

Appendix A
Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee

Health board	Cwm Taf Morgannwg University Health Board (CTMUHB)		
Date annual assurance report is presented to Board	26 th May 2022 The reporting period is from April 6 th 2021- April 5 th 2022		
	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	Lowest 15 and highest 19	Lowest 12 and highest 16	3
During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	0	1 Ward 8 at POWH – surgical ward	0
The process and methodology used to calculate the nurse staffing level.	<p>The Nurse Staffing levels (Wales) Act 2016 (hereafter referred to in this document as the Act) came into effect in April 2018. When referring to section 25B wards in this report, these are the adult acute medical and surgical inpatient wards within the Health Board (HB). From the 1st October 2021 the second duty of the Nurse staffing Levels (Wales) Act was extended to paediatric inpatient wards. Therefore, from the 1st October when discussing section 25B wards it will also include paediatric inpatient wards as well as adult acute medical and surgical inpatient wards.</p> <p>Section 25B requires Health Boards/ Trusts to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical and paediatric inpatient wards. The calculation is undertaken bi-annually in January and June as per agreement within the once for Wales approach.</p> <p>The triangulated methodology prescribed in section 25C of the Act sets out the principles to calculating</p>		

the nurse staffing levels. Due to the continuing Covid-19 pandemic during this reporting period and the pressure this placed in the acute settings in hospitals, the Welsh Government informed Health Boards that they were not mandating for the bi-annual audit in January 2021 to be undertaken. In response with the 'Once for Wales' approach Executive Nurse Directors agreed that their Organisations would defer this bi-annual audit and subsequent calculations of nurse staffing levels until June 2021.

January 2021 staffing calculation

In order to maintain oversight with compliance of the 2016 Act, the Health Board did not undertake the formal bi-annual acuity audit but it did conduct a review of the Section 25B wards in February/March 2021, where calculations were solely reliant on the professional judgement of the Ward Sisters/Senior/Lead and Heads of Nursing to complete the nurse staffing establishment templates.

A Board report was presented on the 27th May 2021 regarding compliance in maintaining the nurse staffing level for their Section 25B wards.

June 2021 Staffing Calculation

For each inpatient ward identified under Section 25B for the June 2021 bi-annual acuity audit, data capture from various systems was collated and analysed to assess compliance with the nurse staffing recommendations. The following areas were considered and explored with the Ward Sister, Senior Nurse and Lead Nurse responsible for the ward and the Heads of Nursing from each acute hospital to generate the report:

- Current nurse staff availability, including staff not included in the core roster such as supervisory ward manager and ward administrators (in Princess of Wales (PoW) only).
- Patient acuity data for the month of June 2021.
- Care quality indicators data from the previous 24 months (falls, medication errors, pressure damage and serious incidents).
- Workforce related metric data, mandatory training compliance, vacancy, recruitment and sickness.
- Information relating to patient flow, patient acuity and care quality metrics via the IT performance reporting system 'Qlik Sense', a system which allows live information to be available to the Ward Managers, Heads of Nursing and ILG Nurse Directors for review.

	<ul style="list-style-type: none"> • Assurance of compliance that all workforce models included in the Nurse Staffing Levels Act have an uplift of 26.9% and supernumerary Band 7 Ward Sister/Charge nurse calculated within the overall workforce plan for that ward. <p>The planning templates were discussed and ratified by the Ward Sister/Charge Nurse, senior nurses, Heads of Nursing and by the ILG Directors of Nursing. The final templates were endorsed by the Executive Nurse Director.</p> <p>Paediatric inpatient wards</p> <p>As outlined above, a similar methodology and approach was used for the paediatric inpatient wards in calculating their staffing levels and subsequent calculations. Following this initial triangulation in September 2021, these wards will now align to the 6 monthly cycle used for the adult acute medical and surgical inpatient wards.</p> <p>A Board report was presented on the 25th November 2021 regarding compliance in maintaining the nurse staffing levels for their Section 25B wards.</p>
<p>Informing patients</p>	<p>The statutory guidance 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.</p> <p>Bilingual poster templates are displayed either outside or inside the ward entrance for both inpatient acute adult medical and surgical wards and paediatric inpatient wards. The poster template identifies the information of the nurse staffing numbers calculated for the identified period and also the date that the calculation was undertaken and signed off by the designated person.</p> <p>To ensure transparency and consistency across Wales, the All Wales Adult Acute Medical & Surgical Inpatient Work Stream Group redesigned the informing patient’s templates, which were issued to section 25B wards within the Health Board following the June 2021 bi-annual acuity audit and calculation. All Section 25B informing patient templates within CTMUHB have been updated accordingly.</p>

Paediatric inpatient wards have paediatric specific informing patient templates which were issued following the initial calculation and are being used within CTMUHB.

All Section 25B wards have patient information leaflets available for informing patients of the Nurse Staffing Levels (Wales) Act 2016. Information posters explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy read versions) can be provided to answer any more detailed questions a patient or a visitor may have about the Act, a children and young person's poster is visible on all paediatric inpatient wards.

Section 25E (2a) Extent to which the nurse staffing level has been 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.

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u>	Period Covered 6/4/21= 5/4/22		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May)	31	632.89	464.21
WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May) calculation cycle	31	632.89	464.21
Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov)	34	684.01	531.80
WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov) calculation cycle	34	684.01	531.80
<p>Accompanying narrative: 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 B). Prior to the Covid-19 Pandemic the 25B wards within CTMUHB were relatively stable regarding their required staffing establishment, however in response to the pandemic there have been a number of wards repurposed frequently across CTMUHB to meet demand. At the time of this</p>			

report there are still 5 ward areas across CTMUHB which continue to be repurposed into high care respiratory or ITU and therefore remain outside of the Section 25B wards. These are currently:

- Ward 9 in PoWH has been repurposed from an acute surgical ward into a Covid-19 high care admissions area.
- Ward 3 in PCH has been repurposed from an acute orthopaedic surgical ward into a Covid-19 high care area and Ward 4 has been converted temporarily from an acute trauma surgical ward into ITU due to building works.
- Ward 3 in RGH has been repurposed from an acute Trauma & Orthopaedics surgical ward into a Covid-19 admission ward. Ward 7 has been repurposed from an acute surgical ward into ITU surge capacity

Wards added to section 25B within CTMUHB:

- Ward 10 in RGH, is currently an elective surgical green pathway ward area.
- Ward 20 in RGH has been repurposed from a rehabilitation ward to an acute medical ward.
- Ward 21 PoWH is currently an adult acute short stay surgical unit.
- Protected Elective Surgical Unit (PESU) in PCH, is currently a green elective surgical ward.

Wards no longer within Section 25B

- Ward 8 in PoWH is currently relocated to Ward A in Ysbyty'r Seren and has been repurposed into a rehabilitation ward therefore no longer sits within the Act.
- Ward 11 in PoWH was a respiratory ward during Covid-19 but has now been decommissioned and is closed.

Whilst at the second bi-annual calculation in November 2021 there appears to be an additional staffing establishment requirement, this is primarily due to wards either being repurposed and/or reopened and then being included into the section 25B of the 2016 Act. These actions were taken to support capacity within the CTMUHB hospitals in relation to the on-going COVID-19 pandemic.

When required, the ILGs Nurse Directors have realigned their budgets to meet the ongoing staffing requirements for section 25B wards.

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>	Period Covered 1/10/21 – 5/4/22					
	Number of Wards:	Number of Wards:	Number of Wards:			
Funded establishment (WTE) of <u>paediatrics inpatient wards prior to 1st October 2021</u>	3	3	3			
Required establishment (WTE) of <u>paediatrics inpatient wards calculated during second calculation cycle (Nov)</u>	3	3	3			
WTE of required establishment of <u>paediatrics inpatient wards funded following second (Nov) calculation cycle</u>	3	3	3			
<p>Accompanying narrative: During the initial calculation, the nurse staffing levels were calculated using the triangulated methodology and compared to the current funded establishments to determine any workforce gaps. There have been ongoing challenges in relation to filling registered nurse vacancies following the first calculation which has meant that some posts identified are still to be recruited into.</p> <p>The new calculation has been completed using the same processes and is unchanged from the initial calculation. A focus on the recruitment processes continues to enable timely appointment of new staff, and a new recruitment and retention plan has been developed. As the longer-term effects of the pandemic on nurses is not fully understood, the nursing retention plan has been revised to reflect the new challenges posed in terms of staff wellbeing.</p>						
Extent to which the planned roster has been maintained within <u>both adult medical and surgical wards and paediatric inpatient wards</u>	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	20 698	12 287	724	1812	5875
Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	19 661	11 989 61 %	714 3.6%	1197 6.1 %	5761 29.3%

Accompanying narrative:

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 of the 2016 Act, and Health boards/Trusts were using a variety of e-rostering and reporting systems. During the first reporting period Health boards/Trusts in Wales worked as part of the All Wales Nurse Staffing Programme, to enhance the Health Care Monitoring system ((HCMS) 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/Trust. 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.

Over the last 3 years extensive work has been undertaken to inform the development of the Safecare system that continues to be implemented within Health Boards and Trusts within Wales through a phased approach. Each Health Board/Trust is at different stages of implementation, CTMUHB will begin the process to implement the use of Safecare shortly, this process will take approximately 18 months from start to finish to embed the system. The implementation of this national IT system will ensure consistency in recording and reporting data across organisations and support the 'Once for Wales' approach'.

For the first reporting period (April 2018-April 2021) this Health Board, together with all other Health board/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 latter part of the second reporting period (April 2021-April 2024) because of a robust national IT system being implemented, it is anticipated that Health Boards/Trusts can collate, review and report more information relating to the extent that nurse staffing levels have been maintained. In addition, Health Boards/Trusts will be able to demonstrate the extent to which the planned roster has been maintained and whether the deployment of nurse staffing was appropriate to meet the needs of patients sensitively.

During year 1 of the current reporting period (April 2021-April 2024) Health boards/Trusts have utilised 2 systems to enable the capture and analysis of data, the HCMS and Safecare. Due to the COVID-19 pandemic Health boards/Trusts have experienced extreme operational pressures which has impacted on the Organisations ability to implement Safecare within the desired timeframe.

The Health Board will continue to utilise the HCMS to demonstrate the extent to which the nurse staffing levels across their Section 25B wards are being met. The use of the HCMS system will be used until Safecare is introduced within the Health Board over the next 18 months.

When using HCMS, the nurse in charge of the ward assesses on a shift by shift basis the deployed workforce against the planned rostered workforce, they will then make a professional judgement as to whether the ward is adequately staffed or inadequately staffed for that shift. This data is extracted from HCMS into the Power BI app.

The completeness of the data is higher in the paediatric inpatient wards compared to the inpatient acute adult wards (95% vs 79.2%) this equates to approximately 5163 missing shifts without data entered. Mitigating factors and caveats for this could be:

1. That the figures were obtained during COVID-19 pandemic and the hospital wards were extremely busy and therefore the data was not captured daily as per protocol.
2. Due to the amount of internal ward moves within each HB site, the tracking of data for each of the wards within section 25B is not 100% accurate as the system has not allowed for inputting of key variables including if a ward closed or opened midway through the year the data reported will be for the entire time period and not for when the ward open or closed.

It is the responsibility of the Sister/Charge Nurse to ensure effective roster management and deployment of the nursing staff within the required establishment of their wards. It is the responsibility of the Senior Nurse to sign off the planned roster to authorise and confirm that it reflects an appropriate deployment of the nurse staffing resource that sits within the establishment for each ward. The monthly Nursing Establishment Meetings undertaken on each of the acute hospital sites focus on workforce management, effective rostering, efficiency of temporary staffing and staff well-being. The Health Board's Nursing and Midwifery Workforce group continues to be the forum where all the above key performance metrics are scrutinised.

Utilisation of the Adult Nursing staffing Levels Wales Act (2016) Operating Framework & Escalation Policy has enabled the nurse in charge of the ward to assess, on a shift by shift basis the deployed workforce against the planned rostered workforce, they will then make a professional judgement as

to whether the ward is adequately staffed for that shift and escalate and action accordingly.

In addition, one hospital in the Health Board has embedded 'Safe 2 Start' daily meetings Attendance includes, Head of Patient Flow, Head of Nursing, Ward Managers, Lead and Senior Nurses. The aim of the meeting is to provide a staffing position for the day within the hospital, it focuses on key quality and safety metrics relating to patient care and Emergency Department demand. At the meeting the Ward Managers and Senior Nurses work together to problem solve staffing challenges to support any areas of the greatest need and move staff accordingly to ensure that wards and departments are in a safe to start position. The aim is to replicate these Safe 2 Start meetings on the other two acute hospital sites.

Extent to which the planned roster has been maintained within paediatric inpatient wards

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	1 037	298 28.7 %	10 1%	615 59.3%	114 11%	95(%)

Accompanying narrative:

On the 1st October 2021 the second duty of the 2016 Act was extended to paediatric inpatient wards therefore this report contains information from the 1st October 2021 until 5th April 2022.

Prior to the extension date the ward managers and senior nurses calculated their nurse staffing levels for each paediatric inpatient ward and this was presented to the Board in September 2021. The process and systems used within paediatric inpatient wards align to those that are used within the adult medical and surgical inpatient wards, including the HCMS and Safecare modules.

Daily acuity scoring has meant that nursing teams have been able to assess their patient's acuity on a daily basis to ensure that the correct nursing numbers and skill mix can be deployed. Utilisation of the Paediatric Operating Framework & Escalation Policy has enabled the nurse in charge of the ward to assess, on a shift by shift basis the deployed workforce against the planned rostered workforce. They will then make a professional judgement as to whether the ward is adequately staffed or inadequately staffed for that shift and escalate and action accordingly.

Process for maintaining the Nurse staffing level

The NSLWA statutory guidance requires that the Health Board takes 'all reasonable steps' to maintain its staffing levels and this includes strategic/ corporate as well as operational steps. Any actions taken to maintain the staffing levels support the premise that all reasonable steps have been taken. The Nursing Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy for the Health Board supports the calculation and maintenance of nursing staffing levels in Adult Acute Medical and Surgical and paediatric inpatient wards and the actions that are taken to review, record and escalate where nurse staffing levels are not maintained.

Strategic/corporate steps taken to maintain staffing levels

The Heads of Nursing within the Health Board chair monthly workforce meetings to discuss their wards current vacancies and recruitment plans. As part of this meeting, the Allocate/Rostering department provide feedback and scrutiny of the ward rosters for efficiencies and compliance against key metrics to ensure that all rosters are completed as per policy. All nurse rosters are subject to an approval process monitored by the senior nurse team to ensure maintenance of a safe and effective roster.

Operational steps taken to maintain staffing level

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 Executive Nurse Directors 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 health Board 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.

The COVID-19 pandemic has had a profound effect within the three DGHs and how the hospitals have responded 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 Heads of Nursing for the 3 principal hospital sites have provided monthly staffing profiles for all their section 25B wards.

Over the past year recruitment has been challenging for the Health Board. Within the last year and going into next reporting period the Health Board has devised a series of interactive meetings for student nurses who are entering the streamlining process to promote 'working for Health Board'. During this reporting period we have successfully recruited through streamlining 188 student nurses. The Health Board has been an active member in the newly established All Wales International Registered Nurse Programme and will be recruiting 100 nurses into CTM UHB, starting in the 1st quarter of 2022/2023. There is also representation at the All Wales forums exploring the creation of career frameworks for registered nurses, advanced clinical practitioners and Band 4 nursing roles.

Strategic/corporate steps taken to maintain staffing levels

- Planned recruitment of identified posts across the Health Board.
- Roster completion – ensuring that all rosters are completed as per policy and that all rosters are developed to ensure that the correct number of staff are able to be provided, underpinned by a suite of rostering metrics.
- Roster approval process – all nurse rosters are subject to an approval process monitored by the senior nurses to ensure safe and effective roster.

Operational steps taken to maintain staffing level

- Robust systems of daily staff planning, and patient flow and acuity held on each acute site to inform plans for ensuring appropriate staffing levels are in place, risk assessed and managed where required, for the forthcoming 24 hours. Within Paediatrics, staff are also deployed across sites where risks are identified to ensure appropriate clinical skills met.
- Escalation process to manage staffing deficits clearly articulated in an operating framework and nurse staffing escalation policy.
- Signposting for staff to wellbeing support mechanisms and facilities.
- Deployment of supernumerary Ward Sister/Charge Nurse to undertake direct care delivery when required.
- Enhanced overtime payment rates to substantive staff for a defined period to secure additional workforce capacity.

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in adult acute medical & surgical inpatients wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year	Number of closed incidents/complaints during current year	Total number of incidents/complaints <u>not closed</u> and to be reported on/during the <u>next</u> year	Increase (decrease) in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained	Number of incidents /complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
Hospital acquired pressure damage (grade 3, 4 and unstageable)	62	48	14	26 increase (22 closed last year)	3	3
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	4	2	2	0	2	1
Medication errors never events	0	0	0	0	-	-
Any complaints about nursing care	51	40	11	1233% Increase compared to last year (3 cases closed last year)	-	-

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

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Paediatric inpatient wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year	Number of closed incidents/complaints during current year	Total number of incidents/complaints <u>not closed</u> and to be reported on/during the <u>next</u> year	Increase (decrease) in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained	Number of incidents /complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
Hospital acquired pressure damage (grade 3, 4 and unstageable)	0	0	0	N/A	0	0
Medication	0	0	0	N/A	0	0

errors never events						
Infiltration/ extravasation injuries	5	5	0	N/A	4	Unable to comment as not documented as part of the Datix
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	0	0	0	N/A	0	0
Any complaints about nursing care	1	0	1	N/A	1	1

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

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

Inpatient Acute Adult Medical and Surgical Wards

During the last year (6/4/21-5/4/22) there has been 5 incidents where not maintaining the planned nurse staffing level was deemed to have contributed to these incidents, 3 hospital acquired pressure damage and 2 falls. There has been an increase in the amount of complaints received relating to nursing care, however, of the closed complaints, failure to maintain the nurse staffing level has not be a contributing factor.

The total analysis for the impact of not maintaining the staffing level for this reporting period cannot be made due to 27 open incidents still being investigated.

From 1st April 2022, the updated Once for Wales datix reporting system includes a mandatory field ensuring that ward staffing levels are always considered when a fall, medication error or pressure damage is reported.

All the incidents and complaints included in this report have been reviewed by the Heads of Nursing in the three Acute Hospitals via their internal weekly, scrutiny panel meetings. The incidents which identified that the nurse staffing levels were a contributing factor and subsequent learning from these has been shared more widely.

	<p>Paediatrics Inpatient wards</p> <p>Between 1st October 2021 to 5th April 2022, there has been 1 complaint where not maintaining the planned roster could have been a contributing factor and 4 extravasation injuries that occurred when the planned roster had not been maintained.</p> <p>All the incidents and complaints included in this report have been reviewed by the Head of Nursing for Children & Young People via their governance meetings, who identified that the nurse staffing levels were a contributing factor and lessons learnt from the incidents have been shared more widely.</p>
<p>Conclusion & Recommendations</p>	<p>In summary, 2021-2022 has been a challenging year due to the continued impact of 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 has placed additional pressure on the Health Board. However, despite these challenges there continues to be successes and achievements within this reporting period:</p> <ul style="list-style-type: none"> • Paediatric inpatient wards have successfully been incorporated into section 25B wards via the extending the 2nd duty of Act on 1st October 2021. • The majority of the wards that were repurposed to meet the clinical demands during the COVID-19 pandemic are returning to either their originally specialty/designation, or be utilised to support a new clinical model. • 211 of the 216 overseas Registered Nurses who were recruited into the Health Board during 2020/2021, remain working within CTMUHB. • 188 nurses have been recruited via the student streamlining process. <p>Next steps for 2022-2023</p> <ul style="list-style-type: none"> • The first bi-annual acuity audit and report for inpatient paediatric wards will be undertaken. • Plans to implement 'Safecare' within the Health Boards Section 25B wards. • The CNO has provided 18 months funding for the recruitment of a designated AWNSA Lead. It is anticipated that this individual will be in post by July/August 2022. • As part of the All Wales overseas RN recruitment programme, there will be 100 nurses recruited into CTM UHB between April 2022- November 2022.

