

**PWYLLGOR ANSAWDD, DIOGELWCH A SICRHAU PROFIOD  
QUALITY, SAFETY AND EXPERIENCE ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	13 April 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Nurse Staffing Level (Wales) Act (NSLWA) – Assurance reports: 1.NSLWA: Annual Assurance Report 2020/21 2.NSLWA: Three yearly assurance report on compliance 2018/21 Report for Welsh Government 3.NSLWA: Paediatric In-patient ward extension - assurance regarding HDdUHB preparedness
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Chris Hayes Nurse Staffing Programme Lead

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The overarching duty of the Nurse Staffing Levels (Wales) Act (NSLWA) 2016 is to ensure that Health Boards have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. The Act came into force in April 2017. In April 2018, the remaining Sections of the NSLWA were commenced. These required Health Boards to calculate, and to take all reasonable steps to maintain, the nurse staffing levels in adult medical and surgical wards, using processes that were prescribed within the Act. These Sections also required that a three yearly report be presented to Welsh Government (WG) within 30 days of the end of the first three year reporting period which was defined as April 6<sup>th</sup> 2018 to April 5<sup>th</sup> 2021.

In addition, in February 2021, Senedd Cymru passed an extension to the NSLWA to allow Sections 25B and C to also apply to paediatric in-patient wards from October 1<sup>st</sup> 2021.

To facilitate the preparation of the statutory three yearly report to Welsh Government, the Health Board has required that an annual assurance report be presented to the Quality, Safety and Experience Assurance Committee (QSEAC) for scrutiny prior to formal presentation to Board: This paper introduces the draft of the third Hywel Dda University Health Board (HDdUHB) NSLWA annual assurance report. Due to year end timings, the quality indicator data contained within the report will require updating to reflect the whole of the reporting period before presentation to Board in May 2021.

In addition, April 2021 marks the end of the first three year statutory reporting period and a draft report is required to be provided to WG within 30 days of the end of the reporting period ,i.e. May 5<sup>th</sup> 2021. The final report is required to be with WG by early October 2021. This paper also introduces the draft three yearly report to allow QSEAC to scrutinise prior to submission in draft form to WG. The final three yearly report, which will be updated to reflect the required quality indicator data, will be presented to the Board in September 2021 for formal agreement prior to being submitted to Welsh Government in October 2021.

Finally, as a result of the areas covered by the Act extended to commence on October 1<sup>st</sup> 2021, QSEAC is provided, for assurance purposes, with a current picture of the Health Board's 'state of readiness' as it prepares to be compliant with the statutory requirements by the date of commencement.

The Committee is asked to formally receive and take assurance from the following reports:

- the draft 2020-21021 Nurse Staffing levels (Wales) Annual Assurance Report (agenda item 3.2.1) prior to the final report being presented to Board in May 2021;
- the draft 2018-2021 Three yearly assurance report on compliance with the NSLWA: Report for Welsh Government (agenda item 3.2.2) ; and
- a report detailing the current state of preparedness within the Health Board for the extension of the second duty of the NSLWA to paediatric in-patient wards (agenda item 3.2.3).

### **Cefndir / Background**

The NSLWA has five sections:

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

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

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

term and a shift-by-shift basis; and specify the arrangements for informing patients of the nurse staffing.

## Asesiad / Assessment

### **I. The 2020-2021 Nurse Staffing Levels (Wales) Act Annual Assurance Report**

The report, presented at agenda item 3.2.1, has been completed against a template agreed within the national Nurse Staffing Programme. Using this template, the report sets out the way in which HDdUHB met the various statutory requirements of the NSLWA during 2020-21. Inevitably, due to the COVID-19 pandemic, there were some variations from previous annual reports in terms of how the NSLWA was applied during this period.

For ease of navigating the full report, and assisting Committee Members to draw assurance, reference to the key element of the statutory requirements that each numbered section of the report is seeking to address, together with a brief synopsis of the aim of the evidence required within each numbered section, is provided in bold below:

4. **Section 25A**, which addresses the Health Board's/Trust's overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, in addition to the detailed requirements relating to adult medical and surgical wards (page 1-10 of the report).
5. HDdUHB contribution to the national Nurse Staffing Programme workstreams (Page 10-13)
6. The **actions taken in relation to calculating** the nurse staffing level on wards where section 25B applies (page 13-15).
7. The use made of **the triangulated approach** to calculate the nurse staffing level on section 25B wards; and the use made of the principles underpinning this approach to provide the foundation for the work being undertaken to ensure appropriate nurse staffing levels are calculated for all areas where nursing services are provided (page 16-17).
8. How HDdUHB's responsibilities **to inform patients** about nurse staffing levels are being met (page 17).
9. The **extent to which the nurse staffing (WTE establishments) have been maintained** in Section 25B wards (page 18-20).
10. The **extent to which the nurse staffing levels (planned rosters) have been maintained** (page 20-21)
11. The robustness of the systems and processes in place for ensuring that **all reasonable steps to maintain the nurse staffing levels** are taken (page 21- 24).
12. The **impact on care quality** as a result of not maintaining the nurse staffing levels (page 24-25).
13. The **actions taken when nurse staffing levels have not been maintained**, both in relation to specific incidents\* and when considering the more strategic challenges in maintaining the calculated staffing levels (page 25-27).
14. The conclusions from the Health Board's experience during the 2020-2021 period and recommendations for actions in the coming year

QSEAC is asked to note, in particular, the emerging picture described in the section relating to the impact on care quality due to not maintaining the nurse staffing levels (page 24-25). The incidents/complaints which need to be reported under the NSLWA are the number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor in the following circumstances:

- Hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).
- Medication related never events; and
- Complaints about nursing care.

\*All incidents and complaints included in the report have been scrutinised by the operational teams and the nurse staffing programme team to review whether the nurse staffing levels were maintained at the relevant time. If the nurse staffing level had not been maintained, an assessment of whether it contributed to the harm suffered by the patient has been made and, where it is considered that it did, any lessons that can be learnt and shared from the incident are explored in detail.

## **II. Three yearly assurance report on compliance with NSLWA 2018-2021: Report for Welsh Government**

The draft statutory report, presented at agenda item 3.2.2, has been produced within a reporting template determined by the national Nurse Staffing Programme. The report aims to summarise the approach that HDdUHB has taken between April 6<sup>th</sup> 2018 and April 5<sup>th</sup> 2021 in order to meet the various statutory requirements of the NSLWA. Due to the unique circumstances attributed to the COVID-19 pandemic, the challenge of seeking to meet the requirements of the NSLWA has required some themes of the three year reporting period to be reported separately for 2020-2021.

For ease of navigating the full report and assisting Committee Members to draw assurance, reference to the key element of the statutory requirements that each numbered section of the report is seeking to address, together with a brief synopsis of the aim of the evidence required within each numbered section, is provided in bold below:

3. Describes the actions taken in response to meeting the Health Board's **overarching responsibility** laid out in **Section 25A** of the NSLWA i.e. to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, (page 1-5 of the report).
4. Summarises, through quantitative data presentation, the outcomes from the review and (re)**calculation of the nurse staffing levels** of each ward to which Section 25B has pertained during the reporting period (page 6-8).
5. Describes the **specific challenges** in meeting the requirements of the NSLWA for the Section 25B wards during **the COVID-19 period** and how these were addressed by the Health Board (page 8-11).
6. Evidences, in order to provide assurance, that **the triangulated approach** has been used to calculate the nurse staffing level on section 25B wards during the reporting period; including how the process has improved over the period (page 11-13).
7. Provides quantitative evidence to describe the impact of the (6) biannual review and (re)calculation cycles; and to demonstrate the **extent to which the Whole Time Equivalent (WTE) nurse staffing establishments have been maintained** for the Section 25B wards (page 14-15).
8. Describes the progress made during the reporting period in developing and implementing a system through which to capture and monitor **the extent to which the planned rosters have been maintained** for all Section 25B wards (page 15-16).
9. Evidences the processes that have been implemented to provide assurance that '**all reasonable steps**' have been taken to maintain nurse staffing levels in Section 25B wards during the reporting period (page 16-20).
10. Provides quantitative data to demonstrate the impact on **care quality as a result of not maintaining the nurse staffing levels** (page 21-22).

11. Outlines the **actions taken when nurse staffing levels have not been maintained**, both in relation to specific incidents\* and when considering the more strategic challenges in maintaining the calculated staffing levels (page 22-23).
12. Draws conclusions from the Health Board's experience during the 2018-2021 period and makes recommendations for actions that would further enhance the potential (positive) impact that the NSLWA could have on the ability of HDdUHB to provide sensitive care to all its patients during the next three years (page 23-24).

QSEAC is asked to note, in particular, the emerging picture described in the section relating to the impact on care quality due to not maintaining the nurse staffing levels (page 21-22). As described above, the incidents/complaints\* which need to be reported under the NSLWA are the number of serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor in the following circumstances:

- Hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).
- Medication related never events; and
- Complaints about nursing care

\*All incidents and complaints included in the report have been scrutinised by the operational teams and the nurse staffing programme team to review whether the nurse staffing levels were maintained at the relevant time. If the nurse staffing level had not been maintained, an assessment of whether it contributed to the harm suffered by the patient has been made and, where it is considered that it did, any lessons that can be learnt and shared from the incident are explored in detail.

### **III. HDdUHB position in preparedness for extension of the second duty of the NSLWA to paediatric inpatient wards**

The template for the report, presented at agenda item 3.2.3, was produced by the national paediatric workstream with the aim of ensuring consistency in the way that the current 'state of preparedness' is reported to Health Boards at this time.

The Health Board's position in relation to the ten significant action points is provided within the Assessment section of the report. This position statement evidences that the work undertaken to date by officers of HDdUHB, both in supporting the developmental work at a national level and the implementation work at a local level, can offer a significant degree of assurance to the Committee that HDdUHB will be able to be fully compliant with the requirements of the NSLWA when the extension commences on October 1<sup>st</sup> 2021.

### **Argymhelliad / Recommendation**

It is recommended that the Committee receive the three reports and take assurance that the necessary processes and reviews have been implemented to demonstrate compliance with the duties of the Nurse Staffing Level (Wales) Act.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	4.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.  4.5 Provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided across the breadth of the organisation's functions, is based on sound evidence, clinically effective and meeting agreed standards.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4. Dignified Care 7.1 Workforce

<b>Effaith/Impact:</b>	
<b>Ariannol / Financial:</b> <b>Ansawdd / Patient Care:</b> <b>Gweithlu / Workforce:</b> <b>Risg / Risk:</b> <b>Cyfreithiol / Legal:</b> <b>Enw Da / Reputational:</b> <b>Gyfrinachedd / Privacy:</b> <b>Cydraddoldeb / Equality:</b>	Reports provided for assurance purposes