



**AGENDA ITEM**

5.4.1

**CTM BOARD**

**NURSE STAFFING LEVELS BI-ANNUAL ACUITY REPORT FOR JANUARY 2022**

<b>Date of meeting</b>	26 <sup>th</sup> May 2022
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Ben Durham, Lead Nurse for Professional Practice and Quality Assurance
<b>Presented by</b>	Greg Dix, Executive Director of Nursing
<b>Approving Executive Sponsor</b>	Executive Director of Nursing
<b>Report purpose</b>	FOR DISCUSSION / REVIEW

**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**

The Nurse Staffing Levels (Wales) Act (NSLWA) 2016 became law in March 2016 with the provision of inpatient acute adult medical and surgical wards coming into effect in April 2018. The extension of the 2<sup>nd</sup> Act for paediatric inpatient wards became law on 1<sup>st</sup> October 2021.

Section 25E requires Health Boards (HB)/Trusts to report their compliance in maintaining the nurse staffing level for each adult and paediatric acute medical and surgical ward.

The aim of this report is to provide an overview of the Health Board's level of compliance with the agreed nurse staffing levels and to provide an update of nursing establishments required following the January 2022 bi-annual acuity audit for adults and paediatrics.

The Board is asked to formally receive and note the information contained within this report, specifically in relation to any changes to the required nursing establishments following January's 2022 acuity audit against the existing funded establishments. This is outlined in more detail in Appendix 1.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

Health Boards are required to calculate their nurse staffing levels for all their section 25B inpatient wards every 6 months in January and June. Following the acuity audit undertaken in January 2022, there have been changes in staffing levels required on some of these wards. These establishments have been reviewed by the ILG Nurse Directors, Heads of Nursing and Ward Managers and discussions with the ILG finance leads have taken place. Each ward has been subjected to the triangulated approach and the workforce planning tool used to produce a ward template.

### **Adult and Paediatric inpatient wards where Section 25B applies**

Section 25B requires Health Boards to calculate the nurses staffing levels using a prescribed method of calculation. Wards included in this section of the Act are currently adult acute medical and surgical inpatient wards and paediatric inpatient wards in three acute hospitals. There was a total of 37 Section 25B wards within the Health Board at the time of the January bi-annual acuity audit.

Table 1: Wards included in Section 25B by Hospital

<b>Hospital</b>	<b>Adult Medical wards</b>	<b>Adult Surgical wards</b>	<b>Paediatric Wards</b>
Total Number of Wards	18	16	3
Prince Charles hospital	2,7, 9, 10, 11, 12	5, 6, 8, PESU	31
Princess of Wales hospital	4, 5, 6, 7, 10, 15,YS ward A	8, 18, 19, 20,21, Bridgend clinic	Children's Ward
Royal Glamorgan hospital	5, 12, 14, 19, 20	2, 6, 8, 9, 10, 15	17

The establishments for these wards is provided in more detail in Appendix 1

### **Changes to note**

Due to Covid-19 some of the wards within Section 25B of the Act, required their staffing establishments to be temporarily revised as wards were repurposed in response to COVID-19. While some wards have been repurposed to provide dedicated additional Covid-19 positive, critical care beds and high care respiratory beds. Due to these changes, some wards that were initially sitting within Section 25B of the Act currently sit outside Section 25B. These changes are described in the May 2022 Annual Presentation of Nurse Staffing Levels to the Board. From the January 2022 bi-annual acuity audit the proposed changes to ward establishments are highlighted below:

### **Prince Charles Hospital**

Ward 8 (Trauma & Orthopaedic) requires an uplift of 5.76wte Band 2 Health Care Support Workers (HCSW) which is currently being funded temporarily and is not part of the recurrent funded establishment. Using acuity data gathered over the last 18 has demonstrated that the patient acuity has increased from mainly level 2/3 to 3/4. This may be due to the increasing number of spinal patients on the ward who need to be moved using the 'log rolling' techniques. The January 2022 acuity audit continues to demonstrate that patients are at mainly acuity level 3/4, and the care metrics remain similar to previous bi-annual audit results.

The Multi-Disciplinary team on Ward 9 (Endocrinology) identified an increase in patient acuity and dependency on the ward. Acuity data triangulated with professional judgement and staffing has taken place looking at data comparable pre Covid and the evidence is in support of the professional judgement raised by the MDT. The Ward Manager has identified that there is a need to increase the staffing levels by 1 HCSW by day and night. The January 2022 acuity audit continues to demonstrate that patients are mainly at level 4 with level 3 and 5.

The funded establishment for the paediatric inpatient wards 31 remains unchanged following the bi-annual acuity.

### **Royal Glamorgan**

Due to the creation of additional NIV beds on Ward 19 the bi-annual acuity in January has demonstrated that the additional 2.76wte Band 5 RN is providing the correct RN establishment for the acuity on this ward. This is currently being funded temporarily and is not part of the recurrent funded establishment.

Ward 20 was previously an adult rehabilitation ward but it has been repurposed as an acute medical ward and now falls under Section 25B of the Act. This has required an uplift of 2.76wte Band 5 RN and 5.76wte of Band 2 HCSW, which is currently being funded temporarily and is not part of the recurrent funded establishment.

The funded establishment for the paediatric Ward 17 at RGH remains unchanged following the bi-annual acuity.

### **Princess of Wales**

Following the bi-annual acuity Ward 7 (Acute Frailty) requires an uplift of 2.72wte Band 2 HCSW to provide an additional HCSW at night. Ward 7 (formerly ward 19), was relocated following several moves with the hospital site. Using the triangulated methodology, the metrics on the ward demonstrate a poor layout with little visibility and has recorded high acuity levels of 4 and 5. The nature of this acuity is either cohorting or 1:1 patient care.

Ward 8 was an acute ward in January 2022; however, it has temporarily moved to Ysbyty'r Seren (YS) as an elderly rehabilitation ward. Therefore, whilst in YS it is no longer under the requirements of Section 25B of the Act.

The funded establishment for the Children's Ward at the Princess of Wales hospital remains unchanged following the bi-annual acuity.

### **3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE**

The financial implications for the Health Board regarding the workforce changes outlined above is £724,434. Each of the ILG Nurse Directors have been briefed regarding the establishment staffing level templates and any workforce changes highlighted following January's acuity. The acuity audits are one aspect of the triangulated methodology that must be used to calculate and agree the workforce requirements. Nurse Directors will need to use their professional judgement and a review of the key care metrics required to finalise and agree the funded establishment for these wards.

As part of the CTM UHB resetting post COVID-19, some of the wards within Section 25B of the Act continue to be repurposed or realigned to the meet the clinical models required. The nursing establishments for some of these Section 25B wards may change again before the next bi-annual acuity in June 2022. As part of the requirement of the Act, any changes to ward clinical models, reconfiguration and staffing requirements will be updated on the designated staffing level templates, authorised by the ILG Nurse Directors and the Executive Nurse Director.

#### 4. 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 If more than one Healthcare Standard applies please list below: Safe Care
<b>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</b>	Yes  If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.  If no, please provide reasons why an EIA was not considered to be required in the box below.
<b>Legal implications / impact</b>	Yes (Include further detail below)
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
<b>Link to Strategic Goals</b>	Improving Care

#### 5. RECOMMENDATION

The Board is asked to:

- **NOTE** the position of the Health Board against its responsibilities within the NSLWA.



- **NOTE** the outputs of the acuity audit, which require review and sign off by the ILG Nurse Directors to agree the proposed workforce changes for the adult and Peadiatric inpatient wards following the bi-annual acuity and the financial implications.