

## Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016

<b>Health board</b>	Cwm Taf Morgannwg University Health Board
<b>Date annual assurance report with compliance with the Nurse Staffing Levels (Wales) Act is presented to Board</b>	Date this report presented to Board 27th May 2021
<b>Reporting period</b>	The reporting period is 6 <sup>th</sup> April 2020 -5 <sup>th</sup> April 2021
<p><b>Requirements of Section 25A</b></p> <p>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</u></p>	<p>Section 25A of the 2016 Act relates to the overarching responsibility placed upon each Health Board, requiring Health Boards and Trust to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing level across their organisation. The 2016 Act came into effect in April 2017. This annual assurance report set out the progress made within Cwm Taf Morgannwg University Health Board (CTMUHB) during 2020-2021 in relation to meeting the various statutory requirements of the 2016 Act.</p> <p>Due to the ongoing COVID-19 pandemic there has been disruption to some of the All Wales Nurse Staffing Programme work streams. The Chief Nursing Officer letter of 24<sup>th</sup> March 2020 specifically referenced the disruption that the Covid pandemic would cause to the ongoing work to extend the Act's second duty to paediatric inpatient wards. In October 2020 Welsh Government advised that the coming into force date for the extension has been postponed provisionally until October 2021. The Nurse Staffing Programme Team and the paediatric work stream have devised a suite of supportive mechanisms to prepare Health Boards for the extension of the second duty of the Act. Following a consultation process during the Autumn of 2020, the Statutory Guidance has been revised to include paediatric inpatient wards.</p> <p>CTMUHB has representation on each of the work stream groups within the All Wales Nurse Staffing Programme and is actively contributing to the development of evidence based workforce planning tools in</p>

<p><u>medical and surgical wards.</u></p>	<p>preparation for further extension of the 2016 Act to other areas in the future. During 2020-2021 a new Integrated Locality Group (ILG) structure within CTMUHB has been fully implemented and these ILGs have responsibilities to ensure that there are processes in place to ensure appropriate staffing levels within all wards that fall under Section 25A of the 2016 Act.</p> <p>The Executive Nurse Director has determined that a review of nurse staffing level across all clinical areas across all settings when nursing care is either provided and or commissioned in line with the requirement in Section 25A wards provides assurance that the principles behind the 2016 Act are considered. Since February 2020 staffing levels are reviewed, calculated by Locality Groups Nurse Directors and this is reported via Nursing and Midwifery workforce meetings. Between March 2020 and March 2021 any area that provides nursing care or commissioned areas that have been repurposed due to COVID-19 has been calculated accordingly and reported via CTMUHB Executive Management Board meetings. In addition there has been workforce efficiency meetings where the Locality Groups discuss and plan to ensure that the required workforce is fulfilled to meet the statutory guidance of 2016 Act, this includes trajectories in relation to retirement, estimated turnover and student streamlining into the CTM UHB.</p> <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 this reporting year 2020-2021, 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><b>Progress to support for suite of workstreams under the All Wales Nurse Staffing Programme</b></p>	<p>The Chief Nursing Officer letter of 24<sup>th</sup> March 2020 specifically referenced the disruption that the Covid pandemic would cause to the ongoing work to extend the Act's second duty to paediatric inpatient wards. In October 2020 Welsh Government advised that the coming into force date for the extension has been postponed provisionally until October 2021. The Nurse Staffing Programme Team and the paediatric work stream have devised a suite of supportive mechanisms to prepare Health Boards for the extension of the second duty of the Act. Following a consultation process during the Autumn of 2020, the Statutory Guidance has been revised to include paediatric inpatients.</p> <p><b>Paediatric in-patient work stream:</b></p> <p>Within CTMUHB a Paediatric in-patient sub-group has been in place since June 2019 and a detailed implementation plan has been developed. Regular update reports to Management Board have been provided with the aim of ensuring organisational readiness for the extension of the 2016 Act in October 2021. Thus far, the schedule for this work has been as follow:</p>

**Paediatric Welsh Levels of Care** - Whilst in draft currently, this continues to be tested by paediatric nurses across Wales. Quality improvement methodology is being used to support health boards in scoring patients twice daily.

**Quality Indicators** - Four nurse sensitive quality indicators have been proposed. This will consider how the patient acuity, quality indicators and professional judgement will enable triangulation to calculate nurse staffing levels for health board

**Paediatric Principles** - Nine interim principles for nurse staffing on paediatric wards have been developed as a framework to support health boards in calculating nurse staffing levels while the evidence base for the triangulated methodology is being developed. The UHB is working to comply with the following nine principles and it is noted that all Health Boards will be required to submit a return against them biannually.

A Board paper has been submitted informing the Board of the staffing requirement within every paediatric acute inpatient ward. The current paediatric clinical model for CTM UHB requires an additional 43 wte Registered Nurses (RNs) and 9.8 wte Health Care Support Workers (HCSW) in order to meet the requirement of the 2<sup>nd</sup> extension of the 2016 Act. It is estimated there will be a cost of £2.1m to meet this requirement.

#### **District Nurse Staffing Principles**

During 2020 CTMUHB has provided a 6 monthly progress report on compliance against the District Nurse Staffing principles to the Chief Nursing Officer (CNO). The sixth collection exercise against the District Nurse Staffing principles that was undertaken in September 2020 demonstrates that CTMUHB is continuing to make progress against the principles.

In January 2021 The CNO for Wales issued a formal letter that stated that given the current outlook of rising Covid19 infection rates and increasing strain on nursing services, she decided to cancel the biannual interim District Nurse staffing principles compliance return scheduled for March 2021.

Formal feedback was received on the 16<sup>th</sup> November 2020 and there was a message that continue steady progress is being made.

Since the last submission CTMUHB District Nursing service has been working closely to align the service of former Cwm Taff and Bridgend. Funding has been applied for to recruit additional DN team leaders and

	<p>Administrative posts to support the Malinko implementation. Bridgend is reorganising to align existing post to meet the District Nurse Staffing principles.</p> <p>CTMUHB's performance against the core principles remains very strong with full compliance against principles 2, 3 and 8. Principle 4 and 5 are over 90% (it is not expected to achieve 100% return on these principles due to staff turnover).</p> <p>Principle 6, at the last return 93.1 % of the DN teams were compliant. For principle 7, CTMUHB are reporting an average of 29.1% uplift across the Organisation, which exceeds the principal of 26.9%, however there still exist differences within the various teams in CTM UHB.</p> <p><b>Mental Health and Health Visiting</b></p> <p>The All Wales Nurse Staffing Group has agreed that these work streams will require refocussing and revisiting the work undertaken to date in order to produce the next steps. Within Mental Health the All Wales programme lead the COVID-19 pandemic has had a significant impact, with planned workshops being cancelled. There has been progress in the Health Visiting work stream with the agreement on the acuity tool and how this will be piloted across Wales.</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> in patient wards</b></li> <li>• <b>Adult acute</b></li> </ul>	<p>For clarity when discussing section 25B wards of the (2016) Act, these are all acute medical and surgical inpatient wards within HB and will be referred to Section 25 B wards or 25B wards of the Act. A bi-annual acuity audit is undertaken in January and June.</p> <p>The annual Nurse staffing level presentation was reported to CTMUHB Board on the 30<sup>th</sup> September 2020. The Board would normally receive the annual assurance report in June 2020, but it was disrupted by the COVID-19 pandemic. The Chief Nursing Officer for Wales issued a formal letter on the 24 March 2020 to provide Health Boards and Trusts with clarity and assurances around how COVID-19 pressures would disrupt the business as usual processes of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA).</p> <p>Welsh Government left it to the discretion of each Health Board to decide whether to proceed or cease work on the bi-annual recalculation of adult medical and surgical wards. In accordance with the 'Once for Wales' approach Nurse Directors agreed that their organisations would defer the bi-annual audit and subsequent calculations of nurse staffing level until July 2020.</p> <p>In April 2020 guidance and templates were issued to Health Boards/Trusts to enable organisations to evidence the approach taken to determine the staffing levels that are required on their inpatient wards where</p>

**surgical  
inpatient  
wards**

the required staffing level has been affected during the COVID-19 pandemic. The organisation presented a paper to Board in May 2020 to provide assurance on how nurse staffing levels were being/to be calculated and maintained during this period.

In October 2020 The CNO issued a follow up formal letter providing further clarity, reflecting the changes organisations had been required to make to patient pathways/ designation of wards across their acute sites, on the definition of wards for inclusion/exclusion under Section 25B of the Act, and the expectations upon Health Boards in relation to calculating the nurse staffing levels in such wards

The Health Board has implemented new ways of working and model of care in order to respond and meet the extreme and unprecedented pressure that the UHB has experienced in the reporting period due to the COVID-19 pandemic. This has required an extremely flexible approach to the deployment of the nursing workforce across the Health Board sites and many wards have been repurposed more than once to accommodate the clinical demands to meet the rise in demand for patients who require in-patient care due to COVID-19.

The attached All Wales template (Appendix A) provides a summary of the staffing levels that have been calculated for each adult ward prior to and during the Covid 19 pandemic. The template outlines the wards that remain under section 25B of the Act, wards that have been repurposed and the rationale during January and July 2020, 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 July 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 prescribed methodology. Following the review there have been changes in staffing levels required on these wards. These establishments have been authorised by the ILG Directors of Nursing. Each ward has been subjected to the triangulated approach and the workforce planning tool to produce a ward template.

The January 2020 bi-annual acuity audit was conducted within CTMUHB, no changes were made to existing and funded establishments following this. At the beginning of the reporting period CTMUHB had 29, section 25B wards. In the Annual Report to Board in September 2020 (deferred May 2020), it was highlighted that 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, the wards listed below that were initially sitting within Section 25B of the Act currently no longer classed as Section 25B wards.

The report highlighted 22 of the 29 wards that are classed as 25B wards had seen some changes to their function and or had been reorganised/changed location within the hospital. At the time of this report 8 wards had been repurposed and defined as purely COVID-19 wards.

The bi-annual calculation audit was conducted in July 2020 (postponed from June), no section 25B wards required a recalculation of the staffing levels. The only changes following this process were the inclusion and exclusion of wards within Section 25B due to COVID repurposing

Appendix A provides the detailed nurse staffing levels for wards to which section 25B pertains to, from the initial reporting period to ending of the period for 2020-2021, there have been several wards that have either repurposed and been included into 25B wards or have been temporary removed due to the ward being repurposed for critical care or high care (non-invasive ventilation (NIV) capacity. This was clarified by the Chef Nursing Officer letter dated the 15<sup>th</sup> October 2020.

In July, wards that were added to 25B section within CTMUHB:

- Ward 7 (PCH) was repurposed from a ward focussing mainly on rehabilitation to a Covid acute medical ward
- At Princess of Wales Hospital (PoWh) the following wards were added; Bridgend clinic was repurposed from Private ward to a general surgical and Gynaecology ward. Ward 18 was repurposed to a trauma and orthopaedic ward staff having moved from Ward 10 that had been closed.

Wards that no longer sat within as Section 25B and therefore there was no requirement to undertake to the bi-annual calculation:

- Ward 7 at the Royal Glamorgan Hospital and ward 4 at Prince Charles Hospital continues to operate as an additional Critical Care area
- Ward 3 at Prince Charles hospital has changed from a surgical T&O ward to a high care respiratory ward for COVID-19 positive patients
- Ward 1 in the Royal Glamorgan hospital increased its bed capacity from 16 to 28 beds and there was requirement for an additional 8.33 WTE Registered Nurses and 8.53 WTE health care support workers.

It then was closed with plans to reopen once it has been refurbished to accommodate cubicles within the ward area.

#### Other changes

- In Royal Glamorgan Hospital (RGH) Ward 4 was repurposed and ward 14 moved into the ward area

Therefore in July 2020 CTMUHB had 31 wards within section 25B of the 2016 Act. The COVID-19 Pandemic has required hospital and consequently wards within section 25B of the 2016 Act to organise, reorganise and at times reorganise again to ensure safe patient care, this includes the repurposing of wards Red, Amber and Green wards as defined by the Welsh Government (2020) COVID-19 – 16 Point Plan to limit, minimise and mitigate the risks associated with transmission in a healthcare setting. In total 21 wards have been, at one time included in the COVID-19 RAG rating. Within this, wards have either been physically moved, swapped or closed, however the bed capacity on each open ward has remained constant, it is noted and for reporting purposes no formal staffing re-calculation has been required outside the biannual calculation.

Since November 2020 following engagement with the Heads of Nursing for the 3 acute hospitals, a process has been developed to ensure a weekly nursing workforce review where any changes to nursing establishments due to repurposing of wards will be reported via the Lead Nurse for Professional Standards to ensure the NSLWA workforce planning templates are updated accordingly.

On 18/12/20 the Executive Nurse Directors and the CNO discussed whether to proceed with the January bi-annual audit given the significant and increasing operational pressures all Heath Boards/Trusts were experiencing. It was decided that the January audit will be cancelled and we will proceed with the audit in June 2021 as planned. Therefore professional judgement and local protocol will be used to assess any changes within section 25B wards

As the COVID-19 pandemic has started to recede within the CTM locality, the 25B wards within the three District General hospital sites has seen a reduction in number of COVID-19 defined wards and therefore it is anticipated that at there will gradual return to 'normal business' and this will be reflected at next bi-annual recalculation in June 2021.

<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 Nurse Staffing Level (Wales) Act (NSLWA) as the required approach to calculating the nurse staffing levels for each ward has become embedded for the period 2020-2021 as a routine, 6-monthly cycle that is undertaken with the nursing teams responsible for each ward within Section 25B. However as previously discussed the January 2021 cycle has not taken place due the ongoing COVID-19 pandemic.</p> <p>The nursing teams 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> <p>From a Once for Wales approach there will be the development of a national system to record and review the nurse staffing levels and collate the data required to inform the reporting requirements. An agreement to implement 'Allocate' Nationally (CTM already use this system) and further discussions with Allocate to inform adaptations to the Safecare system and the Implementation of a national system to aid reporting of incidents &amp; complaints.</p>
<p><b>Informing patients</b></p>	<p>The Statutory Guidance (Appendix C) states that "LHBs and Trusts must make arrangements to inform patients of the nurse staffing level" (paragraph 20). 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.</p> <p>Following the July 2020 bi-annual calculation audit, using the approved calculation templates each 25B ward has been refreshed and the informing patient templates have been reissued. During the 2<sup>nd</sup> wave of the COVID-19 pandemic no ward calculation templates or informing patient templates have been reissued if the staffing levels remained the same, due to the sheer number of changes seen during the 2<sup>nd</sup> Wave of the COVID-19 pandemic and where the change has been attributed to repurposing within COVID-19 RAG ratings for example the ward changing from a red ward to an amber ward. This approach had been discussed and approved by the Executive Nurse Director.</p>



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

The extent to which the nurse staffing levels have been maintained	Period covered	Required establishment (WTE) of S25B wards at the beginning of the annual reporting period. (April)?? Need to include Nov 19		Required establishment (WTE) of S25B wards calculated during first cycle (May 2020 deferred Sept 2020)		WTE of required establishment of S25B wards funded following first (May) calculation cycle		Required establishment (WTE) of S25B wards calculated during second cycle (Nov 2020) July bi-annual review.		WTE of required establishment of S25B wards funded following second (Nov) calculation cycle	
		RN:	HCSW:	RN:	HCSW:	RN:	HCSW:	RN:	HCSW:	RN:	HCSW:
		April 2020-March 2021	607.86	476.65	469.7	346.6	469.7	346.6	630.75	450.51	630.75
<p><b>Accompanying narrative:</b></p> <p>During the last reporting period there has been a number of wards under section 25B that have changed (for more details of individual wards and their calculated nurse staffing levels, refer to Appendix A), this can be seen by the differing required establishment for the 25B wards during this period.</p> <p>Briefly in March 2020, prior to the beginning of this annual reporting period the 25B wards within CTM UHB were relatively stable in regards to their required staffing establishment, however as a consequence of the COVID-19 pandemic and the need to repurpose wards to meet the demand wards to which section 25B applies have been affected.</p> <p>During the bi-annual calculation in May 2020 there were three wards that were repurposed into high care respiratory or ITU, 2 wards were closed and staff were redeployed elsewhere, 2 wards were repurposed into rehabilitation wards making a total of 7 wards being removed from section 25B whilst only one was added.</p> <p>Whilst at the second bi-annual calculation in November 2020 there appears to be an additional staffing establishment requirement, this is primarily due to wards either been repurposed and/or reopened and then being</p>											

	<p>included into the section 25B of the 2016 Act. These actions were taken to support capacity within the CTM UHB hospitals in relation to the going COVID-19 pandemic. At this time CTM UHB had 31 wards that were deemed to sit within 25B of the 2016 Act, where the required establishment for RN and HCSW had roughly returned to the requirement prior to the 1<sup>st</sup> cycle (April 2020). The ILGs Nurse Directors manage financial budgets and have realigned their budgets to meet the ongoing staffing requirements for section 25B wards.</p>
<p><b>Extent to which the nurse staffing levels are maintained within Section 25B wards</b></p>	<p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E, 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 worked 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.</p> <p>For the 2018/9 and 2019/20 annual reports, this Health Board, together with all other health boards/trusts in Wales provided narrative to describe the extent to which the nurse staffing levels have been maintained in order to meet its statutory reporting requirement under Section 25E of the Act.</p> <p>During the reporting period 2020/21 all health boards/trusts in Wales have begun to implement and use the NWIS delivered enhancements to the NHS Wales Health and Care Monitoring System (HCMS). In light of this development, made available to Health Boards/Trusts across Wales on 1st July 2020, organisations have had access to a consistent approach to capturing quantitative data on a daily basis 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: The limited quantitative data that this approach has provided for 2020/21 for this Health Board is presented and discussed below.</p> <p>As highlighted above since July 2020 CTMUHB has had access to capturing quantitative data on a daily basis using the existing Health Care Monitoring system, this has enabled the capture compliance against the planned rosters on a daily basis. Within this module there is a secondary data field to record when there has been a shortfall against the planned roster.</p> <p>The COVID-19 pandemic has had a profound effect within the three DGHs and how they have needed to respond to maintain patient safety and their staff that work within the wards. To assist in process of maintaining the extent to which staffing levels are maintained since November 2020 the Head of Nursing for the 3 principal hospital sites have provided weekly staffing profiles for all their section 25B/C of the 2016 Act.</p>

Since Health Care Monitoring System (HCMS) system has become live in July 2020, daily patient acuity and staffing levels have been recorded daily. The aggregated percentage where staffing levels were maintained and remained compliant within the 2016 Act for the HB section 25B wards was 79.73%. There was a small variant between the 3 DGHs of 6% the lowest DGH having a compliance of 76.45 % and the highest hospital site recording a compliance rate of 82.16%.

Where the staffing levels were not met against the planned roster (21% of the time), the data obtained has demonstrated that professional judgement was made as to the extent that this impacted on the ward and patient care. Of that 21%, the data recorded that 20% of the time, where staffing levels were not met but were deemed safe, whilst 79 % of the time the shift was deemed to be unsafe within the HB section 25B wards. On these occasions, it would be routine practice for the escalation process within the Nursing staffing Levels Wales Act Operating Framework & Escalation Policy (Appendix D) to be followed and escalated via the ILG Nurse Directors and/or Silver meetings during COVID 19.

Mitigating factors and caveats within this data could be:

1. The figures were obtained during COVID-19 pandemic and the hospital wards were extremely busy and as a consequence the data was not captured daily as per protocol.
2. Due to the sheer internal ward moves within each HB site, the tracking of data for each of the wards within section 25B is not 100% accurate

Looking forward, 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 (Appendix E) have been taken to maintain the nurse staffing levels required. It is anticipated that during the next reporting period (2021-2024) a once for Wales informatics system will be developed and will support Health Boards/Trusts in meeting the reporting requirements of the Act and the Once for Wales approach will ensure consistency. Discussions continue on a national basis to identify the national system and the Nurse Staffing Programme team is working with providers to ensure the system is able to support NHS Wales in collating the data required to inform the reporting requirements

**Process for  
maintaining the  
nurse staffing  
level**

In June 2019, the Health Board commenced its Registered Nurse overseas nurse recruitment campaign to bring 215 wte nurses from India into the three acute hospital sites. This programme is now drawing to its conclusion with 213 nurses to date having successfully passed their OSCE and become NMC registrants with the remaining 2 awaiting to resist their OSCE test. In addition 61 wte RNs came into post in September 2020 from Student Streamlining.

Currently the Health Board is continuing to progress the appointment of over 400 Health Care Support Workers (HCSW) into the Health Board in response to the ongoing challenges of COVID-19. This is supported by a Workforce & OD training and educational framework.

Additional Registered Nurse education and training has been provided in readiness of ward nurses being deployed into additional critical care areas. This is part of the wider UHB COVID-19 Nursing Workforce Strategy.

The Nursing Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy for CTMUHB supports 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 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.

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.

Since January 2020, in line with decisions made at all Wales level, the Health Board has commenced, 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.

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

<p>Patients harmed with reference to quality indicators and complaints (*) which are classified as serious incidents and reported centrally</p> <p><b>NOTE: (*) complaints refers to those complaints made under complaints regulations (Putting Things Right (PTR))</b></p>	<p>1) Total number of closed serious incidents/complaints during <u>last</u> reporting period April 2019 – March 2020</p>	<p>2) Total number of closed serious incidents/complaints during <u>current</u> reporting period (April 2020-March 2021)</p>	<p>3) Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period (April 2021-March 2022)</p>	<p>4) Increase/decrease) in the number of closed serious incidents/complaints between reporting periods (**)</p>	<p>5) Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor</p>
<p>Hospital acquired pressure damage (grade 3, 4 and unstageable).</p>	<p>74 incidents received, 67 closed (7 still open) 2 Serious Incidents reported to WG, both closed</p>	<p>46 incidents received 22 closed 24 still open  0 Serious Incidents reported to WG</p>	<p>31 incidents   (0 Welsh Government)</p>	<p>38% decrease in received   100% decrease WG</p>	<p>1 incident   (0 Welsh Government)</p>
<p>Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).</p>	<p>10 incidents received 5 closed (5 still open) 6 SI's reported to WG, 6 closed</p>	<p>4 incidents received 1 closed 3 still open,  2 SI's reported WG, 2 closed</p>	<p>8 incidents   (0 Welsh Government)</p>	<p>60% decrease in received   67% decrease WG</p>	<p>1   (0 Welsh Government)</p>
<p>Medication related never events.</p>	<p>1 Medication Never Event received (1 closed)</p>	<p>0</p>	<p>0</p>	<p>100% decrease in received</p>	<p>N/A</p>
<p>Complaints about nursing care</p>	<p>8 received (8 closed)</p>	<p>3 received 3 closed</p>	<p>0</p>	<p>62.5% decrease in received</p>	<p>N/A</p>

**NOTE (\*\*):** In relation to the data presented in Column 4 above, direct comparison between the numbers of closed SI's/Complaints reported during 2019/20 and the number reported in 2020/21 should not be made due to the significant changes in the number/size/patient pathway etc of wards classified under Section 25B during 2020/21 as a result of operational changes made during the Covid-19 pandemic period.

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

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

This reporting period has been a challenging year due to COVID-19 pandemic, for section 25B wards it has been at times difficult to update the relevant and corresponding reporting systems due to sheer number of internal moves made during this period.

For this reporting period there has been 2 incidents where not maintaining the planned nurse staffing level was deemed to have contributed to the incidents, 1 hospital acquired pressure damage and 1 fall. It should be noted however, that both of these incidents did not meet the threshold to be reported to the Welsh Government. Both incidents have been reviewed via the respective ILG's internal quality and safety, safeguarding processes and deemed that they were unavoidable although it was noted that staffing could have been a contributing factor.

Although there has been a reduction across all incidents between the reporting periods, it has been noted that comparison between reporting periods of 2019-2020 and 2020-2021 cannot be made due to the operational changes made during the COVID-19 pandemic. Therefore comparison for the next reporting period will also be difficult to access trends and or improvements.

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 Central Nursing to develop and implement innovative approaches to recruitment of Registered Nurses as well as new Health Care Support Workers.
- Continue to plan and provide a registered nurse workforce which includes a further business case for Phase 2 of the overseas RN recruitment which will provide a further 150 nurses into CTMUHB 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 work streams.
- Contributing to student streamlining for Adults, Paediatrics, Mental Health and District Nursing
- CTMUHB staff representatives on the Health Education and Improvement Wales (HEIW) programmes
- Creation of career pathways including exploring opportunity for Band 4 nursing roles to support CTMUHB Integrated Health & Care Strategy

### Conclusion & Recommendations

In summary 2020-2021 has been a challenging year due to the COVID-19 pandemic within the Health Board and its communities

- Meeting the staffing levels for the 25B wards has been difficult due to higher levels of sickness and staff requiring to shield at home
- The repurposing of wards including retraining of staff to meet the clinical demands during the COVID-19 pandemic and the temporary re-deployment of staff to support the additional demands including high care respiratory wards, ITU and the temporary Field Hospital

However despite these challenges there continues to be successes and achievements within this reporting period

- The ability of the Health Board and its staff to adapt at short notice when needing to repurpose wards to meet the clinical needs of our population during the COVID-19 pandemic and the temporary re-deployment of staff to support additional areas including high care respiratory wards, ITU and the temporary Field Hospital
- The HB has continued to land overseas nurse from aboard (primarily from India) with an evolving governance framework that involved a robust isolation, educational and wellbeing process
- Virtual OSCE training continued, the adoption of the temporary NMC registered for the overseas nurses still in training. The continued success of 1<sup>st</sup> time pass rate for the nurses who undertook their OSCEs' tests.

- 411 student nurses/midwives these being 2<sup>nd</sup> or 3<sup>rd</sup> year Student nurses/midwife were employed as HCSW during the COVID-19 pandemic
- 400 HCSW recruited to the Call to Arms to support the hospital sites and are now supporting the mass vaccination programme
- The improvement in the availability of information to nurse leaders to support and inform their clinical decision making including the Nurse staff Level (Wales) Act (2016) Operating Framework and Escalation policy and All Reasonable Steps.
- Improvement with the information provision to our patients and public including the redesigned nurse staffing levels Informing Patient Templates within our hospitals
- ILGs governance system and processes in relation to NSLWA
- The continued preparation and preparedness for the extension to the 2016 Act in Paediatric and District Nursing

The Work programme associated with the NSLWA in 2020-2021 needs to include:

- Readiness for the Extension of Act for Paediatric in patient wards and the recruitment into 43 wte nurse vacancies to deliver this.
- The resetting and the realignment in the following work streams; District nursing, Mental Health and Health visiting. Within the HB these working groups for these work streams have now recommenced
- Enhanced information and increased intelligence for Safe Care, Concerns and incidents datix module for quality assurance processes in the Adult work stream.
- Accuracy and robust data collection in the use of the national HCMS
- Work internally to reset the 25B wards within HB