Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act (NSLWA) 2020-2021	
1.Health board	Hywel Dda University Health Board
2.Date annual assurance report with compliance with the Nurse Staffing Levels (Wales) Act is presented to Board	(In draft) Quality and Safety Assurance Committee April 13th 2021 (Final) Hywel Dda University Health Board May 27th 2021
3.Reporting period	The reporting period is 6th April 2020 -5th April 2021
4.Requirements of Section 25A Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels **in any area where nursing services are provided or commissioned, not only adult medical and surgical wards.**	**HEALTH BOARD DUTIES UNDER SECTION 25A OF THE NSLWA** The 2020/21 year has provided significant and unprecedented challenges in terms of the Health Board meeting its statutory requirement as stated under Section 25A of the NSLWA i.e. *that the Health Board must have 'regard to providing sufficient nurses to allow nurses time to care sensitively for patients across all its services'*. In relation to nurse staffing levels-related work the COVID-19 pandemic has required, amongst other thing: • The rapid establishment of new services, either nurse-led or requiring input by nursing staff, in response to the pandemic i.e. Command Centre, COVID-19 Testing Units; Mass Vaccination Centres and Field Hospitals; • The establishment of separate critical care environments for COVID-19 and non COVID-19 patients within each acute hospital site with the ability to meet unprecedented level of critical care capacity demand; • The skills assessment of large numbers of nursing staff to facilitate their effective deployment when services deemed to be non-essential were stepped down during the first wave of COVID-19; • Significant changes in patient pathway at the 'front door' of all acute hospital sites requiring separation of COVID-19 and non COVID-19 patient pathways • Significant changes to patient pathways and bed numbers in in-patient wards across the Health Board (i.e.in adult, paediatric and mental health settings) including 'converting some wards to 'COVID-19 only' wards • Unprecedented levels of community nursing support to maintain elderly patients in their commissioned care placements during COVID-19 outbreaks in care homes amongst both patients and staff These changes have required the review and reset of the required nurse staffing levels within established services, together with the urgent calculation of the nurse staffing level required for new services all of which has had to take place at speed and often without any underpinning patient acuity, workload or quality data to inform the triangulated

approach to these calculations: professional judgement has therefore had to inform the nurse staffing levels in these services to a much greater extent than in recent years.

To that end, the letter issued by the Chief Nursing Officer on March 24th 2020 and headed 'Clarity on COVID-19 disruption to NSLWA 2016' was helpful in clarifying that, whilst it was fully recognised that ''providing sufficient nurses'' would be a huge challenge during 'an extraordinarily difficult time', it was also recognised that '(the) professional judgement (of the designated person) will remain a key determinant in ensuring staffing in all areas where nursing care is either provided or commissioned is managed as appropriately as possible'. This approach was reflected in the Health Board's approach to calculating agreed staffing levels across all its main services which was outlined in a paper entitled 'Calculating and Maintaining the Nurse Staffing Levels' and received by the Board on May 28th 2020 (see Appendix 1 for link to paper)

In order to ensure this principle could be met, systems were put into place from the beginning of the 2020/21 period which ensured that the Director of Nursing, Quality and Patient Experience ('the 'designated person') was sighted on the staffing changes occurring in all nursing services through:

- weekly contact between the DoNQPE and all professional leads during the peak periods of COVID-19 waves one and two;
- the establishment of a system of regular, 1-2 weekly review of nurse staffing levels between each in-patient/ community Head of Nursing and the Health Board's Nurse Staffing Programme team to provide support and review of nurse staffing levels in response to changing operational circumstances
- the use of the pandemic management governance structures to communicate and agree urgent operational responses to maintain 'sufficient nurses' in response to specific crisis points when all other reasonable steps have been taken e.g. two community hospitals merging to maintain capacity and patient safety;
- regular communication to the Quality and Safety Assurance Committee and the Board regarding the actions being taken to ensure that the statutory requirements of the NSLWA were being maintained
- the detailed review and adjustment of nurse staffing levels for all acute hospital nursing services in March /April 2020 as virtually every patient pathway was affected and many services required the establishment of both COVID-19 and non-COVID-19 patient streams.
- A more conventional approach, including detailed discussions with the DoNQPE, to finalise the agreed nurse staffing levels, in the autumn of 2020 when the usual biannual nurse staffing level review and recalculation cycle of the Section 25B wards took place: This also gave an opportunity to formally reset the designation of wards to which Section 25B pertained (using the guidance contained in a second letter from the CNO ('Update on COVID-19 disruption to NSLWA 2016'; dated October 15th 2020) and which reflected the learning that had taken place to date in relation to the inclusion/exclusion criteria underpinning Section 25B of the Act)

- the development of a ‘nurse staffing level escalation framework’ to ensure appropriate risk assessment, clear decision making and appropriate management steps were in place when escalated nurse staffing levels became inevitable

In responding to the significant and changing nursing workforce demands during 2020/21, the corporate and operational nursing teams have worked closely with the workforce and organisational development (WOD) directorate teams to assess requirements and support the recruitment initiatives and campaigns that have been led by the WOD directorate. The steps taken have included:

- methodical assessment (using triangulated approach wherever possible) of required nurse staffing levels to identify workforce needs;
- supporting the interviews of hundreds of potential recruits, both registrant and HCSW; contributing to the induction training of new Support Workers;
- developing new systems for effectively ‘placing’ new recruits to services in greatest need; and
- systematically reviewing performance to support contract extensions where appropriate.

The teams have worked together to explore opportunities to increase the registered nursing workforce in particular. Some examples of the actions taken include:

- Contacting registrants who returned to the temporary NMC register in Spring 2020 - 18 registrants accepted job offers as a result
- Individual contact with over 150 ‘inactive’ registered nurses who held nurse bank agreements to encourage them into registrant roles during the COVID-19 period at least;
- Individual phone calls to recently retired registrants to explore possible return to work opportunities

Retention of staff has been an equally important strand of seeking to achieve a sufficient nursing workforce during 2020/21 and the WOD service has led the development of a comprehensive suite of measures and resources aimed at supporting staff to maintain and restore their mental health and well-being during the exceptional challenges of the pandemic period

The measures described above have helped to result in an additional 88 WTE registered nurses in post in January 2021 (compared to January 2020) and an additional 71 registered nurses with nurse bank agreements in place. However, despite these efforts, as the budgeted establishment for registered nurse posts has increased by 65 WTE over this time, the impact on the registered nurse deficit across the Health Board’s nursing services has been small (i.e. a reduction in the deficit by 23 WTE), with the Health Board

currently holding 408 WTE registered nurse post vacancies

The number of registered nurses in post within the Health Board has increased by 88 WTE in the year to January 2021, whilst an additional 344 WTE HCSW have been recruited into the Health Board on Fixed Term Contracts .
A number of key services within the Heath Board underwent significant revisions to their nurse staffing levels and the/or the organisation of their services in adapting to delivering a service in the midst of a pandemic.
Some (but by no means all) of the main nurse staffing levels issues and challenges experienced within the Health Board's major nursing services during the past year are highlighted below:

Emergency Departments

Emergency departments were required to establish a patient screening area in late March 2020 to ensure that patients were assessed for COVID-19 infection risk and then could be 'filtered' into an appropriate patient 'stream' within the emergency services accordingly. The infection prevention measures required emergency departments to establish and staff a separates screening area and provide for two separated patient streams with the subsequent changes to process impacting on required staffing levels. These were calculated based on professional judgement of the Heads of Nursing initially and then reviewed and agreed with DoNQPE in late Spring 2020 as some experience of the systems in use emerged.
As the likely requirements for the provision of emergency department services begins to become clear, and drawing on the experience of the past twelve months, the nurse staffing levels in each of the Health Board's three Emergency Departments are currently undergoing a systematic review, incorporating professionally recognised national staffing standards and tools to support a triangulated methodology which, inevitably, will still be largely influenced by the professional judgement of those leading and working in the units, each of which has its own unique characteristics and challenges.

Scheduled Care services

Scheduled care services, as a directorate, experienced the most upheaval and change during the initial wave of the pandemic with planned non-urgent surgical, endoscopic and outpatient work being suspended on acute hospital sites; whilst critical care services made preparations to manage an unprecedented level of patient admissions into their units.
These changes meant significant changes for staff and for staffing levels. Staff from across the range of scheduled care services assessed their current skill set, undertook additional training programmes (which were rapidly set up) and prepared themselves to be deployed either into critical care or to support ward services; and nurse staffing levels were reset for providing emergency only services in theatre and endoscopy services.
In critical care services, plans for nurse staffing levels required at various levels of escalated demands on critical care capacity were agreed and issued in a joint statement endorsed across all four UK nations and issued in March 2020

i.e. The Joint statement on developing immediate critical care nursing capacity Critical Care Nurse Staffing Ratios'). This statement included the potential of experienced critical care nurses being asked to work in a coordinating role, leading a team delivering care to several patients at a time: a model for care delivery not previously tested in this care setting.

At the same time, all nursing staff with previous and current skills in intensive or recovery care were required to refresh both their theory and their practical skills in intensive care nursing to be ready to be deployed into critical care as patient numbers increased. Over 150 staff (nurses and physiotherapists) responded and prepared themselves to be deployed in this way.
In the event, during the first wave of the pandemic in HDdUHB, patient levels did not reach the point where the 'team' model of staffing became required and it was possible to maintain staffing levels at standard critical care nurse staffing levels.
Even between the first and second wave of COVID-19 infections, the challenge of providing both COVID-19 and non-COVID-19 pathways for critically ill patients, often in newly created, separate environments to maintain infection prevention standards, have required the additional deployed staff to sustain staffing levels at agreed standards
During the second wave of the pandemic, the CNO issued a second letter advising on the staffing standards expected for critical care nurse staffing (CNO Letter of November 23rd 2020 'Critical care nurse staffing ratios') and, reflecting lessons learnt during the first wave, the CNO endorsed the staffing levels proposed jointly by Intensive Care Society and the UK Critical Care Nursing Alliance. Within this Health Board, with the exception of a couple of extremely challenging days, the nurse staffing ratios endorsed in the November 2020 CNO letter were adhered to throughout the second wave, although the operational management challenge of achieving this was immense.

In relation to the nursing care of patients requiring urgent planned surgery during the pandemic, the Health Board maintained many of these urgent patient pathways, up until October 2020, through commissioning the whole capacity of a private hospital within the Health Board footprint. Outpatient capacity was also commissioned in this venue for specialties.

The agreed nurse staffing levels were supported by the private hospital's workforce and supplemented with Health Board nurses to provide specialist expertise and guidance.

The initial plan had been to step down this work by October 2020 however some urgent planned work continues to date of this report.

Mental Health services

A mental health services 'bronze' control group was established at the beginning of the 2020/21 period as part of the Health Board's governance infrastructure through which the impact of the pandemic has been managed. This has enabled the mental health services to plan effectively and respond quickly to situations, including ensuring that the nurse staffing levels within services which, whilst they have been significantly stretched at times during the 2020/21 year, have never become unmanageable. In addition, senior mental health nursing team representation has also been present at both community and acute service 'bronze groups' and in this way, any issues (including staffing related issues) that mental health services could support were also able to be supported at an early stage.
Critical 'hotspots' have nevertheless arisen in several services (mainly during the second wave of the pandemic) due to high levels of COVID19-caused staff absentees within individual teams. Despite these challenging circumstances, continuity of services has been achieved through the incredible flexibility and willingness shown by staff across the service; and through the service acting as a single system to be able to know and respond quickly to its overall priorities .

Early on in the pandemic significant numbers of nursing staff undertook refresher training to ensure that the workforce was ready and prepared to be as flexible as possible when the need arose. When COVID-19 infection rates left small teams decimated for several weeks due to staff sickness absence, staff from other services volunteered to be redeployed and thus ensure that patient and client safety and care needs continued to be met despite the unprecedented challenges the service faced.

The 2020/21 position has been achieved despite a particularly challenging vacancy position, especially in older adult mental health services. The service has offset this vacancy position during the year through the employment of additional Support Workers on fixed term contracts. Additionally in a positive move, the service has appointed to its Consultant Nurse post during 2020/21, a post which has a specific remit to develop the nursing workforce plan for the delivery of future - transformed – mental health services.

Paediatric services
Paediatric services consolidated their acute nursing /clinical teams onto two sites instead of three at the beginning of the pandemic to allow for resilience within the system as additional steps to assess COVID-19 status of patients had to be introduced into the pathway of all emergency patients presenting at hospital sites; and separate pathways for COVID-19 and non-COVID-19 patients needed to be established. The initial siting of the paediatric emergency pathway for the south of the HDdUHB footprint in the Emergency Department at Glangwili General Hospital (GGH), together with the two separate pathways within the paediatric ward at GGH, required a nurse staffing level which, through the combining of the resources from both the Glangwili and Withybush paediatric nursing teams, became feasible. There has been further refinement of the emergency 'front door' for paediatric patients during the 2020/21 year but with constant monitoring, review and recalculation of the required staffing levels to manage the changing pathways. With effective management and excellent teamwork amongst the total paediatric nurse staffing resource -

including the community paediatric services - it has proved possible to ensure that an appropriate nurse staffing level has been maintained despite the significant changes to the patient pathway that have been required during this year. In addition, it is to the enormous credit of the paediatric nursing team across the Health Board that they have continued to participate significantly in the plans, both locally and nationally, to get ready for the extension to the NSLWA to cover paediatric in-patient wards from October 2021

Health Visiting services

Health Visiting services were deemed to be an essential service by Welsh Government at the start of the pandemic. As a result of lockdown and to ensure safe practice, new ways of working had to be developed in order to deliver key contacts of the Health Child Wales Programme (HCWP) and to ensure families were supported. Initially all contact was undertaken remotely which presented significant technological challenges - with most work being undertaken via phone calls in the initial lockdown period. As IT resources increased, virtual contacts were offered and staff were trained in 'Attend Anywhere' Due to pressures in primary care Health Visitors in some areas were asked to leave their office bases, this resulted in the formation of hubs in the community with a central telephone lines to be accessible to families. When home visiting restarted, working efficiently whilst maintaining safety through use of social distancing and appropriate PPE proved to be challenging.

As the year has moved on, lessons have been learnt about the more effective use of a 'blended' approach to the delivery of the health visiting service, with criteria for when a Face to Face approach to visiting/delivering interventions should be prioritised, becoming evident.

Due to significant vacancy levels in the service in some geographical locations at the beginning of the year, which have worsened during the 2020/21 period, a nationally recognised 'managing vacant caseload policy' has been applied to mitigate and manage risks within the service as a whole. The focus has been on reducing some of the HCWP contacts, concentrating services on the first year of life and on vulnerable families and those with safeguarding issues in areas where staffing was significantly reduced.

In order to manage the vacancy position (which has worsened during the year with staff leaving the service) a risk-assessed 'skill mix' (Including the appointment of Band 4 and Band 5 registrant posts) has been introduced into the nurse staffing models to ensure that an appropriate nurse staffing level can be maintained. This approach aims to both sustain the service through effective delegation in the short term whilst supporting a 'Grow your Own' philosophy to maintaining the workforce longer term in these particularly 'hard to fill' posts also taking into account the age profiles of some of the staff teams.

In the linked service of school nursing, when schools closed as a result of the pandemic, a skeleton school nursing staffing level remained within the service with the majority of the nurse staffing team were deployed into the COVID-19 Testing Units in the initial pandemic period and, more recently given their significant vaccination skill set, into the Mass Vaccination Centres during the latter part of the year.

In the early part of the 2021/22 period, when schools fully reopen, these staff will return to their service with significant immunisations and screening backlogs to recommence and prioritise. In addition to this it is anticipated that there may be an increase in safe guarding disclosures from school children after long periods of lockdown. Also, emotional wellbeing issues which the Youth Team and School Nursing have been managing through a blended approach, including innovative work such as the pilot of the 'CHAT' Health texting system, is likely to continue. These anticipated additional needs of the 'service users' will inevitably put additional pressures on staff capacity through the COVID-19 recovery period.

District nursing / Community nursing services

District nursing and other community based teams have maintained the delivery of home-based care throughout the pandemic period. As with all other nursing services, community based nursing staff have demonstrated flexibility and a willingness to undertake refresher training and to be deployed to support areas of greatest need during time of colleague sickness absence from work in order to maintain prioritised services, ensure patient safety and deliver the required care to housebound patients.

Despite the challenges, progress has been made during 2020/21 in achieving greater compliance with the NHS Wales interim district nursing staffing principles and, although the March 2021 WG monitoring of the compliance with these principles has been cancelled, there is confidence that the September 2021 review exercise will demonstrate an improved position.

The flexible approach by staff in community services has also been reflected in community hospital settings where each of the Health Board's community hospitals has undergone significant changes, some temporary, some permanent e.g. conversion of a Day Care unit into an additional 25 bedded in-patient ward; the temporary merger of two community hospitals to maintain safe patient care for the patients of both hospitals; radical changes to the care environment to enable additional bed spaces to be created. As these changes have happened in the care environment of our community hospitals, so the nurse staffing levels have been reviewed and reset using the available patient acuity and quality indicator data and using the triangulated approach. It is appropriate to highlight here that where these changes have been required, staff have responded with willingness and energy to achieve these goals.

Field Hospital services

The pandemic saw the development and opening of three Field hospital services as in-patient facilities during 2020/21. The staffing levels for these new services were calculated using the principles of the 'triangulated methodology' and the nurse staffing levels arrived at were agreed by the 'Designated Person' (DoNQPE) before being implemented in practice. The nurse staffing levels for the three Field Hospitals which have become functional during 2020/21 were calculated initially using the triangulated methodology (using 'assumed' patient acuity levels) and benchmarked against the nurse staffing levels of our community hospitals. Registered nursing staff for these new

facilities were a mix of bank staff and 'volunteers' who expressed a willingness to be deployed. The registrant staff were supported by HCSW, many of whom were new recruits during the COVID-19 period, supplemented by more experienced HCSW 'volunteers' who were deployed from other services. As patients were admitted to the hospitals for care, patient acuity, care quality and professional judgement indicators have been monitored on a 2 weekly basis to ensure that any requirement to revise the agreed levels would be identified at an early stage. In the event, revisions to the agreed levels have not been required, other than on an individual patient risk assessment basis, as occurs in all wards. Furthermore, the patient feedback on their experience of a 'stay' in a Field Hospital' has been wholly positive. Two of the three Field Hospitals are now closed, with one site 'mothballed' and the other decommissioned, whilst the third Field Hospitals will close and be 'hibernated' in mid-April 2021, allowing for the potential of it to be put back into use during any third wave of the pandemic.

Test Trace and Protect Team and Mass Vaccination Centres

The requirement to establish and quickly grow a COVID-19 Testing Service across the Health Board's footprint (5 centres now operating) from early 2020/21 created a demand for, in total, 24 WTE registered nurses/midwives and a further 77 WTE HCSW, with a requirement to continue this service into at least the first half of 2021/22 .
Additionally, the establishment of Mass Vaccination Centres (7 in total) from December 2020 has created another significant demand on nursing (and other health care) registrant capacity: The 7 centres require a total of approximately 90 WTE registered health care professionals to work as immunisers to enable them to work at maximum capacity. Although these staff can hold any one of a wide variety of professional registrations, at present the majority of staff (either newly recruited, bank or deployed staff) are from a nursing and midwifery background.
Both of these new services, quickly established in response to the urgent demands of the pandemic, have made an invaluable contribution to the Health Board's COVID-19 response; however, they have also both placed further demands on an already stretched registered nursing workforce which will continue to challenge whilst the future requirements for them emerge during 2021/22

Care Homes

Ensuring that the nurse staffing levels to provide sensitive care for care **commissioned** by the Health Board has been a particular issue during the pandemic as care homes (nursing and residential) nationally have been amongst the most significantly affected of all health and care services. Both the Health Board's Long Term Care team and the community nursing services have provided significant support and input to care home teams over the past twelve months - both in terms of direct care to patients and clients and to support staff in being able to remain in work. This has included the establishment of a Service Level Agreement template to enable Health Board staff and teams to provide both direct care to patients when needed as well as indirect supervision and support through processes such as District Nurse–led ward rounds and off site, on-call arrangements. This approach enabled care homes to continue to operate during outbreak situations when significant numbers of both patients and staff were affected by COVID-19

	infection, both symptomatically and asymptomatically. The establishment of systems to support the testing of care home staff, involving a range of staff from the Health Board (including those who normally work in roles providing indirect support and advice to care home teams e.g. staff from the Deprivation of Liberty Safeguards and Mental Capacity Act teams has enabled stronger collaborations to be developed as a platform for future working together across the sectors.
5.Progress to support the suite of work streams under the All Wales Nurse Staffing Programme	All elements of the national nurse staffing programme have been affected by the operational pressures caused by the pandemic during 2020/21, with slippage seen against the timeframes previously agreed for many key actions. It is anticipated however that, with recent new appointments made to the national nurse staffing programme team creating additional workforce capacity, progress across all work streams can be picked up during the first part of 2021/22. The priorities within the national nurse staffing programme are now on continuing with the IT related developments that have been a focus of the programme during 2020/21, i.e. • adapting the nationally procured Allocate and Safe care systems to ensure it is NSLWA –compliant; and • embedding the requirements of the NSLWA within the Once for Wales Incident and complains management systems; and meeting the specific IT requirements identified for each work stream, as well as supporting Health Boards in their preparedness for the extension to the NSLWA in October 2021. The national Nurse Staffing Programme is now hosted within Health Education and Improvement Wales (HEIW) which, as a workforce–focussed organisation, creates new opportunities through which to support the NHS in Wales as it continues to contribute to and implement the requirements of the programme. Specific points to note in relation to the HDdUHB engagement with, and contribution to, the national work programme work streams are detailed below: **<u>Paediatric Work stream</u>** The March 2020 CNO letter to NHSWales specifically referenced the disruption that the COVID-19 pandemic would cause to the Welsh Government's plan to extend the Act's second duty to paediatric inpatient wards. In February

	2021, Senedd Cymru passed the required legislation for the extension of the Act to paediatric in-patient wards to commence in October 2021 Also during the autumn of 2020, the Welsh Government led a national consultation process in relation to the revisions required to the statutory guidance of the NSLWA in order to support its extension to cover paediatric in-patient wards. A detailed submission was made by this Health Board as part of that consultation exercise. The revised NSLWA Statutory Guidance was issued in late February 2021. With the October 2021 'extension date' in mind, and despite the constraints caused by the pandemic, the NHS Wales Nurse Staffing Programme Team and its paediatric work stream group (led by an Assistant Director of Nursing from HDdUHB), have continued their work during 2020/21 to devise a suite of supportive mechanisms and tools to help Health Boards to prepare for the extension of the second duty of the NSLWA. The work of the national work stream has been reviewed and applied within this Health Board in a structured and systematic manner with the aim of ensuring that all the required systems, processes and staffing resources to achieve compliance with the requirements of the NSLWA are in place by October 2021. This work has been taken forward through a detailed ' NLSWA Paediatric extension implementation plan' which is being managed via a Task Group led by the Lead Nurse for the paediatric services and its progress is being monitored through both the Women's and Children's Directorate Quality and Safety Forum, the Health Board's NSLWA Implementation Group and ultimately the Health Board's QSEAC. The Task Group includes membership from in-patient ward nursing teams across the directorate as well as management team colleagues. **Mental Health work stream:** The Vice chair of this national work stream is the Interim Head of Nursing for Mental Health Services in HDdUHB who also leads the work stream's Task Group who are reviewing the interim nurse staffing principles for mental health in-patient wards. It is anticipated that the interim principles should be available for consultation and impact assessment within NHS Wales during the first half of 2021/22. Other key pieces of work being taken forward by this national work stream include the further development of an evidence based patient acuity (Welsh Levels of Care) tool for use in a mental health setting; reviewing and developing detailed criteria to support the application of professional judgement in this care setting; and defining the evidence based, nurse sensitive care quality indicators to be used in the mental health in-patient setting. This Health Board has nurse representatives actively engaged with and contributing to each of these pieces of work and, with the appointment of a Mental Health project lead into the national programme workforce during 2020/21,

these work streams are now moving forward with increased pace. To ensure the continued strong engagement and proactivity between this Health Board and the national work stream, regular and strong links have already been established between the national project lead and the Health Board's mental health clinical leadership forums.

District Nursing work stream:

This national work stream is chaired by the Head of Community Nursing (Pembrokeshire) and, as with the Mental Health work stream, the appointment of a national project lead during 2020/21 is anticipated to enable greater momentum with the work programme during 2021/22

The priority for this work stream at present is to implement a planned testing of the revised Welsh Levels of Care patient workload tool across the Health Boards in Wales, including the testing of an IT system/platform through which to capture the data. Whilst this is a not insignificant challenge, the excellent progress made with the rollout of the 'Malinko' (appointment scheduling) system across HDdUHB in recent months offers a much improved opportunity within this Health Board to participate very actively with any piloting and testing of systems; and to be at the forefront of development opportunities as they emerge during the forthcoming year.

In addition there has been continued work undertaken in 2020/21 in relation to a review of the quality indicators appropriate for use within the district nursing services and testing of the outcome of this work is being planned for the first part of 2021/22

Health Visiting work stream:

This work stream within the national nurse staffing programme has previously been impeded due to not having a national work stream project lead in post: This position changed towards the end of the 2020/21 period and it is anticipated that 2021/22 will see more rapid progress being made with this particular work stream. In particular, there will be a focus on the skill mix opportunities within the service to be reflected within the interim principles for the staffing of health visiting services which it is aimed to prioritise during the upcoming and issue during the first part of 2021/22.

Already established within the work programme are four Task Groups – with membership from this Health Board actively contributing to the work of each group - who plan to focus on the following themes during 2021/22:

- A review of the All Wales interim health visitor staffing principles; developing a Welsh Levels of Care tool as it relates to health visiting practice;
- Compiling evidence based literature review of the professional judgement criteria/themes pertinent to health visiting practice;

	• Defining health visiting-sensitive care quality indicators; and • Developing a strategy for user engagement with the work programme
6.Actions taken in relation to calculating the nurse staffing level on section 25B wards during the reporting period. • **Adult acute <u>medical</u> inpatient wards** • **Adult acute <u>surgical</u> inpatient wards**	During April and May 2020/21, a total of 12 wards (see Appendix 2 for list) to which Section 25B had pertained throughout most of 2019/20, were repurposed and re-designated as COVID-19 wards and therefore no longer met the Section 25B inclusion criteria, as directed by the NHS Wales CNO in her letter to NHS Wales Executive Nurse Directors, (24th March 2020) i.e. '' wards repurposed as novel wards to deal with the COVID-19 pandemic would be considered an exception under the definition of an adult medical ward and therefore would not be subject to the prescribed triangulated calculation methodology''. Thus, at the start of the 2020/21 reporting period, there were 19 wards (see Appendix 2 for list) within this Health Board to which the requirements of Section 25B pertained. With the exception of one ward (i.e. Dewi Ward, Glangwili General Hospital, formerly a rehabilitation-focussed ward and re-designated as an acute adult medical ward in April 2020), each of these wards commenced the 2020/21 period with a nurse staffing level which had been calculated (in Autumn 2019) using the prescribed triangulated approach and a nursing establishment funded to provide for a Whole Time Equivalent nursing workforce to be able to deliver the agreed roster. In the Spring of 2020, these 19 wards would normally have been due to undergo one of their twice-yearly formal reviews of their nurse staffing levels, in line with the requirements of the NSLWA. However, in her letter (described above) the CNO reminded Health Boards that it was 'within (their) respective discretion to proceed with or cease work on the (then) imminently scheduled biannual re-calculation of adult medical and surgical wards'. To that end – and in line with the decision taken by Executive Nurse Directors across NHS Wales - this Health Board suspended its Spring 2020 nurse staffing level review/recalculation cycle and instead undertook a 'table-top' review of the quality indicator and patient acuity data for the past 6 months for the 19 wards where Section 25B of the Act was judged to now apply. As a result of this exercise, the nurse staffing levels were revised for a small number of wards where pandemic-driven changes were judged to have impacted on the required nurse staffing level. The Health Board were advised of this

	adapted approach to the 'Spring 2020' nurse staffing level review and recalculation process in a SBAR that was presented to Board in May 2020. It should be noted that both at this time and indeed for much of the 2020/21 year, the professional judgement of nursing leaders across the HDdUHB, has been relied on significantly in the constantly evolving clinical situations that have been encountered. This situation was exactly as anticipated by the CNO in her March letter to Executive Nurse Directors where she stated that ' your professional judgement (as designated persons) will remain a key determinant in ensuring staffing is managed as appropriately as possible during an extraordinarily difficult time' In order to effectively delegate this function to professional leaders across the organisation, a system of regular (1-2 weekly) review of nurse staffing levels was initiated and supported by the DoNQPE and led by members of the corporate nursing team with the aim of providing regular ongoing support to all operational Heads of Nursing. These regular review meetings have been maintained throughout the 2020/21 year. This system has enabled early recognition of, and response to, the need for variations in the planned nurse staffing levels for Section 25B (and indeed, all other) wards and services throughout 2020/21. That planned rosters may need to be 'appropriately varied' on 'rare occasions' and in light of the complexities of the clinical environments, is recognised within the NSLWA Statutory Guidance (Paragraph 14). It is this principle which has been applied during 2020/21 as the exceptionality of the circumstances presented by the pandemic have unfolded. This has been particularly true when the 'peaks' of the two significant waves of the pandemic impacted the most within this Health Board i.e. March-May 2020 and November 2020-February 2021 when planned nurse staffing levels have had to be adjusted rapidly and frequently in response to COVID-19 outbreaks, staff absences, surge bed requirements, ward mergers etc. During the period between the two 'waves', there was a period of relative 'normality' within acute adult wards and it was agreed by Executive Nurse Directors that it would be appropriate to go ahead with a national patient acuity data capture exercise for Section 25B wards in July 2020: This data was analysed and shared with the Health Board teams in the usual way by colleagues from the national Nurse Staffing Programme Team It should be highlighted here that, by the early summer of 2020, it was becoming clear that the guidance on the Section 25B inclusion/exclusion criteria for wards issued by CNO in March 2020 would need to be reviewed in the light of the experiences during the first wave of the pandemic. This revised guidance, issued by CNO in October 2021 and based on learning gained in relation to how patients with COVID-19 were best managed in an acute hospital, meant that Section 25B was now judged to pertain to a much larger cohort of wards than had been the case in April

	2020, even though many of these wards were now caring for at least some patients with, or recovering from, COVID-19 infection. Utilising the July 2020 patient acuity data, together with the care quality indicator data and other patient and staff related data for each of the Section 25B wards, a relatively 'normal' nurse staffing level review and recalculation cycle took place in early autumn 2020, the outputs of which were reported to the Board in November 2020. By this point in the year, 28 wards were designated as Section 25B wards although many were recognised at this time as having characteristics that were anticipated to be 'temporary' in nature due to the pandemic situation. The proposed nurse staffing levels for these 28 Section 25B wards was presented to the Health Board meeting as part of a SBAR report on November 26th 2020 (see Appendix 1 for link to the report presented), having been agreed by the DoNQPE (i.e. the designated person). However, the Board were not advised at that time that there was a requirement for the permanent uplifting and reshaping of budgets and nurse staffing establishments to reflect the nurse staffing level changes advised, given that many of the changes were judged likely to be temporary due to the impact of the pandemic at that time e.g. to the limited planned surgery which was taking place at the time; specialties having temporarily merged into single wards; patient pathways having temporarily changed etc.,. Instead, whilst the Board were advised that the planned staffing levels calculated at that time were the levels the services were required to seek to maintain, the Board paper clearly demarcated between the changes considered to be of a temporary, as opposed to a permanent, nature. It was recommended at that time therefore that only where changes were judged to be permanent should the nursing establishments and their associated budgets be adjusted permanently, with other adjustments being managed on a temporary basis under the umbrella of a 'COVID-19 driven change'. Detail of the key changes made to the nurse staffing levels for all wards where Section 25B has pertained at any stage during this reporting period are presented in Appendix 3.

7.Using the triangulated approach to calculate the nurse staffing level on section 25B wards	The triangulated methodology described in Section 25C of the NSLWA was implemented as prescribed for all Section 25B wards for the Autumn 2020 cycle. However, as described above, an adaptation of the triangulated approach was used during the Spring 2020 biannual nurse staffing level review cycle in view of the impact that the pandemic was having on services and the constantly changing ward configuration across the Health Board at that time. In this way, this Health Board aimed to remain consistent with the principles of the NSLWA requirements even if it was impossible to follow every aspect of the prescribed process, as was acknowledged to be the position at that time when the CNO wrote to Executive Nurse Directors in March 2020. During the Autumn 2020 cycle, the benefit of the individual 'ward performance' reports which are provided via the Health Board's IRIS system again proved invaluable in making much of the required patient acuity and quality indicator data available in a single, easily accessible reporting format. In relation to the information available via the 'ward performance' report, it is to the enormous credit of operational nursing teams that patient acuity data has continued to be collected and inputted on a daily basis on the majority of Section 25B wards through 2020/21. This has meant that, wherever wards have remained relatively stable in terms of their bed numbers and the patient cohorts they care for, reliable patient acuity/nursing workload data has continued to be available for use within the Health Board even when the national data capture, analysis and reporting processes have been cancelled (as they were in January 2021) In addition to continuing to capture the daily patient acuity data, operational teams responded to the request for further nurse staffing-related data to be collected on a daily basis when a revised version of the Health and Care Monitoring System (HCMS) was launched in July 2020. The additional data requested aims to enable Health Boards across NHS Wales to be able to capture and report on the extent to which the agreed nurse staffing levels have been maintained on each ward: The availability of this system to facilitate the capture of this data addressed the outstanding risk that HDdUHB had in being able to achieve full compliance with the NSLWA requirements. An enhancement to the ward performance report on the IRIS system is currently being finalised with the aim, from April 2021 reporting period, that the Health Board will be able to report against and monitor the extent to which all Section 25B wards are maintaining their staffing levels in line with their planned rosters. This additional data to inform the triangulated approach to nurse staffing level reviews will add significantly to the richness of the information that nurse leaders will have available to them to use in making their judgements about the appropriate nurse staffing levels required for their patients. During the Autumn 2020 review/recalculation cycle, a specific piece of work was undertaken within the Health Board reviewing the effectiveness of the systems in place to prompt staff to consider the staffing levels as a possible contributory factor when investigating incidents of patient harm or concerns about nursing care. The learning arising

	from this review has been fed into the national work programme responsible for developing the new Once for Wales Incident and Complaints management system to be introduced into Health Boards from April 2021. In this way, it is hoped that the new system will enable more accurate judgements to be made in relation to the quality indicators used to assess the impact on patient care of maintaining (or otherwise) nurse staffing levels It should be noted that despite the challenges of the pandemic, the nurse staffing level review and recalculation cycle took place in the autumn of 2020 with the senior nursing leadership teams for every Section 25B ward fully engaged and participating enthusiastically in the processes. As a result of the excellent participation from teams across each of the Health Board's four acute hospital sites, the processes have been further refined and adapted as a result. Lessons learnt during this cycle have resulted in additional, locally developed 'prompts' being added to the nationally agreed Nurse Staffing Level review template used to guide and record the NSL review process; and individual ward as well as whole site action plans have been compiled, to be followed up at the Spring 2021 nurse staffing level review/recalculation cycle.
8.Informing patients	There is an agreed national system in place in order to meet the statutory requirement to inform patients of the planned nurse staffing levels for all wards where Section 25B pertains: This system involves the display of a bilingual poster outside the ward entrance showing this information, together with a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act, During the additional infection prevention measures that have had to be in place across all NHS Wales services during 2020/21, these Frequently Asked Questions leaflets have had to be removed and, whilst the content of the posters have been maintained up to date to reflect the current planned rosters for all Section 25B wards, the restrictions on visitors onto acute hospital sites has meant that the effectiveness of this system in achieving the 'spirit' of the statutory guidance has been limited. Reflecting on this situation at the end of the 2020/21 year, it has been agreed that the nationally agreed Frequently Asked Questions will also be made available electronically via the Patient Information section of the HDdUHB public website, along with an invitation to anyone who has queries or wishes to discuss the planned nurse staffing levels for any Section 25B ward, to raise this with the Senior Sister or Nurse in Charge of the ward. This approach aims to meet the 'spirit' of this aspect of the statutory requirement and this additional step will be kept under review going into the future although it should be noted that, to date, there have not been any concerns reported by patients or the public regarding how the Health Board is approaching this aspect of its statutory requirements

Section 25E (2a) Extent to which the nurse staffing levels are maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required Whole Time Establishment (WTE), 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.

TABLE 1.

	Period covered	Required (Funded) establishment (WTE) of S25B wards at the beginning of the annual reporting period (April) NB 19 WARDS DESIGNATED AS S25B AT THIS TIME[1]		Required establishment (WTE) of S25B wards calculated during first cycle (May) NB 19 WARDS DESIGNATED AS S25B AT THIS TIME		WTE of required establishment of S25B wards funded following first (May) calculation cycle NB 19 WARDS DESIGNATED AS S25B AT THIS TIME [2]		Required establishment (WTE) of S25B wards calculated during second cycle (Nov) NB 28 WARDS DESIGNATED AS S25B AT THIS TIME		WTE of required establishment of S25B wards funded following second (Nov) calculation cycle NB 28 WARDS DESIGNATED AS S25B AT THIS TIME [3]	
9.The extent to which the nurse staffing level (WTE establishments) have been maintained	**April 6th 2020-April 5th 2021**	**RN: 376.20**	**HCSW: 313.62**	**RN: 381.25**	**HCSW: 329.35**	**RN: 376.20**	**HCSW: 313.62**	**RN: 550.67**	**HCSW: 511.21**	**RN: 552.02**	**HCSW: 482.19**

Note 1.Variation in the number and identity of the wards to which Section 25B pertains

It is important to note that the number of Section 25B wards has fluctuated significantly during the reporting period. For details of which wards have been identified as Section 25B wards; and the agreed nurse staffing level for each of these wards at the times that the NSLWA has pertained, please refer to Appendices 2 and 3 to this report.

Note 2.The extent to which the required nursing establishment has been achieved/maintained: Position at May 2020

During the first wave of the COVID-19 pandemic in early 2020/21, twelve of the (thirty) wards that had been designated as 'Section 25B wards' during the review reported in Autumn 2019, had been re-designated as novel COVID-19 wards. The CNO letter issued in March 2020 contained the criteria to be used when defining a ward as a novel COVID-19 ward. It also made it clear that it was not anticipated that the Spring 2020 nurse staffing level review and recalculation cycle would go ahead in the usual way. Following receipt of this letter, it was agreed that an adapted process be applied to the Spring 2020 review of nurse staffing levels in the remaining Section 25B wards. It also became clear at that time however that adjustments to ward budgets in line with the frequent changes to ward establishments was not an effective or helpful course of action to take. At this time in the pandemic, the available staff resource was being operationally managed / deployed, on a day by day basis, responding to the situation as it evolved, in order to maintain the agreed staffing levels. To that end, the data for the funded WTE in May 2020 is the same as that in April 2020 for all Section 25B wards as no financial adjustments were made at this time but rather, it was recognised that any financial management relating to nurse staffing

	had to apply to the bottom line for an acute site rather than to each individual ward. As can be seen in Table 1 above, there was (theoretically) a slight deficit in 'funded' as opposed to 'required' WTE staffing establishments within Section 25B wards at this time. However, in order to maintain the staffing at the agreed levels, the 'nurse staff resource' available within each of the Health Board's four acute hospital sites was enhanced at this time, both by staff redeployed from services that had been scaled back/stood down and/or the recruitment of staff (including student nurses employed through the COVID-19 emergency arrangements) specifically aimed at supplementing the nursing workforce during the increased demands of the pandemic. This approach served well during the first 6 to 7 months of the pandemic to maintain the nurse staffing levels at (or even, occasionally, above) the planned staffing levels **Note 3.The extent to which the required nursing establishment has been achieved/maintained: Position at November 2020** As described earlier in this report, by the time of the Autumn 2020 NSL review, the Section 25B inclusion/exclusion criteria had been revised and so, applying this revised guidance, most (28) of the Health Board's acute adult medical and surgical wards now again 'met' these revised Section 25B inclusion criteria, albeit with some temporarily changed patient pathways and some bed numbers adjusted to enable social distancing requirements to be met. The nurse staffing levels agreed by the DoNQPE during this review cycle were formally received by the Health Board in November 2020 (see Appendix 1 for link to Board paper). As many of the operational and clinical changes which were driving the changes in the nurse staffing levels in the autumn of 2020 were of a temporary and still evolving nature, the recommendation made to the Board was that ward budgets/ establishments should only be permanently adjusted when the judgement could be made that the changes were likely to be permanent. The detail showing which wards therefore saw permanent adjustments to their funded establishments at this time are to be found in Appendix 3. It will be noted that the 'funded' establishments and the 'required establishments' seen in Table 1 are not exactly matched, despite the DoNQPE confirming to the Board that the planned rosters are the professionally required establishments: This is because the funded establishments of Section 25B and non-Section 25B (mainly COVID-19 designated wards) wards were not constantly realigned during 2020/21 as the constant fluctuations in ward establishments took place i.e. although the staff themselves had been redeployed to/temporary staff were allocated to the wards where they were required against the planned rosters, the budgets did not follow them at every change: The Health Board is advised that this is also the approach that other Health Boards across Wales have also taken during 2020/21. As has been described elsewhere in this report, operational nurse leadership teams have been using their detailed knowledge of their staff and their professional judgement to review planned staffing levels and to assign the nurse staffing resources (both temporary and permanent) available to them in the most appropriate way to ensure patients' needs can be safely met. Wherever possible this has been aimed at maintaining the agreed planned rosters but it has also, inevitably, meant seeking to minimise the risks associated with being unable to maintain the staffing levels at times, despite taking all reasonable steps, irrespective of funded establishments. This approach was found to be essential on occasions during 2020/21 due to the unpredictability of available staff when teams were themselves affected by outbreaks, or by requirements for staff to shield or self-isolate

	It is recognised that a reset of both budgets and whole time equivalent registrant and support worker establishments will be required when a degree of stability returns to the acute site wards during 2021/22. What is also clear is that the impact on staffing level requirements as a result of longer term ward reconfigurations/introduction of altered patient pathways etc. that have been/are being driven at least partly in response to the pandemic, will need to be carefully worked through during the upcoming Spring 2021 nurse staffing level review cycle.
10.**Extent to which the nurse staffing levels (planned rosters) are maintained within Section 25B wards**	When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E, and health boards were using a variety of E-Rostering and reporting systems. Working with Workforce Information team colleagues, attempts were made within this Health Board during the first half of the reporting period, to develop and utilise a report which aimed to monitor the extent to which nurse staffing levels were maintained and which utilised the data available on this Health Board's current E-Rostering system (Roster Pro). This work proved to be subject to enormous accuracy challenges as well as being very resource intensive and so QSEAC agreed that the Health Board officers working on the report invested their time instead to the All Wales efforts to find both short term and longer term solutions to achieve a consistent approach to the reporting requirements of the NSLWA. To that end, during 2019/20, the HDdUHB Nurse Staffing Programme team worked as with the All Wales Nurse Staffing Programme to propose enhancements that could be made to the Health and Care Monitoring System (HCMS) to allow a consistent approach to capturing roster compliance data on a shift by shift basis. This development was seen as an interim solution, pending the development of an information system solution, designed or adapted with the NSLWA reporting requirements specifically in mind. For the 2018/9 and 2019/20 annual reports, this health board - together with all others in NHSWales - provided brief narrative in an effort to describe the extent to which the nurse staffing levels have been maintained, in order to meet its statutory reporting requirement under Section 25E of the Act. During the reporting period 2020/21 all Health Boards/Trusts in Wales have begun to implement and use the NWIS-delivered enhancements to the HCMS system. These enhancements were released on 1st July 2020 and offer all Health Boards an interim solution to the challenge of how to capture the required roster data, on a daily basis, to enable a consistent approach to reporting on the extent to which the nurse staffing level has been maintained It is to the enormous credit of operational nursing teams that they began to capture the additional data during the pandemic period, although there was some reduction in the completeness of the data recorded during the period of the second wave (November 2020 to February 2021). Importantly, as well as stating whether the planned roster was met or not, the data captured includes the clinical judgement of the nursing team as to whether the staffing level achieved on each shift was deemed to be 'appropriate' to meet the care needs of all the patients. Recognising that the effort of capturing the data would only be useful the data could then be effectively reported, the Information Development team have created an accessible easy to read, quantitative report which is now (March 2021) available to all nurse leaders via the Health Board's IRIS system

	During testing of the IRIS reporting template, it was evident that there was in excess of 90% compliance by operational teams with capturing the requested data: In practice this means that there will be evidence relating to whether the planned staffing level was achieved on over 1700 shifts worked on Section 25B wards every month. Furthermore, it was evident during the testing phase that a significant amount of qualitative data, explaining the rationale for most of the occasions when staffing levels had not been maintained, was also being recorded. Although time consuming to analyse and interpret, this rich, qualitative data will inform the biannual nurse staffing level review and recalculation cycle and assist in targeting any possible 'additional steps' which could help to ensure that the planned nurse staffing levels can be maintained. The availability of this report from April 2021, available via the HCMS and IRIS systems initially, represents a significant step forward for the Health Board. Looking forward into the medium term, 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. It is anticipated that, during the next reporting period (2021-2024) a Once for Wales informatics system (i.e. Allocate Health Roster supported by Safe care) will be introduced within this Health Board as it will be across all Health Boards/Trusts in Wales. The national Nurse Staffing Programme team, together with representatives from each Health Board/Trust, are currently working with the system providers to ensure the system is fully adapted to be able to support the requirements of the NSLWA. Once achieved, this will support this Health Board to meet its statutory reporting requirements in a more efficient manner and to do so consistently with other Health Boards across NHS Wales.
11.Process for maintaining the nurse staffing level (Taking 'all reasonable steps')	The NSLWA statutory guidance requires that the Health Board takes 'all reasonable steps' to maintain its staffing levels and this includes strategic/ corporate as well as operational steps. During 2019/20, the national Nurse Staffing Programme facilitated a consensus building process on what Health Boards considered to be 'all reasonable steps'. The eventual list, agreed by Executive Nurse Directors and CNO was issued as a guidance document for application as each Health Board chose to use it. (These steps are detailed in Appendix 4 for reference). The many actions that have been taken and are described throughout this document support the premise that all reasonable steps have been taken by this Health Board during 2020/21 to maintain the nurse staffing levels as per planned and agreed rosters; and that where circumstances have changed rapidly, that planned rosters have been varied in response to the changing needs of the patents being cared for. Specific examples of additional actions which have been taken at both strategic/corporate and operational levels are provided below and 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 during 2020/21 :** • Rapid provision (during early part of the pandemic Wave 1 of training programmes aimed at refreshing the direct care giving skills of nursing staff working in services which had been deemed non-essential / were being stepped down, prior to their redeployment into both COVID-19 and Section 25B wards; and also aimed at widening the skill set of other nursing staff to increase the flexibility of the existing ward workforce. • Joint work across Workforce and Organisational Development, Nursing and Operational directorate teams to develop new systems for recruitment, induction and allocation of large numbers of bank and temporary contract Health Care Support Workers

	• Implementation of four significant recruitment campaigns/ initiative during 2020/21, aimed at increasing the number of Health Care Support Workers (as well as ancillary workers) employed on fixed term contracts or engaged via the nurse bank to support nurse staffing levels, enabling delegation of a wider range of tasks not absolutely required to be undertaken by registrants or experienced Health Care Support Workers • Implementation of the NMC emergency arrangements to allow for student nurses to be employed within the Health Board whilst ensuring that this vital 'future registrant workforce' continued to be supported through the Education Liaison Service and to access the best possible learning opportunities available. • Direct personal contact made with all recently retired registrants; and those registrants who expressed an interest in returning to the (emergency) NMC register to seek to identify possible roles for them within the Health Board • Expansion of the 'Partnership' agreement (already in place in one part of the Health Board) to enable a small number of nurse staffing agencies to provide staff who would give a longer term commitment to work for the Health Board, thus increasing the stability of the workforce within teams • Recruitment of an additional 88 WTE registrant staff into establishment posts; and engagement of an additional 71 registrants onto the nurse bank. • Development and appointment to a wider range of Support Worker roles across the organisation e.g. Administrative Support Workers to support the management and leadership functions at ward level; and Family Liasion Officers to support day to day communications with families unable to visit wards to enable delegation of a wider range of tasks and for nursing teams to be able to focus more exclusively on the direct care of patients. • Gain Board approval for the overarching approach to Calculating and maintaining nurse staffing levels across the Health Board's major nursing services during the pandemic via a comprehensive SBAR document (May 2020 : see Appendix 1) • Gain approval via the Pandemic governance structure (Gold command) for the Nurse Staffing Escalation Plan for the COVID-19 Period to ensure a systematic and risk managed process is available for operational teams to seek to maintain nurse staffing levels across sites. • Establish a collaboration with military colleagues to offer 16 day clinical placements (mainly with Section 25B wards) to reserve Combat Military Technicians, providing mutual benefit to both the NHS and Field Hospital • Workforce and Organisational Development directorate have led on the development of a significant staff well-being programme in order to support staff to feel able to remain at work despite the enormous pressures they have experienced over the past 12 months • Completion of Cohort 1, commencement of Cohort 2 and recruitment into Cohort3 , of the 'STAR' Nurse Leadership Development programme (aimed at Senior Sisters on Section 25B wards initially) to ensure that the development of vital clinical leadership skills and expertise continued to be developed • A revised and systematic approach taken to establishing the pre and post registration education commissioning needs of services, both for the short -term and for the long term, taking account of the Health Board's Transformation agenda. • Establishment of a Workforce Planning Task Group to ensure coordination and targeting of all work streams to increase the available workforce • Increased capacity in Workforce Planning Team to include appointment of a post to work specifically in support of the nursing and midwifery

workforce

- Continued the collaborative work with Aberystwyth University to ensure we see a first intake of student nurses specifically targeting the needs for registrants in Ceredigion in September 2021
- Through the support of the success of the Apprenticeship Academy, most of the 40 plus apprentices currently in post have contributed hugely to the Health Board's COVID-19 response and at the same time have demonstrated competencies which has resulted in reducing the timeline for their programme by over 12 months
- The Health Board staff undertaking part time registrant education programmes have continued to pursue their studies and the first cohort of the four year part time Health Care Support Worker 'students' are scheduled to graduate in September 2021
- Developed and tested new support worker roles as part of a 'Team around the Patient' model, applying the HEIW delegation guidelines to address both the short term workforce issues faced this year but also to address the longer term workforce need to ensure that all post holders, and especially nurse registrants, work to the 'top of their licence'
- A weekly 'staff availability' forecasting system was established early on in 2020/21 in order to assist with forecasting of available staff for the forthcoming week and thus support operational decision making regarding the steps required to maintain the agreed staffing levels - and/or to take a risk assessed decision to authorise staffing levels to operate at an escalated level when all reasonable steps to maintain the agreed levels had been exhausted.

Operational steps taken to maintain staffing levels (not already mentioned elsewhere in document):

- Robust systems of 2-3 times daily staff planning and patient flow forums held on each acute site to review outcomes for patients over past 24 hours and develop plans for ensuring appropriate staffing levels are in place, risk assessed and managed where required, for the forthcoming 24 hours.
- Clinical site management teams and on call arrangements providing 24/7 management and leadership to all services on every acute hospital site, supplemented with a detailed 24/7 report capturing a continuous record of all staffing- (and other operationally-) related issues across each site
- Systems for nurse staffing risk assessments which take account of patient needs (based on acuity and dependency) balanced against the available staff, available skills, team stability and experience, balance of temporary versus permanent staff, infection risks and many more variables.
- Deployment of staff to ensure appropriate clinical and /or leadership skills and experience, as well as staff numbers
- Rapid development of new support roles e.g. Family Liaison Officers to whom registered nurses and Health Care Support Workers could delegate communication related tasks to enable them to focus on direct care provision work
- Facilitating access for staff to the well-being support mechanisms and facilities, enabling them to remain, regain their health, well-being and resilience, and thus able to provide the best possible care to their patients
- Deployment of supernumerary Senior Sister/Charge Nurses to undertake direct care delivery and of specifically skilled Support Workers e.g. Rehabilitation and Frailty Support workers, Therapy assistants to undertake generic care and support tasks.
- Enhanced overtime payment rates to substantive staff for a defined period to secure additional staffing capacity during the second wave of the

	pandemic

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

(NB DATA REPORTED AS AT END FEBRUARY 2021 FOR DRAFT REPORT TO QSEAC IN APRIL 2021 – DATA WILL BE UPDATE TO END MARCH 2021 FOR FINAL REPORT TO BOARD IN MAY 2021)

TABLE 2.

12.Patients harmed with reference to quality indicators and complaints (*) which are classified as serious incidents and reported centrally **NOTE: (*) complaints refers to those complaints made under complaints regulations (Putting Things Right (PTR)**	**1) Total number of closed serious incidents/complaints during last reporting period**	**2) Total number of closed serious incidents/complaints during current reporting period.**	**3) Total number of serious incidents/complaints not closed and to be reported on during the next reporting period**	**4) Increase/decrease) in the number of closed serious incidents/complaints between reporting periods (**)**	**5) Number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor**
Hospital acquired pressure damage (grade 3, 4 and unstageable).	25	10 IN TOTAL (9 FROM 2020/21 AND 1 FROM 2019/20)	8 (TBC)	DECREASE (TBC)	NIL FROM CASES CLOSED TO DATE:
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	16	9	5 (TBC)	DECREASE(TBC)	NIL FROM CASES CLOSED TO DATE: ONE (1) LIKELY FROM CASES OPEN;

					4 STILL UNDER REVIEW
Medication related never events.	0	0	0	N/A	0
Complaints about nursing care	34	32 (3 RELATE TO CARE DELIVERED DURNG 2019/20	8 (TBC)	INCREASE	NIL FROM CASES CLOSED TO DATE: 8 UNDER REVIEW

NOTE (**): In relation to the data presented in Column 4 above, direct comparison between the numbers of closed SI's/Complaints reported during 2019/20 and the number reported in 2020/21 should not be made due to the significant changes in the number/size/patient pathway etc. of wards classified under Section 25B 2020/21 (Quarter 1 in particular) as a result of operational changes made during the Covid-19 pandemic period.

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

13.Actions taken when the nurse staffing level was not maintained

NB THIS SECTION TO BE COMPLETED ONCE ALL ABOVE REVIEWS COMPLETED AHEAD OF SUBMISSION OF PAPER TO BOARD MAY 2021

For any of the specific incidents listed in Column 5 above, the following detail will be provided in the final report to be presented to Board:

- ***Specific lessons learnt and actions taken in relation to maintaining staffing levels which emerged as a result of the investigation of the serious incidents***
- ***Evidence of any actions taken in response to SI's/Complaints which were impacted on - either positively (e.g. more care delivered out of hospital etc.) or negatively (e.g. actions were delayed, limited etc.) - by pandemic / COVID-19 position within HB***

More generally in relation to actions taken when nurse staffing levels have not been able to be maintained, there have been specific, pandemic-related circumstances during 2020/21 which have meant that some options which would usually have been taken e.g. closing beds, accessing 'off-contract' agency staff, have not always been available due to the demand on services and/or the limited availability of

temporary registrant staff.

It is perhaps unsurprising that this situation did arise for a short period in December 2020/January 2021given that the past year has required that many of the Section 25B wards were re-designated as COVID-19 wards, requiring altered (higher) staffing levels due to an increased patient acuity caused by the respiratory needs of patients with COVID-19; and also has seen the need to open (3) Field Hospital facilities within the HDdUHB footprint: Both of these significant changes have had to be made at pace and have required a workforce with the nursing skills typically found amongst the nursing teams who work in Section 25B wards. It is important to stress however that it has always been at the forefront of the discussions within the Health Board, when establishing these 'new' services that the NSLWA - through Section 25A - applies just as much to the COVID-19 wards and to the Field Hospital nurse staffing levels as it does to the Section 25B wards. Thus, throughout the past year, the Health Board can clearly demonstrate that the nurse staffing levels for all its services have been calculated at a level which demonstrates the Board commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'. Keeping this statutory requirement firmly in mind has ensured that the staffing levels for the COVID-19 wards and also for the Field Hospitals, have been set and, wherever possible, maintained – and, where not possible, mitigated – in the same way as described within this report, for Section 25B wards.

The increase in demand for the specific skills of registered nurses experienced in acute medical (and surgical to a lesser extent) nursing was offset slightly by the deployment of staff as a result of the cessation of planned elective surgery at the beginning of Wave 1 and the re-prioritisation of other services. However, these 'additional' staff assigned to the Section 25B ward teams did not fully compensate for the reduction in accessing registered nurses via the agencies when, particularly during the second wave of COVID-19 pandemic, the agency 'fill rates' for registered nurses fell from its usual level of between 80 and 90% to between 50 and 60% at its worst during December 2020/January 2021.

The actions taken to minimise the risks associated when despite taking all reasonable steps (as described in Section 11 above), it proved impossible, particularly during the second wave of the pandemic, to maintain the agreed nurse staffing levels, have included:

- Section 25B ward closures/nurse staffing team mergers when nurse staffing levels became untenable to sustain two areas and a greater efficiency in the use of the nurse staffing resource could be gained by combining teams into a single service.
- Deployment of (usually non-clinical) registrants and nurse leaders to prioritise the direct care immediately required by patients and to delay addressing the demands of their service leadership and management roles
- Deployment of additional support workers to mitigate the absence of required level of registrant workforce on a shift by shift basis when available
- At the height of the second wave of the pandemic in HDdUHB, 'escalated' nurse staffing levels were authorised through the Director of Nursing using an overall site, risk-assessed approach, based on the Nurse Staffing Escalation Plan for the COVID-19 period (Appendix 5) which had been agreed via Gold command. Careful monitoring, through the thrice- daily site staffing / patient flow meetings, of the impact on care quality was undertaken to ascertain if alternative steps were required to manage risk.

	In relation to this latter point, through the weekly 'Acute hospital site functional capacity' report which was instigated in the spring of 2020, Gold Command have received a weekly briefing regarding the position in terms of a forecast of the available nursing staff for the coming week - and, thus, a forecast of the likely extent of the escalation of the nurse staffing levels across the acute hospital sites. Through this report, an overview of the forecast nurse staffing risks has continuously been available at a corporate level as well as to the teams at an operational level In addition, as stated earlier, operational site Heads of Nursing, in addition to being present at the majority of 2-3 times daily staffing/patient flow briefings 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), thus facilitating an early warning of any specific risks and enabling immediate action if needed. An initial, high level consideration of the total number of pressure damage incidents, falls and medication errors (reported incidents - all levels of harm) that occurred on Section 25B wards between October 1st 2020 and February 28th 2021 does appear to show an increase in the raw incident numbers over the number reported for the same period in 2019-20. This appears most pronounced in relation to pressure damage incidents which increased on 3 of the acute sites; and falls which increased in number particularly on one of the sites. This will be further reviewed to ascertain if there is any trend and /or if there is any link between the raw data and a failure to consistently maintain the planned staffing levels during the peak of the second wave.
14. **Conclusion & Recommendations**	In conclusion, the 2020/21 year has proved to be the most challenging to date in seeking to meet the requirements of the Nurse Staffing Levels (Wales) Act (2016). That said, the priorities identified in the 2019/20 annual assurance report (listed below for ease of reference) have continued to be worked on and , in the main, good progress has been made against them, as has been demonstrated within this report: • Ensuring the paediatric directorate is prepared for the extension of the Act to Paediatric in-patients in 2021 • Supporting the rollout of the Allocate rostering system to ensure that the system can be used to greatest effect in meeting the requirements the NSLWA • Embedding reliable data capture processes in order to meet statutory reporting requirements relating to 'the extent to which the nurse staffing level has been maintained' • Finalising the nurse staffing level reviews of Section 25A areas currently in progress; and extending the number of Section 25A services that have undergone a comprehensive and systematic review of their nurse staffing levels During 2020/21 actions to take forward the final priority action were suspended out of necessity as many 'Section 25A services' found themselves working very differently and under significant pressure. It was agreed early on that to attempt to undertake a review of nurse staffing requirements during this time risked basing the review on inappropriate data. However, as services reset over the coming months, there is an ideal opportunity to work with Heads of Nursing to review nurse staffing levels, adopting a systematic, triangulated approach

wherever possible: This will be built into the 2021/22 priorities for the NSLWA work programme

In conclusion then, there have been many actions which teams across the Health Board – nursing and workforce - have worked on and successfully progressed during 2020/21 and which will impact in a positive way on the implementation of the NSLWA requirements and which have been noted within this report. As well as those mentioned in detail elsewhere in the report these include

- Continued efforts to support the Health Board to take forward the planning and beginning implementation of the Allocate Health Roster/Safe care systems which will provide overall workforce efficiencies as well as supporting the improved utilisation of patient acuity measures to facilitate recognition of additional care needs and the flexible deployment of staff as needed.
- Implementation of an alternative system via which to undertake a daily collection of data relating to compliance with the planned roster. Nursing teams across the Health Board have embraced the new version of the Health and Care Monitoring system and this will enable the Health Board to comprehensively achieve its statutory reporting requirement for Section 25B wards from 2021 onwards.
- Work with IT Development team to produce a reporting system available on IRIS to make the planned roster compliance data available to all nurse leaders in real time
- Made a significant contribution to key strategic issues being taken forward via the All Wales Nurse Staffing Programme including the development of the NSLWA elements of the Once for Wales Incident and Complaints system and the adaptations to the Allocate Safe care system to ensure it meets the requirements of the NSLWA here in Wales;
- Maintained momentum in implementing the Action plan to ensure that the paediatric wards will be compliant with the requirements when the NSLWA is extended to cover the paediatric in-patient wards in October 2021
- Successfully undertaken a full review and recalculation cycle for all Section 25B wards in the autumn of 2021 despite the pressures on staff as the second wave of the pandemic grew in scale at the same time
- Completed a comprehensive observational study and review of the current processes for reviewing all incidents of patient harm (pressure damage, falls and medication errors) with an action plan developed to improve the standardisation and consistency of the processes going forward
- Appointed a Data Analyst to work partly within the Nurse Staffing Programme Team to support the increased use of information as evidence to support both clinical and nurse staffing level decision making
- Appointment of many talented Health Care Support Workers who, due to the pandemic, are now considering a career in health care for the first time.

Looking to the future after a long and challenging 2020/21, it is important to remain focussed on what has been achieved in the past year and, as well as maintaining the effective systems that are already in place, to capitalise on the post-COVID-19 opportunities for the work of the nurse staffing programme for the future. The recommendations for priority action in 2021/22 are as follows::

- Reset the nurse staffing levels for all Section 25B wards during the Spring 2021 cycle

	• Capitalise on the opportunity of the temporary recruitment of new HCSW (many of whom had never before have thought of a career in health care) and seek to encourage those have excelled to consider and apply for substantive posts across the Health Board • Maintain and develop wider opportunities to facilitate more flexible working patterns for, in particular, the registrant workforce, in order to seek to retain more registrants and be able to respond rapidly to pressures in system • Work collaboratively in support of Workforce and OD colleagues to take forward the staff well-being improvement programme to support staff recuperation and recovery • Ensure that all requirements of the NSLWA are in place for paediatric in-patient wards when the extension to the NSLWA to cover these wards commences on October 1st 2021. • Support the impact assessment of the interim nurse staffing principles for mental health in-patient services • Using an improvement methodology, develop and embed revised processes to achieve a consistent and standardised review of incidents of patient harm, ensuring lessons learnt through the process or review and scrutiny are shared across all areas for the benefit of all patients • Continue to support the rollout the Allocate Health roster and Safe care systems across all Section 25B wards of the Health Board during 2021/22, aiming to use the system to its maximum potential to support patient care and improve the efficiency through which the HB complies with the NSLWA • Refresh and take forward at pace a systematic plan to review and reset the nurse staffing level reviews of all Section 25A areas

APPENDIX 1

NURSE STAFFING LEVELS (WALES) ACT - PAPERS SUBMITTED TO HDUHB BOARD MEETINGS 2020-2021

Date of HDUHB Board Meeting	Outcome of Discussion	Action	Papers
26/11/20	**Annual Presentation of Nurse Staffing Levels for Wards Covered Under Section 25b of the Nurse Staffing Levels (Wales) Act 2016 report.** The Board WAS ASSURED that: Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016. HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels. The actions identified within the attached templates will be progressed and monitored through the Quality, Safety and Experience Assurance Committee (QSEAC).	No Actions	Annual Presentation of Nurse Staffing Levels
24/9/20	**QSEAC Report To Board** The Board NOTED the QSEAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	No Actions	QSEAC report
30/7/20	**QSEAC Report To Board** The Board NOTED the QSEAC update report and ACKNOWLEDGED the key risks, issues and matters of concern together with actions being taken to address these.	No Actions	QSEAC Report July 20
28/5/20	**Calculating and Maintaining the Nurse Staffing Levels** The Board was ASSURED that the requirements of the Nurse Staffing Levels (Wales) Act – together with the further advice contained in the CNO letter issued on March 24th 2020 – are being reflected in the approach being taken by the Health Board in planning the nurse staffing levels for all key nursing services during the COVID-19 pandemic. **Nurse Staffing Levels Annual Assurance Report 2019/20** The Board: NOTED the content of the Nurse Staffing levels (Wales) Annual Assurance Report for 2019/20;	No Actions No Actions	Calculating Nurse Staffing levels Nurse staffing Levels Assurance report

	NOTED the plan that QSEAC receives regular updates/assurance reports during 2020/21 which will contain more detailed data analysis, which aims to understand the impact on care quality as a result of changes made to/maintaining (or otherwise) the planned nurse staffing levels.		

PAPERS SUBMITTED TO QUALITY SAFETY AND EXPERIENCE ASSURANCE COMMITTEE (QSEAC) 2020-2021

Date of QSEAC Meeting	Outcome of Discussion	Action	Papers
13/8/2020 **Agenda item**	**Nurse Staffing Levels (Wales) Act update** QSEAC NOTED the content of the Nurse Staffing Levels (Wales) Act update and RECEVIED ASSURANCE that the requirements of the Nurse Staffing Levels (Wales) Act have been embedded within revised operational processes through which to calculate the nurse staffing levels; and are being fully considered during the Quarter 2 - Quarter 4 workforce/nurse staffing level planning taking place within the Health Board as well as during the day to day operational work to maintain nurse staffing as per agreed levels. QSEAC also NOTED that a further report will be presented for assurance to the Committee when the revised Nurse Staffing Levels Escalation Framework, for use during the remainder of 2020/21, is finalised	No Actions	NSL Update
7/7/2020 **Agenda item**	**Nurse Staffing Levels** The Committee DISCUSSED the content of the report and RECEIVED ASSURANCE from the actions taken to maintain nurse staffing levels.	No Actions	Nurse Staffing Levels
9/6/2020 **Reference**	References in agenda item **Covid-19 Risk Report**	No Actions	Covid-19 risk report
7/5/2020 **Agenda item**	**Nurse Staffing Principles for Covid-19** The Committee: RECEIVED ASSURANCE that detailed modelling work has been undertaken to assist with the workforce calculations which underpin the RN: patient ratios. RECEIVED ASSURANCE that the nurse staffing principles and the triangulated methodology will continue to be used to calculate nurse staffing levels on wards that are deemed 25B wards; these are wards that can be defined as medical or surgical wards. NOTED that RN: patient ratios will change aligned to critical	No Actions	Nurse Staffing Principles for Covid-19

	points of escalation in the pandemic as outlined above. The ratios set out within this paper establish the minimum ratios deemed acceptable based upon system risks. NOTED the proposed RN ratio for the field hospital based on patient profiles, is likely to change following further discussion relating to remodelling.		
7/4/2020 **Agenda item**	**Nurse Staffing Levels Annual Assurance Report 2019/20** The Committee NOTED: The content of the attached draft 2019/20 Nurse Staffing levels (Wales) Annual Assurance Report for 2019/20. The plan that QSEAC receives regular updates / assurance reports during 2020/21 which will contain more detailed data analysis which aims to understand the impact on care quality as a result of changes made to / maintaining (or otherwise) the planned nurse staffing levels.	To present a Nurse Staffing Levels (Wales) report to Board in order that Members can understand the expectations and support the approach taken.	NSL Annual Assurance report

APPENDIX 2

HYWEL DDA UNIVERSITY HEALTH BOARD

IDENTITIES OF SECTION 25B WARDS ON ACUTE HOSPITAL SITES 2020-2021

2020-21	BRONGLAIS GENERAL HOSPITAL		GLANGWILI GENERAL HOSPITAL		PRINCE PHILIP HOSPITAL		WITHYBUSH GENERAL HOSPITAL	
	WARD IDENTITIES AT 'HIGHEST' POINT	WARD IDENTITIES AT 'LOWEST' POINT	WARD IDENTITIES AT 'HIGHEST' POINT	WARD IDENTITIES AT 'LOWEST' POINT	WARD IDENTITIES AT 'HIGHEST' POINT	WARD IDENTITIES AT 'LOWEST' POINT	WARD IDENTITIES AT 'HIGHEST' POINT	WARD IDENTITIES AT 'LOWEST' POINT
MEDICAL WARDS	**NOV 2020** 1.DYFI 2.YSTWYTH 3.MEURIG	**MAY 2020** 1.DYFI 2.MEURIG	**NOV 2020** 1.CADOG 2.DEWI 3.GWENLLIAN 4.STEFFAN 5.TOWY	**MAY 2020** 1.CADOG 2.GWENLLIAN 3.PADARN 4.STEFFAN 5.TOWY 6. DEWI	**NOV 2020** 1.WARD 3 2.WARD 4 3.WARD 5 4.WARD 6 5. WARD 9	**MAY 2020** 1.WARD 5 2.WARD 6 3. WARD 7	**NOV 2020** 1.WARD 8/CCU 2.WARD 10 3.WARD 11 4.WARD 12	**MAY 2020** 1.WARD 7 2.WARD 8/CCU 3.WARD 10
SURGICAL WARDS	**NOV 2020** 1.CEREDIG 2.RHIANNON	**MAY 2020** 1.CEREDIG	**NOV 2020** 1.CLEDDAU 2.DERWEN 3.MERLIN (INCL TYSUL) 4.PICTON 5.TEIFI	**MAY 2020** 1.CLEDDAU 2.DERWEN 3.PICTON	**NOV 2020** 1.WARD 7	**MAY 2020**	**NOV 2020** 1.WARD 1 2.WARD 3 3.WARD 4	**MAY 2020** 1.WARD 3
TOTAL NUMBER SECTION 25 B WARDS	**MAY 2018 :** **20 WARDS (14 MEDICAL WARDS / 5 SURGICAL WARDS)** **NOVEMBER 2018 :** **28 WARDS (17 MEDICAL WARDS / 11 SURGICAL WARDS)**							

WARDS TO WHICH SECTION 25B PERTAINED IN <u>AUTUMN 2019</u> NURSE STAFFING LEVEL REVIEW CYCLE AND WHICH WERE FORMALLY REDESIGNATED AS 'NOVEL COVID-19 WARDS' FOR THE PERIOD OF WAVE 1 OF PANDEMIC (MARCH – JUNE 2020)				
	BRONGLAIS GENERAL HOSPITAL	GLANGWILI GENERAL HOSPITAL	PRINCE PHILIP HOSPITAL	WITHYBUSH GENERAL HOSPITAL
REDESIGNATED COVID WARDS	1.YSTWYTH WARD 2.RHIANNON WARD	1.TEIFI WARD 2.MERLIN WARD 3.PRESELI WARD	1.WARD 1 2.WARD 3 3.WARD 4 4.WARD 9	1.WARD 1 2.WARD 11 3.WARD 12
A **TOTAL OF 12 WARDS WHICH HAD PREVIOUSLY BEEN 'SECTION 25 B WARDS' WERE FORMALLY RE-DESIGNATED AS 'NOVEL COVID-19 WARDS'** DURING WAVE 1 OF THE COVID-19 PANDEMIC. THIS REDESIGNATION WAS BASED ON THE GUIDANCE REGARDING 'SECTION 25B INCLUSION/EXCLUSION CRITERIA' PROVIDED BY CNO IN HER LETTER TO NHS WALES IN **MARCH 2020**				

WARDS TO WHICH SECTION 25B PERTAINED IN <u>AUTUMN 2020</u> NURSE STAFFING LEVEL REVIEW CYCLE AND WHICH WERE FORMALLY REDESIGNATED AS 'NOVEL COVID-19 WARDS' FOR THE PERIOD OF WAVE 2 OF PANDEMIC (NOVEMBER – FEBRUARY 2020)				
	BRONGLAIS GENERAL HOSPITAL	GLANGWILI GENERAL HOSPITAL	PRINCE PHILIP HOSPITAL	WITHYBUSH GENERAL HOSPITAL
REDESIGNATED COVID WARDS		1.PADARN WARD (CADOG WARD USED INTERMITTENTLY DURING THIS PERIOD ALSO)	1.WARD 1 (WARD 4 USED INTERMITTENTLY DURING THIS PERIOD ALSO)	1.WARD 7
A **TOTAL OF 3 WARDS WHICH HAD PREVIOUSLY BEEN 'SECTION 25 B WARDS' WERE FORMALLY RE-DESIGNATED AS 'NOVEL COVID-19 WARDS'** FOR THE DURATION OF WAVE 2 OF THE COVID-19 PANDEMIC, WITH A FURTHER 2 WARDS BEING RE-DESIGNATED FOR SOME OF THAT PERIOD. THIS RE-DESIGNATION WAS BASED ON THE REVISED GUDIANCE RELATING TO 'SECTION 25B INCLUSION/EXCLUSION CRITERIA' PROVIDED BY CNO IN HER LETTER TO NHS WALES IN **OCTOBER 2020**				

Summary of Required Establishment: Section 25B wards 2020-2021

APPENDIX 3

Health board/trust:	Name: Hywel Dda UHB	
Period reviewed:	Start Date: April 6th 2020	End Date: April 5th 2021
Number of wards where section 25B applies:	**Medical:**	**Surgical:**
	Number:	Number:

To be completed for EVERY ward where section 25B applies

***Supernumerary i.e. 1 WTE supernumerary ward sister/charge nurse included in the establishment**

Medical

Ward	Required Establishment at the start of the reporting period (as at April 6th 2020 N.B. where a ward has been temporarily redesignated a COVID-19 ward by (or before) April 6th, the pre COVID-19 required establishment is provided here).		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5th 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
BGH Dyfi	32.22	20.61	Yes	31.51	19.9	Yes	Yes	Yes	Formula for calculation of WTE establishment changed due to sustained changes in shift patterns worked by staff	No	No	
BGH Meurig	11.61	11.62	Yes	14.45	11.61	Yes	Yes	Yes	Increased patient acuity	No	No	

BGH Ystwyth	**21.32**	**17.77**	**Yes**	**22.64**	**17.77**	**Yes**	**Yes**	**Yes**	**To enable COVID-19 and non COVID-19 stroke patient pathways to be available**	**No**	**No**	
GGH Cadog	**15.28**	**15.28**	**Yes**	**14.45**	**14.45**	**Yes**	**Yes**	**Yes**	**Formula for calculation of WTE establishment changed due to sustained changes in shift patterns worked by staff**	**No**	**No**	**Ward remains temporarily re-designated COVID-19 ward (non S25B) – although staffing levels remain as described for April 5th 2021- anticipated it will be re-established as an acute adult medical ward by April 2021.**
GGH Gwenllian	**20.73**	**18.00**	**Yes**	**19.90**	**17.17**	**Yes**	**Yes**	**Yes**	**Formula for calculation of WTE establishment changed due to sustained changes in shift patterns worked by staff**	**No**	**No**	
GGH Steffan	**15.28**	**15.28**	**Yes**	**14.45**	**16.99**	**Yes**	**Yes**	**Yes**	**Off ward escorts significantly impacting on ability to provide sensitive care**	**No**	**No**	
GGH Padarn	**15.28**	**15.28**	**Yes**	**19.90**	**15.28**	**Yes**	**Yes**	**Yes**	**Expanded ward environment – Increase in bed/patient numbers**	**Yes**	**Yes**	**Ward became a COVID-19 designated ward for several months during the second wave of pandemic – now re-established as an adult medical ward.**
GGH Towy	**15.28**	**15.28**	**Yes**	**14.45**	**15.28**	**Yes**	**Yes**	**Yes**	**Formula for calculation of WTE establishment changed due to sustained changes in shift patterns worked by staff**	**No**	**No**	

GGH Dewi	**11.24**	**9.48**	**Yes**	**15.28**	**15.28**	**Yes**	**Yes**	**Yes**	**Ward function changed from Rehabilitation (Section 25A) to acute medicine**	**No**	**No**	
PPH Ward 3	**19.78**	**14.7**	**Yes**	**18.95**	**17.43**	**Yes**	**Yes**	**Yes**	**Changes to patient cohort / pathways**	**No**	**No**	
PPH Ward 4	**21.56**	**19.78**	**Yes**	**20.73**	**17.68**	**Yes**	**Yes**	**Yes**	**Changes to patient pathways/cohorts**	**No**	**No**	
PPH Ward 5	**15.40**	**15.40**	**Yes**	**15.28**	**18.00**	**Yes**	**Yes**	**Yes**	**Increased ward acuity/dependency**	**No**	**No**	
PPH Ward 9	**27.00**	**21.56**	**Yes**	**23.45**	**26.18**	**Yes**	**Yes**	**Yes**	**Changes in judgement relating to RN/HCSW skill mix required within tea**	**No**	**No**	
WGH Ward 7	**20.73**	**20.73**	**Yes**	**19.90**	**19.90**	**Yes**	**Yes**	**Yes**	**Formula for calculation of WTE establishment changed due to sustained changes in shift patterns worked by staff**	**Yes**	**Yes**	**Ward was re-designated a COVID-19 ward for several months during second wave – now re-established as an adult medical ward**
WGH Ward 8 /CCU	**29.73**	**13.50**	**Yes**	**32.45**	**17.17**	**Yes**	**Yes**	**Yes**	**Increased patient acuity due to NIV pathway AND increased patient dependency**	**No**	**No**	
WGH Ward 10	**17.06**	**16.23**	**Yes**	**15.28**	**11.73**	**Yes**	**Yes**	**Yes**	**Reduced bed numbers**	**No**	**No**	
WGH Ward 11	**21.56**	**18.00**	**Yes**	**17.17**	**14.45**	**Yes**	**Yes**	**Yes**	**Reduced bed/patient numbers**	**No**	**No**	
WGH Ward 12	**17.06**	**20.73**	**Yes**	**11.73**	**17.7**	**Yes**	**Yes**	**Yes**	**Reduced bed / patient numbers and changed patient case mix**	**Yes**	**Yes**	**Temporary changes to patient pathway and increased bed numbers during second wave of pandemic. Original function / nurse staffing level now re-established.**

Surgical

Ward	Required Establishment at the start of the reporting period (as at April 6th 2020 N.B. where a ward has been temporarily redesignated a COVID-19 ward by (or before) April 6th, the pre COVID-19 required establishment is provided here).		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Required Establishment at the end of the reporting period (as of April 5th 2021)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual* calculation cycle reviews, and reasons for any changes made *The Spring 2020 calculation cycle was largely suspended in light of the first wave of the COVID-19 pandemic following issue of a letter from CNO in March 2020			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
BGH Ceredig Ward	21.88	21.32	Yes	21.88	19.90	Yes	Yes	Yes	Formula for calculation of WTE establishment changed due to sustained changes in shift patterns worked by staff	No	No	
BGH Rhiannon Ward	21.88	11.49	Yes	11.61	10.98	Yes	Yes	Yes	Changes to surgical pathways / activity as surgical services restart late in 2020/21	No	No	
GGH Cleddau	13.5	6.28	Yes	13.5	8.17	Yes	Yes	Yes	Increased patient acuity and changes to emergency surgical pathways/activity	No	No	

GGH Derwen	**18.49**	**15.28**	**Yes**	**18.95**	**14.45**	**Yes**	**Yes**	**Yes**	**Formula for calculation of WTE establishment changed due to sustained changes in shift patterns worked by staff**	**No**	**No**	
GGH Picton	**11.98**	**5.75**	**Yes**	**11.15**	**8.43**	**Yes**	**Yes**	**Yes**	**Changes to gynaecology patient pathway increasing patient dependency**	**No**	**No**	
GGH Teifi	**22.56**	**20.73**	**Yes**	**21.73**	**20.73**	**Yes**	**Yes**	**Yes**	**Formula for calculation of WTE establishment changed due to sustained changes in shift patterns worked by staff**	**No**	**No**	
GGH Merlin Ward	**14.45**	**11.73**	**Yes**	**14.45**	**11.73**	**Yes**	**Yes**	**No**	**No change**	**No**	**No**	
GGH Tysul Ward	**Ward used to provide Ophthalmology Day Services pre COVID-19**		**Yes – N.B. Ward managed as an annexe of Merlin Ward**	**10.73**	**9.00**	**Yes – N.B. ward managed as an annexe of Merlin Ward**	**Yes**	**Yes**	**New In-patient area established during COVID-19 ward configuration changes**	**No**	**No**	
PPH ward 7	**19.63**	**16.67**	**Yes**	**15.28**	**14.26**	**Yes**	**Yes**	**Yes**	**Reduced bed numbers/changes to surgical pathways**	**Yes**	**Yes**	**Nurse staffing levels for additiona beds to be opened agreed in readiness for elective surgery restart**
WGH Ward 1	**20.73**	**19.78**	**Yes**	**14.43**	**18.00**	**Yes**	**Yes**	**Yes**	**Reduced bed numbers / changes to surgical pathways**	**No**	**No**	
WGH Ward 3	**17.38**	**15.28**	**Yes**	**21.56**	**21.56**	**Yes**	**Yes**	**Yes**	**Changed surgical emergency patient pathway and increased bed/patient numbers**	**Yes**	**Yes**	**Ward temporarily merged with Ward 4 surgical ward to temporary**

												staffing deficits in both teams
WGH Ward 4	**17.13**	**16.1**	**Yes**	**12.55**	**11.73**	**Yes**	**Yes**	**Yes**	**Changed surgical emergency pathway and case mix within ward**			**Ward temporarily merged with Ward 4 surgical ward to temporary staffing deficits in both teams**

All Reasonable steps

Reasonable steps which should be taken at each of the following levels - national, strategic corporate (Local Health Board/ NHS Trust) and operational – to maintain the nurse staffing levels are considered to be:

National steps

- The sharing and benchmarking of corporate data;
- Leading of regular reviews of workforce and education commissioning requirements;
- Leading national initiatives to aid staff recruitment and retention.

Strategic corporate steps

- Workforce planning for a continued supply of required staff assessed using the Welsh Planning System;
- Active recruitment in a timely manner at local, regional, national, and international level;
- Retention strategies that include consideration of the NHS Wales Staff Survey results;
- Well-being at work strategies that support nurses in delivering their roles;
- Ensure strategic requirements of the Act embedded into the organisations IMTP/annual planning process;
- Robust workforce planning at ward/service level which are reviewed at least annually through IMTP /education commissioning processes;
- Workforce policies and procedures which support effective staff management (e.g. flexible working for staff);
- Robust organisational risk management framework;
- Effective risk assessment processes and systems are in place and utilised as required.

Operational steps

- Use of temporary staff from a nursing bank appropriate to the skill mix set out in the planned roster;
- Use of temporary staff from a nursing agency appropriate to the skill mix set out in the planned roster (once bank staff have been considered);
- Temporary use of staff from other areas within the organisation;
- The temporary closure of beds;
- Consideration of changes to the patient pathway (which should be clinically appropriate);
- Effective resource management, utilisation and deployment of staff e.g. appropriate allocation of annual leave and study leave, staff working overtime (within WTE), additional hours or use of hours owed;
- Use of a robust electronic rostering tool and strong governance systems to monitor and review the rosters and ensure effective utilisation of the nursing workforce (e.g. review the staffing roster on a day to day basis, explore with staff member rescheduling annual leave and/or change of shift, postponing staff training/ study leave);
- Use pool/peripatetic staff made available to provide support to areas where staffing levels vary from planned roster;
- Ward sister/charge nurse to work within the planned roster;
- Other healthcare professionals (e.g. frailty workers, dietetic assistants, therapists) contributing to the delivery of nursing care;
- Regular review of the acuity of the patients on the ward, including the identification and risk management of patients requiring ‘enhanced patient support’ in line with local policy and professional judgement;
- Appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk

NURSE STAFFING ESCALATION PLAN FOR COVID 19 PERIOD – IN PATIENT SERVICES			
	STATUS	**TRIGGERS**	**ACTION**
GREEN	No reported concern or compromise to patient care or safety due to the available staffing in an area Covid-19 cases contained within designated Covid-19 ward	Able to maintain the agreed staffing levels for all in-patient areas at planned roster nurse staffing levels for all wards and that a 1:2 RN to patient ratio for CPAP patients	No action required All areas safely staffed and operational Continue to monitor
YELLOW	Reported concern over ability to meet the planned Nurse Staffing Level however there is no predicted risk to patient care or safety Deficits caused by failure to proactively fill planned roster and/or unplanned absences Covid-19 cases contained and/or outbreak on one ward only Minimal staff sickness absence levels escalating due to impact of Covid-19 infection/isolation requirements	Able to maintain 1:2 RN to patient ratio for CPAP and other acutely ill (Level 4+) patients: Staffing forecast for coming week suggests that agreed staffing levels for other wards/in-patient areas can be maintained at planned roster nurse staffing levels more most shifts on most wards; however, this can only be achieved by deployment of staff into wards from other services and/or moving staff between wards, leaving some wards - which have been risk assessed and shown to predict a low risk - working at below planned rosters	Utilise professional judgement in relation to staffing needs and consider: • Senior Sister/Charge Nurse to review and realign staffing rosters to reflect needs of current patient cohort: This should include a review of the workforce skill mix • Divert internal nursing workforce resources to wards/areas of greatest risk • Offer additional hours for substantive part time/full time staff, overtime and agency authorisation • Request booking of temporary staff (bank and contract agency) through Bank Office • Consider limiting workload to available staffing through holding empty beds in wards for shifts when staffing levels not achieved • Report on DATIX including risk assessment and all mitigating actions taken
AMBER	Reported concern over ability to meet the planned Nurse Staffing level including identification of risk that the care of in-patients in one or more covid/non-covid ward(s) will be compromised, impacting on the ability to provide sensitive care/care interventions/support patient(s) to achieve progress or meet outcomes Unable to achieve a risk assessed, escalated nurse staffing roster for one or more wards and/or a 1:2 RN to patient ratio for CPAP / level 4+ ward patients	Unable to maintain a 1:2 nurse to patient ratio for CPAP/Level4+ acutely sick patients but can achieve a 1:3 RN to patient ratio Available staff forecast indicates that agreed nurse staffing levels will not be maintained for up to 50% of shifts in many wards across site during the coming week	Utilise professional judgement in relation to staffing needs and consider: • Senior Nurse/HoN to review forthcoming week staffing levels across service area/site • Consider reducing/cessation of scheduled services and deploying staff • Deployment of specialist nurses, educators, workforce from therapy services (following risk assessment of reducing/standing down these services) • Deployment of alternative workforce e.g. therapy teams to create a 'wraparound' team (following risk assessment of standing down these services)

	Covid-19 outbreaks in one or two wards on site Low level of staff sickness absence levels due to impact of Covid-19 infection/isolation requirements		• Consider limiting workload to available staffing through closing beds in wards where staffing levels not achieved /most affected • Update DATIX including risk assessment and feedback outcome of escalation to Ward **ESCALATE TO SERVICE DELIVERY MANAGER/GENERAL MANAGER TO DISCUSS OPTIONS, ESPECIALLY REDEPLOYMENT OF STAFF AND IMPACT ON OTHER SERVICES:** **ESCALATE TO DIRECTORATE/HEAD OF NURSING IF UNABLE TO MEET PLANNED ROSTER /INADEQUATE STAFFING LEVELS (RELATIVE TO PATIENT NEEDS) REMAIN**
RED	Reported concern over the ability to meet the planned Nurse Staffing Level including identification of a significant risk that the care or safety of acutely ill / highly dependent patients is being/will be compromised Unable to achieve a risk assessed, escalated nurse staffing roster for one or more wards and/or a 1:3-4 RN to patient ratio for CPAP / level 4+ ward patients Covid-19 outbreaks in multiple wards on site Staff sickness absence levels escalating due to impact of Covid-19 infection/isolation requirements	Unable to maintain a 1:3 RN to patient ratio for CPAP/Level 4+ ward patients but can achieve a 1:4 RN to patient ratio for these patients; Available staff forecast indicates that agreed nurse staffing levels will not be maintained for most wards/most (50-75% or more) shifts during the coming week, despite deployment of staff from other services which have been reduced/ceased	**REVIEW MEETING WITH RELEVANT SENIOR DECISION MAKER (Directorate Nurse/ relevant HoN, Asst Director of Nursing/ GM/ Director of Service** Utilise professional judgement in relation to staffing needs and consider: • Reducing the bed base number until the available staff is able to meet the patients' acuity/dependency needs in line with planned roster staffing levels • Deployment of 'wraparound team' workforce (following risk assessment of standing down the services currently provided by these staff) • Deployment of nurse registrants working in non-clinical roles (following risk assessment of standing down these services) • Ward(s) to assess implications for current patient cohort of moving to escalated nurse staffing position (i.e. 1:10 RN:patient (approx.) ratio by day and 1:15 (approx.) at night • Update DATIX and feedback outcome to Senior Nurse/ Site manager

			ESCALATE POSITION TO DIRECTOR OF NURSING,QUALITY AND PATIENT EXPERIENCE, MEDICAL DIRECTOR AND DIRECTOR OF OPERATIONS
BLACK	Unable to achieve a risk assessed, escalated nurse staffing roster for one or more wards and/or a 1:6 RN to patient ratio for CPAP / level 4+ ward patients Covid-19 outbreaks in multiple wards on site Significant staff sickness absence levels due to impact of Covid-19 infection/isolation requirements on staff	Unable to maintain a 1:4 RN to patient ratio for CPAP / level 4+ ward patients Available staff forecast indicates the site will be unable to achieve the agreed nurse staffing levels for most/all shifts on most/all wards across the site during the coming week	**REVIEW MEETING WITH DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE** • Consideration to be given to moving towards further escalation for CPAP/acutely ill patients • Adopt a 1:10 and 1:15 RN to patient : nurse ratio (approx.) as basis of a core nurse staffing level for all general wards across site. • Merge further wards/services to reduce demand on available staff • **consideration to be given to formally identifying the risk through the Covid governance structures (i.e.appropriate Bronze group, Tactical Group and Gold Command)** • Any actions to be taken ONLY after discussion with **DIRECTOR OF NURSING, QUALITY & PATIENT EXPERIENCE / ON CALL EXEC, MEDICAL DIRECTOR AND DIRECTOR OF OPERATIONS**