



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 May 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels Annual Assurance Report 2021/2022
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Hayes, Nurse Staffing Programme Lead Helen Humphreys, Senior Nurse, Workforce and Practice Development

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

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 (it is noted that the requirement of S25B of the Act was extended to paediatric inpatient wards from the 1st October 2022) These Sections also required that a three yearly report be presented to Welsh Government within 30 days of the end of each three year reporting period.

To facilitate the preparation of the statutory three yearly report to Welsh Government, this Health Board has required that an annual assurance report be prepared to provide assurance to the Board that all statutory requirements are being met. This report introduces the 2021/22 Hywel Dda University Health Board (HDdUHB) NSLWA Annual Assurance Report and covers the period 6th April 2021 - 5th April 2022.

It should be noted that 5th April 2021 marked the end of the first three year statutory reporting period required within the NSLWA: A 'caveated' / draft three year compliance report, covering the period 6th April 2018 to 5th April 2021, was scrutinised by the HDdUHB Quality, Safety and Experience Assurance Committee (QSEAC) in April 2021 prior to being sent to Welsh Government in line with statutory reporting requirements. A final version of the three year report was presented to the HDdUHB Board meeting in September 2021 for approval before submission to Welsh Government.

This SBAR will make reference to the Welsh Government statutory 'Summary of Nurse Staffing Level reports' 2018-2021 which was published in December 2021 and includes the findings

and conclusions from the three year reports submitted by all health boards across Wales [Nurse Staffing Levels \(Wales\) Act 2016: nurse staffing level reports 2018 to 2021 | GOV.WALES.](#)

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

Cefndir / Background

The NSLWA has five sections:

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

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

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

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

1. The Board receives a statutory, annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards.
2. The Board receives a (non-statutory) annual assurance report in May each year. This report is structured in a way to provide the basis of the statutory 3 year report which the Health Board is required to submit to Welsh Government (WG) every third year. The next 3 year report is due to be submitted in its final format in September 2024.

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

Asesiad / Assessment

Assurance Report: The attached report (attachment 1), completed against a template agreed within the All Wales Nurse Staffing Programme, sets out the way in which HDdUHB has met the various statutory requirements of the NSLWA during 2021-22. Inevitably, due to the COVID-19 pandemic during this period, 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 Board members to draw assurance from it, please find below reference to the key element of the (statutory) reporting requirements that each numbered section of the report is seeking to address:

- 1-4 Introductory Sections (page 1)
5. The use made of the triangulated approach to calculate the nurse staffing level on section 25B wards; (page 2-4 of the report).
6. How the HDdUHB responsibilities to inform patients about nurse staffing levels are being met (page 4-5 of the report).
7. The extent to which the nurse staffing (WTE establishments) have been maintained in Section 25B adult medical and surgical wards (page 5-6 of the report).
8. The extent to which the nurse staffing (WTE establishments) have been maintained in Section 25B paediatric wards (page 6-7 of the report).
9. The Extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric inpatient wards (pages 7-8 of the report)
10. Extent to which the planned roster has been maintained within adult acute medical and surgical wards (pages 9 of the report)
11. Extent to which the planned roster has been maintained within paediatric inpatient wards (page 9 of the report)
12. The robustness of the systems and processes in place for ensuring that all reasonable steps to maintain the nurse staffing levels are taken (page 10-12 of the report).
13. The impact on care quality as a result of not maintaining the nurse staffing levels in the adult medical and surgical wards (page 12 of the report).
14. The impact on care quality as a result of not maintaining the nurse staffing levels in the paediatric wards (page 13 of the report).
15. The actions taken when the nurse staffing level was not maintained in section 25B wards (pages 14-15 of the report)
16. 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 (15-16 of the report).

17. The conclusions from the Health Board's experience during the 2021-2022 period and recommendations for actions in the coming year (page 16-18 of the report).

For ease of reference, key points to note from the detailed narrative contained within attachment 1 include:

- The fact that, whilst some of the adjustments to the agreed nurse staffing levels are required because of managing the impact of COVID-19 on our hospital sites, others are judged to be required as a result of changes in the patient acuity; changes to the primary function of the ward; changes in the commissioned bed numbers; changes due to service/pathway changes; and/or changes in the proportion of "long days" shift patterns being worked by staff in the previous 6 months.
- During the 2021/22 period there have been two serious incidents (one incident of hospital acquired pressure damage (unstageable pressure damage) and one incident of fall resulting in serious harm) and four complaints; which occurred when the nursing staffing level (planned roster) was not maintained and not maintaining the nurse staffing level was considered to be a contributory factor (page 12-15 of this report)

Feedback on the Three Year 2018-2021 statutory assurance report:

It is important to provide assurance and to confirm to the Board that, during 2020/21, the Health Board met its three yearly statutory reporting requirements under Section 25E of the Act. A 'caveated' three year statutory assurance report, covering the period 6th April 2018 to 5th April 2021, was presented to the HDdUHB Quality, Safety and Experience Assurance Committee (QSEAC) in April 2021 prior to being sent, in its draft form, to Welsh Government in line with statutory reporting requirements. A final version of the three year report was brought to the HDdUHB Board meeting in September 2021 for approval before it was submitted to Welsh Government.

A summary of the findings and conclusion of the Welsh Government Statutory summary of nurse staffing level reports 2018-2021, published when it was set before the Senedd in December 2021, is set out below:

- The HDdUHB was one of several Health Boards who introduced workforce (and thus funding) increases gradually over the first 1-2 years following the commencement of the second duty of the Act in April 2018
- It was recognised that the COVID-19 pandemic has had a significant impact on the ability of all Health Boards to report accurately on the nurse staffing level changes for each ward over the three year reporting period due to patient pathway/bed numbers/patient acuity and dependency changes for most wards during 2020/21
- Despite the challenges in tracking the detail of all workforce establishment changes, in line with the rest of NHS Wales, HDdUHB could confidently report a significant increase in the substantive HCSW workforce in post when a comparison was made of the workforce establishments of wards that had been designated as falling under Section 25B at the beginning of the reporting period and the establishments of these same wards at the end of the 3 year period.
- The HDdUHB reported on 2 Serious Incidents which had occurred during the reporting period and which it was judged that a failure to maintain staffing levels had been a contributory factor. The total number of such Serious Incidents which had been reported across NHS Wales was 40, with HB's reporting a range of 2 to 16 such incidents in this section of the report
- The HDdUHB three yearly assurance report was commended by CNO's officers for its completeness and detail.

The link to HDdUHB's statutory NSLWA report for 2018-2021 is included within the 'Situation' section of this SBAR.

Argymhelliad / Recommendation

The Board is asked to receive the Nurse Staffing Levels Annual Assurance Report for 2021/22 as a source of assurance that the necessary processes and reviews have been enacted to enable HDdUHB to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate risk register 647
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 4. Dignified Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the assurance report has been articulated through the working papers of the all Wales Nurse Staffing Group published over the past two years
Rhestr Termiau: Glossary of Terms:	CNO - Chief Nursing Officer HCSW – Health Care Support Worker WGH - Worthybush General Hospital BGH - Bronglais General Hospital GGH - Glangwili General Hospital PPH - Prince Phillip Hospital IMTP – Integrated medium term Plan WTE – whole time equivalent

	NSLWA - Nurse Staffing Levels (Wales) Act 2016 HDdUHB – Hywel Dda University Health Board WG – Welsh Government NIV – Non-invasive ventilation IRIS – Information reporting system
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Acute Heads of Nursing across HDdUHB

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	NA
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention underpinning the Act is to ensure safe, effective and quality patient care. One of the key requirements of the Act is to monitor the impact of nurse staffing levels on care quality and Section 13 and Section 14 of the report sets out the impact on care quality as a result of not maintaining the nurse staffing levels.
Gweithlu: Workforce:	This paper relates to adjustments to the staffing levels which have been calculated as being required across many of the acute adult medical and surgical wards of HDdUHB with section 7 and section 8 showing the change in WTE establishments required.
Risg: Risk:	There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the planning cycle of the Health Board. The risks relate to the ability to both finance and recruit a sufficient workforce of both registrants and (a range of) Support Workers..
Cyfreithiol: Legal:	The legal risk associated with nurse staffing levels relates not to the issues described within this paper (which relate to the duty to calculate the nurse staffing levels) but rather to the potential of non-compliance with the second duty of the NSLWA i.e. the 'duty of maintaining the nurse staffing levels'. The 'duty to maintain the nurse staffing level' and the extent to which the planned rosters are maintained is set out in Section 10 and Section 11 of the paper
Enw Da: Reputational:	The reputation of the nursing services and the effectiveness of the collaboration within the Health Board is enhanced through the level of engagement shown between the operational and corporate teams in ensuring that the statutory requirements relating to the NSLWA are met despite the challenges of the current pandemic circumstances.
Gyfrinachedd: Privacy:	Currently no impact in relation to privacy identifiable within this work.
Cydraddoldeb: Equality:	No negative EqIA impacts identified.

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
1. Health board	Hywel Dda University Health Board		
2. Date annual assurance report is presented to Board	Hywel Dda University Health Board 26 th May 2022 (for the period April 6 th 2021- April 5 th 2022)		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
3. During the last year the lowest and highest number of wards	21-23*	12*	2 (since 1 st October 2021)
	<p>During the past 12 months, two 'new' wards have become S25B ward (Ward 3 (Frailty) and ACDU, Withybush General Hospital); one existing clinical area had their primary function temporarily changed to an adult medical ward (Ward 6, Prince Philip Hospital December 2021 to end of year) and one new adult surgical ward was commissioned temporarily (Cothi ward, Glangwili General Hospital November 2021 – March 2022).</p> <p>One adult surgical ward (Ward 3 Withybush General Hospital) was reviewed during the Spring calculation cycle but subsequently excluded from the workforce data analysis as the ward was decommissioned at almost exactly the time the Spring review was completed: One further surgical ward (Preseli ward in Glangwili General Hospital) has been closed during the whole of 2021/22 although the budget has been retained (and is offsetting additional workforce costs in other Section 25B wards on that hospital site) as the plan is to reopen when the workforce can be re-recruited into.</p> <p>*The primary function of one ward (Ward 6 PPH) has changed during the year between being an adult medical ward and an adult surgical ward and is included in the both medical and surgical ward figures above.</p>		
4. During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	<p>Following the Autumn 2021 cycle, seven medical wards had an 'early review' in January 2022. The 'early review' was required due to concerns about the ward's quality indicator data identified during the Autumn 2021 cycle; the need to review the changes in acuity to confirm that they were sustained changes; and/or to discuss the potential impact on staffing levels of proposed service changes.</p>	<p>Following the Autumn 2021 cycle, six surgical wards had an 'early review' in January 2022. The 'early review' was required due to concerns about the wards quality indicator data identified during the Autumn 2021 cycle; the need to review the changes in acuity to confirm that they were sustained changes; and/or to discuss the potential impact on staffing levels of proposed service changes.</p>	<p>The nurse staffing levels for the two paediatric wards were calculated prior to the commencement of the Act in October 2021.</p>

5. The process and methodology used to calculate the nurse staffing level.

The triangulated methodology described in Section 25C of the NSLWA has been implemented as prescribed for all Section 25B wards for both the Spring and Autumn 2021 cycles. The core information utilised and reviewed during this process included:

- Current ward bed numbers and speciality, including specific treatments or procedures and any proposed service and patient pathway changes.
- Current nurse staff provision, including those members of the nursing team that are not included in the core roster (supervisory senior sister, frailty/rehabilitation support workers, ward administrators and Family Liaison Officers).
- Patient acuity data from the previous 12 months.
- Care quality indicators data for the previous 12 months –consideration has been given to the pressure ulcers, falls and medication errors incidents in all wards (as well as infiltration/extravasation injuries in the paediatric wards). In addition complaints about nursing care, serious incidents and safeguarding concerns have also been discussed.
- Ward based initiatives, improvement programmes or action plans for remedial work to specific areas, where concerns have previously been identified.
- Workforce - related metrics i.e. Performance & Development Review (PADR) compliance, mandatory training compliance and sickness levels.
- National staffing standards, where they exist for the clinical speciality.
- Patient flow/activity related data for the previous 12 months.
- Finance/workforce-related data including expenditure/utilisation of permanent/temporary staff.

It should be noted that the ‘Nurse Staffing Level review template’ which guides the professional discussion during each review process, has continued to be revised and adapted in the light of learning following each nurse staffing level review/recalculation cycle during 2021/22.

During the Autumn 2021 cycle, in addition to the above, data which reflected “the extent to which the planned rosters have been met” was available for the first time for the Section 25B wards across the Health Board. Further detail about this data and the reports generated from it is included under the ‘Extent to which the nurse staffing level has been maintained’ section of this report.

Similar to previous cycles, both NSL review/recalculation cycles during 2021/22 included detailed professional discussions with the nursing management structure for each ward to ascertain the total number of staff required to provide sufficient resource to deploy a staffing level appropriate to the individual ward, regardless of whether there was a proposed increase, decrease, or no change to the ward establishment. Building on the lessons learnt from the processes followed in previous cycles, the autumn 2021 cycle saw the Ward Managers and Senior Nurses present the summary position, supported by the relevant Head of Nursing (Deputy Head of Nursing where relevant), to the designated person, the Director of Nursing, Quality and Patient Experience. This ensured that, in full compliance with the statutory requirements, the calculation made by the Designated Person was directly informed by the registered nurses within the ward and the nursing management structure where the nurse staffing level applies.

The Spring 2021 cycle took place within a context of many Section 25B/C wards continuing to be affected by (potentially temporary) changes to their bed numbers/ patient pathways/ clinical specialities as a result of the COVID-19 pandemic. By the autumn there was more stability across the wards and the nurse staffing levels on 24 wards were recalculated during this cycle for the following reasons (for some wards the nurse staffing levels was recalculated for more than one reason):

- 10 wards were recalculated due to a change in the patient acuity.
- 5 wards were recalculated as the primary function of the ward had changed.
- 2 wards were recalculated due to a change in the commissioned bed numbers.
- 2 wards were recalculated due to service/pathway changes.
- 11 wards were recalculated due to changes in the proportion of 'long day' shifts which had been worked by staff during the previous 6 months. (It is worth noting that these changes mainly reflected a slight decrease in the number of substantive staff working the 'long day' shift pattern. Whilst it is unclear if this is a temporary change in the wake of a challenging 18 months during the pandemic period, it should be noted that the financing arrangements for the nurse staffing establishments must remain flexible enough to be able to respond to this evolving position until we are confident the workforce has reached a 'steady state' in relation to the proportion of 'long day' and the more traditional 'early/late' shifts which staff are opting to work.

Acuity Autumn 2021 cycle: a key theme arising from the professional discussions between the Ward Managers, Senior Nurses and Heads of Nursing with the Designated Person noted during the Autumn 2021 cycle was the change in the acuity of the patients on our adult medical and surgical wards, with a number of professional leaders stating that the patients in our care appear to have been markedly sicker and more dependent over the preceding 12 months. This assertion was borne out by the trends seen in the patient acuity data.

The acuity data for the period 1st January 2019 to 31st September 2021 was reviewed at this time and, even allowing for the anomalies of the pandemic period, this showed that the overall proportion of patients assigned as requiring level 1 (routine care) and level 2 (care pathway care) in 2021 had seen a decrease when compared to the 2019 and 2020 data; whilst the proportion of patients assigned as requiring level 3 (complex care), level 4 (urgent care) and level 5 (one to one care) had seen an increase. The data for the 33 adult medical and surgical wards reviewed as part of the autumn 2021 cycle is set out in the below table.

It should be noted that, as a result of the pattern of patient acuity seen within this Health Board, the Nurse Staffing Programme team in HDUHB have worked with colleagues across NHS Wales to gather and analyse the acuity data captured by all HB's over the past 4 years and the same patient acuity trend is seen across NHS Wales.

The percentage of patients assigned to each levels as a proportion of the total data captured				
	2019	2020	2021	Trend

Level 1 – routine care	3.99%	1.46%	0.50%	↓
Level 2 pathway care	23.53%	16.17%	11.47%	↓
Level 3 complex care	56.71%	61.89%	62.59%	↑
Level 4 urgent care	14.48%	18.63%	23.41%	↑
Level 5 one to one care	1.29%	1.86%	2.02%	↑

Team around the patient

- **Band 4 workforce:** It was noticeable during the autumn 2021 calculation cycle that a number of teams were now actively exploring the introduction of Assistant Practitioner roles to support the RN workforce, with some teams at the point of recruitment and others exploring the specific role responsibilities that such a post would undertake in their ward area.
- **Ward Administrator roles:** although these roles are not part of the ‘planned roster’ required under the Act, the Designated Person did note that there were plans to put this role into place, albeit on a temporary basis, in GGH, PPH and WGH: (NB the ward administrator role is a long-established role that works in support of the nursing team in BGH). This role provides clerical and administrative support to the Senior Sister/Charge Nurses (and their deputies) and acts as first point of contact for all non-clinical issues on behalf of the Senior Sister/Charge Nurses: The aim is that this role should enable the Senior Sister/Charge Nurses to be released to focus on their clinical leadership, rather than administrative, tasks and activities.
- **Family Liaison Officers:** As with the ward administrator roles, these roles are not statutorily required to be referenced/included within the planned rosters for the Section 25B wards. However, the Designated Person did discuss the contribution of these roles with each Senior Sisters/Charge Nurses as part of the professional discussion. Almost without exception, the clinical leaders articulated a significant value and benefit to the role working directly in improving the extent to which the communications needs of patients/ loved ones have been able to be met; and the positive impact that they perceived these roles to be having on the overall patient experience as a result. Whilst continued funding for these posts remains uncertain at this time, the spring 2022 cycle will explore in detail the tasks undertaken by FLO’s, the importance of ‘ring-fencing’ capacity within the team to continue to deliver these tasks for our patients; and explore all funding opportunities with the aim of establishing the FLO role as an important element of the ‘Team around the Patient’ workforce.

One final point to note in this section is that the Internal Audit team were commissioned by the Director of Nursing, Quality and Patient Experience in January 2022 to undertake a review of the effectiveness of the Health Board’s systems and processes which aim to achieve compliance within the Nurse Staffing Levels (Wales) Act. This audit is due to report its findings to the Audit Risk and Assurance Committee in May 2022.

6. Informing patients

There is an agreed national process in place to meet the statutory requirement to inform patients of the planned nurse staffing levels for all wards where Section 25B pertains. This process involves the display of a bilingual poster outside the

ward entrance 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. However, since the additional infection prevention measures put into place in March 2020 and the restrictions on visitors as a result of the Covid-19 pandemic, the effectiveness of this system in achieving the 'spirit' of the statutory guidance has been limited.

In response to the Covid-19 pandemic, it was nationally agreed that the Frequently Asked Questions would be made available electronically via the Patient Information section of each Health Board's 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 ([Nurse staffing levels \(Wales\) Act 2016 - Hywel Dda University Health Board \(nhs.wales\)](#)). This approach aims to meet the 'spirit' of this aspect of the statutory requirement.

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 level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

7. Extent to which the required establishment has been maintained within adult acute medical and surgical wards.

	April 6 th 2021- April 5 th 2022		
	Number of Wards:	RN (WTE) (excludes supernumerary Band 7 roles)	HCSW (WTE)
Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during first cycle (May 2021)	31	571.12*WTE	546.03*WTE
WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following first (May 2021) calculation cycle	31	600.63* WTE	523.61* WTE
Required establishment (WTE) of <u>adult acute medical and surgical wards</u> calculated during second calculation cycle (Nov 2021)	32	602.00** WTE	571.00** WTE
WTE of required establishment of <u>adult acute medical and surgical wards</u> funded following second (Nov 2021) calculation cycle	32	602 .00** WTE	571.00** WTE

*2 x Section 25B were temporarily closed at around the time of the Spring 2021 review and the workforce redeployed into other S25B wards: The funding allocated to these 2 wards was utilised to supplement the workforce/budgets for other Section 25B wards hence some apparent 'overfunding' of the registered nursing workforce at this time

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

The WTE required establishments and planned rosters following the spring 2021 cycle were included in the report submitted to the Board in May 2021 and the WTE required establishments and planned rosters following the autumn 2021 cycle were presented to the board in November 2021.

One of the recommendations in the 2021/22 assurance report was the need to reset the nurse staffing levels for all Section 25B wards during the Spring 2021 cycle, however the financial impact assessment for the Spring 2021 NSL review was a challenging one as many Section 25B/C wards continued to be affected by (potentially temporary) changes to their bed numbers/ patient pathways/ clinical specialities as a result of the COVID-19 pandemic at that time. Therefore, only the budgets for some of the wards were reset following the Spring 2021 cycle. To mitigate any risks, the revised NSLs were used as the planned roster template and, wherever possible, were achieved through use of temporary staff.

It was agreed that the budgets for all the S25B wards would be reviewed and reset where required following the autumn 2021 cycle. The Autumn 2021 calculation cycle identified a total net increase requirement of £1.325m to fund 0.64 WTE additional registered nurses and 44.8 WTE additional Health Care Support Workers.

The financial adjustments required to the budgets following the autumn 2021 cycle were approved, following detailed discussions with the Directors of Nursing, Finance and Workforce and these changes have been applied to the section 25B wards with recruitment into substantive posts taking place during the spring of 2022.

An objective for 2022/23 is to establish a nursing/finance/workforce process by which the nurse staffing level changes agreed at each cycle can be realised in a timely manner both in terms of the finance and workforce adjustments required 'in-year', which will ensure both budgetary and rostering stability and allow local 'grip and control' at team level.

8. Extent to which the required establishment has been maintained within paediatric inpatient wards

	Period Covered April 2021-April 2022		
	Number of Wards:	RN (WTE) excludes supernumerary Band 7 roles)	HCSW (WTE)
Funded establishment (WTE) of <u>paediatrics inpatient wards</u> prior to 1st October 2021	2	48 WTE	13 WTE
Required establishment (WTE) of <u>paediatrics inpatient wards</u> calculated during second calculation cycle (Nov)	2	48 WTE	16 WTE
WTE of required establishment of <u>paediatrics inpatient wards</u> funded following second (Nov) calculation cycle	2	48 WTE	16 WTE

	<p>The WTE required establishments and planned rosters for the two paediatric wards were calculated prior to the extension of Act to these wards and presented to the Board at a Development Session in August 2021 and then formally presented as part of the statutory annual presentation to the Board of the nurse staffing levels of ALL Section 25B wards, in November 2021 https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-4-4-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-of-the-nurse-staffing-levels-wales-act/).</p> <p>Prior to the extension of the Act in October 2021, it was agreed that the funding of any changes would come from realignment of budgets within the Women and Children Directorate in the first instance.</p>
<p>9. Extent to which the planned roster has been maintained within <u>BOTH adult medical and surgical wards AND paediatric inpatient wards</u></p>	<p>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 the data required under the reporting section (S25E) of the 2016 Act: At this time, health boards/trusts across NHS Wales were using a variety of e-rostering and data capture systems.</p> <p>During the first reporting period (2018-2021), health boards/trusts in Wales worked as part of the All Wales Nurse Staffing Programme, to enhanced the national Health Care Monitoring system (in lieu of any single, comprehensive ICT solution) to enable each organisation to capture the data that would be required in order to demonstrate 'the extent to which nurse staffing levels had been maintained' in a consistent manner across health boards/trusts.</p> <p>However, NHS Wales is committed to utilising a national informatics system that can be used as a central repository for entering and collating consistent data required for the Act. To that end, over the last 12 months, officers from this Health Board have contributed significantly to the extensive work which has been undertaken at a national level in order to inform the development of the Allocate 'Safecare' system so that it aligns with the requirements of the Act.</p> <p>The aim of this work has been to ensure a consistent system is available in each health board/trust in NHS Wales so that detailed information relating to the extent that the planned nurse staffing levels have been maintained; and whether the deployment of the nurse staffing was appropriate to meet the needs of patients sensitively; can be captured and reported in a consistent manner.</p> <p>Within this Health Board, the rollout of Safecare will follow on from the implementation of the Allocate Health Roster system which is currently underway. To facilitate the rollout of the Safecare system and to support the preliminary /preparatory work for this (work which also supports the implementation of the Heath Roster system from a clinical perspective), an appointment has been made to a Nursing Workforce Systems Project Nurse post during 2021/22 and this post will be crucial as the implementation of the Safecare system begins in earnest during 2022/23</p> <p>In light of the fact that the 'Once for Wales' data capture system to be used to facilitate reporting against the Act, this health board - together with all other health boards/trusts in Wales - provided narrative to describe the extent to which the nurse</p>

staffing levels have been maintained in order to meet its statutory reporting requirements for the 2018-2021 period: During the current year (2021/22) , the Health Board has utilised the Health Care Monitoring System as the temporary mechanism by which some quantitative data has been captured.

The data presented below is taken from the HB internal 'IRIS' report – Information Reporting Intelligence System and is the date for:

- Adult ward - the period 6th April 2021 – 5th April 2022 (data extracted on 27th April 2022)
- Paediatrics wards - the period 1st October 2021 – 5th April 2022 (data extracted on 27th April 2022)

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	23838	15255	561	2136	5886	97.18%
		63.99%	2.35%	8.96%	24.59%	

It should be noted ere that the data completeness is recorded at 97.18% and operational teams are to be commended for their success in continuing to capture this data despite the challenges over the last 12 months.

The data presented here shows that:

- The planned roster was met and this was deemed appropriate 63.99% of the total shifts recorded (day and night day) although there was variation noted between day and night shifts, with night time shifts showing better compliance with planned roster than day time shifts. This is the pattern expected as the night time shifts are the shifts of greatest risk and thus would be staffed as the priority operationally
- There were 2.35% (561 night/day shifts) were the planned roster was met but it was deemed not appropriate. The narrative accompanying the records for these shifts suggests that the patient acuity on the ward during those shifts required additional staff and although additional temporary staff was requested, it was unavailable.
- There were 8.96% (2136 night/day shifts) were the planned roster was not met, but the staffing levels were nevertheless deemed appropriate so that the needs of the patients could be met with available staff.
- There were 24.59% (5862 night/day shifts) were the planned roster was not met and this was judged to be insufficient to meet all the care needs of the patient during that shift. The majority of these shifts can be tracked to occurring during the third wave of the pandemic (Winter 2021/22) when escalation processes were in place and staff in all acute sites were being moved between wards in order to manage the prevailing risks across sites during every shift. It is to the enormous credit of operational managers and clinical staff that this period was managed with very limited impact on the care quality indicators (which have been carefully monitored during the initial phase of the Spring 2022 NSL review/recalculation cycle) during that period.



10. Extent to which the planned roster has been maintained within adult acute medical and surgical wards ONLY

The data presented below is taken from the HB internal 'IRIS' report – Information Reporting Intelligence System and is the data for the period 6th April 2021 – 5th April 2022 (data extracted on 27th April 2022).

	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	23094	14642	557	2033	5862	97.03%
		63.40%	2.41%	8.80%	25.38%	

Whilst it can be confirmed that the Health Board remained compliant with the statutory requirement to take 'all reasonable steps' to ensure that staffing levels were maintained, the key factors that affected the data reported for 2021/22 are as follows:

- Most significantly, the impact of COVID-19 and the Omicron variant on the availability of both substantive and temporary staff at the end of 2021 and the beginning of 2022.
- The impact of requiring additional/surge beds, notably during the second half of 2021/22 beds; and the challenges of securing the **additional** staff required to maintain the higher levels of staffing required for wards with additional beds open
- The impact of the additional staff required to maintain the (changed) planned roster when one ward had to change specialty to accommodate the additional medical patients being cared for.
- Fluctuations in the availability of temporary (agency) staff during the various 'waves' of the pandemic

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

The Nurse Staffing Levels (Wales) Act 2016 was extended to Paediatric inpatient wards on the 1st October 2021 and the data in this section information from the 1st October 2021 until 5th April 2022.

Prior to the extension date, the HB calculated the nurse staffing levels for the two paediatric inpatient ward and the Board were informed of these levels at a Development session in August 2021; and the levels were formally presented to the Board in November 2021 (as part of the Nurse Staffing Levels (Wales) Act Annual Presentation of the nurse staffing levels paper <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-4-4-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-of-the-nurse-staffing-levels-wales-act/>).

The process and systems used within paediatric inpatient wards align to those used within the adult medical and surgical inpatient wards and has enabled the health board to begin capturing the data required to inform the reporting requirements under section 25E of the 2016 Act from the 1st October 2021.

The data presented below is taken from the HB internal 'IRIS' report – Information Reporting Intelligence System and is the data for the period 1st October 2021 – 5th April 2022 (data extracted on 27th April 2022).



	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
TOTAL	744	613	4	103	24	99.47%
		82.39%	0.54%	13.84%	3.23%	
	<ul style="list-style-type: none"> The paediatric ward data indicates that, for the two paediatric wards there was a gradual increase in the percentage of both day and night shifts where the planned roster was met and was appropriate since the extension of the Act into paediatric inpatient wards in October 2021 It is noted that at the latter end of 2021, the paediatric team had put plans for an expanded roster in place to manage a predicted 50% surge in paediatric respiratory syncytial virus (RSV) presentations and this may have impacted on the wards' ability to maintain the planned roster during this time. The narrative shows that there are a very small number of occasions when the planned roster was met but additional staff were required due to the acuity of the patients on the ward, the needs of the patients in paediatric HDU and the rainbow suite. These situations are being reviewed by the operational team and during the Nurse Staffing Level review processes to ensure that the contingency options for such situations are adequate. 					
12. Process for maintaining the Nurse staffing level	<p>The actions that have been taken, and are described throughout this report, demonstrate that operational teams are taking "all reasonable steps" to maintain the nurse staffing level as per the requirements of the Act and the nationally agreed operational guidance document issued during 2019/20 and which provided greater detail as to the nature of what constitutes 'all reasonable steps'.</p> <p>There is evidence found in daily reports relating to each acute site that operational teams are applying their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board's overarching duty of "providing sufficient nurses to allow the nurses time to care for patients sensitively".</p> <p>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:</p> <ul style="list-style-type: none"> Specific recruitment initiatives targeting the specific needs of individual wards and departments, led by Workforce and OD team Completion of cohorts 2 and 3 of the STAR Nurse Leadership Development Programme which included Senior Sisters/Charge Nurses from both Section 25B and Section 25A clinical areas, to ensure that clinical leadership and expertise continues to be developed. 					

- Establishment of the multi-professional Workforce Planning Conscience Group to focus on ensuring that appropriate and integrated professional, regulatory and legislative requirements are reflected in the strategic workforce planning undertaken by the organisation
- Establishment of the Workforce Development Task & Finish Group to oversee the delivery of an ambitious expansion of our apprenticeship scheme; increase the pipeline of the Band 4 Assistant Practitioner roles; increase the pipeline of nurses through the internal part-time programmes and create a support system that recognises the pastoral needs of the future workforce pipeline.
- Contribute to the recruitment of internationally educated nurses, as part of the All Wales internationally educated nurses' recruitment process and establish processes to support these individual in practice. An Education Liaison Nurse (ELN) will be appointed to the corporate nursing with a focus on supporting the internationally educated nurses. The successful applicants will work as Assistant Practitioner in the first instance and be supported to attain their OSCE. A target of 100 such nurses will be recruited to the health board over the coming 12 months, with the first cohort of such nurses due to arrive in the Health Board at the end of April 2022.
- Work collaboratively with Aberystwyth University in the recruitment of the first intake of over 30 student nurses, recruited as far as possible from the mid Wales area, due to commence September 2022.
- Ongoing work with Swansea University around training placements with an additional 200 additional student nursing placements identified across the HB (all fields of nursing practice).
- Work collaboratively in identifying the nurse staffing requirements to meet the Covid-19 recovery plan actions including the establishment of enhanced care units; the demountable theatres plan;

Operational steps taken to maintain staffing levels:

- The 2-3 times a day staff planning and patient flow meetings during which plans are developed to ensuring appropriate staffing levels are in place, risk assessed and managed as required for the coming 24-48 hours.
- Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services
- A detailed 24/7 report complete by the site management team providing a continuous record of all staffing (and other operational) issues across each site.
- Systems in place where by risk assessments are undertaken taking into account patients' needs (including acuity and dependency) versus the available staff (both substantive and temporary), staff's knowledge and skills and team stability.
- Mechanisms in place to ensure deployment of staff to ensure appropriate clinical and/or leadership skills.
- Deployment of staff deemed as supernumerary/non-rostered for example, Senior Sister/Charge Nurse, frailty and rehabilitation support workers to provide direct patients care. It is noted that deploying non-rostered staff does come with consequences, for example, Senior Sister/Charge Nurses have had to work clinically for significant periods, and have therefore been unable to undertake their 'management' activities in a timely manner.

- The provision of 'incentivised' pay for substantive staff has continued which has provided addition staffing capacity during key period of the covid-19 pandemic and over the winter months. This will come to an end at the end of March 2022.
- Worked collaboratively with the informatics and operational teams to develop an 'automated daily nurse staffing template' to support operational teams in forecasting the nurse staffing levels for today and tomorrow on each ward, enabling nurse leaders to make decisions around maintaining the nurse staffing levels and, where this is not possible, apply mitigating actions.

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

13. Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year (2020/21)	Number of closed incidents/complaints during current year (2021/22)	Total number of incidents/complaints <u>not closed</u> and to be reported on/during the <u>next year</u> (2022/23)	Increase (decrease) in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained	Number of incidents/complaints where failure to maintain the nurse staffing level(planned roster) was considered to have been a contributing factor
Hospital acquired pressure damage (grade 3, 4 and unstageable)	15	17	2	↑	1	1
Falls resulting in serious harm or death (i.e. level 4 – Severe and Level 5 death incidents).	15	12	1	↓	2	1
Medication errors, never events	0	1	0	↑	NOT APPLICABLE	NOT APPLICABLE
Any complaints about nursing care	37	56	4	↑	8	4

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

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

The incidents/complaints referred to below are those incidents/complaints reported between 1st October 2022 – 14th March 2022

14. Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	Total number of incidents/complaints during last year (2020/21)	Number of closed incidents/complaints during current year (2021/22)	Total number of incidents/complaints <u>not</u> closed and to be reported on/during the <u>next</u> year (2022/23)	Increase (decrease) in number of closed incidents/complaints between previous year and current year	Number of incidents/complaints when the nurse staffing level (planned roster) was not maintained	Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
Hospital acquired pressure damage (grade 3, 4 and unstageable)	NOT APPLICABLE	0	0	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).	NOT APPLICABLE	0	0	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Medication errors, never events	NOT APPLICABLE	0	0	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Infiltration/extravasation injuries	NOT APPLICABLE	0	0	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE
Any complaints about nursing care	NOT APPLICABLE	4	0	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

It is noted that a recommendation in the “Nurse Staffing Levels (Wales) Act 2016 – statutory summary of nurse staffing level report 2018-2021” was to ask the All Wales Nurse Staffing Group and Executive Nurse Directors to consider what revisions to the reporting template, including the quality indicator information, should be used for the second reporting period and the CNO has asked that consideration should be given to aligning the three year reports with the measures that will underpin the reporting requirements of the Quality and Engagement Act 2020. There are plans to take this work forward during 2022/23 and there will be HB representation on the sub group being set up.

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained
<p>15. Actions taken when the nurse staffing level <u>was not</u> maintained in section 25B wards</p>	<p>Adult Medical & Surgical Inpatient wards: During the 2021/22 period there has been two serious incidents; one incident of hospital acquired pressure damage (unstageable pressure damage) and one incident of fall resulting in serious harm; which occurred when the nursing staffing level (planned roster) was not maintained and not maintaining the nurse staffing level was considered to be a contributory factor.</p> <ul style="list-style-type: none"> • The investigation into the hospital acquired pressure damage incident noted that it was unavoidable pressure damage, however, there were occasions in the 72 hours preceding the discovery of the pressure damage when the planned roster was not maintained and this failure to maintain the nurse staffing levels may have contributed to the harm caused as a result of delayed care. The investigation noted that there was appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk. • The investigation into the fall resulting in serious harm (level 4) noted that the planned roster was not maintained during the time of the incident and this failure to maintain the nurse staffing levels was judged to have contributed to the harm caused as a result of delayed care. The investigation noted that there was appropriate and timely use of the escalation policy relating to nurse staffing and reporting and management of risk. It is noted, that as a result of this incident, the team has undertaken some additional work around falls management. <p>During 2021-22 there were four complaints which were wholly or partly about nursing care, when the nurse staffing levels (planned roster) was not maintained and the failure to maintain the nurse staffing level was considered to have been a contributing factor to the complaint due to delayed care. Although not maintaining the nurse staffing was judged to have been a contributory factor, the relevant investigator noted that ‘all reasonable’ steps’ were taken to maintain the nurse staffing levels during the period of all four of the complaints.</p> <p>Paediatrics inpatient wards. During 1st October 2021 to 5th April 2022 there were NO reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e. level 4 and 5 incidents); medication errors never events; or infiltration/ extravasation injuries during the current reporting period (1st October 2021 to 5th April 2022).</p> <p>There were four complaints which were wholly or partly about nursing care but not maintaining the nurse staffing level was not considered to be a contributory factor in any of these.</p> <p>Generally, in relation to actions taken when nurse staffing levels have not been able to be maintained, there is evidence that operational teams are taking ‘all reasonable steps’ to maintain the nurse staffing levels e.g. utilisation of temporary workforce. However there have again been specific, pandemic-related circumstances during 2021/22 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. The impact on care quality has been carefully monitored operationally via the thrice- daily site staffing / patient flow meetings and through the care quality scrutiny processes implemented by each operational site Head of Nursing. The Heads of Nursing, in addition to</p>

being present at the majority of the site staffing/patient flow meetings also receive a daily report briefing them on the staffing position for both the past and the forthcoming 24 hours (as well as other aspects of operational concern), thus facilitating an early warning of any specific risks and enabling immediate action if needed.

Nursing leaders apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible – the risks are mitigated.

16. Section 25A

Although the primary function of this report is to provide assurance around those wards where S25B of the Act applies, the HB also has a statutory requirement under Section 25A of the NSLWA i.e. this section states that the Health Board must have 'regard to providing sufficient nurses to allow nurses time to care sensitively for patients across all its services'. This section will provide a summary of the wider work that has been undertaken in relation to selected S25A areas during 2021/22.

Mental Health Inpatient Services - An Impact Assessment of this health board's requirements to meet the NHS Wales Interim Mental Health Nurse Staffing principles has been undertaken and the outcome confirmed by the Director of Nursing, Quality & Patient Experience before being submitted to enable a calculation of the impact of these principles at a national level. These interim principles were agreed NHS Wales Chief Nursing Officer in November 2021 although their formal release into NHS Wales has been delayed as of April 2022.

The adjustment to the finance/workforce in order to achieve compliance with all the principles was included as part of the IMPT bids submitted in November 2021 and are summarised below:

Area	£m	WTE
Mental Health	2.23	63.18

The actions to be taken in response to this assessment will be subject to further discussion and prioritisation during 2022/213

Health Visiting Services – an impact assessment of this health board's requirements to meet the NHS Wales Interim Health Visiting Nurse Staffing principles has been undertaken for both the generic and Flying Start teams. and the outcome confirmed by the Director of Nursing, Quality & Patient Experience before being submitted to enable a calculation of the impact of these principles at a national level.

The Interim Principles were approved by the NHS Wales Chief Nursing Officer in December 2021 although, as for the principles prepared for mental health in –patient wards, the formal issuing of these principles by the Chief Nursing Officer has been delayed at this time.

A provisional assessment of the adjustment to the finance and workforce for the Health Visiting Teams based on achieving compliance with the principles was included as part of the IMPT bids submitted in November 2021 although this assessment has been subject to further refinement and adjustment as the details of the principles were confirmed.

The impact assessment has paid particular attention to the professional judgement of the HV team leaders and the HV nurse management structure; and a review of individual Health Visitors' caseloads, including how many children fall within the 'universal', 'enhanced' and 'intensive' categories (i.e. a categorisation system which reflects the 'intensity' of the caseload held by each HV). As with the principles for the mental health in-patient wards, the use that this Health Board plans to make of these principles (prior to their formal issue by the CNO) will be subject to further discussion and agreement during 2022/23

	£m	WTE
Health Visiting	3.707	95.14

All Unscheduled care areas (which fall under Section 25A of the NSLWA) including Emergency Departments, Minor Injuries Unit, Medical Day Units, Assessment Units e.g. ACU, CDU and AMAU. The adjustment to the workforce and budget required to meet the revised requirements for these services has been calculated as part of the IMPT bids for 2022/23.

The adjustment proposed to the Emergency Departments were significantly informed by the recently issued staffing standards issued within the Royal College of Emergency Medicine and Royal College of Nursing (2019) "Nursing Workforce standards for Type 1 Emergency Departments" document.

	£m	WTE
All Unscheduled care areas (which fall under Section 25A of the NSLWA)	6.65	185.31

Scheduled Care – Critical Care - a comprehensive review of the Critical Care staffing levels with the ICU nursing teams has been undertaken which has taken into account the GPICS standards. The adjustment to the finance and workforce required to meet the standards for the service model as currently provided across the HDUHB was included as part of the IMPT bids submitted in November 2021.

	FYE (£m)	WTE
Critical Care	2.624	54.47

17. Conclusion & Recommendations

The ongoing Covid-19 pandemic has again made 2021/22 a challenging year in terms of meeting the requirements of the Act. However, despite this, progress continues to be made around key nurse staffing priority areas.

Below is an update against the recommendations set out in the 2020/21 Assurance Report:

Recommendation	Progress to date
----------------	------------------

	<p>Reset the nurse staffing levels for all Section 25B wards during the Spring 2021 cycle</p>	<p>The resetting of the nurse staffing levels for all S25B wards is being undertaken as part of the Autumn 2021 cycle.</p>
	<p>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</p>	<p>During 2021/22, all suitable Health Care Support Workers recruited on fixed term contracts during the COVID pandemic period have been offered opportunity to apply for substantive posts within the HDUHB.</p>
	<p>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</p>	<p>The Nurse Staffing Programme Team are working with the Head of People and Organisation Effectiveness to undertake an explorative piece of scoping work that will capture the experiences of our nursing staff and how the way we work in Hywel Dda impacts their lives and wellbeing. The focus of this work will be to provide insights in the nurse shift pattern and choice/impacts.</p>
	<p>Work collaboratively in support of Workforce and OD colleagues to take forward the staff well-being improvement programme to support staff recuperation and recovery</p>	<p>Specific work programme relating to shift patterns - and incorporating wider well-being issues also - is underway, led by Workforce and OD Relationship Management team.</p>
	<p>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.</p>	<p>The Paediatric NSLWA Implementation Task Group continued to meet throughout 2021 to ensure that all requirements were successfully in place prior to the commencement of the Act.</p>
	<p>Support the impact assessment of the interim nurse staffing principles for mental health in-patient services</p>	<p>As previously mentioned, an Impact Assessment to meet the NHS Wales Interim Mental Health Nurse Staffing principles has been undertaken and the outcome confirmed by the Director of Nursing, Quality & Patient Experience. The Impact Assessment has now been submitted to the CNO office.</p>
	<p>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</p>	<p>The operational teams (adult inpatient medical & surgical wards) have continued with their programme of scrutinising the relevant incidents of harm via the site scrutiny meetings.</p> <p>The paediatric team have similar process in place and have regular monthly meetings set up which includes the review of the relevant quality indicators.</p>

	<p>Continue to support the rollout the Allocate Health Roster and Safecare 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</p>	<p>The roll out of Health Roster to Section 25B wards continues and is due for completion by May 2022. The roll out of the 'Safecare' module to these wards will commence during 2022/23.</p>
	<p>Refresh and take forward at pace a systematic plan to review and reset the nurse staffing level reviews of all Section 25A areas</p>	<p>The reviews of those Section 25A clinical areas/service undertaken during 2021/22 have been reported in this report.</p>
	<p>Based on the findings included in this, the 2021/22 assurance report, the recommendations for the coming 12 months are:</p> <ul style="list-style-type: none"> • Roll out the Safecare system to all Section 25B wards, both adult medical/surgical wards and paediatric inpatient wards • Work collaboratively, in support of operational and Workforce and OD colleagues, to take forward various new initiative aimed at ensuring a supply of registered nurses into the Health Board is assured for the future: <ul style="list-style-type: none"> ➢ the team around the patient model ➢ The Grow Your Own Health Care Support Worker to Registrant pathways ➢ the recruitment of internationally educated nurses ➢ the placement of apprentices • Family Liaison Officers: The spring 2022 cycle will explore the tasks undertaken by FLO's (which were previously the domain of clinical professionals) and will focus on any opportunities for establishing the funding streams for these posts which are proving hugely beneficial in improving patient experience in many clinical areas. • Work collaboratively with finance and workforce colleagues to establish a nursing/finance/workforce process by which any required changes to nurse staffing establishments which have been calculated during each biannual cycle, are addressed in a timely manner 	

Annual Assurance Report Appendix: Summary of Required Establishment

Health board/trust:	Name: Hywel Dda UHB		
Period reviewed:	Start Date: 6 th April 2021	End Date: 5 th April 2022	
Number of wards where section 25B applies:	Medical:	Surgical:	Paediatric:
	21-23*	12*	2

To be completed for EVERY ward where section 25B applies

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

Paediatrics

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021)		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 5 th 2022)		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
Cilgerran GGH Paeds				35.8	10.9	Yes	Yes	Yes	S25B ward since 1st October 2021	No	No	
Angharad BGH PAeds				11.37	4.26	Yes	Yes	Yes	S25B ward since 1st October 2021	No	No	

Adult medical and surgical inpatients

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2021)		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 5 th 2022)		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

BRONGLAIS GENERAL HOSPITAL

BGH Dyfi Medical	33.51	19.9	Yes	31.51	20.61	Yes	Yes	Yes	Change in proportion of long days being worked	No	No	
BGH Ceredig Surgical	22.88	19.9	Yes	21.67	20.61	Yes	Yes	Yes	Changes to emergency surgical pathway activity Changes in proportion of long days being worked	No	No	
BGH Meurig Medical	14.45	11.61	Yes	15.45	11.61	Yes	Yes	No	No change	No	No	
BGH Rhiannon Surgical	12.61	10.98	Yes	17.36	11.61	Yes	Yes	Yes	PACU (post anaesthetic care unit) development	Yes	No	
BGH Ystwyth Medical	22.64	17.77	Yes	23.45	19.54	Yes	Yes	Yes	Patient acuity	Yes	No	
BGH Y Banwy Medical	12.32	8.29	Yes	11.61	10.78	Yes	Yes	Yes	Planned roster set for 12 acute medical beds changes to the proportion of long days being worked	No	No	

GLANGWILI GENERAL HOSPITAL

GGH Cadog Medical	15.45	14.45	Yes	14.45	20.73	Yes	Yes	Yes	Patient acuity	Yes	No	
Dewi GGH Medical	16.28	15.28	Yes	14.45	19.90	Yes	Yes	Yes	changes to the proportion of long days being worked	Yes	No	
GGH Gwenllian Medical	20.9	17.17	Yes	19.90	19.90	Yes	Yes	No	changes to the proportion of long days being worked	No	No	
GGH Padarn Medical	19.90	14.45	Yes	19.90	14.45	Yes	Yes	No	No change	No	No	
GGH Steffan Medical	15.45	18	Yes	14.45	16.90	Yes	Yes	Yes	Patient activity changes to the proportion of long days being worked	No	No	
GGH Towy Medical	15.45	15.28	Yes	14.45	19.90	Yes	Yes	Yes	Patient acuity changes to the proportion of	No	No	

									long days being worked			
Teifi GGH Surgery	23.73	20.73	Yes	25.35	31.62	Yes	Yes	Yes	Patient acuity	Yes	No	
									Changes in proportion of long days being worked			
Cleddau GGH Surgery	14.5	8.17	Yes	12.67	8.17	Yes	Yes	Yes	Changes in proportion of long days being worked	Yes	No	
Derwen GGH Surgery	19.17	14.45	Yes	20.73	17.17	Yes	Yes	Yes	Patient acuity	No	No	
Merlin GGH Surgery	14.45	11.73	Yes	14.45	11.73	Yes	Yes	No	No change	Yes	No	
WOMEN & CHILDREN DIRECTTORATE – GLANGWILI GENERAL HOSPITAL												
Picton GGH Surgery	12.15	8.42	Yes	12.15	8.42	Yes	Yes	No	No Change	No	No	
PRINCE PHILIP HOSPITAL												
Ward 1 PPH Medical			Yes	18.95	17.17	Yes	Yes	Yes	Change to primary function of the ward	No	No	
Ward 3 PPH Medical	18.95	17.43	Yes	18.00	20.73	Yes	Yes	Yes	Change to primary function of the ward	No	No	
Ward 4 PPH Medical	20.73	17.68	Yes	20.73	19.46	Yes	Yes	Yes	Patient acuity	Yes	No	
Ward 5 PPH¹ Medical	15.28	19.27	Yes	18.00	22.00	Yes	Yes	Yes	Patient acuity	Yes	No	
Ward 6 PPH Surgery	18.95	19.9	Yes	20.73	15.28	Yes	Yes	Yes	Changes in bed numbers	No	No	
Ward 7 PPH Surgery	27.01	19.52	Yes	20.73	16.23	Yes	Yes	Yes	Changes in bed numbers	Yes	No	
Ward 9 PPH Medical	23.45	26.18	Yes	24.28	26.18	Yes	Yes	Yes	Changes in proportion of long days being worked	No	No	
									Change to skill mix on night			

									duty (professional judgement)			
WITHYBUSH GENERAL HOSPITAL												
Ward 1 WGH Surgery	15.45	18	Yes	20.73	20.73	Yes	Yes	Yes	Change to primary function (elective and emergency surgery)	No	No	
Ward 3 WGH Surgery	21.56	21.56	Yes	NA	NA	Yes	Yes	Yes	WARD CLOSED SPRING 2021	No	No	
Ward 4 WGH Surgery	12.55	11.73	Yes	21.56	21.56	Yes	Yes	Yes	Change in primary function and beds numbers	No	No	
Ward 7 WGH Medical	19.9	19.9	Yes	19.90	19.90	Yes	Yes	Yes	No change	Yes	No	
Ward 8 WGH Medical	32.45	17.17	Yes	31.62	18.00	Yes	Yes	Yes	Changes in proportion of long days being worked	Yes	No	
Ward 10 WGH Medical	15.28	11.73	Yes	15.28	17.17	Yes	Yes	Yes	Patient acuity Changes in proportion of long days being worked Introduction of a Band 4 role	No	No	
Ward 11 WGH Medical	17.17	14.45	Yes	17.17	14.45	Yes	Yes	Yes	No Change	No	No	
Ward 12 WGH Medical	11.73	17.17	Yes	11.73	18.00	Yes	Yes	Yes	Increase in bed numbers	No	No	
Ward 3 WGH Medical	15.45	14.45	Yes	17.17	20.73	Yes	Yes	Yes	Increase in beds numbers	No	No	