

Appendix A	Annual Presentation of Nurse Staffing Levels to the Board
Health board	Cwm Taf Morgannwg UHB
Date of annual presentation of Nurse Staffing Levels to Board	26 th November 2020
Period covered	The reporting period is from 1 st October 2019 to 30 th September 2020.
<p data-bbox="168 549 627 614">Number and identity of section 25B wards during the reporting period.</p> <ul data-bbox="224 646 649 790" style="list-style-type: none"> <li data-bbox="224 646 649 710">• Adult acute <u>medical</u> inpatient wards <li data-bbox="224 718 649 782">• Adult acute <u>surgical</u> inpatient wards 	<p data-bbox="716 590 2065 981">The nursing staffing levels for the 29 adult medical and surgical wards where section 25B applies were presented to the Board in the Annual Report in September 2020 (deferred from May 2020). Between June 2020 and 30th September 2020 within CTMUHB there have been multiple changes to 22 of the 29 wards at various points in response to COVID-19. 8 wards have been repurposed and defined as purely COVID-19 wards. The Chef Nursing Officer letter 15th October 2020 clarified that these repurposed wards would remain within Section 25B of the Act unless they have been repurposed for Critical Care or high care (non-Invasive Ventilation (NIV) capacity. All wards that remain under Section 25B of the Act within CTMUHB are displayed in Appendix B.</p> <p data-bbox="716 1021 2065 1292">The Health Board has implemented new of ways of working and models of care in order to respond and meet the extreme and unprecedented pressure that the Organisation experienced, during June to date. This is required an extremely flexible approach to the deployment of the nursing workforce across the Health Board site and some wards have been repurposed more than once to accommodate the clinical demands to meet the rise in the demand for patients who require in-patient care due to COVID-19.</p>

The attached All Wales template (Appendix B) provides a summary of the staffing levels that have been calculated for each adult ward prior to and during the Covid 19 pandemic. The template outlines the wards that remain under section 25B of the Act, wards that have been repurposed and the rationale during July 2020, both as part of the bi-annual calculation cycle and where it has been deemed necessary, outside of that cycle. Following the acuity audit undertaken in July 2020 as part of the bi-annual recalculation process, wards that are under Section 25B were reviewed in order to ensure the calculation of the nurse staffing levels using prescribed methodology. Following the review there have been changes in staffing levels required on these wards. These establishments have been authorised by the ILG Directors of Nursing. Each ward has been subjected to the triangulated approach and the workforce planning tool to produce a ward template.

No wards within section 25B required a recalculation of the staffing levels following July's bi-annual acuity audit. However within the reporting period (October 2019 – September 2020), Ward 1 in the Royal Glamorgan hospital has remained an acute surgical ward but as it has increased the bed capacity from 16 to 28 beds, there is a requirement for an additional 8.33 WTE Registered Nurses and 8.53 WTE health care support worker.

In the Annual Report to Board in September 2020 (deferred May 2020), it was highlighted that due to COVID-19 some of the wards within Section 25B of the Act, required their staffing establishments to be temporarily revised as wards were repurposed in response to COVID-19. Some wards have been repurposed to provide dedicated additional COVID-19 positive, critical care beds and high care respiratory beds. Due to these changes, the wards listed below that were initially sitting within Section 25B of the Act currently sit outside Section 25B.

	<p>Ward 2 in the Princess of Wales Hospital has been repurposed from a medical stroke ward to become an acute medical assessment unit, which does not sit within Section 25B.</p> <p>Ward 7 at the Royal Glamorgan Hospital and ward 4 at Prince Charles Hospital continues to operate as an additional Critical Care area, therefore both have been removed from section 25B of the Act.</p> <p>Ward 3 at Prince Charles hospital has changed from a surgical T&O ward to a high care respiratory ward for COVID-19 positive patients therefore has been removed from Section 25B.</p> <p>Ward 1 in Royal Glamorgan Hospital is currently closed with plans to reopen once it has been refurbished to accommodate cubicles within the ward area.</p> <p>Ward 7 in Prince Charles Hospital has been repurposed from a rehabilitation ward to an acute medical COVID-19 admissions ward, therefore has now been included in section 25B of the Act.</p>
<p>Using the triangulated approach to calculate the nurse staffing level on section 25B wards</p>	<p>The triangulated methodology prescribed in the NSLWA is the required approach to calculating the nurse staffing levels for each ward has become embedded during 2019/20 as a routine, 6-monthly cycle that is undertaken with the nursing teams responsible for each ward within Section 25B</p> <p>The nursing team's access the data they are required to take account of within this methodology is obtained via the IT performance reporting system 'Qlik Sense' The system provides information relating to patient flow, patient acuity and care quality metrics in a single report that is readily accessible to Ward Managers, Heads of Nursing and ILG Nurse Directors. The monitoring of nurse sensitive indicators are</p>

	<p>monitored by the Locality Group Nurse Directors via Quality & Safety governance reviews and reporting mechanisms</p> <p>During this 2nd wave of COVID-19 within CTM and following engagement with the Heads of Nursing for the 3 acute hospitals, a process has been developed to ensure a weekly nursing workforce review where any changes to nursing establishments due to repurposing of wards will be reported via the Corporate Nursing leads to ensure the NSLWA workforce planning templates are updated.</p> <p>All the NSLWA workforce planning templates evidence that an uplift of 26.9% has been calculated and accounted for within the establishment figures as well as the inclusion of a supernumerary Band 7 Ward Sister/Charge nurse. The planning templates have been discussed and signed off at Ward Sister/Charge nurse level, senior nurses, Heads of Nursing and by the ILG Directors of Nursing. The final templates are signed off by the Executive Nurse Director following the assurance that:</p> <ul style="list-style-type: none"> • 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 funded posts have been included • Evidence of engagement with the nursing management structure
<p>Finance and workforce implications</p>	<p>The Bi-annual acuity review for July 2020 for Section 25B wards in the Act, has included the required nursing establishment following any amendments to the original workforce. These establishments have been reviewed and agreed by each ILG Directors of Nursing alongside their Heads of Finance.</p> <p>The monthly Nursing and Midwifery Workforce group continues to be the forum for strategic action to improve this position. Key performance indicators for this work</p>

stream are focused on effective rostering, efficiency of the temporary staffing office, recruitment activities and the retention of staff including staff well-being.

In June 2019, the Health Board commenced its Registered Nurse overseas nurse recruitment campaign to bring 216 wte nurses from India into the three acute hospital sites. By November 2020, 146 nurses have landed, of that 108 nurses have passed OSCE and the remaining 70 nurses will be brought over in early 2021. In addition 61 wte RNs came into post in September 2020 from Student Streamlining.

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

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

The Nursing Staffing Levels (Wales) Act (2016) Operating Framework and Escalation Policy for CTMUHB supports the calculation and maintenance of nursing staffing levels in Adult Acute Medical and Surgical Wards and the actions that are taken to review, record and escalate where nurse staffing levels are not maintained.

Within the Acute Hospitals staffing levels are reviewed three times a day and if required staff are deployed accordingly using All Reasonable Steps (Appendix C) 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.

Conclusion & Recommendations

Following the NSLWA bi-annual audit in July 2020 any changes to nursing workforce have been implemented and signed off by all relevant parties within the ILGs.

The Health Board has implemented new ways of working and models of care in order to respond and meet the extreme and unprecedented pressures that the Organisations are experiencing due to COVID-19. This has resulted in numerous and frequent repurposing of wards within Section 25B of the Act. All of which have been captured on the NSLWA workforce planning templates.

It is envisaged that wards within Section 25B will continue to be repurposed in response to COVID-19 and it is recognised that this will continue to present challenges in relation to the workforce required in order to provide the levels of care within these repurposed wards. The NSLWA bi-annual audit conducted in July 2020 has produced challenges compared to previous bi-annual audits in relation to the acuity audit data interpretation, this is predominantly as a consequence of COVID-19 pandemic resulting in some wards being repurposed midway through the audit process and some of wards within the Act not running at full capacity at times due to these changes. In order to ensure that these changes and modifications are captured the Corporate Nursing team together with the Heads of Nursing have agreed a weekly workforce update meeting.

The work programme associated with the NSLWA in 2020/21 will prioritise:

- Extension of the Act to Paediatric in-patients in 2021
- District Nursing Principles and work schedules
- Roll out of the new HCMS module to capture staffing levels and patient acuity per day.

The Executive Board is asked to:

- **NOTE** the position of the Health Board against its responsibilities within the NSLWA with regard to the July 2020 bi-annual acuity audit.
- **NOTE** the conclusions and recommendations that have been reported within this report.