

Appendix A	Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act
<b>Health board</b>	Cwm Taf Morgannwg UHB
<b>Date annual assurance report with compliance with the Nurse Staffing Levels (Wales) Act is presented to Board</b>	September 2020 (Deferred from May 2020)
<b>Reporting period</b>	The reporting period is 6th April 2019 -5th April 2020.
<p data-bbox="62 432 548 464"><b>Requirements of Section 25A</b></p> <p data-bbox="62 568 595 887">Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels <u>in any area where nursing services are provided or commissioned, not only adult medical and surgical wards.</u></p>	<p data-bbox="654 432 2181 547">In addition to the above general principles, there are some specific issues to note in relation to the progress made within the Health Board over the past 12 months and which relate to the individual work streams of the All Wales Nurse Staffing programme:</p> <p data-bbox="654 592 1285 624"><b>Paediatric In-patient Work stream:</b></p> <p data-bbox="654 632 2181 858">In December 2019, the Health Minister announced plans to extend the Nurse Staffing Levels (Wales) Act 2016 to include paediatric inpatient wards. Within CTM UHB a Paediatric In-patient sub-group has been in place since June 19 and a detailed Implementation Plan has been developed. Regular update reports to Management Board have been provided with the aim of ensuring Organisational readiness at the time of commencement of the extension to the Act to paediatric inpatient wards.</p> <p data-bbox="654 895 2181 1046">A letter received by the Chief Nursing Officer (CNO), dated 24th March 2020, provided Nurse Directors with clarity and assurances around the CNO's expectations around the covid-19 pandemic and in relation to the extension of the Act to include paediatric inpatient wards, the CNO confirmed that:</p> <p data-bbox="654 1091 1749 1123">Thus far, the provisional schedule for this work has been as follows:</p> <ul data-bbox="797 1131 2181 1331" style="list-style-type: none"> <li>• June to August 2020: 3 month public consultation on the draft regulations and amended statutory guidance;</li> <li>• November 2020: regulations laid before the Senedd;</li> <li>• December 2020: Senedd debate and presumptive passing of regulations;</li> <li>• April 2021: Coming-into-force date of regulations on paediatric inpatient wards.</li> </ul>

- The timetable of those processes is now clearly compromised. In terms of the legislative steps, the capacity to undertake the drafting requirements is still available within Welsh Government.
- We intend to reschedule the plenary debate to February 2021, allowing the consultation to take place later in 2020, several months after the projected peak of COVID19 activity.
- April 2021 now appears to be entirely unfeasible as a coming-into-force date. Given the current timescales, it is a fair assumption that Health Boards will require approximately 12 months of preparation time under normal circumstances before the regulations could come into force. In the context of this work stream, I consider *normal circumstances* to be suspended.
- However a final decision on a coming-into-force date won't need to be made until the regulations are laid before the Senedd in early 2021.
- The second planned data capture around compliance with the interim paediatrics principles is due this coming May has been postponed until November, pending any further developments.

**District Nursing Work stream:**

During 2020/21, CTMUHB has provided 6 monthly progress reports on compliance with the Chief Nursing Officer (CNO) and Nurse Directors' interim nurse staffing principles for district nursing. The fifth collection exercise against the district nurse principles that was undertaken in January 20 demonstrates that CTMUHB is making good progress against the principles. The follow up letter to the Health Board from the CNO highlighted the following:

- CTMUHB's performance against the core principles remains very strong with full compliance against principles 2 and 3.
- Principle 4 and 5 are over 90% (it is not expected to achieve 100% return on these principles due to staff turnover).
- For principle 7, CTMUHB are reporting an average of 24.21% uplift across the Organisation, which is a very strong position to build upon. The exercise highlighted that the variation continues between the 'old Cwm Taf' and the Bridgend teams and it would be good to see the gap close between them in time.

	<ul style="list-style-type: none"> <li>• Principle 8 regarding improving administration support has seen progress overtime, and it is hoped to see this improvement continue going forward.</li> </ul> <p>Under section 25A Staffing levels for all inpatient wards across the Health Board have been calculated to ensure that they can provide the level of care required for the patients within that area. During March and April 2020 this has been a dynamic process which was reviewed twice weekly via the Bronze meetings within each Locality Group and decision making logs have been used to document decisions made at each meeting. Staffing levels have been agreed and if required adjusted to meet clinical model and patient acuity.</p> <p>The Executive Nurse Director has determined that a review of nurse staffing levels across all clinical areas across all settings where nursing care is either provided and or commissioned in line with the requirement in Section 25A provides assurance that the principles behind the Act are considered. Since February 2020 staffing levels are reviewed, calculated by Locality Group Nurse Directors and reported via Nursing and Midwifery Workforce meetings. During March 2020 any areas that provide nursing care or commissioned areas that have been repurposed due to COVID-19 have been by have been calculated accordingly and reported via CTM UHB Executive Management Board meetings.</p>
<p><b>Actions taken in relation to calculating the nurse staffing level on section 25B wards during the reporting period.</b></p> <ul style="list-style-type: none"> <li>• <b>Adult acute <u>medical</u> inpatient wards</b></li> <li>• <b>Adult acute <u>surgical</u> inpatient wards</b></li> </ul>	<p>The nurse staffing levels for 29 adult medical and surgical wards where section 25B applies were presented to the Board in November 2019.</p> <p>Due to the impact of COVID-19 in March and in response to the guidance issued by the Chief Nursing Officer and in acknowledgement of the need for Health Boards/Trusts to agree a 'Once for Wales approach' the Nurse Directors agreed to postpone presenting their Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act, which was due to be presented to their Board in May, until September 2020</p> <p>Between March 20 and 05/04/2020, 14 of the 29 Section 25B wards presented to the Board in November 2019 were repurposed due to covid-19.</p>

The CNO letter, dated 24th March 2020, provided clarity and assurances around the adult medical and surgical ward workstream and confirmed that *“adult medical and surgical wards that have been repurposed as novel wards to deal with the Covid19 pandemic would be considered an exception under the definition of an adult medical ward, therefore would not be subject to the prescribed triangulated calculation methodology”*. However as some wards were not repurposed for COVID-19 until the final month of this reporting period Appendix B provides a summary of the required establishment for wards where S.25B was applicable for the majority of the reporting period and any repurposed wards due to COVID-19 have been highlighted in Appendix B.

The Health Board has implemented new ways of working and models of care in order to respond and meet the extreme and unprecedented pressures that the Organisation experienced at the end of this reporting period in March/April 2020. This required an extremely flexible approach to the deployment of the nursing workforce across the Health Board site and some wards were repurposed more than once to accommodate the clinical demands.

Appendix A provides the detailed nurse staffing level for the 29 wards where Section 25B applies, together with the rationale and outcome of the review processes undertaken during 2019/20, both as part of the bi-annual calculation cycle and, where it has been deemed necessary, outside of that cycle.

Following the acuity audit undertaken in June 2019 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 the prescribed methodology. Following this, there were no changes required to the staffing levels on these wards.

In November 2019 Ward 7 in Prince Charles Hospital changed speciality and therefore its clinical model. The ward, which was a busy acute adult surgical ward became an adult medical ward focusing on rehabilitation for patients with low acuity. Due to this change this ward was removed section 25B of the Act. During the end of this reporting period March 2020 some wards under

	<p>Section 25B were repurposed due to COVID-19. At each point of the recalculation using the triangulated approach was undertaken and the all Wales workforce planning tool was used to Record the triangulated approach to the nurse staffing level review each time.</p> <p>Within CTMUHB, following the acuity audit undertaken in January 2020 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 the prescribed methodology. Following this process no changes were made to the existing, agreed establishments. However, since this, many of these wards have been required to temporarily revise their establishments due to COVID 19.</p> <p>In March 2020 The Chief Nursing Officer emphasises the needs for Health Boards/Trusts to ensure that they keep a record of the actions taken during the COVID-19 pandemic. Processes for collating this information and actions taken should be reflected within the pending Board paper and in the paper due to be presented to the Board in September 2020, as this information will required within the three yearly report to Welsh Government.</p>
<p><b>Using the triangulated approach to calculate the nurse staffing level on section 25B wards</b></p>	<p>The triangulated methodology prescribed in the NSLWA as the required approach to calculating the nurse staffing levels for each ward has become embedded during 2019/20 as a routine, 6-monthly cycle that is undertaken with the nursing teams responsible for each ward within Section 25B.</p> <p>The nursing team’s access the data they are required to take account of within this methodology is obtained via the IT performance reporting system ‘Qlik Sense’ The system provides information relating to patient flow, patient acuity and care quality metrics in a single report that is readily accessible to Ward Managers, Heads of Nursing and ILG Nurse Directors. The monitoring of nurse sensitive indicators are monitored by the Locality Group Nurse Directors via Quality &amp; Safety governance reviews and reporting mechanisms.</p>

**Informing patients**

The statutory guidance (Appendix C) states that "*LHBs and Trusts must make arrangements to inform patients of the nurse staffing level*" (paragraph 20). The CTMUHB Internal Audit Department conducted a review of the Health Board's compliance with the NSLWA during 2019/20 and reported that the Board could be reasonably assured in relation to its compliance with the NSLWA.

The Internal Audit report recommended further actions related to the statutory requirements to inform patients of the nurse staffing levels by ensuring that the most up to date information is displayed on wards in relation to the staffing levels agreed by Board, this included ensuring the staffing numbers were in line with agreed workforce planning Template.

Following this report and to ensure full compliance, further actions have been taken during 2019/20 to ensure that a robust system is in place to ensure that the approved template to display the Nurse Staffing Level for each ward is refreshed and reissued as soon as the Board has been formally notified, by the Executive Director of Nursing, of the nurse staffing level that has been agreed for each Section 25B ward. These templates have been updated during COVID-19 March/April 20 as and when a ward has been repurposed.

	<b>Section 25E (2a) Extent to which the nurse staffing levels are maintained</b>
<b>The extent to which the nurse staffing levels have been maintained</b>	<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, and Health Boards were using a variety of e-rostering and reporting systems. During the reporting period 2019/20, all health Boards/Trusts in Wales have been working as part of the All Wales Nurse Staffing Programme to develop a consistent approach to capturing quantitative data on a daily basis (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 have been maintained in areas which are covered by Section 25B/C of the Act.</p> <p>For the 2019/20 annual report, this Health Board, together with all other Health Boards/Trusts in Wales is providing 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.</p> <p>For the 2020/21 reporting period, it is anticipated that this section of the annual report will contain quantitative data for part of the year at least. This data, once available for every Health Board in Wales, will be presented by all Health Boards in a consistent manner. The anticipated solution from July 2020 is for enhancements to the existing Health and Care Monitoring System to enable to collection of 'planned roster compliance' data on a daily basis</p> <p>It is the responsibility of the Sister/Charge Nurse to ensure effective roster management and deployment of the nursing staff within the required establishment of their wards. It is the responsibility of the Senior Nurse to sign off the planned roster to authorise and confirm that it reflects an appropriate deployment of the nurse staffing resource that sits within the establishment for each ward.</p> <p>The monthly Nursing and Midwifery Workforce group continues to be the forum for strategic action to improve this position. Key performance indicators for this work stream are focused on</p>

	<p>effective rostering, efficiency of the temporary staffing office, recruitment activities and the retention of staff including staff well-being.</p> <p>In June 2019, the Health Board commenced its Registered Nurse overseas nurse recruitment campaign to bring 216 wte nurses from India into the three acute hospital sites by September 2020. By March 2020 86 nurses had landed due to COVID-19 the monthly landings has been placed on hold, however the recruitment for the remaining 130 nurses is due to recommence on September 2020 with 30 nurses scheduled to arrive per month. There are also 61 wte RNS coming into post in September 2020 from Student Streamlining.</p> <p>Towards the end of this reporting period and as response to COVID-19 a “call to arms” bank recruitment initiative was undertaken in March 2020 and has yielded additional Registered nurses and over 300 Health Care Support Workers (HCSW) were employed into the Health Board.</p>
<p><b>Process for maintaining the nurse staffing level</b></p>	<p>There are well embedded processes within the nursing structures on each of the acute sites for reviewing staffing levels operationally on a daily basis and for making operational, risk-based decisions about the deployment of staff via the bed/staffing meetings. During 2019/20, nursing teams have introduced the use of the patient acuity data being captured on a daily basis for all Section 25B wards across the Health Board to inform these operational decisions relating to staff deployment.</p> <p>Each Directorate continues to monitor the staffing situation daily and ensure that clinical areas manage the risk where there are any staffing deficits.</p>



Monitoring and reporting of the daily staffing levels has been undertaken informally across the Health Board since April 2019. However from January 2020 in line with decisions made at all Wales level, the Health Board is to commence formally recording the nursing staffing levels on each of the wards per day and the mitigating actions taken in order to maintain the nurse staffing levels on ward areas.

The Nursing Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy for CTMUHB (Appendix D) was produced in March 2020. The purpose of this Operating Framework is to support the calculation and maintenance of nursing staffing levels in Adult Acute Medical and Surgical Wards and the actions that are taken to review, record and escalate where nurse staffing levels are not maintained.

Within the Acute Hospitals staffing levels are reviewed three times a day and if required staff are deployed accordingly using All Reasonable Steps (Appendix E) together with professional judgement to draw on information at a local and national level to inform their decision as to the appropriate staffing levels required.

The All Wales Directors of Nursing have agreed, and through the All Wales Nurse Staffing programme group have issued, further clarification on what constitutes the 'All Reasonable Steps' which are statutorily required to be taken in order to maintain the nurse staffing levels at the calculated levels. This document has been in place within CTMUHB since November 2019.

Table 1		Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels			
The below data relates to care that patients received between 6th April 2019- 5th April 2020.					
Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)	1) Total number of closed serious incidents/complaints during <u>last</u> reporting period (March 18 - April 19)	2) Total number of closed serious incidents/complaints during <u>current</u> reporting period. (April 19 - March 20)	3) Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period	4) Increase/decrease) in the number of closed serious incidents/complaints between reporting periods	5) Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor
Hospital acquired pressure damage (grade 3, 4 and unstageable).	27	27	0	No change	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	24	37	27	Increase	0
Medication related never events.	0	3	1	Increase	0
Complaints about nursing care	9	21	3	Increase	0

**Section 25E (2c) Actions taken if the nurse staffing level is not maintained**

**Actions taken when the nurse staffing level was not maintained**

For this reporting period there have not been any of the incidents where not maintaining the planned nurse staffing level was deemed to have contributed to the incidents. It should be noted however, that as yet, it is not possible to draw any cause/effect conclusions about any trends from the small numbers of serious incidents provided in this report, this will require several further data sets to be available. Anecdotal feedback from discussion with the Ward Managers does, at times reference that an incident occurred whilst there was a deviation from the planned roster, however it has not been recorded as a direct result of insufficient staffing levels.

All of the incidents and complaints included in this report have been reviewed by the Acute Hospital's Head of Nursing via their internal weekly scrutiny meetings to assess if the nurse staffing levels were maintained at the relevant time, and if not, whether failure to maintain the nurse staffing level contributed to any harm suffered by the patient but also to determine whether there are any other lessons to be learnt from the incidents that can be shared.

There are a range of both short and long term actions being taken by the Health Board in an attempt to improve the extent to which a sufficient workforce is available to work within the Registered Nurse and Health Care Support Worker posts on both Section 25B wards and across the wider nursing services. These include:

- The schemes being led by the Workforce and Organisational Development teams and Corporate Nursing to develop and implement innovative approaches to recruitment of Registered Nurses as well as new Health Care Support Workers.
- Continue to progress the overseas Registered Nurse campaign including the uplift of Practice Development Nurses to support this programme.
- Establishing educational partnerships arrangements with the University of South Wales and Swansea University in relation to the creation of new courses to support the extension of the Nurse Staffing Levels (Wales) Act 2016 to include paediatric inpatient wards, the district nursing principles and mental health workstreams.
- Creation of career pathways including exploring opportunity for Band 4 nursing roles to support CTMUHB Integrated Health & Care Strategy

## Conclusion & Recommendations

In summary, 2019/20 has been a year of significant progress in relation to fully meeting the requirements of the Nurse Staffing Levels (Wales) Act 2016:

- The successful appointment of 216 wte Registered Nurses overseas nurses with 86 landed by March 2020 with a 100% successful pass rate with their OSCE exam.
- The recruitment of substantial numbers of Health Care Support Workers via the 'call to arms' initiative in March 2020 into the permanent roles and enabling an increased workforce onto the staff bank.
- Significant improvement in the availability of information to nurse leaders to support and inform their clinical decision making including the creating of The Nursing Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy and All Reasonable Steps.
- Improvements to the information provision to our patients and the public in relation to nurse staffing levels in our hospitals
- Further refinement of the governance systems and processes in place in relation to the NSLWA and the newly created ILGs.
- Preparation for extension of the Act into Paediatric and District Nursing.

The work programme associated with the NSLWA in 2020/21 will prioritise:

- Extension of the Act to Paediatric in-patients in 2021
- District Nursing Principles and work schedules
- Roll out of the new HCMS module to capture staffing levels and patient acuity per day.