

## Appendix B: Health board/trust reporting template

Health boards/trusts are advised to use this template when submitting their annual report to Board. Health boards/trust may include additional information as part of their report as determined by the organisation.

### Health board/trust reporting template

<b>Health board</b>	Cwm Taf Morgannwg University Health Board. Report for previous Cwm Taf University Health Board Prince Charles Hospital (PCH) and Royal Glamorgan Hospital (RGH) wards.
<b>Reporting period</b>	January 2019 - March 2019
<b>Requirements of Section 25A</b>	<p>A triangulated approach is used to calculate nurse staffing levels, utilising three sources of information to determine the required nurse staffing level. In this situation the information triangulated is both qualitative and quantitative in nature. The triangulated approach must include:</p> <ul style="list-style-type: none"> <li>• <b>Patient acuity</b> - using the evidence-based workforce planning tool (Welsh Levels of Care) to determine the nurse staffing level that will meet all reasonable requirements of care. The aging population of the UK contributes to a higher level of acuity seen within our wards. The higher the acuity of patients the more at risk they are of developing pressure ulcers and falling – both of which are reported to Welsh Government as quality indicators. The increased level of acuity on wards requires a greater number of nursing staff to safely manage the clinical area, sensitively care for the patients and provide one to one nursing care or increased levels of observation to maintain safety. Increasing numbers of patients require total care – from feeding and drinking, through to high level emergency specialised support with responses to the rapidly deteriorating patient.</li> <li>• <b>Professional judgement</b> – the Head of Nursing in conjunction with each ward sister working within an adult acute medical or surgical ward and senior nursing</li> </ul>

team using their knowledge of the clinical area plus the evidence from the acuity data to make an informed decision.

- **Quality indicators** - Part of the triangulated approach involves considering those quality indicators that are particularly sensitive to care provided by a nurse. To reduce the burden of measurement, quality indicators that have an established data source should be used and the Act advises the designated person to consider the following quality indicators as these have been shown to have an association with low staffing levels:
  - **Patient falls** - any fall that a patient has experienced whilst on the ward
  - **Pressure ulcers** - total number of hospital acquired pressure ulcers judged to have developed or shown to have deteriorated while a patient on the ward; and
  - **Medication errors** - any error in the preparation, administration or omission of medication by nursing staff (this includes medication related never events).

Cwm Taf University Health Board can demonstrate the robust input professionals have had in documenting the information collected which informed the decision on the calculation template for each adult acute medical and surgical ward. This process is :

- The Registered Nurse participates in continuous acuity data collection. Each patient's acuity score is recorded on the Patient Status Board.
- The Ward Sister/Charge Nurse manages and monitors the accuracy and reliability of the data, and considers the data required for triangulation.
- The Senior Nurse signs off the acuity data as accurate and ensures the appropriate level of triangulation of data. The Senior Nurse also recommends the nurse staffing level needed to provide safe and sensitive care.
- The Head of Nursing (supported by the Assistant Director of Nursing) is responsible for ensuring the process described above is followed and makes the final recommendation of the staffing levels to the Executive Director of Nursing.

- This whole process is supported by senior colleagues from Workforce and OD and Finance.
- The Executive Director of Nursing (as Designated Person), along with the Director of Finance and Chief Operating Officer consider the evidence provided and determines the nurse staffing levels required for the organisation (under Section 25C) and presents this information and evidence to Board.

**Financial Year 2018/2019**

**Date annual report on the nurse staffing level submitted to the Board**

January 2019

**Number of adult acute medical inpatient wards where section 25B applies**

Medical Wards

Ward	RN Establishment	HCSW Establishment
RGH Ward 12	20.9	19.9
RGH Ward 14	20.9	19.9
RGH Ward 19	20.9	19.9
RGH Ward 20	20.9	19.9
PCH Ward 2	21.4	14.2
PCH Ward 9	20.9	14.2
PCH Ward 10	22.9	25.6
PCH Ward 11	20.9	14.2
PCH Ward 12	23.7	17.1

Wards excluded

RGH Ward 15 – orthopaedic rehab ward

RGH AMU – Medical Admissions ward

**Number of adult acute surgical inpatient wards where section 25B applies**

Surgical Wards

Ward	RN Establishment	HCSW Establishment
RGH Ward 1	12.37	8.53
RGH Ward 2	20.90	17.06
RGH Ward 3	20.90	17.06
RGH Ward 7	15.21	11.37
RGH Ward 8	22.90	15.81
RGH Ward 9	15.21	8.53
PCH Ward 3	18.06	14.21
PCH Ward 4	20.90	14.21
PCH Ward 6	20.90	14.21
PCH Ward 7	20.90	14.21
PCH Ward 8	20.90	14.21

Wards excluded

RGH Ward 5 – short stay ward

PCH Ward 5 – short stay ward

**Number of occasions where nurse staffing level was recalculated in addition to the bi-annual calculation**

A recalculation has been undertaken to confirm the nurse staffing levels for PCH Ward 10. The recalculation was necessary as this is a complex ward including Hyper Acute, Acute and Rehab stroke beds. The intention to undertake the recalculation was reported to Exec Board in November 2018. The recalculation focussed particularly on confirming the number of therapy Healthcare Support Workers required.

Prior to the recalculation the recommended safe staffing levels were as per the above table, 22.9 RNs (including 2 stroke specialist nurses) and 25.6 HCSWs (including 8.53 dedicated to therapy support).

Following the review the number of RNs required remain unchanged, but the number of HCSWs has been revised to 19.9. This change has been implemented with effect from March 2019. This review was undertaken with the full involvement of the Ward Sister, Senior Nurse and Head of Nursing.

It is further intended to review the establishments on PCH ward 7 which has recently and temporarily been re-designated as a discharge ward, this review will be undertaken through April 2019.

**The process and methodology used to inform the triangulated approach**

As outlined in the Nurse Staffing Act Operational Guidance (appendix 5) the record of triangulated approach to review nurse staffing levels is used.

This includes the Ward Sister holding Supernumerary Status and an uplift of 26.9% on the nurse staffing calculation.

**Informing patients**

- The University Health Board is informing patients of the nurse staffing levels, and date of agreement, on information boards at the entrance to wards. The All Wales Template is being used and this complies with Welsh Language requirements.
- Frequently Asked Questions information leaflets are also available.

**Section 25E (2a) Extent to which the nurse staffing levels are maintained**

**Process for maintaining the nurse staffing level**

At time of writing this report the total vacancy factor is PCH Registered Nurses 38.59 WTE and HCSW, no vacancies. RGH Registered Nurses is 59.35 WTE and HCSW 16.19 WTE.

All reasonable steps are being taken to maintain the approved staffing levels:

- Active recruitment in a timely manner;
- Working with our University of South Wales Colleagues to promote our sites to student nurses;
- Supporting overseas MSc students;
- Supportive monitoring and management of nurses who are absent from work, including implementation of the new All Wales Managing Attendance Policy and well-being at work strategies;
- Working with on-contract nursing agencies to block-book;
- Supportive approach to flexible working and flexible roster patterns; and
- Monthly Workforce reviews.

In addition the operational steps taken are outlined below.

**Process for monitoring the nurse staffing level**

- The nurse staffing levels are recorded and reviewed three times a day at the safety huddles led by the Head of Nursing and attended by the Senior Nurses and Bed Management Team. Where there is a variation in staffing from the agreed Nurse Staffing Act Levels, approved by Board in January 2019, the reason for this is recorded. If there is a deficit of nurse staffing, the reasonable steps taken to address the staffing level by the Senior Nurse and HoN is also recorded. This could include moving staff from other areas but this would only be done following risk assessment of all areas. The information is stored on an

excel spreadsheet and it is this information that is used to inform our response to Section 25E (2b), impact on care of not maintaining the nurse staffing levels.

- Staff are supported to escalate concerns and use the datix reporting process.
- The Assistant Director of Nursing is currently working with the Heads of Nursing to develop a specific risk assessment tool to ensure any decision making on the movement of staff is robust and transparent. We would expect to implement this tool following ratification at our Nursing Workforce and Staffing Act meeting on the 17<sup>th</sup> April 2019.

**Section 25E (2b) Impact on care of not maintaining the nurse staffing levels**

<b>Patient harm incidents (i.e. nurse-sensitive Serious Incidents /Complaints)</b>	<b>Total number of closed serious incidents/complaints during last reporting period</b>	<b>Total number of closed serious incidents/complaints during current reporting period.</b>	<b>Increase (decrease) in number of closed serious incidents/complaints between reporting periods</b>	<b>Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor</b>
<input type="checkbox"/> Hospital acquired pressure damage (grade 3, 4 and unstageable).	2 incidents 0 complaints	3 incidents 0 complaints	Increase by 1	This was not considered to be a factor in these cases.
<input type="checkbox"/> Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0 incidents 0 complaints	0 incidents 0 complaints	N/A	N/A



<input type="checkbox"/> Medication related never events.	0 incidents	0 incidents	N/A	N/A
<input type="checkbox"/> Complaints about nursing care resulting in patient harm (*)  (*) This information is not required for period 2018/19	N/A	N/A	N.A	N/A

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

<b>Actions taken</b>	<p>The Safety Huddles led by the Heads of Nursing ensure that all reasonable steps and mitigating actions have been taken, these include:</p> <ul style="list-style-type: none"> <li>• Access and availability of temporary staff, bank and agency;</li> <li>• Block booking of agency staff;</li> <li>• Moving staff from other areas – this is risk assessed on a shift by shift basis and a new tool to monitor this practice is in development;</li> <li>• Ensuring the e-roster has been scrutinised and signed off by the Senior Nurse;</li> <li>• The Ward Sister or Senior Nurse working within the numbers; and</li> <li>• Deep dives are undertaken to ensure patient care pathways are being monitored.</li> </ul> <p>Through this period, it has not been an option to consider the closure of beds given the winter pressures escalation level and risk to patient care and safety at the “front door”.</p>
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### Next steps

- The UHB is introducing an implementation plan for all three acute sites where the Act currently applies. This includes the development of an Escalation Plan. There will be ongoing review of this plan on a monthly basis through the Nursing Workforce and Staffing Act Meeting.
- There is continuous data capture at PCH and RGH – this needs to be in place in POW.
- The UHB needs to ensure the robustness and transparency of the Senior Nurse review of all relevant clinical incidents and concerns by reviewing the staffing levels, and the likely impact of the nurse staffing level on the incident / concern.
- This agenda is challenging with the current number of nurse vacancies.