



**AGENDA ITEM**

7.5.1

**CTM BOARD**

**The Nurse staff Levels (Wales) Act extension to 2<sup>nd</sup> duty of the Act – Paediatric inpatient following calculation in August 2021**

<b>Date of meeting</b>	30 <sup>th</sup> September 2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Gail Clack Interim Head of Nursing CYP/CAMHS
<b>Presented by</b>	Greg Dix, Executive Director of Nursing
<b>Approving Executive Sponsor</b>	Executive Director of Nursing
<b>Report purpose</b>	FOR NOTING

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

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

**ACRONYMS**

NSLWA	Nurse Staffing Levels (Wales) Act
ILG	Integrated Locality Group



## 1. SITUATION/BACKGROUND

Extending the second duty of the Nurse staffing Levels (Wales) Act 2016 ((NSLWA) to paediatric inpatient wards will commence from 1<sup>st</sup> 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 in-patient medical and surgical wards and in-patient paediatric wards. The aim of this report provides the Board with a detailed summary of the nurse staffing level for each inpatient paediatric wards that has been agreed by the designated person in consultation with the nursing and ILG Directors of Nursing. Due to scheduling the adult inpatient medical and surgical wards will be presented separately in November 2021. It has been agreed via the All Wales Nurse staffing Level Group that all subsequent bi-annual acuity calculation will be coordinated together to include all section 25B wards of the Act.

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. Paediatric Wards that are included in 25B have undertaken an 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 levels report following the bi-annual acuity audit that is routinely undertaken in June. However due to scheduling in extending the second duty of the Act to inpatient Paediatric wards and the requirement to present and agree the calculated nurse staffing levels for these wards before the regulation comes into force on 1<sup>st</sup> October 2021, this paper will only present section 25B from an paediatric inpatient stance.

Following the first triangulated calculation of nurse staffing for paediatric inpatient wards undertaken in August 2021. Where each ward has been subjected to the triangulated approach and the workforce planning tool to produce a ward template.

Any required amendments to the original nurse staffing level for the paediatric wards have been changed. These establishments have been authorised by the ILG Directors of Nursing and the designated person.

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 and (Appendix B) Summary of calculations.

### Changes to note

**Table 1:** Current Compliance position (September 2021)

NSA (WTE) Requirement Paediatrics	PCH		RGH		PoWH		HB
	Required	Deficit	Required	Deficit	Required	Deficit	Deficit
<b>RN</b>	35.11	<b>8.74</b>	29.43	<b>4.26</b>	29.43	0	<b>13</b>
<b>HSCW</b>	7.72	<b>2.33</b>	5.69	<b>1.84</b>	5.69	0	<b>4.17</b>
<b>Band 6 Coordinator Cover</b>	5.68	0	5.68	<b>1.75</b>	5.68	<b>1.75</b>	<b>3.5</b>
<b>Ward Manager Supervisory</b>	1	0	1	0	1	0	<b>0</b>

- There is a requirement for Paediatrics to have a band 6 nurse co-ordinator on shift 7 days a week and 24 hours a day to manage the day to day complexities of the unit and higher than average patient flow of ill children and young people. There is currently a deficit at the Royal Glamorgan (RGH) and Princess of Wales (PoW) Children's wards. Prince Charles Hospital (PCH) is fully compliant.
- The Paediatric wards have secured funding for 25 student nurses as part of the student streamlining process across the 3 ward areas, but there remains a registered nurse deficit of 13WTE and 4.17WTE HCSW. PoWH is fully established (except for the band 6 skill mix).

### 3. FINANCIAL SUMMARY

The financial plan for 21/22 included an estimate of the additional funding needed in order to ensure compliance with the safe staffing levels (£0.9m in 21/22 and £2.1m recurrently from 22/23 onwards). The initial estimate has now been slightly revised based on the most recent review of staffing requirements and this is summarized in the table below:

	Initial Estimate £k	Revised Estimate £k
PCH	1,019	1,006
RGH	519	519
POW	544	544
Total	2,082	2,069

Please note these figures are based on 2020/21 pay-scales and provision will need to be made for the 2021/22 pay award.

To date £0.880m recurrent funding has been released to delegated budgets to fund the recruitment commitments from student streamlining, it is now recommended that the remaining funding be released recurrently to cover the remaining recruitment requirements.

### 4. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

It is noted that the nurse staffing level calculation during this period is normally a quieter period for paediatric inpatient acuity and activity; due to the impact of the Covid-19 pandemic inpatient 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 Health Board have experienced an increase in Children and Adolescent Mental Health Service (CAMHS) admission that will require addressing as part of Health Boards recruitment strategy and service alignment.

Due to preventive measures taken during 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. Welsh Government has therefore instructed the Health Board to prepare and plan for a surge in number of children contracting RSV requiring admission to hospital. In preparation and surge capacity plans have been

discussed, calculated (25% and 50% additional capacity) and agreed by the ILG nurse directors if the Paediatric wards need to increase their capacity to meet demand in RSV. Longer term due to the South Wales plan no longer progressing there is a need to review current inpatient model and bed plans.

## 5. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Staff and Resources Safe Care
<b>Equality impact assessment completed</b>	Yes
<b>Legal implications / impact</b>	Yes (Include further detail below) Failure to adhere to the Nursing Staffing Levels Wales (2016) Act
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
<b>Link to Strategic Well-being Objectives</b>	Provide high quality, evidence based, and accessible care

## 6. RECOMMENDATION

The Board is asked to:

- **NOTE** the position of the Health Board against its responsibilities within the NSLWA with regard to the calculation for Paediatric inpatient wards
- **NOTE** the conclusions and recommendations that have been reported within this report.
- **APPROVE** the release of the remaining funding earmarked in the financial plan to cover the full cost of meeting the nurse safe staffing levels.



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**Appendix 1- Presentation of Nurse Staffing Levels for Paediatric Inpatient Wards to Board prior to implementation of the second duty of the act in October 2021**

<b>Health board</b>	Cwm Taf Morgannwg University Health Board
<b>Date of presentation of Nurse Staffing Levels to Board</b>	30 <sup>th</sup> September 2021
<b>Period covered</b>	The calculation has been undertaken on 19/08/21 in preparation for the extension of the second duty of the Act to paediatric inpatient wards. The acuity data represented is for June 21.
<b>Number and identity of paediatric inpatient wards under section 25B</b>	<p>There are 3 paediatric inpatient wards across Cwm Taf Morgannwg University Health Board (CTMUHB) that care for children and young people from 0-17 years from all specialities ie medicine and surgery as follows:-</p> <p><u>Princess of Wales Hospital in Bridgend (POW)</u> A 16 bedded ward that consists of a 6 bedded bay, a 4 bedded bay and 6 isolation cubicles. 2 of the inpatient beds can accommodate high dependency patients (HDU). Only 2 of the isolation cubicles are visible from the nurse station.</p> <p><u>Prince Charles Hospital in Merthyr Tydfil (PCH)</u> A 22 bedded ward that consists of a 6 bedded bay and a 5 bedded bay (HDU enabled) and 11 isolation cubicles. Only 2 of the cubicles are visible from the nurse station.</p> <p><u>Royal Glamorgan Hospital in Taff Ely (RGH)</u></p>



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A 19 bedded ward that consists of 2 x 6 bedded bays and 5 isolation cubicles. There is also a 2 bedded bay that can accommodate HDU patients. Only 2 of the isolation cubicles are visible from the nurses station.

#### POW

The current funded establishment is 33.76wte registered nurses (RN's) and 8.04wte HCSW to cover the children's ward as above and the 4 additional PAU beds open from 8am-8pm. This includes the 8 new students recruited via the streamlining process who will take up their post in September. Prior to their appointment the ward is using bank and agency when required to cover the current roster.

Using the prescribed triangulated approach to calculate the required establishment that was presented in June, with the addition of the new posts there will be no RN or HCSW deficit to meet the nurse staffing level calculated requirements from 1st Oct 21.

**Band 6** cover however is required on every shift to manage the day to day complexities of the unit, within the existing establishment to provide this 7 days per week the NSA requirement is 3.93wte a shortfall of **1.75wte**. It is proposed that this deficit is addressed via uplift's from the current band 5 establishment via the internal recruitment process.

#### PCH

The current funded establishment is 32.45wte RN's and 7.51wte HCSW to cover ward 31 as above and any additional beds used on ward 32 for day surgery and PAU open from Mon-Fri 8am-8pm. This includes 5 new students recruited via the streamlining process who will take up their posts in September and 5 funded posts which are currently out to advert but not yet recruited into.

From the triangulation data presented throughout June with the addition of the new posts there will be a **8.74wte RN** and a **2.33wte HCSW** deficit to meet the calculated NSA calculated requirements from 1st Oct 21. Staffing deficits are currently being managed by staff working additional hours via staff bank and via contracted agencies on occasions. This is not a sustainable position.

#### RGH

	<p>The current funded establishment is 30.85wte RN's and 5.88wte HCSW to cover ward 17 as above and additional beds used on ward 18 for day surgery and PAU open from Mon-Fri 7.30am-7pm. This includes 7 new students recruited via the streamlining process. 4 will take up their posts in September and 3 in January 2022.</p> <p>From the triangulation data presented throughout June with the addition of the new posts there will be a <b>4.26wte RN</b> and a <b>1.84wte HCSW</b> deficit to meet the calculated NSA requirements from 1st Oct 21. Staffing deficits are currently being managed by staff working additional hours via staff bank and via contracted agencies. This is not a sustainable position.</p> <p>To note the recruitment in both PCH and RGH has been affected over recent years by the proposed South Wales Programme (SWP) staff transfers had been planned to align to PCH. No staff were recruited to PCH or RGH hospital for a number of years as a result of this.</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 2<sup>nd</sup> duty of the NSA (2016) extension into paediatrics, is the required approach to calculating the nurse staffing levels for each of our paediatric wards. Following this initial triangulation a 6-monthly cycle will be undertaken with the nursing teams responsible for each of the 3 paediatric wards that fall 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 Clinical Service Group (CSG) and by the Nurse Directors via quality &amp; safety governance reviews and reporting mechanisms. The quality indicators for Paediatrics are medication errors, extravasation injuries, patient experience and pressure ulcers.</p> <p>Leading up to the implementation of the 2<sup>nd</sup> duty of the NSA (2016) extension into paediatrics, a monthly working group has been established, led by the Head of Nursing (HON) with nursing representation across all 3 inpatient sites. These meetings will now change focus and form a monthly nursing workforce review where any changes to nursing establishments due to redesign of services or expected increase Respiratory Syncytial Virus (RSV) surge capacity will be reported via the Corporate Nursing leads to ensure the paediatric nurse staffing level workforce planning templates are updated.</p>

	<p>All the paediatric workforce planning templates evidence that an uplift of 26.9% has been calculated and accounted for within the establishment figures as well as the inclusion of a supernumerary Band 7 Ward Sister/Charge nurse. The planning templates have been discussed and signed off by Ward Managers, Senior Nurses, Lead Nurse, Head of Nursing and by the ILG Nursing Director's. The final templates are signed off by the Executive Nurse Director following the assurance that:</p> <ul style="list-style-type: none"> <li>• All requirements of the triangulated approach have been followed in calculating the nurse staffing levels for each ward.</li> <li>• Evidence of a 26.9% uplift included.</li> <li>• Evidence of supernumerary funded posts have been included</li> <li>• Evidence of engagement with the nursing management structure</li> </ul>
<p><b>Finance and workforce implications</b></p>	<p>This review has included the required nursing establishment following any amendments to the original workforce. These establishments have been reviewed and agreed by each ILG Directors of Nursing alongside their Heads of Finance.</p> <p>Key performance indicators for this work stream are focused on effective rostering, efficiency of the temporary staffing office, recruitment activities and the retention of staff including staff well-being.</p> <p>The Nursing Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy for Paediatrics in CTMUHB has been developed and supports the calculation and maintenance of nursing staffing levels on Paediatric Wards and the actions that are taken to review, record and escalate where nurse staffing levels are not maintained.</p> <p>Within the acute hospitals staffing levels are reviewed once daily. Due to current staffing levels in both PCH and RGH there is no flexibility to deploy staff to other areas. In POW staff are occasionally deployed to the Neonatal Unit if required.</p>
<p><b>Conclusion &amp; Recommendations</b></p>	
	<p>The Board needs to consider that this period is usually a quieter period for paediatrics and that data presented in 6 months (winter period) is likely to see much higher acuity. The numbers of patients admitted during this period is also not reflective of previous years due to the impact of covid, turnover of patients would usually be much higher.</p>

- The data demonstrates that PCH has the greatest staffing deficit. Recruitment has proved challenging in this area along with RGH over recent years in view of the South Wales Plan which is no longer progressing. A recruitment strategy has been devised and will be progressed and monitored via the monthly workforce review meetings.
- All 3 sites are seeing an increase in CAMHS admissions, this will be addressed as part of our recruitment strategy with the recruitment of RMN's to complement the existing paediatric workforce.
- As a result of the cancelled South Wales Plan (SWP), there are plans by the Health Board (HB) to review the current inpatient model and number of beds required across the CTMUHB footprint however this work has been suspended in view of covid-19.
- Surge capacity plans have been discussed, calculated and agreed by the ILG Nurse Directors if there is a requirement for the paediatric wards to increase their capacity to meet the demand of RSV.



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**Appendix 2 - Summary of Nurse Staffing Levels**



Staff Nyrso  
Nurse Staffing

<b>Health board/trust:</b>	<b>Cwm Taf Morgannwg University Health Board</b>			
<b>Period reviewed:</b>	<b>June 2021</b>			
<b>Number of paediatric inpatient wards where section 25B applies:</b>	<b>Site: PoWH</b>	<b>Site: RGH</b>	<b>Site: PCH</b>	<b>Site:</b>
	1 ward - 16 beds	1 ward – 19 beds	1 ward – 22 beds	Number Number

<b>Nurse staffing level per ward where section 25B applies (*)</b>	<b>RN (wte)</b>	<b>HCSW (wte)</b>	<b>TOTAL (wte)</b>
Children’s ward PoWH	29.43wte	5.69wte	35.11wte
Ward 17 RGH	29.43wte	5.69wte	35.11wte
Ward 31 PCH	35.11wte	7.72wte	42.83wte

<b>Nurse staffing level per ward where section 25B applies (*)</b>	<b>RN (wte)</b>	<b>HCSW (wte)</b>	<b>TOTAL (wte)</b>



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<b>Board/ Executive level Authorisation</b>	Designated person	Name & signature	Director of Operations	Name & signature	Director of Finance	Name & signature		
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<b>Date presented to the Board by designated person</b>	Date, name, title and signature of designated person
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(*) Points to consider: Uplift of 26% has be included applied to RN and HCSW wte, to cover staff absences 1wte ward sisters/charge nurse and managers are supernumerary and has been added
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