The extension of the 2nd Act for inpatient paediatric wards became law on 1st October 2021.

The Nurse Staffing Levels (Wales) Act 2016 Statutory Guidance requires the designated person to formally present to the Board the nurse staffing requirements for adult inpatient medical wards, surgical wards and paediatric inpatient wards. The aim of this report is to provide the Board with a detailed summary of the nurse staffing levels for each ward where Section 25B applies.

The Act requires health service bodies to make provision for appropriate nurse staffing levels and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively. Section 25A requires Health Boards to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their Organisations.

Section 25B identifies wards where there is a duty to calculate nurse staffing levels using a prescribed methodology and maintain nurse staffing levels. The process of determining the staffing levels across the Health Board is well established. Wards that are included in 25B undertake the bi-annual acuity audit and triangulate that information with their professional judgment of the ward, patient population and staff currently in post and a distinct number of patient outcomes that are generally regarded as being nurse sensitive.

2 SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

Health Boards are required to submit a nurse staffing levels report following the bi-annual acuity audit that is routinely undertaken in January and June each year. Due to the ongoing Covid-19 pandemic, the Welsh Government did not mandate the requirement for the bi-annual report to be submitted in January 2021 but left this to the discretion of each Health Board. In accordance with the 'Once for Wales' approach Executive Nurse Directors agreed that their organisations would defer the bi-annual audit and subsequent calculations of nurse staffing levels until June 2021

Following the acuity audit undertaken in June 2021 as part of the bi-annual recalculation process, wards that are under Section 25B were reviewed in order to ensure the calculation of the nurse staffing levels using prescribed methodology. Following the review there have been temporary changes in

staffing levels required on some of these wards in light of the repurposing of specialities because of the pandemic. These temporary establishments have been authorised by the ILG Nurse Directors. Each ward has been subjected to the triangulated approach and the workforce planning tool used to produce a ward template. The next round of acuity audits are due in January and will be reported to the Board in May 2022, following a check and challenge process by the ILG and Exec Nurse Directors.

The Board is asked to formally receive and note the information contained within the Annual Presentation of Nurse Staffing Levels to the Board (Appendix A) which has been produced using the prescribed NHS Wales reporting template.

Between 1st October 2020 and 30th September 2021 within CTMUHB there has been an increase in Section 25B wards from 29 to 34 wards. 21 wards have either been moved or repurposed to ensure provision of safe care is provided to all patients suffering with Covid-19 as well those who are not (COVID-19 RAG rating). A letter issued by the Chief Nursing Officer (CNO) to all Health Boards in October 2020 confirmed that wards would remain within Section 25B of the Act unless they have been repurposed for Critical Care or high care (non-Invasive Ventilation (NIV) capacity) only. CTMUHB currently have 3 wards that have been repurposed and defined as purely Covid-19/ NIV wards and therefore have been removed from Section 25B of the Act.

Changes to note

Due to Covid-19 some of the wards within Section 25B of the Act, required their staffing establishments to be temporarily revised as wards were repurposed in response to COVID-19. Some wards have been repurposed to provide dedicated additional Covid-19 positive, critical care beds and high care respiratory beds. Due to these changes, some wards that were initially sitting within Section 25B of the Act currently sit outside Section 25B. These changes are described in more detail within the Annual Presentation of Nurse Staffing Levels to the Board (Appendix A).

All wards that remain under Section 25B of the Act within CTMUHB are displayed in Appendix B. In-patient paediatric wards are included (Appendix C) and the next bi-annual acuity audit will be conducted in-line with other section 25B wards of the 2016 Act.

3 KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

In a letter to Nurse Directors from the CNO in October 2020 additional clarity was provided regarding acute medical and surgical wards that have been repurposed in response to COVID-19. The guidance states that if the primary

purpose of a ward remains the treatment of patients for medical or surgical conditions, and the Welsh Levels of Care tool is still applicable to that setting, and those wards would remain under the auspices of 25B of the Act. Conversely, if a ward has legitimately been repurposed to treat those critically unwell Covid19 patients it would remain that those wards would be considered exclusions with an expectation that Health Boards will follow national advice on staffing critical care areas.

During the 2nd wave of Covid-19 within CTMUHB and following engagement with the Heads of Nursing for the 3 acute hospitals, a process was developed to ensure a monthly nursing workforce review where any changes to nursing establishments due to repurposing of wards were reported via the Corporate Nursing leads to ensure the NSLWA workforce planning templates were updated.

During this 3rd wave of Covid-19, it is envisaged that wards within Section 25B will continue to be repurposed in response to COVID-19 and the Covid recovery plan will continue to present challenges in relation to the workforce required in order to provide the care required within these wards.

With regards to paediatric inpatient wards under section 25B of the 2016 Act, it is noted that due to the impact of the Covid-19 pandemic in-patient numbers were lower when compared to previous years. Therefore, in addition to the Covid-19 period the review included the 2019-20 period to provide a more representative baseline assessment.

All three inpatient wards within the Health Board have experienced an increase in Children and Adolescent Mental Health Service (CAMHS) admissions that will require addressing as part of Health Boards recruitment strategy and service alignment.

Due to preventive measures taken during the Covid-19 pandemic which resulted in almost complete elimination of common respiratory virus in children, there is potential in the surge of Respiratory Syncytial Virus (RSV) this year as children have not been exposed to it during the pandemic. The Welsh Government has therefore instructed the Health Board to prepare and plan for a surge in the number of children contracting RSV requiring admission to hospital. In preparation, surge capacity plans have been discussed, calculated (25% and 50% additional capacity) and agreed by the ILG Nurse Directors.



4 IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
Related Health and Care standard(s)	Staff and Resources If more than one Healthcare Standard applies please list below: Safe Care
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	Yes If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	Yes (Include further detail below) Failure to adhere to the Nursing Staffing Levels Wales (2016) Act
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
Link to Strategic Goals	Improving Care

5 RECOMMENDATION

The Board is asked to:

- **NOTE** the position of the Health Board against its responsibilities within the NSLWA with regard to the June 2021 bi-annual acuity audit.
- **NOTE** the conclusions and recommendations that have been reported within this report.