

## **Hywel Dda University Health Board**

### **Preparedness & Compliance with the Nurse Staffing Act**

#### **Final Internal Audit Report**

**HDUHB-1819-24**

#### **NHS Wales Shared Services Partnership**

#### **Audit and Assurance Services**

#### **Assurance Rating**



**SUBSTANTIAL Assurance**

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#### **ACKNOWLEDGEMENT**

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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## **1. Introduction and Background**

The assignment originates from the Internal Audit Operational Plan 2018/19 and the subsequent report was submitted to the Executive Director and Audit & Risk Assurance Committee. The relevant lead Executive Director for the assignment and the operational lead is the Director of Nursing, Quality & Patient Experience.

The Nurse Staffing Levels (Wales) Act 2016 (the 'Act') became law in Wales in March 2018. The Act introduced a duty for Local Health Boards and NHS Trusts in Wales to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level.

The nurse staffing level is the number of registered nurses appropriate to provide care to patients that meets all reasonable requirements in the relevant situation. The duty to calculate nurse staffing levels currently applies to adult acute medical inpatient wards and adult acute surgical inpatient wards, with all Health Boards and Trusts required to make arrangements to inform patients of the nurse staffing level.

## **2. Scope and Objectives**

The objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board for Nurse Staffing Levels, in order to provide assurance to the Health Board that risks material to the achievement of the system's objectives are managed appropriately.

The scope of the review was to establish if the Health Board has appropriate processes in place to ensure that it is complying with the requirements of the Nurse Staffing Levels (Wales) Act 2016.

The areas that the review sought to provide assurance on are:

- The Health Board has an appropriate and up to date Nurse Staffing Level Policy and procedures in place and these are made accessible to all relevant staff;
- Nurse staffing levels are appropriately set for all adult acute medical and surgical inpatient wards within the Health Board and these levels are periodically reviewed in accordance with the requirements of the Act;
- The Health Board has identified an appropriate Designated Person to calculate the nurse staffing levels and they formally present them annually to the Board;

- Appropriate actions are taken to enable wards to maintain nurse staffing at the set levels;
- Effective processes are in place to ensure that patients are informed of the nurse staffing levels in accordance with the requirement of the Act; and
- Effective processes are in place for monitoring and reporting on compliance with the set nurse staffing levels.

### **3. Associated Risks**

The potential risks considered in this review are as follows:

- i. Lack of awareness of the requirements of the Nurse Staffing Levels (Wales) Act;
- ii. Harm to patients due to inadequate nurse staffing levels;
- iii. Non-compliance with the requirements of the Nurse Staffing Levels (Wales) Act; and
- iv. Issues relating to nurse staffing levels are not effectively identified or addressed.


## **OPINION AND KEY FINDINGS**

### **4. Overall Assurance Opinion**

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.





The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with establishment controls for the preparedness and compliance of the Nurse Staffing Act is **Substantial** assurance.

<b>RATING</b>	<b>INDICATOR</b>	<b>DEFINITION</b>
<b>Substantial Assurance</b>		The Board can take <b>substantial assurance</b> that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with <b>low impact on residual risk</b> exposure.

Concluding our review, we had identified good practice across five the objectives covered, however we identified one medium priority findings in relation to the lack of information displayed to inform patients and visitors of the Nurse Staffing Act across the majority of wards visited at Withybush, Glangwili and Prince Philip Hospitals.

## 5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Assurance Summary					
<b>1</b>	Nurse Staffing Level Operational Framework and Procedures				✓
<b>2</b>	Nurse Staffing Levels are calculated and reviewed every six months				✓
<b>3</b>	Designated Person to calculate and present staffing levels				✓
<b>4</b>	Nurse Staffing levels are maintained at the calculated levels				✓
<b>5</b>	Patients are informed of the nurse staffing levels			✓	
<b>6</b>	Variations with the calculated levels are recorded and reviewed				✓

\* The above ratings are not necessarily given equal weighting when generating the audit opinion.

### Design of Systems/Controls

The findings from the review have highlighted no issues that are classified as weaknesses in the system control/design for the preparedness and compliance with the Nurse Staffing Act.

### **Operation of System/Controls**

The findings from the review have highlighted **one** issue that is classified as a weakness in the operation of the designed system/control for the preparedness and compliance with the Nurse Staffing Act. This is identified in the Management Action Plan as (O).



## 6. Summary of Audit Findings

The key findings are reported in the Management Action Plan.

### **OBJECTIVE 1: The Health Board has an appropriate and up to date Nurse Staffing Level Operational Framework and procedures in place and these are made accessible to all relevant staff**

The Nurse Staffing Levels (Wales) Act [NSLWA] 2016 passed by the National Assembly for Wales on 21<sup>st</sup> March 2016 forms the new provisions inserted into the NHS (Wales) Act 2006. The 2016 Act requires the Health Board to have an overarching framework that provides sufficient nurse staffing levels across the organisation.

We can confirm that Hywel Dda has in place a *Nurse Staffing Level & Escalation Plan: Acute Adult Policy* in place that is available to staff on the organisation's intranet site. The Chair of the Clinical Written Control Document Group approved the policy on 9<sup>th</sup> January 2019.

**No matters arising.**

### **OBJECTIVE 2: Nurse staffing levels are calculated and reviewed every six months, in accordance with the requirements of the Act**

Section 25C of the NSLWA notes that nurse staffing levels calculations should be undertaken at least every six months with all adult acute medical and surgical inpatient wards assessed through a triangulated approach as follows:

- exercise professional judgement;
- take into account the average ratio of nurses to patients appropriate to provide care to patients that meets all reasonable requirements, estimated for a specific period using workforce planning tools; and
- take into account the extent to which patients' well-being is known to be particularly sensitive to the provision of care by a nurse.

The audit identified that the triangulated approach is used when calculating nurse staffing levels and that this is captured on a template document for a specific number of wards within the Health Board.

A review of five ward template documents that have implemented the nurse staffing levels confirmed evidence of the triangulated approach to assess nurse staffing levels which had been reviewed at six monthly intervals. In addition, minutes and papers confirmed that nurse staffing levels had also been presented to the Board.

**No matters arising.**

**OBJECTIVE 3: The Health Board has identified an appropriate Designated Person to calculate the nurse staffing levels and present them at least annually to the Board**

The Director of Nursing, Quality and Patient Experience is the Designated Person identified by the Health Board that has overall responsibility for calculating and approving nurse staffing levels. Formal presentations to the Board in regard of the implementation of the Act were evident throughout 2018, whilst papers were also submitted to the Quality, Safety & Experience Assurance Committee (QSEAC) providing updates on compliance with the Act.

**No matters arising.**

**OBJECTIVE 4: All reasonable steps are taken to enable wards to maintain nurse staffing at the calculated levels**

A sample of five wards was reviewed in order to reconcile the actual numbers of registered nurses currently in post to the calculated nurse staffing level to ensure there was adequate coverage to ensure compliance with the Act. Concluding testing, we noted that the nurse staffing levels on the five wards tested had been assessed and, where changes to criteria which influence nurse staffing levels had occurred, changes to planned rosters had been made. In addition, where the numbers of staff in post fell short of the required establishments to meet the planned rosters, temporary staff were being utilised in line with the 'reasonable steps' listed as appropriate steps to be taken to maintain the nurse staffing levels within the statutory guidance

**No matters arising.**

**OBJECTIVE 5: Effective processes are in place to ensure that patients are informed of the nurse staffing levels, in accordance with the requirement of the Act**

The adult acute medical and surgical wards at Prince Philip, Withybush and Glangwili hospitals were visited to ensure that nurse staffing levels were easily visible to anyone attending the ward, copies of the nurse staff notice were clearly displayed in English and Welsh and that a stock of Frequently Asked Question (FAQ) leaflets was available to staff and visitors. The following instances were noted:

- At Withybush General Hospital, none of the seven wards visited were displaying the FAQ leaflets, whilst the Sister-in-Charge for Wards 1 and 3 advised Internal Audit that the required establishment was out of date.

- At Prince Philip Hospital, of the seven wards visited no FAQ leaflets were available on Wards 1, 3 and 9.
- At Glangwili General Hospital, six of the eleven wards were found not to be displaying the FAQ leaflets, whilst the Welsh version of the nurse staff notice was not displayed on Derwen Ward. In addition, there was no nurse staff notice at Cadog Ward.

**See Finding 1 at Appendix A.**

**OBJECTIVE 6: Effective processes are in place for recording and reviewing any variation with the calculated nurse staffing levels**

A review of the Health Board and QSEAC minutes and papers for 2018-19 confirmed that regular reports were submitted by the Director of Nursing, Quality and Patient Experience providing updates of nurse staffing levels across the organisation, including variations and changes made to ward rosters to ensure calculated staffing levels were compliant with the Act.

**No matters arising.**

## 7. Summary of Recommendations

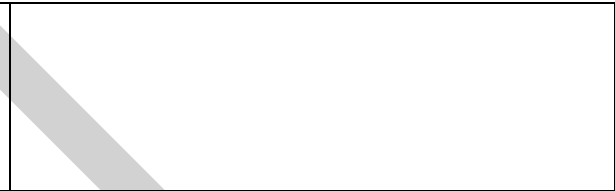
The audit findings, recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

<b>Priority</b>	<b>H</b>	<b>M</b>	<b>L</b>	<b>Total</b>
<b>Number of recommendations</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

<p><b>Finding 1 – Displayed Nurse Staffing Level Information (O)</b></p>	<p><b>Risk</b></p>
<p>From the sample of wards visited at Withybush, Glangwili and Prince Philip Hospitals, we noted 16 out of 25 wards did not have an FAQ leaflet on display; the Welsh version of the nurse staff notice was not displayed on Derwen Ward; whilst there was no nurse staff notice at Cadog Ward. In addition, the Sister-in-Charge for Wards 1 and 3 at Withybush General Hospital advised Internal Audit that the required establishment was out of date.</p>	<p>Nurse staffing levels and related information is not available to patients or visitors.</p>
<p><b>Recommendation 1</b></p>	<p><b>Priority level</b></p>
<p><b>Management must ensure that nurse staffing level information is visibly displayed and made available for all patients and visitors.</b></p>	<p><b>MEDIUM</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>a) Printed copies of the FAQ leaflet (taken from the NHS Wales Nurse Staffing levels (Wales) Act (2016) Operational Guidance ) in both English and Welsh were issued to all wards covered by Section 25B in April 2018. Further copies are being reissued immediately (May 2019) pending receipt of the revised Operational Guidance (which contains a refreshed Patient FAQ sheet) which is due to be issued from WG in July 2019. When this document is received, Patient Information leaflets will be printed to ensure a supply of the leaflets are available to all appropriate wards at all times. The revised Guidance will also contain an 'easy read' version of the Patient FAQ and this will also be printed and made available on each ward.</p> <p>b) In addition, the posters showing the planned roster and calculated nursing establishment for each of the Section 25B wards, which the HB is required to display outside each ward once the establishment is provided to the Board, will be refreshed and reissued in June 2019. This timing is to ensure that the most</p>	<p>Nurse Staffing Programme Lead</p> <p>a) Immediate action being taken (May 2019): Follow up action to be complete by end August 2019.</p> <p>b) By end June 2019</p>


recent calculations have been noted through the agreed governance structures within the Health Board and the date that this has occurred is then recorded on the posters as is part of the information required within the patient poster template.





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## Appendix B - Assurance opinion and action plan risk rating

### 2018/19 Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **moderate assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

 **Limited Assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **unsatisfactory** arrangements in place to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

### Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
<b>High</b>	Poor key control design OR widespread non-compliance with key controls.  PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls.  PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls.  These are generally issues of good practice for management consideration.	Within Three Months*

\* Unless a more appropriate timescale is identified/agreed at the assignment.

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