



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 April 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels 3-year Welsh Government report (caveated report)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Humphreys , Head of Nursing, Professional Standards and Regulation Catrin Jones, Nurse Staffing Programme Lead.

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The overarching duty of the Nurse Staffing Levels (Wales) Act (NSLWA) 2016 is to ensure that Health Boards have robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into force in April 2017.

Section 25B and Section 25C of the Act requires Health Boards to calculate, and to take all reasonable steps to maintain, the nurse staffing levels in adult medical and surgical wards (since April 2018) and paediatric inpatient wards (since October 2021), using processes that were prescribed within the Act.

Section 25E of the Act requires that each Health Board to submit a nurse staffing levels report to Welsh Government for each three year reporting period, within 30 days of the end of the three-year reporting period. The report must set out:

- the extent to which nurse staffing levels have been maintained;
- The impact the Board or Trust considers that not maintaining nurse staffing levels has had on care provided to patients by nurses, with reference to
 - errors in administering medication to patients;
 - patients falling;
 - patients developing hospital-acquired pressure ulcers;
 - infiltration/extravasation injuries (for paediatric patients); and
 - complaints

This paper introduces the 2021/2024 Hywel Dda University Health Board (HDdUHB) NSLWA three year assurance report which covers the period 6th April 2021 – 4th March 2024. This report is a caveated report as the incidents and complaints data are up to the 4th March 2024; and the extent to which the planned rosters have been maintained data is up to the 31st January 2024. To facilitate the preparation of the statutory three yearly report to Welsh Government, an annual assurance report has been presented to Board for each year of the 3-year report. Appendix 1 [QSEC 22 June 2022 - Hywel Dda University Health Board \(nhs.wales\)](#) and Appendix 2 [Quality, Safety and Experience Committee Meeting 13 June 2023 - Hywel Dda](#)

[University Health Board \(nhs.wales\)](https://www.nhs.uk/healthboards) are included for information and are the annual assurance reports for 2021/22 and 2022/23. The 2023/24 annual assurance report will be presented to the Board in May 2024.

The All-Wales Nurse Staffing Group has produced the template for this three year assurance report to ensure consistency in the information presented to each Health Board within NHS Wales.

The Quality, Safety and Experience Committee is asked to formally receive and take assurance from the attached caveated 2021-2024 three-year assurance report before the caveated report is submitted to Welsh Government in May 2024.

Cefndir / Background

The NSLWA has five sections:

- I. Section 25A of the NSLWA relates to the overarching responsibility placed upon each Health Board, requiring Health Boards and Trusts to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017.
- II. 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 wards. Health Boards/ Trust are also required to inform patients of the nurse staffing level. This is also referred to as (one of) the second duties of the NSLWA. This duty was extend to apply to paediatric in-patient wards from 1 October 2021
- III. Section 25C requires Health Boards/Trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards. These duties came into effect in April 2018. This duty was extend to paediatric in-patient wards from 1st October 2021
- IV. Section 25D of the Act required that Welsh Government devised statutory guidance to support the NSLWA. The initial statutory guidance document was issued in 2017 with a revised document issued in February 2021 to reflect the extension of the NSLWA to include paediatric in-patient wards. An operational handbook to support NHS Wales organisations in implementing the NSLWA across adult medical and surgical in-patient wards was issued in March 2018 and it is planned that this will be supplemented with a paediatric in-patient ward operational handbook, to be issued ahead of 1st October 2021.
- V. Section 25E requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for all wards to which Section 25B pertains. The Health Board must submit a three-yearly report to Welsh Government, the first of which will cover the period 6 April 2018 to 5 April 2021. To achieve this three-year report, the Health Board has required that an annual report is presented to the Board outlining compliance with the NSLWA, any impact upon the quality of care where the nurse staffing level was not maintained, and the actions taken in response to this.

The Board's specific responsibilities under the NSLWA are to:

- Identify a 'designated person' (or provide a description of such a person)
- Determine which ward areas where Section 25B applies.
- Receive and agree written reports from the 'designated person' on the nurse staffing level that has been calculated for each ward to which Section 25B pertains
- Ensure that operational systems are in place to record and review every occasion when the number of nurses deployed varies from the planned roster; and
- Agree the operating framework which will 1) specify the systems and processes to ensure that all reasonable steps are taken to maintain the nurse staffing level on both a

long term and a shift-by-shift basis; and 2) Specify the arrangements for informing patients of the nurse staffing.

There are two key reporting requirements the NSLWA statutory guidance states should be undertaken within a Health Board:

1. The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards.
2. The Board receives a (non-statutory) annual assurance report which is structured in a way to provide the basis of the statutory 3-year report to Welsh Government (WG) which the Health Board will be required to submit every third year (the first 3 year report covered the period 6th April 2018 to 5th April 2021, the second three year report, to cover the period 6th April 2021 to 5th April 2024 is due to be submitted to WG in May 2024 with the final submission to be submitted in October 2024).

To support Board agenda setting, to fit with other NHS Wales processes, and to ensure consistency across Wales, it has been agreed by NHS Wales Directors of Nursing that the annual presentation to the Board of the calculated nurse staffing levels should take place in November of each year (to fit with Integrated Medium Term Plan (IMTP) planning cycles); and the annual assurance report should be presented to the Board in May of each year (to reflect convention in respect of timing for completion and submission of annual assurance reports).

Asesiad / Assessment

The attached report, completed against a template agreed by the All Wales Nurse Staffing Group, sets out the way in which HDdUHB has met the various statutory requirements of the NSLWA during 2021-2024.

It is noted that due to reporting timeframes the data included in the report is as follows:

- Incident and complaint data is for the period 6 April 2021 to 4 March 2024.
- The extent to which data is for the period 6 April 2021 to the 31 January 2024.

A final, updated version of the report - including all reportable incidents occurred 6th April 2021 to 5 April 2024, which should, by then be closed, will be presented to the Board in September 2024 and the final report will then be submitted to Welsh Government in October 2024.

For ease of navigating the full report and in assisting committee members to draw assurance from it, the below table references the key elements of the statutory requirements that each numbered section of the report is seeking to address: This is presented, together with a brief synopsis of the aim of the evidence required within each section, below:

Page(s)	Brief synopsis of the section
1	Introductory Sections
3-4	How the HDdUHB responsibilities to inform patients about nurse staffing levels are being met
4-5	The extent to which the nurse staffing (WTE establishments) have been maintained in Section 25B adult medical and surgical wards
5-7	The extent to which the nurse staffing (WTE establishments) have been maintained in Section 25B paediatric wards
7	The process for capturing the extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric inpatient wards
7-10	Extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric wards
10-12	The robustness of the systems and processes in place for ensuring that all reasonable steps to maintain the nurse staffing levels are taken

12-14	The impact on care quality as a result of not maintaining the nurse staffing levels in the adult medical and surgical wards
14-15	The impact on care quality as a result of not maintaining the nurse staffing levels in the paediatric wards
15-16	The actions taken when the nurse staffing level was not maintained in section 25B wards
16-17	The conclusions from the Health Board's experience during the 2021-2024 reporting period

For ease of reference, key points to note from the narrative in the report are:

- All of the adjustments to the agreed nurse staffing levels are judged required because of changes in the patient acuity, changes to the primary function of the ward changes in the commissioned bed numbers, changes due to service/pathway changes and/or changes in the proportion of long days being worked in the previous 6 months.
- The data includes the extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric wards and includes data taken from the Health Care Monitoring System (year 1 and part of Year 2) and Allocate SafeCare module (part of year 2 and Year 3) which has now been rolled out to all wards where S25B applies.

The Health Board has faced significant challenges in maintain the nurse staffing levels (as evidenced by the extent to which the nurse staffing levels has been maintained data on page 4-7 of the report), however, it can be confirmed that the Health Board has remained compliant with its statutory responsibilities, as set out in the Act and the Statutory Guidance i.e.:

- To have a 'Designated Person', who acts within the Health Board's governance framework, to calculate the nurse staffing levels (para 7)
- To calculate the nurse staffing levels, biannually (or more frequently if required) for those wards where S25B pertains (para 12), in accordance with the prescribed triangulated methodology set out in S25C of the Act (para. 32- 40) ;
- To take all reasonable steps to maintain the nurse staffing levels (para 13);
- To formally present the nurse staffing levels for each ward where S25B to S25E pertains to the Board on an annual basis and to present written updates where a change in use/service has resulted in a change in the nurse staffing levels (para 12); and
- Arrange to inform patients of the nurse staffing levels through the presentation to the Board and the availability of bilingual information at ward level, which sets out the nurse staffing levels for each ward and the date it was presented to the Board (para 20-25).

The data shows that there have been two incidents of patient harm on the adult medical and surgical wards during this reporting period, (during 2021/22), where not maintaining the nurse staffing level was deemed to be a contributory factor to the incident. There have been four complaints, also during 2021/22, where not maintaining the nurse staffing levels was deemed a contributory factor. There have been no incidents of harm or complaints on the paediatric wards where not maintaining the nurse staffing level was deemed to be a contributory factor.

It is noted that the Duty of Candour (DoC), which came into force on 1st April 2023, is likely to have had an impact on the incidents reported for Year 3 of this report as it is likely that in previous years the severity of harm reported on was the actual harm sustained, as opposed to the severity of harm found to be resulting from an act or omission when in receipt of NHS Care. Therefore, to align with patient safety incident reporting to Welsh Government all future reports will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident.

Argymhelliad / Recommendation

The Committee is asked to receive the caveated three-year assurance report for 2021-24 as a source of assurance that the necessary processes and reviews have been enacted to enable the HDUHB to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016 before the caveated report is submitted to Welsh Government in May 2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	N/A
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 6. Person-Centred 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	2c Workforce and OD strategy
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the assurance report has been articulated through the working papers of the all Wales Nurse Staffing Group
Rhestr Termau: Glossary of Terms:	WGH - Withybush General Hospital BGH - Bronglais General Hospital GGH - Glangwili General Hospital PPH - Prince Phillip Hospital WTE – whole time equivalent NSLWA-Nurse Staffing Levels (Wales) Act 2016 HDdUHB – Hywel Dda University Health Board

	WG – Welsh Government
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Acute Heads of Nursing across HDdUHB

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are financial and workforce implications associated with the outcome of the work described in this paper and relate to the ability to finance both registrants and (a range of) Support Workers required.
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention underpinning the Act is to ensure safe, effective and quality patient care. One of the key requirements of the Act is to monitor the impact of nurse staffing levels on care quality and pages 12-15 of the report sets out the impact on care quality as a result of not maintaining the nurse staffing levels.
Gweithlu: Workforce:	This paper relates to adjustments to the staffing levels which have been calculated as being required across many of the acute adult medical/surgical wards and the inpatient paediatric wards of HDdUHB with pages 5-6 showing the change in WTE establishments required.
Risg: Risk:	There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the planning cycle of the Health Board. The risks relate to the ability to both finance and recruit a sufficient workforce of both registrants and (a range of) Support Workers.
Cyfreithiol: Legal:	The legal risk associated with nurse staffing levels relates to the potential of non-compliance with the second duty of the NSLWA i.e. the 'duty of maintaining the nurse staffing levels'. The 'duty to maintain the nurse staffing level' and the extent to which the planned rosters are maintained is set out in pages 6-8 of the paper
Enw Da: Reputational:	The reputation of the nursing services and the effectiveness of the collaboration within the Health Board is enhanced through the level of engagement shown between the operational and corporate teams in ensuring that the statutory requirements relating to the NSLWA are met.
Gyfrinachedd: Privacy:	Currently no impact in relation to privacy identifiable within This work.
Cydraddoldeb: Equality:	Not applicable

Three-Yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Welsh Government			
Health board	Hywel Dda University Health Board.		
Reporting period	<p>The reporting period is 6th April 2021-5th April 2024</p> <p>As per the requirements of Section, 25E of the Nurse Staffing Levels (Wales) Act 2016, a “<i>nurse staffing levels report must be submitted to the Welsh Ministers no later than 30 days after the last day of the reporting period</i>”. Due to the reporting timeframe, this caveated three-yearly report will only include information up to 4th March 2024. A final, updated version of the report - including all serious incident reports that occurred 6th April 2021 to 5th April 2024, which should, by then be closed, will be presented to the Board in September 2024 and then submitted to Welsh Government in October 2024.</p>		
Date annual assurance report of compliance with the Nurse Staffing Levels (Wales) Act presented to Board	2021/2022	2022/2023	2023/2024
	26 th May 2022 (Appendix 1)	25 th May 2023 (Appendix 2)	The Annual Assurance report for 2023/24 will be presented to Board on the 30 th May 2024.
Number of adult acute <u>medical</u> inpatient wards where section 25B applies	<p style="text-align: center;">21- 23</p> <p>One surgical ward (Ward 6, PPH) is included in the numbers for both the adult acute medical inpatient wards (above) and adult acute surgical inpatient wards (following section) as there were periods during the year that the ward operated as a medical ward.</p>	<p style="text-align: center;">21-23</p> <p>One surgical ward (Ward 6, PPH) is included in the numbers for both the adult acute medical inpatient wards (above) and adult acute surgical inpatient wards (following section) as there were periods during the year that the ward operated as a medical ward.</p> <p>Section 25B pertained to one medical ward (ACDU, WGH) between December 2021 and September 2022 only.</p> <p>Since Autumn 2022, one medical ward (Ward 4/CCU PPH) has a coronary care unit within its commissioned beds numbers</p>	<p style="text-align: center;">18-22</p> <p>The reduction in the number of medical wards included for this period is due a reduction in the medical bed capacity in Witybush General Hospital as a result of the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks.</p>
Number of adult acute <u>surgical</u> inpatient wards where section 25B applies	<p style="text-align: center;">12</p> <p>One surgical ward (Ward 6, PPH) is included in the numbers for both the adult acute surgical inpatient wards (above) and adult acute medical</p>	<p style="text-align: center;">11-12</p> <p>One surgical ward (Ward 6, PPH) is included in the numbers for both the adult acute surgical inpatient wards (above) and adult acute medical</p>	<p style="text-align: center;">12</p>

	<p>inpatient wards (previous section) as there were periods during the year that the ward operated as a medical ward.</p>	<p>inpatient wards (previous section) as there were periods during the year that the ward operated as a medical ward.</p> <p>There is one surgical ward (Ward 9, WGH) where Section 25B pertained only between April 2022 and July 2022.</p> <p>One surgical ward (Preseli ward, GGH) was closed for most of 2022/23, but reopened in March 2023</p>	
<p>Number of paediatric inpatient wards where section 25B applies</p>	<p style="text-align: center;">2</p> <p>The Act was extended to paediatric inpatient wards on the 1st October 2021</p>	<p style="text-align: center;">2</p> <p>When the Act was extended to paediatric inpatient wards, the paediatric ambulatory care units co-located on the two wards was included in the calculation for one ward but excluded from the other. To ensure consistency across the HB, the nurse staffing calculation for both paediatric wards from Autumn 2022 now includes the co-located paediatric ambulatory care units. This change was presented to the Board as part of the Annual Presentation of the Nurse Staffing Levels report in November 2022.</p>	<p style="text-align: center;">2</p>
<p>Number of occasions where the nurse staffing level recalculated in addition to the bi-annual calculation for all wards subject to Section 25B</p>	<p>Following the Autumn 2021 cycle, six surgical wards and seven medical wards had an 'early review' in January 2022. The 'early review' was required due to concerns about the wards quality indicator data identified during the Autumn 2021 cycle; the need to review the changes in acuity to confirm that they were sustained changes; and/or to discuss the potential impact on staffing levels of proposed service changes.</p>	<p>Following the Autumn 2022 cycle, five surgical wards and eight medical wards had an 'early review' in January 2023. The 'early review' was required due to concerns about the wards' quality indicator data, and/or to discuss proposed service changes.</p> <p>No changes were made to the rosters of these wards</p>	<p>Following the Spring 2023 cycle three surgical wards and five medical wards had an 'early review' in July 2023. The 'early review' was required due to concerns about the wards' quality indicator data; and/or to discuss the impact of the changes made during the Spring 2023 cycle.</p> <p>No changes were made to the rosters of these wards</p>

	No changes were made to the rosters of these wards		
	The nurse staffing levels for the two paediatric wards were calculated prior to the commencement of the Act in October 2021.	Not Applicable	Not Applicable
<p>Changing the purpose of section 25b wards to support the management of COVID or opening new COVID wards.</p>	<p>The 2018-2021 three-year report described the specific challenges faced by the Health Board in meeting the requirements of the Act for the Section 25B wards during the COVID-19 period and how these were addressed by the Health Board and referenced the significant changes to patient pathways and bed numbers in inpatient wards which included converting some wards to 'Covid-19' wards.</p> <p>During this reporting period (2021-24), no wards have been re-purposed as Covid-19' wards although during year 1 of this reporting period, there were some temporary adjustments required to the nurse staffing levels on some of the adult medical inpatient wards due to the ongoing impact of the COVID-19 pandemic.</p>		
<p>Informing patients</p>	<p>The health board meets its statutory responsibilities to inform patients by presenting nurse staffing levels reports to the Board (i.e. the annual presentation of the nurse staffing levels for each S25B ward in November of each year and written updates to the Quality, Safety, and Experience Committee as required).</p> <p>In addition, there is an agreed national process in place to meet the statutory requirement to inform patients of the planned nurse staffing levels for all wards where Section 25B pertains. This process involves the display of a bilingual poster outside the ward entrance, together with a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy read versions).</p> <p>The updated informing patient templates are circulated to the S25B wards following each calculation cycle.</p> <p>During the Covid-19 pandemic, the Frequently Asked Questions were made available electronically via the Patient Information section of the Health Board's public website, along with an invitation to raise any queries with the Senior Sister or Nurse in Charge of the ward. There has been work undertaken to ensure that hard copies of the Frequently Asked Questions are now available on the wards.</p> <p>For the reporting period 2024-2027, it has been agreed on a national level, that data on compliance with displaying the agreed informing patient template and the availability of the frequently asked questions will be included in each health board/trust's report. A spot audit undertaken during the autumn 2023 calculation cycle showed that 88% of wards were displaying the most up to date 'informing patient template' and had the frequently asked questions leaflet available. The outstanding information was provided to the three wards that identified that they did not have the most up to date information displayed.</p>		
<p>Section 25E (2a) Extent to which the nurse staffing level is maintained –</p>			

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 adult acute medical and surgical inpatients wards	Required establishment (WTE) of adult acute medical and surgical inpatients wards at the end of the <u>last</u> reporting period – (as of 5th April so data from the annual presentation of the NSL to the report in Nov 2020)		Number of wards: 28				
			RN:552.02				
			HCSW:482.19				
		2021/2022	2022/2023		2023/2024		
	Required establishment (WTE) of adult acute medical and surgical inpatients wards <u>calculated</u> during first cycle (May)	Number of wards: 31		Number of wards: 35		Number of wards:33	
		RN:	571.12	RN:	608.56	RN:	581.15
		HCSW:	546.03	HCSW:	607.66	HCSW:	617.59
	WTE of required establishment of adult acute medical and surgical inpatients wards <u>funded</u> following first (May) calculation cycle	Number of wards: 31		Number of wards: 35		Number of wards:33	
		RN:	600.63	RN:	597.03	RN:	576.85
		HCSW:	523.61 ¹	HCSW:	585.74	HCSW:	603.60
Required establishment (WTE) of adult acute medical and surgical inpatients wards <u>calculated</u> during second cycle (Nov)	Number of wards:32		Number of wards: 33		Number of wards:30 ²		
	RN:	602.00	RN:	583.84	RN:	554.59	
	HCSW:	571.00	HCSW:	604.24	HCSW:	573.41	
WTE of required establishment of adult acute medical and surgical inpatients wards <u>funded</u> following second (Nov) calculation cycle	Number of wards: 32		Number of wards: 33		Number of wards:30		
	RN:	602.00 ³	RN:	568.76	RN:	536.66 ⁴	
	HCSW:	571.00	HCSW:	578.71	HCSW:	538.70	
	2021/2022	2022/2023		2023/2024			

¹ Spring 2021 -two wards were closed and the workforce redeployed into other S25B wards. The funding allocated to these 2 wards was utilised to supplement the workforce/budgets for other Section 25B wards hence some apparent 'overfunding' of the registered nursing workforce at this time.

² The reduction in the required establishment for the adult medical inpatient wards during the Autumn 2023 calculation cycle is due to the reduction in medical bed capacity in WGH due to the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks.

³ The budgets for several wards were still being supported with additional COVID monies at the time of the autumn 2021 review and, in addition, the budget /workforce from the two closed S25B wards continued to be used to offset the additional workforce/budget requirements of the remaining S25B wards

⁴ Variation in WTE required establishment calculated and funded in the above are linked to additional WTE required linked to workforce and financial impact of the changes made to the service models on six of the wards (which are subject to business cases being submitted) and temporary changes to planned roster on one ward.

	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 32	WTE:35	WTE: 30 ⁵		
Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>	<p>The following is noted for information:</p> <ul style="list-style-type: none"> In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. There is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is available within the annual assurance reports on the additional multi-professional staff that contribute to the coordination and delivery of patient care. The number of wards where Section 25B applies has changed during the reporting period. For more details of individual wards and their required establishments, refer to the annual assurance reports. This reporting period has seen a change in the acuity of the patients on the adult acute medical and surgical wards, with patients in our care being sicker and more dependent which has accounted for some of the WTE increase across the three years. The overall proportion of patients assigned as level 1 acuity (routine care) and level 2 acuity (care pathway care) has decreased; whilst the proportion of patients assigned as level 3 acuity (complex care) and level 4 acuity (urgent care) has increased. The number of patients assigned as level 5 (one to one care) has also seen a marginal increase. The process by which the budgets for the S25B wards are reset, where required, following each cycle has been agreed; so that the changes from each cycle can be realised in a timely manner both in terms of the finance and workforce adjustments required 'in-year', which will ensure both budgetary and rostering stability and allow local 'grip and control' at team level. This process has been revisited and revised over the reporting period. 					
	Required establishment (WTE) of paediatric inpatient wards prior to extension of the 2 nd duty of the Act (October 2021)	<table border="1"> <tr> <td data-bbox="1576 1050 2098 1086">Number of wards: 2</td> </tr> <tr> <td data-bbox="1576 1086 2098 1123">RN: 48</td> </tr> <tr> <td data-bbox="1576 1123 2098 1155">HCSW: 16</td> </tr> </table>			Number of wards: 2	RN: 48
Number of wards: 2						
RN: 48						
HCSW: 16						
	2021/2022	2022/2023	2023/2024			
			Number of wards: 2			

⁵ There is a reduction in the WTE Supernumerary Band 7 due to the reduction in medical bed capacity in WGH due to the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks

Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)			RN:	47.17	RN:	57.68
			HCSW:	15.80	HCSW:	22.55
WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle			Number of wards: 2		Number of wards:2	
			RN:	47.17	RN:	57.68
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second cycle (Nov)	Number of wards:2 ⁶		Number of wards: 2 ⁷		Number of wards: 2	
	RN:	48	RN:	57.29	RN:	57.68
	HCSW:	16	HCSW:	23.19	HCSW:	22.55
WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) calculation cycle	Number of wards: 2		Number of wards: 2		Number of wards:2	
	RN:	48	RN:	57.29	RN:	57.68
	HCSW:	16	HCSW:	23.19	HCSW:	22.55

	2021/2022	2022/2023	2023/2024
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 2	WTE: 3 (One ward has 2 WTE supernumerary Band 7)	WTE: 3 (One ward has 2 WTE supernumerary Band 7)

The following is noted for information:

- The WTE required establishments and planned rosters for the two paediatric wards were calculated prior to the extension of Act and presented to the Board at a Development Session in August 2021. They were formally presented to the Board as part of the statutory annual presentation of the nurse staffing levels for ALL Section 25B wards to the Board, in November 2021
- In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse required to deliver the planned roster. There is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment.

⁶ The first calculation was presented to the Board in September 2021, prior to extension of the 2nd duty to the Act on 1st October 2021.

⁷ The WTE for November 2022 includes the workforce requirements for PACU, which was not included under in the figures for May 2022. The paediatric ambulatory care units co-located on the two wards was included in the calculation for Autumn 2021 and Spring 2022 for one ward but excluded from the other. To ensure consistency across the HB, the nurse staffing calculation for the paediatric wards includes the co-located paediatric ambulatory care units from autumn 2022 onwards.

	<p>However, these staff are not included within the data for this report. For more details of individual wards and their required establishments, refer to the annual assurance reports.</p> <ul style="list-style-type: none"> As with the adult wards, the process by which the budgets for the S25B paediatric wards are reset, where required, following each cycle has been agreed; so that the changes from each cycle can be realised in a timely manner both in terms of the finance and workforce adjustments required 'in-year', which will ensure both budgetary and rostering stability and allow local 'grip and control' at team level. This process has been revisited and revised over the reporting period. 																
<p>Extent to which the planned roster has been maintained</p>	<p>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. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards to meet the reporting requirements of the Act and the Once for Wales approach to ensure consistency.</p> <p>For Year 1 and Year 2 of this reporting period, Health boards/Trusts have been using the Health Care Monitoring system (HCMS) to capture the extent to which data. During Q3 of 2022/2023 and Q1/Q2 of 2023/2024 Health Boards/Trusts have been rolling out the Allocate Safecare module, which is the nationally agreed informatics system referenced above. The Allocate Safecare Module was rolled out to all the wards where S25B of the Act applies within this health board by April 2023.</p>																
<p>Extent to which the planned roster has been maintained within <u>adult acute medical and surgical inpatients wards</u></p>	<p>The data included for Year 3 below is the data from Safecare (the reporting capability in Allocate is currently being developed and therefore the Health Board informatics team have supported the Nursing Corporate Team with the below data).</p> <p>The data below is for the period 6th April 2023 to 31st January 2024. The data for 1st February 2024 to 5th April 2024 will be included in the annual assurance report, to be presented to Board in May 2024 and will be included in the final 3-year report, which will be presented to Board in September 2024, before submission to Welsh Government in October 2024.</p> <table border="1" data-bbox="488 1034 2063 1310"> <thead> <tr> <th></th> <th>2021/2022</th> <th>2022/2023</th> <th>2023/2024</th> </tr> </thead> <tbody> <tr> <td>Data source</td> <td>Health Care Monitoring System</td> <td>Health Care Monitoring System and Safecare</td> <td>Safecare</td> </tr> <tr> <td>Total number of shifts</td> <td>23094</td> <td>23920</td> <td>19849</td> </tr> <tr> <td>Data completeness</td> <td>97.03%</td> <td>Not known⁸</td> <td>89.68%</td> </tr> </tbody> </table>		2021/2022	2022/2023	2023/2024	Data source	Health Care Monitoring System	Health Care Monitoring System and Safecare	Safecare	Total number of shifts	23094	23920	19849	Data completeness	97.03%	Not known ⁸	89.68%
	2021/2022	2022/2023	2023/2024														
Data source	Health Care Monitoring System	Health Care Monitoring System and Safecare	Safecare														
Total number of shifts	23094	23920	19849														
Data completeness	97.03%	Not known ⁸	89.68%														

⁸ The data completeness data for 2022/23 is not included in the above table as the teams were using two different systems to capture the data (HCMS and Allocate Safecare Module) which changed the way teams capture this data, making the data completeness data unreliable. It was recognised that changing the system of data capture would result in a period where the nurse staffing data would be unavoidably incomplete.

Shifts where planned roster met and appropriate	14642 63.40%	10159 42.47%	4382 22.08%
Shifts where planned roster met but not appropriate	557 2.41%	641 2.68%	1594 8.03%
Shifts where planned roster met but appropriateness not stated⁹			897 4.52%
Shifts where planned roster not met but appropriate	2033 8.80%	2965 12.40	7449 37.53%
Shifts where planned roster not met and not appropriate	5862 25.38%	10155 42.45%	4375 22.04%
Shifts where planned roster not met but appropriateness not stated¹⁰			1152 5.8%

The above data for the adult inpatient wards shows:

- The percentage of shifts where the planned roster was met and deemed appropriate has decreased over this reporting period (63.40% in Year 1 to 22.08% in Year 3), with night time shifts showing better compliance with planned roster than day time shifts.
- The percentage of shifts where the planned roster was not met but deemed appropriate has increased over the same period (8.8% in Year 1 to 37.53% in Year 3). This suggests that the registered nurses are using professional judgement appropriately vary the planned roster in response to the patients' dependency and acuity (paragraph 14 of the statutory guidance). The majority of the shifts were day shifts where the ability to deploy non-rostered staff to support the ward is greater for example, the supernumerary ward manager working clinically.
- The percentage of shifts where the planned roster was met but deemed not appropriate has seen an increase (2.41% in Year 1 to 8.03% in year 3). The narrative suggests that this is linked to those occasions when the patient acuity on the ward during those shifts required additional staff and although additional temporary staff was requested, it was unavailable. The night shifts saw the most shifts where the planned roster was met but not appropriate.
- The percentage of shifts which were not met and deemed not appropriate saw an increase between Year 1 (25.38%) and Year 2 (42.45%) but has decreased to 22.04% in Year 3 (recognising that the data for Year 3

⁹ The met data captured on the Allocate Safecare module is automatically populated (which wasn't the case when the data was captured on the previous system). The nurse in charge is required to enter data twice a day to state whether the number of staff on duty is appropriate or not appropriate to meet the needs of the patients on the ward at that time. The 'not stated' are shifts where planned roster was met but data on whether this was appropriate or not has not been entered.

¹⁰ The not met data captured on the Allocate Safecare module is automatically populated (which wasn't the case when the data was captured on the previous system). The nurse in charge is required to enter data twice a day to state whether the number of staff on duty is appropriate or not appropriate to meet the needs of the patients on the ward at that time. The 'not stated' are shifts where planned roster was not met but data on whether this was appropriate or not has not been entered.

presented in this report is for ten months). The ward teams would have taken 'all reasonable steps' to ensure that staffing levels were maintained including utilising temporary staff.

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

The data included for Year 3 below is the data from Safecare (the reporting capability in Allocate is currently being developed and therefore the Health Board informatics team have supported the Nursing Corporate Team with the below data).

The data below is for the period 6th April 2023 to 31st January 2024. The data for 1st February 2024 to 5th April 2024 will be included in the annual assurance report, to be presented to Board in May 2024 and will be included in the final 3-year report, which will be presented to Board in September 2024, before submission to Welsh Government in October 2024.

	2021/2022	2022/2023	2023/2024
Data source	Health Care Monitoring System	Health Care Monitoring System and Safecare	Safecare
Total number of shifts	744	1552	1224
Data completeness	99.47%	Not known	97.06%
Shifts where planned roster met and appropriate	613 82.39	1077 69.39%	566 46.24 %
Shifts where planned roster met but not appropriate	4 0.54%	2 0.13%	7 0.57%
Shifts where planned roster met but appropriateness not stated			19 1.55%
Shifts where planned roster not met but appropriate	103 13.84%	427 27.51%	582 47.55%
Shifts where planned roster not met and not appropriate	24 3.23%	46 2.96%	33 2.70%
Shifts where planned roster not met but appropriateness not stated			17 1.30%

The above data for the paediatric wards shows:

- The percentage of shifts where the planned roster was met and deemed appropriate has decreased over this reporting period (82.39% in Year 1 to 46.24% in Year 3), with night time shifts showing better compliance with planned roster than day time shifts.
- The percentage of shifts where the planned roster was not met but deemed appropriate has increased over the same period 13.84% in Year 1 to 47.55% in Year 3). This suggests that the registered nurses are using professional judgement appropriately vary the planned roster in response to the patients' dependency and acuity (paragraph 14 of the statutory guidance). The percentage of night shifts where the planned roster was met and deemed appropriate was 44.12% whilst the percentage of day shifts where the planned roster was not met but appropriate was 50.98%.

	<ul style="list-style-type: none"> • The percentage of shifts where the planned roster was met but deemed not appropriate has seen a small increase over the reporting period (4 shifts in Year 1 to 7 shifts in year 3). • The percentage of shifts which were not met and deemed not appropriate saw a decrease between Year 1 and Year 2 although the number of shifts saw an increase from 24 shifts to 46 shifts. In Year 3 (the data is for ten months) has seen the number of shifts decrease to 33 shifts (24 of which were day shifts).
<p>Process for maintaining the nurse staffing level for Section 25B wards</p>	<p>It can be confirmed that the Health Board remained compliant with the statutory requirement to take ‘all reasonable steps’ to ensure that staffing levels were maintained, the key factors that affected the data for this reporting period include:</p> <ul style="list-style-type: none"> • The impact of COVID-19 and the Omicron variant on the availability of both substantive and temporary staff at the end of 2021 and the beginning of 2022. • The impact of requiring additional/surge beds and the challenges of securing the additional staff required to maintain the higher levels of staffing required for wards with additional beds open • The impact of the additional staff required to maintain the (changed) planned roster for wards, which have changed their primary function due to service model changes. • The impact of meeting the needs of cognitively impaired patients who require an enhanced level of care which can only be met through additional staffing. <p>There are established processes in place within the operational nursing structures, which allow for review of nurse staffing levels on at least a daily basis. There is evidence, found in daily reports relating to each acute site, that operational teams are applying their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated. The actions that have been taken demonstrate that operational teams are taking “all reasonable steps” to maintain the nurse staffing level as per the requirements of the Act and the nationally agreed operational guidance document issued, during 2022/23 which provided greater detail as to the nature of what constitutes ‘all reasonable steps’.</p> <p>Operational steps taken to maintain staffing levels:</p> <ul style="list-style-type: none"> • The 2-3 times a day staff planning and patient flow meetings during which plans are developed to ensuring appropriate staffing levels are in place, risk assessed and managed as required for the coming 24-48 hours with agree escalation processes around nurse staffing concerns. • Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services. • A detailed 24/7 report complete by the site management team providing a continuous record of all staffing (and other operational) issues across each site. • Systems in place whereby risk assessments are undertaken taking into account patients’ needs (including acuity and dependency) versus the available staff (both substantive and temporary), staff’s knowledge and skills and team stability. • Safecare which supports the decision making process around the deployment of staff • Mechanisms in place to ensure deployment of staff to ensure appropriate clinical and/or leadership skills.

- Deployment of staff deemed as supernumerary/non-rostered for example, Senior Sister/Charge Nurse, frailty and rehabilitation support workers to provide direct patients care. However, deploying non-rostered staff does come with consequences, for example, ward managers who have to work clinically for significant periods are unable to undertake some of their 'management' activities in a timely manner.
- Utilisation of temporary staffing – bank / agency / excess hours / overtime / re-deployment from other areas within the organisation.

In addition to the above operational actions, some of the broader strategic/corporate actions are set out below. These further illustrate that 'all reasonable steps' have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board, recognising that each ward is only one part of a bigger system, and each part of that system impacts on the other parts.

Strategic/corporate steps taken to maintain staffing levels:

- The implementation of a Nursing Workforce Stabilisation Programme with the aim of stabilising the nursing workforce across the acute sites.
- Internationally educated nurses (IEN) recruitment: 197 IENs are now working within the health board as registered nurses with further recruitment of internationally educated nurses planned for 2024/2025.
- Aberystwyth University: The first cohort of student nurses studying for their BSc Nursing (Adult) and BSc Nursing (Mental Health) in Aberystwyth University commenced in September 2022 and are due to become registrants in September 2025.
- Recruitment initiatives targeting the specific needs of individual wards and departments, led by Workforce and OD team, including establishing a centralised recruitment process and working to convert agency nurses into substantive posts.
- Development of a range of pathways into nursing including apprenticeship, 'grow your own' programme and Open University opportunities
- The establishment of the Nurse Retention Group
- Working with workforce and OD colleagues on the workforce stabilisation programme for specific sites.
- The development of Band 4 Assistant Practitioner and Band 3 HCSW roles to support the registered nurse workforce; with these roles now featuring in the planned rosters for a number of wards.

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

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents)	Medication errors never events	Any complaints received about nursing care ¹¹
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¹¹ Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

		TOTAL	TOTAL	TOTAL	TOTAL
Number of closed ¹² incidents/complaints occurring during current year & those that were carried forward from the previous year	Year 1	17	12	1	56
	Year 2	27 (25 + 2 carried forward from Year 1)	13 (12 + 1 carried forward from Year 1)	0	55
	Year 3	0	0	0	29
Total number of incidents/complaints not closed ¹³ and to be reported on/during the next reporting period		2	1	0	0
Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	Year 1	1	2	0	0
	Year 2	2	1 (carried forward from Year 1)	0	4
	Year 3	0	0	0	2
Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	Year 1	1	1	0	4
	Year 2	0	0	0	0
	Year 3	0	0	0	0

Incidents of patient harm: The data in the above table shows that in Year 1 there were two incidents which met the threshold for inclusion in this report i.e. they occurred when the nursing staffing level (planned roster) was not maintained and not maintaining the nurse staffing level was considered to be a contributory factor - one incident of hospital acquired pressure damage (unstageable pressure damage) and one incident of fall resulting in serious harm. There was no reportable incidents in Year 2 and up to the 4th March 2024, there are no reportable incidents for Year 3. Please see the for information section below.

Complaints: In Year 1 there was four complaints that met the threshold for inclusion in this report i.e. they were wholly or partly about nursing care and occurred when the nursing staffing level (planned roster) was not maintained and not maintaining the nurse staffing level was considered to be a contributory factor. There was no reportable complaints in Year 2 and up to the 4th March 2024, there are no reportable complaints for Year 3.

For information:

Based on a review of the health boards/trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; a report was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 requesting a review of the

¹² The level of harm for the closed incidents is the post investigation level of harm

¹³ The level of harm for the open incidents is the level of harm reported by the reporter and is subjected to change once the incident has been investigated.

current reporting process. A sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process; standardise reporting in line with the Duty of Candour set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020 and broaden the reporting scope of incidences of harm to provide more meaningful data.

The findings and recommendations of the Reporting Sub-Group were presented to the Executive Nurse Directors in August 2023 who approved the recommendations to take effect from the next reporting period i.e. 6th April 2024 – 5th April 2025. The agreed quality indicators for the adult acute medical and surgical inpatient wards from 6th April 2024 will be as follow

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above from 6th April 2024 will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Following the Executive Nurse Directors agreeing the recommendations in August 2023, it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would affect the reporting metrics within the annual assurance reports. Previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. Therefore to align with patient safety incident reporting to Welsh Government from 6th April 2023 this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident. Consequently the number of incidents reported within this, and subsequent, annual and 3 year assurance reports is likely to be lower than those in previous years.

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

incidents of patient harm with reference to quality indicators and complaints about nursing care		Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care
		TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current reporting period.	Year 1 ¹⁴	0	0	0	0	0
	Year 2	0	0	0	1	0
	Year 3	0	0	0	1	0
Total number of incidents/ complaints not closed and to be reported on/during the next reporting period	Total					
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had <u>not</u> been maintained	Year 1	0	0	0	0	0
	Year 2	0	0	0	0	0
	Year 3	0	0	0	0	0
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained	Year 1	0	0	0	0	0
	Year 2	0	0	0	0	0
	Year 3	0	0	0	0	0

During this reporting period 2021-24 there have been no incidents which met the threshold for inclusion in this report i.e. they occurred when the nursing staffing level (planned roster) was not maintained and not maintaining the nurse staffing level was considered to be a contributory factor. There were also no complaints which were wholly or partly about nursing care received during this reporting period (2021-2024) where the nurse staffing levels were not maintained, and this was deemed to be a contributory factor. The data for Year 3 is subject to change.

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

¹⁴ Year 1 – The incidences and complaints reported for Year 1 are those reported from the 1st October 2021 onwards, the date the second duty of the Act was extended to paediatric inpatient wards. The footnotes included for Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards also apply to the above.

The quality indicators for the paediatric inpatient wards as of April 2024 will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Infiltration and extravasation injuries
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

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

Actions taken when the nurse staffing level was not maintained in section 25B wards

The actions taken for the incidents/complaints references in this report are as follows:

- The investigation into the hospital acquired pressure damage incident noted that it was unavoidable pressure damage, however, there were occasions in the 72 hours preceding the discovery of the pressure damage when the planned roster was not maintained and this failure to maintain the nurse staffing levels may have contributed to the harm caused as a result of delayed care. The investigation noted that there was appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk.
- The investigation into the fall resulting in serious harm (level 4) noted that the planned roster was not maintained during the time of the incident and this failure to maintain the nurse staffing levels was judged to have contributed to the harm caused as a result of delayed care. The investigation noted that there was appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk. An outcome of the incidents included additional work around falls management.
- For the four complaints, which were wholly or partly about nursing care, where not maintaining the nurse staffing was judged to have been a contributory factor, the relevant investigator noted that 'all reasonable' steps' were taken to maintain the nurse staffing levels during the period of all four of the complaints.

Nursing leaders apply their professional judgment to ensure that the staffing levels, wherever possible, are maintained – and, where not possible – the risks are mitigated. There is evidence that operational teams are taking 'all reasonable steps' to maintain the nurse staffing levels. These include:

	<ul style="list-style-type: none"> • Utilisation of temporary workforce via bank or agency • Deployment of registered nursing staff from their (indirect/non-clinical) substantive roles to support direct patient care; • Recruitment and deployment of additional support workers to mitigate the absence of required level of registrant workforce on a shift by shift basis; • Recruitment and deployment of internationally educated nurses, and • Temporary patient pathway changes within an acute hospital site on a shift-by-shift basis. <p>The impact on care quality is carefully monitored operationally via the thrice- daily site staffing / patient flow meetings and through the care quality scrutiny processes implemented by each operational site Head of Nursing.</p> <p>The Heads of Nursing, in addition to being present at the majority of the site staffing/patient flow meetings, also receive a daily report briefing them on the staffing position for both the past and the forthcoming 24 hours (as well as other aspects of operational concern). This briefing provides an early warning of any specific risks over the coming period, enabling immediate action if needed.</p>
<p>Conclusion & Recommendations</p>	<p>The Health Board has faced significant challenges in maintain the nurse staffing levels (as evidenced by the extent to which the nurse staffing levels has been maintained data), however, it can be confirmed that the Health Board has remained compliant with its statutory responsibilities, as set out in the Act and the Statutory Guidance i.e.:</p> <ul style="list-style-type: none"> • To have a 'Designated Person', who acts within the Health Board's governance framework, to calculate the nurse staffing levels (para 7) • To calculate the nurse staffing levels, biannually (or more frequently if required) for those wards were S25B pertains (para 12), in accordance with the prescribed triangulated methodology set out in S25C of the Act (para. 32- 40) ; • To take all reasonable steps to maintain the nurse staffing levels (para 13); • To formally present the nurse staffing levels for each ward where S25B to S25E pertains to the Board on an annual basis and to present written updates where a change in use/service has resulted in a change in the nurse staffing levels (para 12); and • Make arrangements to inform patients of the nurse staffing levels through the presentation to the Board and the availability of bilingual information at ward level which sets out the nurse staffing levels for each ward and the date it was presented to the Board (para 20-25). <p>The data shows that despite the challenges in maintaining the planned rosters across the three years, there have been 2 incidents of patient harm, during Year 1 of this report, where not maintain the nurse staffing level was deemed to be a contributory factor to the incident and there have been 4 complaints, again during year 1, where not maintain the nurse staffing levels was deemed to be a contributory factor.</p> <p>It is noted that the Duty of Candour (DoC), which came into force on 1st April 2023, is likely to have had an impact on the incidents reported for Year 3 of this report as it is likely that in previous years the severity of harm reported on was the</p>

actual harm sustained, as opposed to the severity of harm found to be resulting from an act or omission when in receipt of NHS Care. Therefore, to align with patient safety incident reporting to Welsh Government all future reports will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident.

HDdUHB officers have continued to build on the knowledge and expertise gained over the first three-year reporting to ensure that the processes developed during 2018-2021 continue to be embedded into practice. This reporting period has seen the extension of the Act to paediatric inpatient wards (1st October 2021) and the roll out of the Allocate SafeCare module, which is the nationally agreed informatics system by which the acuity and extend to which the nurse staffing levels data will be captured. HDdUHB Officers continue to make a significant contribution to the national Nurse Staffing Programme, actively providing leadership and supporting the work of the programme, as well as providing a major contribution to the work of a number of subgroups established during this reporting period.