

## PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 December 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Nurse Staffing Levels (Wales) Act 2016 - Nurse Staffing Levels for Section 25B Wards – Autumn 2023 Calculation Cycle - Finance Implications
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Helen Humphreys, Head of Nursing, Professional Standards and Regulation

**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 Nurse Staffing Levels (Wales) Act 2016 (NSLWA) has five sections, one of which, Section 25B of the Act, requires Health Boards and Trusts to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards and, since October 2021, paediatric inpatient wards.

The purpose of this paper is to provide the Sustainable Resources Committee (SRC) with:

- an update on the finance and workforce implications of the nurse staffing levels autumn 2023 calculation cycle,
- provide assurance that Hywel Dda University Health Board (HDdUHB) is meeting its statutory duties:
  - to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the NSLWA
  - to take all reasonable steps to maintain the nurse staffing levels in all wards where section 25B of the Act applies (be that through substantive appointments or the use of temporary staffing).

It is noted that the Board, at its meeting on the 30 November 2023, received the “annual presentation to the Board of the detail of the nurse staffing levels” which provides the assurance that HDdUHB is meeting its statutory ‘duty to calculate’ responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 ([hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-30-november-20232/agenda-and-papers-30-november-2023/item-3-6-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-pdf/](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-30-november-20232/agenda-and-papers-30-november-2023/item-3-6-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-pdf/)).

It is noted that the Board, at its meeting on the 25 May 2023 received the Annual NSLWA Assurance Report which provides assurance that the necessary processes and reviews have been enacted to enable the HDdUHB to remain compliant with its duties under the NSLWA and includes information on the extent to which the nurses staffing levels are maintained and the

impact that not maintaining the nurse staffing levels had had on care provided to patients by nurses ([hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-25-may-2023/board-agenda-and-papers-25-may-2023/item-6-1-nurse-staffing-levels-wales-act-annual-report-2022-23-pdf/](https://www.hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-25-may-2023/board-agenda-and-papers-25-may-2023/item-6-1-nurse-staffing-levels-wales-act-annual-report-2022-23-pdf/)).

## **Cefndir / Background**

The Board, and the Designated Person, have specific duties under the NSLWA for calculating and maintaining the nurse staffing levels.

### **Duty to Calculate the Nurse Staffing Levels**

The statutory guidance states that the nurse staffing “calculation should be undertaken: at least every six months; when entering the workforce planning tool data; when there is a change of use/service which is likely to alter the nurse staffing level; or if the designated person deems it necessary, for example following exception reporting by a ward sister/charge nurse”.

The Corporate Nursing Directorate facilitate the nurse staffing levels calculation process for S25B wards, on behalf of the Designated Person, the Director of Nursing, Quality and Patient Experience, who is responsible for calculating the number of nurses appropriate to provide patient-centred care that meets all reasonable requirements in that situation. All Senior Sisters or Charge Nurses of all wards where Section 25B pertains, all Senior Nurse Managers and all acute site Heads of Nursing participate in the process.

In line with the requirements of the NSLWA, the statutorily prescribed, triangulated methodology for calculating the nurse staffing levels for the adult medical and surgical wards and the paediatric inpatient wards has been fully and rigorously applied and the information reviewed includes:

- Current ward bed numbers and speciality, including any proposed service and/or patient pathway changes.
- Current nurse staff provision, including those that are not included in the core roster (e.g. supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc.).
- Patient acuity data for the previous 6 months.
- Care quality indicator data for the previous 12 months – consideration has been given to the pressure ulcers, medication errors and falls incidents in all wards as well as infiltration and extravasation injuries in the paediatric wards. In addition, complaints and positive patient experience data were reviewed.
- Ward-based initiatives, improvement programmes or action plans for remedial work to specific areas, where concerns have been identified.
- Infection prevention and control data.
- Effective rostering, including time balances.
- Finance and workforce-related data - expenditure/utilisation of permanent/temporary staff.
- Staffing-related metric data – Performance & Development Review (PADR) compliance, mandatory training compliance and sickness.
- National care standards, where they exist.
- Patient flow/activity related data for the previous 12 months.
- The extent to which the planned rosters have been met over the previous 6 months

### **Duty to Maintain the Nurse Staffing Levels**

The statutory guidance sets out the requirements to take all reasonable steps to maintain the nurse staffing levels stating that “this should be met with permanent staff, however temporary workers can be deployed if required” with the use of temporary staff via bank or agency being two of the all reasonable steps set out in the statutory guidance.

The statutory guidance states that “the calculation undertaken by the designated person must result in the nurse staffing level for the ward area. In practice, the nurse staffing level will be the required establishment and the planned roster. The maintenance of the nurse staffing level should be funded from the LHB’s (or Trust’s) revenue allocation, taking into account the actual salary points of staff employed on its wards”.

## Asesiad / Assessment

### **Duty to Calculate the Nurse Staffing Levels**

The workforce and finance implications of each calculation cycle is undertaken by the Corporate Finance Team. The workforce and financial implications of the Autumn 2023 calculation cycle are as follows:

1. **Adult inpatient wards:** For those adult inpatient wards where the uplift requirements is via the ‘nurse staffing funding’ allocation, there is an **additional £143,670** required following the Autumn 2023 cycle. The additional RN requirement is linked to the changing acuity of patients on one surgical ward in Glangwili Hospital (GH), Merlin ward.

The uplift requirements for the adult inpatient wards at Withybush Hospital (WH) are not included in the Table 1 below although the rosters and required establishments for the wards’ current functions have been discussed with the Designated Person.

Due to the reduction in the medical bed capacity as a consequence to the ongoing reinforced autoclaved aerated concrete (RAAC) work, the assessment against the Spring 2023 calculation cycle suggests that the uplift requirements for WH is a **reduction of £451,310** (-£400,028 for the medical wards and -£51,283 on the surgical wards). However, due to the developing situation in WH, the outcome of the Autumn 2023 cycle should be viewed with some caution and the rosters for the wards in WH will be revisited as part of the Spring 2024 cycle (or sooner if required).

2. **Adult inpatient service change:** The main driver for adult inpatient wards requiring additional Registered Nurses (RN) or Healthcare Support Workers (HCSW) is historical changes to the service models and pathways on seven wards; Padarn, Dewi, Cleddau and Picton at GH and Rhiannon and Y Banwy at BH and, following the Autumn 2023 cycle, Ward 1 at Prince Philip Hospital (PPH), who require an financial uplift of an **additional £1,686,928**.

The finance and workforce implications of these service changes have been discussed by the Core Delivery Group in October 2023, with an action that a review of the models of care on the seven wards will be undertaken to ensure that the models of care align with the Health Board’s clinical strategy and are demonstrating improved patient outcomes.

3. **Paediatric inpatient wards:** The funding of the additional requirements for the paediatric wards (**an additional £406,121**) is currently being met from within the

Women and Children Directorate although it is noted that the funding of the additional requirements for the paediatric wards may, at some point in the future, need to be included with the adult inpatient wards as per the principles agreed.

	Additional requirements £	RN £	HCSW & Other £	RN Whole-Time Equivalent (WTE)	HCSW & Other WTE
1. Adult inpatient wards (BH, GH, PPH)	143,670	274,298	- 130,628	6.26	- 3.56
2. Adult inpatient wards – service change (BH, GH, PPH, GH Picton Ward)	1,686,928	652,850	1,034,078	13.23	28.29
3. Paediatric inpatient wards	406,121	(79,720)	485,841	(1.55)	12.53

### Duty to Maintain the Nurse Staffing Levels

Some of the changes in the nurse staffing levels can be achieved from within the existing ward budgets, for example where a Band 4 Assistant Practitioner role is being introduced to support the RN workforce, however, some of the changes require an increase in the funded budgets, as is the case for the autumn 2023 cycle.

It is noted that once the calculation cycle has been completed and the rosters agreed by the Designated Person, the majority of wards will work to those rosters, as these would be the rosters required to deliver the care to the patient groups on those wards. In addition, teams are required to take all reasonable steps to maintain the agreed rosters and, there is a risk that in the short term, this is likely to be through the utilisation of temporary staffing (including on contract agency in the case of RN deficits) until agreement to transact the changes into the ward budgets has been confirmed. Once it is confirmed that the changes can be transacted into the ward budgets then teams can recruit substantively into the required posts.

The decision to transact the finance and workforce requirements from Autumn 2023 will be discussed by the Core Delivery Group on the 20 December 2023.

### Argymhelliad / Recommendation

The SRC is asked to **NOTE** the financial implications as a consequence of HDdUHB meeting its statutory duties to calculate and take all reasonable steps to maintain the nurse staffing levels in all wards where section 25B of the Act applies, be that through substantive appointments or the use of temporary staffing.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.5	Conduct detailed scrutiny of all aspects of financial performance, the financial implications of significant revenue (all those over £1million requiring Board approval), business cases, projects, and proposed investment decisions on behalf of the Board.
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	3.12 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Culture and valuing people 3. Data to knowledge
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 3. Effective 4. Efficient 6. Person-Centred
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	1a Recruitment plan 2a Staff health and wellbeing 2c Workforce and OD strategy
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the Nurse Staffing Levels (Wales) Act work has been articulated through the working papers of the All-Wales Nurse Staffing Group which oversees the nurse staffing programme of work on behalf of the Chief Nursing Officer for Wales and the Executive Nurse Directors.
Rhestr Termiau: Glossary of Terms:	NSLWA – Nursing Staffing Levels (Wales) Act 2016
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Board Meeting (November 2023)

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	There are financial and workforce implications associated with the outcome of the work described in this paper and relate to the ability to finance both registrants and (a range of) Support Workers required.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The intention underpinning the Act is to ensure safe, effective and quality patient care. One of the key requirements of the Act is to monitor the impact of nurse staffing levels on care quality
<b>Gweithlu:</b> <b>Workforce:</b>	This paper relates to adjustments to the staffing levels which have been calculated as being required across many of the acute adult medical/surgical wards and the inpatient paediatric wards of HDdUHB
<b>Risg:</b> <b>Risk:</b>	There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the planning cycle of the Health Board. The risks relate to the ability to both finance and recruit a sufficient workforce of both registrants and (a range of) Support Workers.
<b>Cyfreithiol:</b> <b>Legal:</b>	<p>The Board and the Designated Person, the Director of Nursing, Quality &amp; Patient Experience, have duties under the Act to calculate and maintain the nurse staffing levels on S25B wards.</p> <p>In addition, the statutory guidance states “The maintenance of the nurse staffing level should be funded from the LHB’s or Trust’s revenue allocation, taking into account the actual salary points of staff employed on its wards”.</p>
<b>Enw Da:</b> <b>Reputational:</b>	The reputation of the nursing services and the effectiveness of the collaboration within the Health Board is enhanced through the level of engagement shown between the operational and corporate teams in ensuring that the statutory requirements relating to the NSLWA are met.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Currently no impact in relation to privacy identifiable within this work.
<b>Cydraddoldeb:</b> <b>Equality:</b>	No negative EqIA impacts identified.

Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
<b>Financial/Service Impacts</b>				
1. Has the new proposal/service model been costed? If so, by whom?	Yes	Costings included.	Helen Humphreys	Table 1
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?	Yes	<p>The additional requirement of £143,670 will be discussed by the Core Delivery Group on the 20 December 2023.</p> <p>For those wards which require a change in the roster or establishment due to service change, The finance and workforce implications of these service changes have been discussed by the Core Delivery Group in October 2023, with an action that a review of the models of care on the seven wards will be undertaken to ensure that the models of care align with the Health Board's clinical strategy, and are demonstrating improved patient outcomes.</p>	Helen Humphreys	
3. Is the new proposal/service model affordable from within existing budgets?	Yes/No	Some of the changes are achievable within existing budgets, for example where a Band 4 Assistant Practitioner Role is being introduced to support the Registered Nurse (RN) workforce. However, some of the changes require an increase in the budgets	Helen Humphreys	
4. Is there an impact on pay or non pay e.g. drugs, equipment, etc?	NA		Helen Humphreys	

5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	NA		Helen Humphreys	
6. What is the financial or efficiency payback (prudency), if any?			Helen Humphreys	
7. Are there risks if the new proposal/service model is not put into effect?	NA	The majority of wards are working to the rosters agreed by the Designated Person, the Director of Nursing, Quality and Patient Experience, and are using temporary staff (including on contract agency) to maintain the rosters and not aligning the funded establishment to the Autumn 2023 calculation will mean that teams can't recruit substantively into these posts (and reduce the reliance on temporary staff).	Helen Humphreys	
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	NA		Helen Humphreys	
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc?	NA		Helen Humphreys	
10. Are capital requirements identified or funded?	NA		Helen Humphreys	
11. Will capital projects need to be completed in time to support any service change proposed?	NA		Helen Humphreys	
12. Has a Project Board been identified to manage the implementation?	NA		Helen Humphreys	



13. Is there an implementation plan with timescales to performance manage the process and risks?	NA		Helen Humphreys	
14. Is there a post project evaluation planed for the new proposal/service model?	Yes	the impact of any changes to the rosters or establishments will be reviewed as part of the nurse staffing calculation cycles, undertaken for these wards on a six-monthly basis	Helen Humphreys	
15. Are there any other constraints which would prevent progress to implementation?	Yes	If agreed, a recruitment plan would need to be put into place	Helen Humphreys	
<b>Quality/Patient Care Impacts</b>				
16. Could there be an impact on patient outcome/care?	Yes	Incidents of falls, pressure damage and medication errors are routinely monitored as part of the six-monthly calculation cycle and it would be anticipated that aligning the rosters to the spring calculation cycle would have a positive impact on these patient outcomes	Helen Humphreys	
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport.	NA		Helen Humphreys	
18. Is there any potential for inconsistency in approach across the Health Board?	No	The triangulated methodology used to calculate the nurse staffing level is applied consistency across all wards within the Health Board.	Helen Humphreys	
19. Is there are potential for postcode lottery/commissioning?	NA		Helen Humphreys	
20. Is there a need to consider exceptional circumstances?	NA		Helen Humphreys	

21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?)	No	Incidents of falls, pressure damage and medication errors are routinely monitored as part of the six-monthly calculation cycle and it would be anticipated that aligning the rosters to the spring calculation cycle would have a positive impact on these patient outcomes	Helen Humphreys	
22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable?	Yes	Any relevant national standards are considered and applied to the nurse staffing calculations where available, for example the stroke standards for the stroke wards.	Helen Humphreys	
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	Yes	The ward manager, senior nurse manager and Deputy Head/Head of Nursing are engaged in the nurse staffing discussion and all are invited to a meeting with the Designated Person to discuss the ward roster during each cycle	Helen Humphreys	
24. Are there any population health impacts?	NA		Helen Humphreys	
Workforce Impact			Helen Humphreys	
25. Has the impact on the existing staff/WTE been determined?	Yes		Helen Humphreys	
26. Is it deliverable without the need for premium workforce?	Yes	If the establishments are realigned to the Spring calculation cycle, teams will be able to recruit substantively into posts.	Helen Humphreys	
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	NA		Helen Humphreys	
28. Is there potential for professional body/college/union involvement?	Yes	The Royal College of Nursing (Wales) have an interest in how the Nurse Staffing Levels (Wales)	Helen Humphreys	

		Act (NSLWA) is implemented in each Health Board		
29. Could there be any perceived interference with clinical freedom?	NA		Helen Humphreys	
30. Is there potential for front line staff conflict with the public?	NA		Helen Humphreys	
31. Could there be challenge from the 'industries' involved?	NA		Helen Humphreys	
32. Is there a communication plan to inform staff of the new arrangements?	Yes	This would be via the operational nursing structure.	Helen Humphreys	
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	NA		Helen Humphreys	
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	NA		Helen Humphreys	
<b>Risk Impact</b>			Helen Humphreys	
32. Has a risk assessment been completed?	NA		Helen Humphreys	
33. Is there a plan to mitigate the risks identified?	NA		Helen Humphreys	
<b>Legal Impact</b>			Helen Humphreys	
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?	Yes	The Board and the Designated Person have specific duties under the NSLWA for calculating and maintaining the nurse staffing levels.	Helen Humphreys	

		In addition, the statutory guidance published to support the implementation of the Act states “The maintenance of the nurse staffing level should be funded from the LHB’s or Trust’s revenue allocation, taking into account the actual salary points of staff employed on its wards.”		
35. Is there a likelihood of legal challenge?	No	To date, the Health Board is able to provide assurance that we are complying with the requirements set out in the Act	Helen Humphreys	Annual presentation of the NSL to the Board in November and Assurance Report to the Board in May
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?	Yes	Nurse Staffing Level (Wales) Act <a href="#">Nurse Staffing Levels (Wales) Act 2016 (legislation.gov.uk)</a> and supporting statutory guidance <a href="#">Nurse Staffing Levels (Wales) Act 2016: statutory guidance (version 2)   GOV.WALES</a>	Helen Humphreys	
37. Is there any existing contract and/or notice periods?	NA		Helen Humphreys	
Reputational Impact			Helen Humphreys	
38. Is there a likelihood of public/patient opposition?	No		Helen Humphreys	
39. Is there a likelihood of political activity?	No		Helen Humphreys	

40. Is there a likelihood of media interest?	No		Helen Humphreys	
41. Is there the potential for an adverse effect on recruitment?	No		Helen Humphreys	
42. Is there the likelihood of an adverse effect on staff morale?	No		Helen Humphreys	
43. Potential for judicial review?	No		Helen Humphreys	
Privacy Impact			Helen Humphreys	
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to undertaken?	NA		Helen Humphreys	
45. Has a full DPIA been undertaken – Please contact <a href="mailto:Information.Governance3@wales.nhs.uk">Information.Governance3@wales.nhs.uk</a> for the template.	NA		Helen Humphreys	
Equality Impact (unless otherwise completed as part of the accompanying SBAR)			Helen Humphreys	
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? <a href="#">Equality, diversity and inclusion (sharepoint.com)</a>	NA		Helen Humphreys	
47. Has a full EqIA been undertaken – follow link below? <a href="#">Equality, diversity and inclusion (sharepoint.com)</a>	NA		Helen Humphreys	
48. Have any negative/positive impacts been identified in the EqIA documentation?	NA		Helen Humphreys	