

**Appendix A**

<b>Three-Yearly Assurance Report on compliance with the Nurse staffing levels (Wales) Act:</b> <b>Report for Welsh Government</b>	
<b>Health Board</b>	Cwm Taf Morgannwg University Health Board (CTM UHB)
<b>Reporting period</b>	The reporting period is 6 <sup>th</sup> April 2018-5 <sup>th</sup> April 2021. This is the final, updated version following the caveated report that was presented to Health Board and to Welsh Government in May 2021 as part of the statutory requirements of the 2016 Act. This final report has amendments from the submitted caveated report due to the timeframe required for closing serious incident reports and early feedback from the Chief Nursing Officer for Wales (CNO) office.
<b>Introduction</b>	<p>The Nurse Staffing Levels (Wales) Act 2016 (hereafter referred to in this document as the 2016 Act) came into effect in April 2017. This 3 yearly annual assurance report sets out the Health Board's position on compliance within the 2016 Act during the 3 yearly reporting period.</p> <p>Cwm Taf Morgannwg University Health Board (CTM UHB) came into existence on the 1<sup>st</sup> April 2019, as a result of the Welsh Government boundary changes that involved the responsibility for healthcare services in the Bridgend County Borough Council area being transferred to Cwm Taf University Health Board (CTUHB) from Abertawe Bro Morgannwg University Health Board (ABM UHB). As a result the Princess of Wales hospital became part of CTUHB and an additional 10 adult acute medical and surgical wards became subject to the requirements of section 25B of the Act which increased the number of adult acute medical and surgical wards from 20 wards to 30 wards as of the 1<sup>st</sup> April 2019.</p> <p>Cwm Taf Morgannwg University Health Board (CTMUHB) acknowledges that they were not compliant within section 25B during the first 10 months the 2016 Act was in force (From April 2017-January 2018). Concerns were raised in December 2018 by the Chief Nursing Officer (CNO) for Wales as to why the Health Board was non-compliant within the Act 2016. There was evidence that whilst the nurse staffing level for section 25B wards of the 2016 Act, had been calculated by the designated person using the triangulated methodology but to our understanding an out date guiding principle was then used to recalculate the required nurse staffing establishment. The CNO addressed this issue in a letter to Chief Executive, who replied providing assurances that the Health Board would urgently apply the updated agreed triangulated methodology when calculating the nurse staffing levels for 25B wards.</p>
<b>Requirements of Section 25A</b>	<p>Section 25A of the 2016 Act relates to the overarching responsibility placed upon each Health Board and Trusts, requiring Health Boards and NHS Trusts to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure sufficient nurses to allow the nurses' time to care sensitively for patients wherever nursing services are provided or commissioned across their organisation. Commencement of section A ahead of Sections B, C and E was intended to provide the opportunity to build towards compliance with the legislation in a phased manner. This was in recognition of a number of factors, including the global difficulties in nurse recruitment, which was and is still being experienced.</p> <p><b>Year 1</b></p> <p>In preparation for the introduction of the 2016 Act and to ensure compliance, the Health Board implemented the following key actions, these were outlined and presented to the Health Board in May 2017.</p> <ul style="list-style-type: none"> <li>• Confirmed the designated person as the Executive Director of Nursing, Midwifery and Patient Service (This title was rebadged to Executive Nurse Director).</li> <li>• Developed a monthly Health Board Multidisciplinary Workforce Group with dedication to the implementation and monitoring of the 2016 Act. This was chaired by the Interim Assistant Director</li> </ul>

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of Nursing, which reported to the Heads of Nursing and Midwifery Group and the Efficiency, Values and Productivity Board.

- Conducted a robust review of workforce planning procedures for 2018 to 2021, which included; Health Board staff recruitment events, staff retention strategies, workforce planning & redesign, training and development.
- The Assistant Director of Nursing or their nominated representative represented the UHB on the All-Wales Nurse Staffing Group. Nominated representatives would attend the associated work stream groups.
- Undertaken a formal review across Section 25B acute wards for calculating and reporting nurse staffing requirements to ensure a health Board wide consistent approach was adopted.
- Update and present to the Board a position paper in March 2018 and June 2018.
- Provided acuity feedback sessions to nurses on section 25B wards.

The Executive Nurse Director determined that a review of nurse staffing levels across all clinical areas across all settings where nursing care was either provided and or commissioned in line with the requirement in Section 25A wards provided assurance that the principles behind the 2016 Act were applied.

The Health Board acknowledged that they had a large nursing vacancy for all areas where care was provided to patients. There were a range of both short and long term actions being undertaken by the Health Board in an attempt to improve the nurse staffing levels, reduce the number of vacant posts and increase the availability of Registered Nurse (RN) and Health Care Support Worker (HCSW) posts, these included:

- The schemes being led by the Workforce and Organisational Development 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 2016 Act.
- Creation of career pathways including exploring opportunity for Band 4 nursing roles to support CTM UHB Integrated Health & Care Strategy

The vacancy rates for the wards and departments were discussed at the monthly Nursing and Midwifery Workforce group meetings. Key performance indicators for this work stream were focused on effective rostering, efficiency of the temporary staffing office, recruitment activities and the retention of staff including staff well-being.

**Years 2 and 3**

The boundary change for Bridgend Council and the creation of CTM UHB was completed on the 1<sup>st</sup> April 2019. The newly created Health Board included the Princess of Wales Hospital (PoWH), Maesteg Community Hospital and community and mental health services across the county. Within PoWH there were 5 acute medical and 5 acute surgical wards. Following integration with PoWH and the creation of the new Health Board, there were inconsistencies with regards to the shift patterns across the Health Board which has caused variations in how the WTE establishment is calculated. Although the inconsistencies remain, this has been accounted for and addressed to ensure that calculations can be made in a consistent manner. An additional annual assurance report was produced for the Princess of Wales Hospital in readiness for the creation of the new CTM UHB and provided local assurance that the Health Board was prepared and able to meet the requirements of the Act.

CTM UHB introduced a new operating model and embedded this model into the Health Board in April 2020. The new model comprised of Integrated Locality Groups (ILG), these locality groups were delegated responsibility for services within their locality. The ILG Nurse Directors provide a highlight report for the Nursing and Midwifery workforce meetings, chaired by the Executive Nurse Director. These meetings were postponed temporarily during the first wave of the COVID pandemic. In addition the ILG Nurse Directors hold workforce efficiency meetings with their Heads of Nursing, during which actions are agreed to ensure that their wards/areas have the required nursing staff to care for their patients, this takes into account potential retirement and estimated turnover using previous metrics as a guide and student streamlining.

Due to a large number of registered nurse vacancies within the Health Board a business case was approved to start a large international overseas registered nurse recruitment campaign to meet the demand of registered nurses required within the Health Board. This was commenced in the summer of 2019 and in total 215 international nurses were recruited over a 20 month period.

During this reporting period (2018-2021) under section 25A, professional judgement and available evidence relating to patient acuity and quality indicators were used to inform calculations of the nurse staffing levels required. Each Service Group within each of the acute hospitals continued to monitor the staffing situation daily to ensure that clinical areas managed their risk and uses all reasonable steps in an attempt to maintain appropriate nurse staffing levels where there are staffing deficits.

#### **Progress in relation to the suite of work streams under the All Wales Nurse Staffing Programme**

Since March 2020, COVID-19 has placed extreme and unprecedented pressures upon the Health Board. The impact of the pandemic upon 'business as usual', in relation to ensuring compliance within the 2016 Act has been frequently discussed at the All Wales Nurse Staffing Group and Executive Nurse Directors peer group. The CNO letter issued in March 2020 recognised that disruption to the Nurse Staffing Level (Wales) Act 2016 and the challenges ahead, however she clearly articulated that the duty under 25A of the Act would remain an important factor in how the nursing staff are deployed across the entirety of the Health Board.

The letter specifically referenced the disruption that the Covid-19 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 was postponed provisionally until October 2021. The Nurse Staffing Programme Team and the paediatric work stream developed 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.

#### **Paediatric in-patient work stream**

Within CTM UHB a Paediatric in-patient sub-group has been in place since June 2019 and a detailed implementation plan has been developed. Regular update reports have been presented at the Health Board's Management Board meetings to ensure organisational readiness for the extension of the 2016 Act in October 2021. This has included a paper submitted in May 2021 which provided assurance that the Health Board was on track to meet the extension of the Act. It demonstrated that there was good compliance against the interim principles with an additional 43 WTE Registered Nurses (RNs) and 9.8 WTE Health Care Support Workers (HCSW) with an estimated cost of £2.1m required to meet the interim principals. However further work is being undertaken by the Clinical Service Group to validate these numbers.

Although there is no other extension of the 2016 Act planned presently, the Health Board has supported all the work streams of the All Wales Nurse Staffing programme over the last 3 years.

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Section 25B	2018/2019	2019/2020	2020/2021
<b>Date annual assurance report of compliance with the Nurse staffing levels (Wales) Act presented to Board</b>	30/5/19	30/9/20 (delayed May 2020 due to COVID)	27 <sup>th</sup> May 2021
<b>Number of adult acute <u>medical</u> inpatient wards where section 25B applies</b>	Highest number of wards is 14 and lowest is 9 wards <b>(Attached as Appendix 1)</b>	Highest number of wards was 15 and the lowest was 14 wards <b>(Attached as Appendix 2)</b>	Highest number of wards was 17 and the lowest was 15 wards <b>(Attached as Appendix 3)</b>
<b>Number of adult acute <u>surgical</u> inpatient wards where section 25B applies</b>	Highest number of wards is 16 and lowest is 11 wards <b>(Attached as Appendix 4)</b>	Highest number of wards was 15 and the lowest was 7 wards <b>(Attached as Appendix 5)</b>	Highest number of wards was 15 and the lowest was 11 wards <b>(Attached at Appendix 6)</b>
<b>Number of occasions where the nurse staffing levels recalculated in addition to the bi-annual calculation for all wards subject to Section 25B</b>	1 ward has had their nurse staffing levels recalculated outside the Bi-annual calculation	14 wards were repurposed to meet the clinical demands of the COVID-19 pandemic	5 wards had their nurse staffing levels recalculated outside the bi-annual calculation
<b>Changing the purpose of the adult acute medical and surgical wards to support the management of COVID or opening new COVID wards.</b>	<p>Since March 2020, COVID-19 has placed extreme and unprecedented pressures upon the Health Board. It has been a demanding time and has meant that the Health Board has had to increase its capacity at pace to meet the clinical demands. Measures have included creating extra high care and intensive care areas as well as opening a Field Hospital. This created staffing challenges as higher staffing numbers were required for high care or intensive care facilities and an additional workforce was required to open a field hospital. A scoping exercise was undertaken to assess the availability of different staffing resources that could be deployed to these areas.</p> <p>The Chief Nursing Officer issued a letter on the 24 March 2020 to Health Boards providing clarity and guidance on the Health Boards responsibilities under the Act during the pandemic, stating that:</p> <ul style="list-style-type: none"> <li>• It is within the Health Boards' respective discretion to proceed with or cease work on the imminently scheduled biannual re-calculation of adult medical and surgical wards;</li> <li>• Similarly it is within the Health Boards' respective discretion to indefinitely postpone the annual report to Board, due May 2020;</li> <li>• Adult medical and surgical wards that have been repurposed as 'novel wards' to deal with the COVID-19 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.</li> <li>• If wards remain designated as adult medical and surgical wards, Health Boards will be expected to persist with taking all reasonable steps to maintain calculated Nurse staffing levels and undertake the usual mitigating actions where possible.</li> <li>• These reasonable steps and mitigating actions are still likely to fall short of enabling Health Boards to maintain the Nurse staffing levels calculated during usual circumstances.</li> </ul>		

- Health Boards should ensure they take whatever steps they deem necessary to record their actions taken over the coming months in order to adequately articulate within the first three-year report (due May 2021) the narrative of these extraordinary circumstances.

As the COVID-19 Pandemic became established, the Welsh Government issued further guidance that any sense of “*business-as-usual*” was becoming increasingly untenable, in which they stated that ‘the NHS in Wales continued to experience significant and unprecedented challenges which are impacting upon the delivery of services through these organisations’.

A Board Paper was presented on the 28<sup>th</sup> May 2020 providing assurance on the Health Board’s position in complying with the requirements of the Act and ensuing appropriate nurse staffing levels during the COVID-19 pandemic. Each of the Locality Group Nurse Directors set out CTM UHB’s proposed Nurse staffing levels during the pandemic alongside nursing workforce plans used to support the increase in demand for:

- Critical care beds (ventilated patients)
- Non- Invasive ventilation beds (NIV/CPAP) required to staff the increased
- Community Hospital beds with oxygen provision
- Community/Local Authority Beds (432 Project)
- Creation of Field Hospital beds
- General ward beds (staffed at a reduced Registered Nurse to patient ratio in order to achieve the increased demand as described above)

The paper noted that there would be a reduction in the Registered Nurse to patient ratio if the demand for critical care and NIV beds increased. There would also be a requirement for additional capacity within the Health Board’s step down facilities and the Field Hospital which would have a consequence on all inpatient wards, with the exception of mental health in-patient wards.

The proposed new nursing ratios required to support the revised treatment plans and clinical models was a significant move away from the Health Boards current levels from section 25A and 25B of Nurse Staffing Levels (Wales) Act. These were reviewed at both Gold command and Quality & Safety Committee. The Health Board used the nationally recognised three tier command and control structure known as Strategic (Gold), Sliver (tactical) and Bronze (operational). The monitoring of nurse sensitive indicators continued during these times and were carefully monitored by the Locality Group Nurse Directors via their Quality & Safety governance review and reporting mechanisms.

ILG Directors developed specific Critical Care, NIV/respiratory high care areas across all the three acute hospital sites to concentrate the expertise of medical and nursing staff to ensure the best outcome for patients and minimise risk to staff, workforce plans involved the deployment of advanced nurse practitioners and registered nurses who had previously worked in high care/ITU back to these areas following refresher training sessions.

In addition some of the wards within the CTM UHB used allied health care professionals to support the nursing workforce within high care respiratory wards, caring for patients requiring CPAP and NIV. Health Board wide protocols for the delivery of these revised treatment plans were developed and the nursing workforce model for the high care respiratory areas was produced.

Staffing levels within all inpatient areas across the Health Board were reviewed daily, as a minimum by the Locality Group Nurse Directors and Heads of Nursing. Within the acute hospitals staffing levels were and continue to be reviewed three times a day and if required staff are deployed accordingly using All Reasonable Steps to maintain the nurse staffing levels.

### **Additional and deployed workforce**

Multi-Disciplinary Teams (MDT) and allied health professionals and a wider range of support staff, including therapies and pharmacy staff were factored into the nurse staffing models as these staff could assist when required to support the increased RN and non-registered workforce required within some of the high care wards/ depts.

Nursing Students; the Health Board and HEIW in conjunction with the Universities agreed to allocate:

- Third year students who were within six months of qualifying were consolidated into one of their choice locations (as per Student Streamlining) and employed as Band 4 nurses.
- 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.

Registered Health Visitors and School Nurses agreed to be redeployed into the acute and community ward areas and underwent "clinical skills update training" to support them with this transition. School Nurses worked within Health Board's Population Testing Units since their implementation on 21<sup>st</sup> March 2020 and the majority returned to their substantive roles in June 2021.

Nursing workforce via the UHB Nurse Bank, Registered Nurses on CTMUHB bank with bank only contracts were contacted and deployed to wards and departments that they were familiar working in. In addition a "call to arms" bank recruitment initiative was undertaken in March 2020 and yielded additional registered nurses and over 400 HCSW were recruited to support the hospital sites and they are now supporting the mass vaccination programme.

An education Programme was devised to "upskill" our existing nursing workforce to support the Critical Care units and areas designated for Non-Invasive ventilation as well as providing essential key skills and training for our "call to arms workforce"

The overseas nurse (OSN) recruitment programme was already planned but the majority of the 160 of the 215 (74%) OSNs were inducted into the Health Board during the pandemic.

During the 1<sup>st</sup> wave of the COVID-19 pandemic, the Health Board focussed attention on creating respiratory high care areas and ITUs that were repurposed from mainly section 25B medical wards (RGH ward 7, POWH 7, 8 and 10) and surgical inpatient wards (PCH 3 and 4). The Health Board's COVID capacity plan also involved the creation of additional capacity by expanding existing ward areas and creating new capacity for patients that were recovering from COVID-19 in the form of 2 additional rehabilitation facilities that were commissioned from private providers and 2 Field Hospitals both named Ysbyty'r Seren Hospital were built to create a total of 700 beds during the 1<sup>st</sup> wave of the pandemic.

During the 2<sup>nd</sup> wave, one Field Hospital was decommissioned and the other was utilised to a total capacity of 80 beds. Staffing these areas was challenging, requiring a multi-faceted approach to ensure all areas were staffed appropriately and staff were supported. This was achieved by utilising temporary staffing (bank and agency staff), substantive ward staff from the District General Hospitals (DGHS) including adult mental health Nurses, specialist nurses and Corporate nurses.

The CNO wrote two further letters setting out the situation regarding the timings of bi-annual acuity audits in June 2020 and January 2021, the former being rescheduled to be conducted a month later and the latter being cancelled. Within the Health Board any areas that provided nursing care or commissioned areas that were repurposed due to COVID-19 have had their nursing establishment calculated predominantly using professional judgement and reported via CTM UHB Executive Management Board meetings.

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The Welsh Government had 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 Executive Nurse Directors agreed that their organisations would defer the bi-annual audit and subsequent calculations of nurse staffing levels until July 2020. During the bi-annual audit conducted in July 2020, CTM UHB had 31 wards within section 25B of the 2016 Act. The COVID-19 pandemic has required hospitals and consequently wards within section 25B of the 2016 Act to organise, repurpose and at times repurpose again to ensure the delivery of high quality patient care, this has included the creation of Red, Amber and Green wards in response to the implementation of the Welsh Government (2020) COVID-19 – 16 Point Plan to limit, minimise and mitigate the risks associated with transmission of COVID within a healthcare setting. Red wards are for confirmed Covid positive patients, Amber are for patients who are contacts of positive Covid cases and Green wards are for patients who are Covid free with a negative test result.

In total, 21 Section 25B wards have been, at one time included in the COVID-19 RAG rating. Within this, wards have either been physically moved, repurposed or closed, however in the vast majority of cases the bed capacity on each open ward has remained constant. However, 5 wards have needed to be re-calculated outside the bi-annual calculation period. It is noted that surgical wards within section 25B often were repurposed and changed their speciality from surgery to accept COVID suspected or defined patients.

In July 2020, wards that were added to 25B section within CTM UHB:

- Ward 7 (PCH) was repurposed from a ward focussing mainly on rehabilitation to a Covid acute medical ward
- At the Princess of Wales Hospital (PoWH), the Bridgend clinic was repurposed from a private patient ward to a general surgical and gynaecology ward. Ward 18 was repurposed into a trauma and orthopaedic ward. Staff were redeployed from Ward 10 which had been closed to support these changes.

Wards that were no longer classed under the definition of Section 25B and therefore there was no requirement to undertake the bi-annual calculation:

- Ward 7 at the Royal Glamorgan Hospital and ward 4 at Prince Charles Hospital continue to operate as additional Critical Care areas
- Ward 3 at Prince Charles hospital changed from a surgical Trauma and Orthopaedics 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 with a requirement for an additional 8.33 WTE Registered Nurses and 8.53 WTE health care support workers. This ward subsequently closed for refurbished.

The Chief Nursing Officer's letter dated the 15<sup>th</sup> October 2020 provided further clarification stating that 'If the primary purpose of a ward remains the treatment of patients for medical or surgical conditions, and the Welsh Levels of Care tool is still applicable to that setting, then in her view those wards would remain under the auspices of 25B of the 2016 Act. Conversely, if a ward was legitimately repurposed to treat those critically unwell Covid 19 patients, as we expected in March to be a more common occurrence, her view would remain that those wards would be considered exclusions with an expectation Health Boards would follow national advice on staffing critical care areas. In light of this guidance the Health Board reviewed the number of wards that would fall under section 25B of the Act, this is discussed in the section; *Extent to which the required establishment has been maintained within wards under section 25B.*

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 repurposing of wards that trigger a review and re-evaluation are reported via the Lead Nurse for Professional Standards to ensure the 25B ward workforce planning templates are updated accordingly. It is noted that during each wave of the COVID-19 pandemic that professional judgement from the nursing leaders of the Health Board has been

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	<p>heavily relied upon to manage the operational situations that they encounter and inform decisions regarding the deployment of nursing staff to ensure appropriate nurse staffing levels.</p>
<p><b>The process and methodology used to inform the triangulated approach</b></p>	<p>The triangulated methodology mandated by the 2016 Act, is the prescribed approach to calculate the Nurse staffing levels for each section 25B ward, this was embedded as routine practice, with 6-monthly cycles being undertaken by the nursing teams responsible for each ward within Section 25B. However it is noted that the Health Board was non-compliant for a period within the section 25B wards, due to only achieving 50% supernumerary status for their ward Sisters/Charge Nurses. This was addressed at Board in June 2018 and there was an agreement to proceed with a two year plan to achieve 100% supernumerary Ward sister/Charge Nurse status although they were aware that the Health Board would remain noncompliant within the 2016 Act. A group had already been established where the core attendees included the Interim Assistant Director of Nursing, Assistant Director of Finance, Deputy Director of Workforce Organisational and Development (WOD), and Heads of Nursing, where they discussed proposed planned rosters, acuity data, quality indicators and professional judgement for each adult acute medical and surgical ward.</p> <p>As highlighted in the Year 1 section above, a Board Paper was presented on the 29<sup>th</sup> November 2018, where it outlined that approval was given at an Executive Board Meeting held on 21<sup>st</sup> November 2018 to increase ward Sisters/Charge Nurse to 100% supernumerary/supervisory status. However the Board paper stated that the budget for the required nursing establishments had been based on the out of date CTUHB Operating Framework. This framework focused on the initial CNO principle guidance to calculate the budgets and should have been replaced by the updated triangulated method of calculation. A paper was presented to Board in January 2019 informing them that the updated method to calculate the nurse staffing levels on section 25B wards had been statutory law since April 2018 and subsequent re-calculation was required and an updated nursing establishment was produced to ensure compliance with Section 25B of the Act.</p> <p>The Health Board now has a robust process in place to calculate the nurse staffing level on each section 25B ward and has a comprehensive record of the outcome and decision making process when determining the nurse staffing levels for each ward. In accordance with the Statutory Guidance issued by Welsh Government the Health Board has calculated the nurse staffing level on every adult acute medical and surgical ward on a bi-annual basis as part of the All Wales bi-annual acuity audit, when there has been a change to use/service of the ward or, on any occasion where the designated person has deemed a review necessary.</p> <p>Each service group within each of the acute hospitals continues to monitor the staffing situation daily to ensure that clinical areas manage risk and use All Reasonable Steps in an attempt to maintain the nurse staffing level where there are any staffing deficits.</p> <p>The nursing teams access the data that they are required to take account of within this methodology 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 outside the reporting periods. The nurse sensitive indicators are monitored by the Locality Group Nurse Directors via Quality &amp; Safety governance reviews and internal reporting mechanisms.</p> <p>To ensure that there is an accurate record of any wards sitting within section 25B, where there has been a requirement for them to be changed or repurposed, the Heads of Nursing for the 3 District General Hospitals, provide a weekly nursing workforce report to the Corporate Nursing leads to ensure the 2016 Act workforce planning templates are updated accordingly.</p>

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The planning templates have been discussed and signed off at ward Sister/Charge Nurse level, Senior Nurses, Heads of Nursing and by the ILG Nurse Directors. The final templates are signed off by the Executive Nurse Director following the assurance that:

- All requirements of the triangulated approach have been followed in calculating the Nurse staffing levels for each ward.
- Evidence of a 26.9% uplift included.
- Evidence of supernumerary status for 1wte Ward Sister/Charge Nurses has been funded
- Evidence of professional approach and engagement with the nursing management structure

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

As the nurse staffing levels 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 25b wards have been achieved/maintained over the reporting period.

		2017/2018	2018/19	2019/20	2020/21
<b>Extent to which the required establishment has been maintained within wards under section 25B</b>	<b>Required establishment (WTE) of S25B wards prior to commencement of the Acts second duty (March 2018)</b>	RN: 348.33	6 <sup>th</sup> April 2018 - 5 <sup>th</sup> April 2019	6 <sup>th</sup> April 2019 - 5 <sup>th</sup> April 2020	6 <sup>th</sup> April 2020 - 5 <sup>th</sup> April 2021
		HCSW:255.12			
	<b>Required establishment (WTE) of S25B wards calculated during first cycle (May)</b>		RN:395.25	RN: 615.79	RN: 469.7
			HCSW:292.35	HCSW: 441.28	HCSW: 346.6
	<b>WTE of required establishment of S25B wards funded following first (May) calculation cycle</b>		RN: 348.2	RN: 615.79	RN: 469.7
			HCSW:255.12	HCSW: 441.28	HCSW: 346.6
	<b>Required establishment (WTE) of S25B wards calculated during second cycle (Nov)</b>		RN:403.8	RN: 594.84	RN: 630.75
			HCSW:314.8	HCSW: 427.07	HCSW: 450.51
	<b>WTE of required establishment of S25B wards funded following second (Nov) calculation cycle</b>		RN:348.2	RN: 594.84	RN: 630.75
			HCSW:254.12	HCSW: 427.07	HCSW: 450.51

**Accompanying narrative:**

**Year 1**

At the time of commencement of the Section 25B of 2016 Act there were 20 acute adult inpatient medical and surgical wards with the Health Board. A Board paper was presented on 28<sup>th</sup> June 2018 outlining the Health Board's duty to meet section 25 A-C, where it was acknowledged that the Health Board required additional work for section 25B wards of the 2016 Act to ensure compliance. Although Cwm Taf UHB 25B wards had been reviewed on a monthly basis over the last 12 month period and the triangulated approach described within the section 25C of the 2016 Act was applied. The following reason for non-compliance for Section 25B wards:

1. Ward Sister/Charge Nurse only had 50% supernumerary status allocated.
2. Establishment setting for the Section 25B wards used the agreed triangulated approach to make the calculation, but the Health Board had used the CNO interim principals to assist them in determining the required nurse staffing budgets requirements.

A Board paper was presented on the 29<sup>th</sup> November 2018, where the CNO principle guidance was applied to calculate nurse staffing levels for section 25B wards. At that meeting it was noted that the Board had approved the increase of ward Sisters/Charge Nurse to 100% supernumerary/supervisory. It was noted that Health Board still had a considerable amount of registered nurse and HCSW vacancies, therefore an action plan was developed to achieve the requirement of this shortfall. Both acute hospitals completed a risk assessment for the wards that were non-compliant and this position was entered onto the corporate risk register.

The Chief Nursing Officer (CNO) for Wales wrote to CT UHB's Chief Executive on 20<sup>th</sup> December 2018 expressing her concerns that the Health Board had been in breach of the 2016 Act for the last nine months (6/4/19 to 20/12/18) and that they were at risk of potential legal challenge and would continue to be exposed until the issue was resolved. She continued to outline the expected actions for the Health Board and the remedial action required. The Chief Executive of CT UHB responded providing assurance that swift and corrective action would be undertaken as a priority and a robust action plan was devised and implemented to address the issues raised.

An update report was presented to the Board on the 30<sup>th</sup> January 2019, where it was established under section 25B that the Health Board had their ward calculation initially set based on previous Chief Nursing Officers principles. Therefore the Health Board was non-compliant within the 2016 Act, this was one of the contributing factors for the Welsh Government's decision to escalate the Health Board to level 2 'enhanced monitoring' status from level 1 'routine measures'. The paper describes the urgent action required in order to become compliant within section 25B of the 2016 Act, including use of the prescribed triangulated approach to calculate appropriate nurse staffing levels, prior to April 2019 in total there were 20 inpatient acute medical and surgical wards in section 25B of the 2016 Act.

In order to comply within the 2016 Act and using the required triangulated methodology an uplift of 55.5 WTE registered nurses and 59.7 WTE Health care support worker at a cost of £4.0 to £4.5 million (dependent upon point of scale) was required. This figure included the £400,000 required to uplift the Ward Sister/Charge Nurse to 100% supernumerary status. The Board approved the required funding to ensure compliance within the 2016 Act.

## Year 2

Prior to the Princess of Wales hospital transferring to ABM UHB on the 1<sup>st</sup> April preparations had been made to review the nurse staffing levels for the wards under section 25B at the Princess of Wales Hospital (PoWH). A separate Board paper was presented to the Health Board in May 2019 where it was apparent that a different calculation had been used when the wards were under the remit of ABMU to calculate the nurse staffing level based on the configuration of the shift patterns. This resulted in a disparity between the PoWH and the original Cwm Taf UHB calculations. Based on the method of calculation used in PoWH in 2019 there were 4 out of the 10 wards, required a re-calculation and a an uplift of 9.95wte Health Care Support Workers at a cost of £264,000 per annum

The Chief Nursing Officer for Wales issued a formal letter in 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 2016 Act. Welsh Government advised Health Boards that it was at 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 Executive Nurse Directors agreed that their organisations would defer the bi-annual audit and subsequent calculations of nurse staffing levels until July 2020

## Year 3

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This Health Board, together with all other Health Boards/Trusts in Wales provided a 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 ('Covid-19: Disruption to Nurse staffing Levels (Wales) Act 2016). This exception report (May 2020) was presented to Board during the pandemic to provide assurance on how wards were being staffed during the pandemic.

The annual Nurse staffing level report was presented to the Board on the 30<sup>th</sup> September 2020. This paper was delayed from May 2020 due to the disruption of the COVID-19 pandemic. In March 2020 as a consequence of the COVID-19 pandemic many wards including 25B wards were repurposed to meet clinical demand. The report noted that three wards had been 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. It should be highlighted that guidance issued on section 25B wards inclusion/exclusion criteria issued by the CNO in March 2020 was applied and as a reflection of this guidance, the required established staffing level for section 25B wards was reduced.

Whilst the second bi-annual calculation was scheduled in November 2020, the CNO had issued a second letter in October 2020 where she provided further guidance and this resulted in an increase of wards designated as section 25B compared to the July 2020 calculation. Therefore the increase in the required establishment compared to the last bi-annual calculation was primarily due to wards either having been repurposed and/or reopened and then being included into section 25B of the 2016 Act. These actions were taken to support increased capacity within the CTM UHB hospitals and was required to ensure appropriate nurse staffing levels during the COVID-19 pandemic. The ILG Nurse Directors manage their financial budgets and have realigned these to meet the ongoing staffing requirements for 25B wards.

For more details of individual wards and their calculated Nurse staffing levels, refer to the annual assurance reports ( [Annual report 2018-2019](#), [Annual Assurance report 2019-2020](#) and [Annual Assurance Report 2020-2021](#)).

**Extent to which the Nurse staffing levels are maintained within 25B wards**

When the second duty of the 2016 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.

For the 2018/19 and 2019/20 annual reports, this Health Board, together with all other Health Boards/Trusts in Wales provided a 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.

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 1<sup>st</sup> 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 2016 Act. This data is currently limited and at present needs to be progressed in the future so that information can be used so that the Health Board can provide a level of detail to ensure compliance within the act.

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	<p>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 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.</p>
<b>Process for maintaining the nurse staffing levels for 25b wards</b>	<p>The Health Board is required, as laid out in the statutory guidance, to ensure that “All Reasonable Steps” are taken to maintain the nurse staffing levels in 25B wards. The Executive Nurse Directors within Wales have agreed and issued via the All Wales Nurse Staffing programme further clarification on what constitutes the ‘All Reasonable Steps’ which should be taken in order to maintain the nurse staffing levels at the calculated levels.</p> <p>It is the responsibility of the Ward 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. There is a strategic Nursing and Midwifery workforce group which maintains oversight of effective rostering compliance. The monthly integrated performance meetings have a suite of workforce metrics which are presented to the Executive team.</p> <p>The vacancy rates for section 25B ward at each hospital are discussed at the monthly Nursing and Midwifery Workforce group. There are well embedded processes within the nursing structures on each of the acute sites for reviewing nurse 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 introduced the use of the patient acuity data being captured on a daily basis for all 25B wards across the Health Board to inform these operational decisions relating to staff deployment.</p> <p>The Health Board also relies on temporary staffing for both registered nurses and HCSWs in order to maintain the required nurse staffing levels. The use of ‘Allocate’ rostering has provided a standardised approach to rostering and booking of temporary staffing via the Nurse Bank Office.</p> <p>In June 2019, the Health Board commenced its registered nurse overseas 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.</p> <p>Currently the Health Board is continuing to progress the appointment of Health Care Support Workers (HCSW) into the Health Board in response to the ongoing challenges of COVID-19. This is supported by a Workforce &amp; OD training and an 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 CTMUHB COVID-19 Nursing Workforce Strategy.</p> <p>An internal audit was conducted by NHS Wales Shared Services Partnership to review the Health Board’s compliance with the 2016 Act during 2019/20. The overall objective of this audit was to evaluate and determine the adequacy of the systems and controls in place within the HB for ensuring compliance with</p>

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Nurse Staffing Levels (Wales) Act. The report concluded that the Board could be reasonably assured in relation to its compliance with the 2016 Act.

The report suggested that further actions relating to the statutory requirements was 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. The Statutory Guidance states that "LHBs and Trusts must make arrangements to inform patients of the nurse staffing level" (paragraph 20).

Following this internal audit report and to ensure full compliance, further actions were 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 adult acute medical and surgical ward is refreshed and re-issued as soon as the Board has been formally notified by the Executive Director of Nursing, of the nurse staffing level that has been calculated for each section 25B ward. These templates have been updated during COVID-19 March/April 20 as and when a ward has been repurposed.

The Nurse Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy for CTM UHB was published in March 2020. The purpose of this Operating Framework is to support the calculation and maintenance of the nurse 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, nurse 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 nurse staffing levels required. There are well embedded processes within the nursing structures on each of the acute sites for reviewing nurse staffing levels operationally on a daily basis and for making operational, risk-based decisions about the deployment of staff via the bed/staffing meeting

To ensure compliance with the 2016 Act, a Once for Wales approach is being developed with the use of a national system to record and review the nurse staffing levels and collate the data required to inform the reporting requirements. This includes an agreement to implement the rostering software 'Allocate' nationally. CTM UHB already uses this system but further discussions are ongoing with 'Allocate' with regard to adaptations to the Safecare system and the implementation of a national system to aid reporting of incidents & complaints.

**Section 25E (2b) Impact on care due to not maintaining the Nurse staffing levels in 25b wards  
April 6<sup>th</sup> 2018 – April 5<sup>th</sup> 2021**

Patients harmed with reference to quality indicators and complaints (*) which are classified as serious incidents and reported centrally	Total number of closed serious incidents/complaints for the reporting period	Total number of closed serious incidents/complaints for reporting period.			Total number of serious incidents/complaints not closed and to be reported on/during the <u>next</u> reporting period	Increase (decrease) in number of closed serious incidents/ complaints between reporting periods	Number of (closed) serious incidents/complaints where failure to maintain the nurse staffing levels was considered to have been a factor		
		Year 1	Year 2	Year 3			Year 1	Year 2	Year 3
Hospital acquired pressure damage (grade 3, 4 and unstageable).		27	67	22	0		0	2	0
		Total		116			Total		2
Falls resulting in serious harm or death		24	5	1	0		0	2	0

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(i.e. level 4 and 5 incidents).		Total	30		Total	2
Medication related never events.		0	1	0	0	0
		Total	1		Total	0
Complaints about nursing care resulting in patient harm (*) (* )This information is not required for period 2018/19		9	8	3	0	0
		Total	20		Total	0

**NOTE:** (\*) complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

**Section 25E (2c) Actions taken if nurse staffing levels is not maintained**
**Actions taken when the nurse staffing levels was not maintained in 25b wards**

The Health Board is committed to reviewing and learning from all incidences that occur and has a robust process through which incidents are reviewed and investigated to ensure lessons are learnt, corrective action is taken and risks are minimised.

Through this reporting period the actions taken by the Health Board to maintain the nurse staffing levels in section 25B wards has been challenging and has required a multifaceted approach to address when nurse staffing levels are not maintained.

All of the incidents included in this report have been scrutinised both by the ILG operational and corporate leads to review whether the nurse staffing levels were maintained at the time of the incident, and if not, whether failure to maintain the nurse staffing level contributed to any harm experienced by the patient.

To assist in maintaining nurse staffing levels on hospital wards, Safety Huddles were implemented in 2017, these were and continue to be led by the Heads of Nursing to ensure that all reasonable steps and mitigating actions are taken, these include:

- Access and availability of temporary staff, bank and agency
- Block booking of agency staff
- 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
- Ensuring the e-roster has been scrutinised and signed off by the Senior Nurse
- The Ward Sister or Senior Nurse working within the ward numbers
- Deep dives are undertaken to ensure patient care pathways are being monitored.
- Balancing staffing and safety through the winter pressures period, where the option to consider the closing of beds and risk to patient care and safety at the “front door”.

Since the creation of the Integrated Locality Groups, each has established similar scrutiny panels reviewing and investigating datix reported falls, pressure ulcer damage and medication errors and analysis into possible contributing factors leading to the event, including adequate nurse staffing levels.

Some of the challenges due to the COVID-19 pandemic for 25B wards have included that it has been difficult to update the relevant and corresponding reporting systems due to operational pressures and the lack of a robust national IT system to capture and review the data required. For the 3 year reporting period there has been 4 incidents where not maintaining the planned nurse staffing levels was deemed to have contributed to the incidents, 2 hospital acquired pressure damage and 2 falls. It should be noted however, that none of

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	<p>these incidents did not meet the threshold to be reported to the Welsh Government. All 4 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. In respect to these incidents, feedback has been provided to the wards sisters/charge nurses and steps taken to address the issues raised.</p> <p>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. It is anticipated that with the release of the Once for Wales datix and complaints modules for Health Board in September 2021, that standardisation and alignment will ensure a robust process.</p>
<b>Conclusion &amp; Recommendations</b>	<p>This 1<sup>st</sup> three-yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act, has been a challenging time for the Health Board. At the outset, the former CTHB had applied and used an outdated interim principal when calculating the required nurse staffing levels for 25B wards and then formed a new Health Board in combining CTUHB with Bridgend district council. Lastly the COVID-19 pandemic has created unprecedented pressures upon the Health Board which has strived to continue to deliver essential services and provide high quality care to patients throughout the pandemic despite significant increases in demand, patients with higher acuity, challenges with staff recruitment and higher levels of staff absenteeism due to staff sickness, shielding and the need to redeploy staff to ensure all areas have appropriate nurse staffing levels during the pandemic.</p> <p>However this report has demonstrated that the Health Board has learnt valuable lessons and taken corrective action to embed the agreed process and requirements of section 25A/B of the Act, outlining both robust systems and ensuring there are plans to meet the requirements of the Act. The COVID-19 pandemic has posed significant challenges for the Health Boards particularly in relation to areas falling under the remit of section 25B of the Act as many of wards have been repurposed once or in some case several times including retraining of staff to meet the clinical demands during this period. Registered Nurses, multi-disciplinary Teams (MDT), allied health professionals and a wider range of support staff, from all areas across the Health Board have been temporary re-deployed during the 1<sup>st</sup> and 2<sup>nd</sup> wave of COVID-19 to support the additional demands including high care respiratory wards, ITU and the temporary Field Hospital.</p> <p>There is an opportunity within the Health Board as the 2<sup>nd</sup> wave of COVID-19 pandemic recedes to pause, reset and realign all areas that provide nursing care taking into account the wellbeing of the staff that work within the Health Board and ensure all areas have appropriate nurse staffing levels to ensure the delivery of high quality nursing care and positive outcomes and experience for patients.</p> <p>In summary, during this 3 year reporting period the Health Board has achieved and made strides in its progress in relation to fully meeting the requirements of the Nurse Staffing Levels (Wales) Act 2016:</p> <ul style="list-style-type: none"> <li>• The short to medium term investment into recruitment of registered nurses and HCSW within the Health Board including 215 overseas registered nurses, Student Nurses from Streamlining process and the mass recruitment to 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.</li> <li>• The increasing maturity in the availability of information to nurse leaders to support and inform their clinical decision making including the creating of The Nursing Nurse staffing levels (Wales) Act (2016) Operating Framework and Escalation Policy and All Reasonable Steps.</li> <li>• Improvements to the information provision to our patients and the public in relation to Nurse staffing levels in our hospitals</li> <li>• Further refinement of the governance systems and processes in place in relation to the 2016 Act and the newly created ILGs.</li> <li>• Preparation for extension of the Act into Paediatric inpatients.</li> </ul>

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Recommendation and work programmes associated with the 2016 Act in 2021-2024, to ensure that the Health Board continue to meet its statutory duty under the 2016 Act includes the following priorities:

- Readiness for the extension of Act for paediatric in patient wards and recruitment to fill 43 WTE nurse vacancies to deliver this.
- Enhanced information and increased intelligence to enable operational and management teams to utilise systems effectively to inform local decision making and inform the reporting requirements of the Act. These systems include Safe Care, Concerns and incidents datix module for quality assurance processes
- Accuracy and robust data collection in the use of the national HCMS
- Work internally to reset the 25B wards within Health Board and recalculate nurse staffing levels to ensure nurse staffing levels are appropriate