	Three-Yearly Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act 2016 : **Report for Welsh Government** **2018 – 2021**
1.Health board	Hywel Dda University Health Board
2.Reporting period	The reporting period is 6th April 2018-5th April 2021.
3.Requirements of Section 25A	**HEALTH BOARD DUTY UNDER SECTION 25A OF THE NURSE STAFFING LEVELS (WALES) ACT 2016** Section 25A of the Nurse Staffing Levels (Wales) Act 2016 (the 2016 Act) sets out the responsibilities of each Health Board to ensure that they have robust workforce plans, recruitment strategies, structures and processes in place to make certain that there are appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017. The initial focus at this time was on preparing the 30 plus adult medical and surgical wards for the commencement and implementation of Section 25B and C of the 2016 Act in April 2018. At the time of commencement of the full requirements of the 2016 Act (April 2018), this HDdUHB took the decision that all nurse staffing level reviews, undertaken in any nursing service, should seek to apply the principles of the triangulated approach described within Section 25C of the 2016 Act as far as possible. Although the statutory requirement to undertake nurse staffing level reviews in this way applied only to acute medical and surgical adult wards at that time, the Health Board endorsed this as the approach to be used as the framework for all reviews of nurse staffing levels. This triangulated approach requires that information related to three sources needs to be shown to have been taken into account : • Patient acuity/dependency/workload (using validated tools wherever possible) • Care quality indicators (pertinent to the service in question) • Professional judgement (as it applies within the particular clinical setting under review); In addition, nationally endorsed professional nursing workforce guidance/standards are used to underpin the review processes wherever they exist. Each of the three annual assurance reports relating to the 2016 Act and which have been published to date (see Appendix 1 for links to each Annual Assurance report) have provided detail of the Health Board nursing services which have undertaken/commenced reviews of their nurse staffing levels using the above approach over the past 3 years: These reports reflect the Health Board's commitment to its statutory duties under Section 25A of the 2016 Act. The catalyst for these reviews has come from a variety of sources e.g. performance in relation to Chief Nursing Officer (CNO) published 'interim nurse staffing principles' (district nursing); a move to a new care environment (neonatal services); challenges in recruitment to current workforce models (health visiting); changes in patient acuity

	and dependency profile (community hospital services); changes to service models and patient pathways (stroke and respiratory services); and changes to patient numbers and service demands (emergency departments). Once revised nurse staffing levels have been calculated, these reviews have instigated a variety of responses to ensure that sufficient nursing staff can then be provided in order to care for our patients sensitively. In addition to the obvious response of seeking additional funding and recruiting additional staff if the calculation has shown a requirement for greater nursing workforce capacity, the response have also recognised the challenges posed by the current nursing workforce deficits and so have included more creative responses. These responses have included making changes where appropriate to the skill mix within the team; development of new roles within the Support Worker workforce, using the HEIW All Wales Guidelines for Delegation (2020); improved efficiencies in the way the workforce is utilised and rostered within the service; and making changes to roles within the team and enhancing the clinical leadership capacity of the nursing team. In addition to these reviews, prompted by specific catalysts arising within individual services, the Health Board had commenced a systematic review of the nurse staffing levels across all its nursing services: Although this has been subject to delay due to the COVID-19 pandemic, this programme will be recommenced during 2021/22. The challenging nursing workforce position, nationally as well as locally, during the 2018-21 period, has required innovative approaches to nursing workforce planning over the past three years. Over the past three years, the Health Board has taken forward several strategic programmes aimed at addressing the challenge of ensuring a sufficient nursing workforce across all nursing services e.g. • The Health Board's 'Grow Your Own' programme which aims to support suitably qualified Support Worker employees to undertake registered nurse educational programme in a part time capacity (via Open University, Swansea University and University of South Wales flexible programmes) : The Health Board has 73 such students, distributed across all four fields of practice, on one such programme as of February 2021 • In order to address some of the Health Board's specific geographically-driven registered nurse shortages, a strategic collaboration has been developed over the past two years between the Health Board, Aberystwyth University and Swansea University. This collaboration, which has been supported by HEIW, will see the first Ceredigion-based registered nurse degree programme cohort commence their studies in September 2022 • In order to support registered nurse recruitment and retention and for HDdUHB to strengthen its position as an employer of choice, a structured career development programme which builds on the Health Board's robust preceptorship programme for newly qualified nurses, has commenced during 2020/21. The First Five Years programme offers a pathway for registered nurses to develop a strong foundation for their subsequent professional careers • The in-house STAR leadership development programme was initially established in 2019 to support Senior Sisters from Section 25B ward to maximise their leadership potential as they became supernumerary to the planned rosters. The programme is now recruiting into its third cohort of clinical nurse leaders from across the organisation. This programme gives these leaders the opportunity to develop and enhance the skills and knowledge they are then able to utilise creatively within their supervisory and supernumerary leadership roles

- Development of Band 4 Assistant Practitioner roles: there are now around 50 such posts working within and in support of the nursing services across the Health Board, with several more under development using the HEIW (2020) All Wales Guidelines for Delegation to underpin their development.
- Clinical healthcare learning opportunities e.g. significantly increased access to appropriate Agored qualifications for Support Workers working in focussed roles such as Frailty or rehabilitation support worker post appointees require a Level 3 qualification on or immediately after appointment
- Apprenticeship Academy: Nearly fifty apprentices started out on the first intake of an (potentially) 8 year programme in 2019. The programme aims to support the participants to become (mainly) registered nurses whilst remaining in Health Board employment and undertaking increasingly complex support worker roles. There was no intake in 2020 due to the pandemic but the success of the first cohort (and their invaluable contribution to the Health Board's COVID-19 response) means that there are no shortage of applicants for the upcoming September 2021 cohort.
- Many opportunities for new support roles to work either within, or in support of, nursing teams have emerged over the past three years and in particular during the pandemic period. Aimed at enabling nursing registrants to focus on the work that only they can do, roles such as Family Liaison Officers, Administrative Assistants, Pharmacy Technicians and Psychology Assistants are being developed and evaluated to assess the potential contribution they can make as part of a wider nursing team, in delivering high quality nursing care
- A significant suite of resources made available and aimed at supporting staff to maintain and restore their mental health and well-being , particularly during the challenges of the pandemic period

PREPARATIONS MADE BY HEALTH BOARD FOR EXTENSION TO THE 2016 ACT

In February 2021, the CNO issued confirmation that Senedd Cymru had passed the required regulations to extend the duties under Section 25B of the 2016 Act to include paediatric in-patient wards from October 2021. The Health Board has been preparing for this anticipated extension for the past two years and is in a strong position to ensure that it will be able to comply with the requirements for these additional (2) wards when the extension commences.

The paediatric services have been working closely with the corporate nursing team and, through a Task Group established within the paediatric services, have been systematically implementing an action plan to ensure that the required elements are in place. These include:

The review and calculation of the required nurse staffing levels using the triangulated methodology;

the process for the daily capture of patient acuity data;

the capture and detailed scrutiny of quality indicators and nursing care complaints;

the system to capture and record when nurse staffing levels are not maintained;

the system to inform children and parents about the nurse staffing levels;

the development of an Operating Framework for the paediatric services; and

reflecting the implications of the nurse staffing level calculations in the education commissioning of paediatric student nurses and in the Health Board's IMTP for 2021/22.

The Board has been advised (April 2021) about the state of readiness of the service to meet the new requirements of the 2016 Act

In relation to the preparatory work being undertaken for the extension of the Act to other services, although there are no other imminent extensions planned, the Health Board has sought to very actively support all work streams of the All Wales Nurse Staffing Programme over the past three years. Of the five work streams of the national programme, officers of this Health Board currently hold the chair of two of the Work stream groups, the vice-chair of two of the groups and contribute significantly to the fifth work stream. In addition, the Health Board has led and contributed significantly to several ad hoc Task groups that have been undertaken bespoke pieces of work within the Programme since 2018. This active engagement and support for the whole Programme has contributed significantly to the overall progress that NHS Wales is making with the programme of work; and has also enabled the Health Board to participate fully in the development, and any piloting, of tools and guidance being taken forward within the structured work programmes of each of the work streams groups.

HEALTH BOARD COVID-19 RESPONSE IN RELATION TO OVERARCHING DUTY UNDER THE 2016 ACT

As the requirements of the COVID-19 pandemic emerged in late 2019/20, it became clear that all nursing services were going to be impacted upon and that meeting the overall duty of the 2016 Act as laid out in Section 25A was going to be a significant challenge.

The letter issued to Executive Nurse Directors by the Chief Nursing Officer / Nurse Director NHS Wales (CNO) in March 2020 ('Clarity on COVID19 disruption to Nurse Staffing Levels (Wales) Act 2016') recognised the challenge that lay ahead. The letter stated ''….. your duty under section 25A of the 2016 Act will remain an important factor in how you are deploying your nursing staff across the entirety of your health boards wherever nursing care is provided or commissioned. Even during a period where "providing sufficient nurses" will seem like a foreign concept, your responsibility of minimising risk to patient safety through applying your professional judgement will remain''.

In relation to nurse staffing levels-related work the COVID-19 pandemic has required, amongst other thing:

- The rapid establishment of new services, either nurse-led or requiring input by nursing staff, in response to the pandemic i.e. Command Centre, COVID-19 Testing Units; Mass Vaccination Centres and Field Hospitals;
- The establishment of separate critical care environments for COVID-19 and non COVID-19 patients within each acute hospital site with the ability to meet unprecedented level of critical care capacity demand;
- The skills assessment of large numbers of nursing staff to facilitate their effective deployment when services deemed to be non-essential were stepped down during the first wave of COVID-19;
- Significant changes in patient pathway at the front door of all acute hospital sites requiring separation of COVID-19 and non COVID-19 patient pathways
- Significant changes to patient pathways and bed numbers in in-patient wards across the Health Board (i.e.in adult, paediatric and mental health settings) including converting some wards to 'COVID-19 only' wards

- Unprecedented levels of community nursing support to maintain elderly patients in their commissioned care placements during COVID-19 outbreaks in care homes amongst both patients and staff

These changes have required the review and reset of the required nurse staffing levels within established services, together with the urgent calculation of the nurse staffing level required for new services, all of which has had to take place at speed and often without any underpinning patient acuity, workload or quality data to inform the triangulated approach to these calculations: professional judgement has therefore had to inform the nurse staffing levels in these services to a significant extent.

The Health Board's response to the specific challenges for its major services within the context of the 2016 Act was outlined in a paper entitled 'Calculating and Maintaining the Nurse Staffing Levels' which was received and agree by the Board on May 28th 2020 (see Appendix 1 for link to paper)

In order to ensure that the requirement that the Executive Nurse Director exercised their professional judgement to minimise the risks to patient safety during these extraordinary times, a series of measures were put in place from the beginning of the 2020/21 period, many of which are ongoing at time of this report. These include:

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

	In demonstrating its response under the overarching duties of the 2016 Act, the corporate and operational nursing teams have worked closely with the workforce and organisational development (WOD) directorate teams to assess requirements and support the recruitment initiatives and campaigns that have been led by the WOD directorate. The steps taken have included: • methodical assessment (using triangulated approach wherever possible) of required nurse staffing levels to identify workforce needs; • supporting the interviews of hundreds of potential recruits, both registrant and HCSW; • contributing to the induction training of new Support Workers; • developing new systems for effectively 'placing' new recruits to services in greatest need; and • systematically reviewing performance to support contract extensions where appropriate. The teams have worked together to explore opportunities to increase the registered nursing workforce in particular. Some examples of the actions taken include: • Contacting registrants who returned to the temporary NMC register in Spring 2020 - 18 registrants accepted job offers as a result • Individual contact with over 150 'inactive' registered nurses who held nurse bank agreements to encourage them into registrant roles during the COVID-19 period at least; • Individual phone calls to recently retired registrants to explore possible return to work opportunities These and other actions have resulted in an additional 88 WTE registered nurses in post in January 2021 (compared to January 2020) and an additional 71 registered nurses with nurse bank agreements in place. However, despite these efforts, as the budgeted establishment for registered nurse posts has increased by 65 WTE over this time, the impact on the overall registered nurse deficit across the Health Board's nursing services has been small (i.e. a reduction in the deficit by 23 WTE), with the Health Board holding 408 WTE registered nurse post vacancies as of April 2021.		
4.Date annual assurance report of compliance with the Nurse Staffing Levels (Wales) Act 2016 presented to Board **TABLE 1**	**2018/2019**	**2019/2020**	**2020/2021**

	The HDdUHB received an annual assurance report in relation to the extent of compliance with the 2016 Act during 2018/19, on May 30th 2019. In addition, both the Board and the Quality, Safety and Experience Committee (QSEAC) - to whom the Board formally delegated the responsibility for monitoring compliance with the 2016 Act – continued to receive regular papers outlining the progress being made in strengthening the Health Board's response to the 2016 Act, any risks identified and the actions being taken to mitigate these. The date when these various reports were presented, the outcome from the Board/Committees consideration of the paper, together with a link to the original report, are to be found at Appendix 1 to this report.	The HDdUHB received an annual assurance report in relation to the extent of compliance with the 2016 Act during 2019/20, on May 28th 2020. In addition, both the Board and the Quality, Safety and Experience Committee (QSEAC) - to whom the Board formally delegated the responsibility for monitoring compliance with the 2016 Act – continued to receive regular papers outlining the progress being made in strengthening the Health Board's response to the 2016 Act, any risks identified and the actions being taken to mitigate these. The date when these various reports were presented, the outcome from the Board/Committees consideration of the paper together with a link to the original report are to be found at Appendix 1 to this report.	The HDdUHB will receive an annual assurance report in relation to the extent of compliance with the 2016 Act during 2020/21, on May 27th 2021. In addition, both the Board and the Quality, Safety and Experience Committee (QSEAC) - to whom the Board formally delegated the responsibility for monitoring compliance with the 2016 Act – continued to receive regular papers outlining the progress being made in strengthening the Health Board's response to the 2016 Act; the risks identified and the actions being taken to mitigate these; and, specifically in this period, the approach to ensuring continued compliance with the 2016 Act during the pandemic period. The date when these various reports were presented, the outcome from the Board/Committees consideration of the paper together with a link to the original report are to be found at Appendix 1 to this report.
Number of adult acute <u>medical</u> inpatient wards where section 25B applies	Number of Section 25B medical wards at highest point during year = 19 (May 2018) Number of Section 25B medical wards at lowest point during year = 19 (Nov 2018)	Number of Section 25B wards at highest point during year = 19 (May 2019) Number of Section 25B medical wards at lowest point during year = 18 (Nov 2019)	Number of Section 25B wards at highest point during year = 17 (Nov 2020) Number of Section 25B wards at lowest point during year = 14 (May 2020)

Number of adult acute <u>surgical</u> inpatient wards where section 25B applies	Number of Section 25B surgical wards at highest point during year = 13 (May 2018) Number of Section 25B surgical wards at lowest point during year = 12 (Nov 2018)	Number of Section 25B surgical wards at highest point during year = 12 (May 2019) Number of Section 25B surgical wards at lowest point during year = 12 (Nov 2019)	Number of Section 25B surgical wards at highest point during year = 11 (Nov 2020) Number of Section 25B surgical wards at lowest point during year = 5 (May 2020)
Number of occasions where the nurse staffing level recalculated in addition to the bi-annual calculation for all wards subject to Section 25B	Fourteen wards reviewed / recalculated outside the biannual calculation cycles due to the timing of additional data to support the triangulated methodology becoming available during the Summer of 2018 (as reported in 2018/19 Annual Assurance report)	Two wards reviewed / recalculated outside the biannual calculation cycles due to concerns relating to the acuity and/or quality indicator data available for these wards (as reported in 2019/20 Annual Assurance report)	Following a 'desktop' review and recalculation cycle of Section 25B wards in the Spring of 2020, a further review of the nurse staffing levels for these Section 25B wards was undertaken in the summer of 2020 to assess the need for changes as bed numbers on most wards were adjusted to accommodate the COVID-19 social distancing requirements. In addition, a system of 2 weekly monitoring of the emergence of any triggers that would require a formal review of the nurse staffing levels for all Section 25B wards was put in place. Planned nurse staffing levels were frequently revised during the COVID-19 second wave on the basis of professional judgement and in response to the exceptional operational circumstances that prevailed due e.g. to changes in patient acuity/COVID-19 outbreaks/surge bed requirements etc.
5. Changing the purpose of the adult acute medical and surgical wards to support the management of COVID-19; or	**<u>IMPACT OF COVID-19 PANDEMIC ON HEALTH BOARD DUTIES UNDER SECTION 25B</u>** During April and May 2020/21, a total of 12 wards (see Appendix 2 for full list) to which Section 25B had pertained throughout 2019/20, were repurposed and re-designated as COVID-19 wards and therefore they no longer met the Section 25B inclusion criteria. These changes were in line with the direction given by the CNO in her letter of March 2020 i.e.'' wards repurposed as novel wards to deal with the COVID-19 pandemic would be considered an exception under the definition of an adult medical ward and therefore would not be subject to the prescribed triangulated calculation methodology''. Thus, for the first three months (i.e. during the first COVID-10 pandemic 'wave') of the 2020/21 reporting period, there were (only) 19 Section 25B wards (listed in Appendix 2) within this Health Board.With the exception of one ward (i.e. Dewi Ward, Glangwili General		

opening new COVID wards.	Hospital which had formerly been a rehabilitation focussed ward but was re-designated as an acute adult medical ward in April 2020), each of these 19 wards commenced the 2020/21 period with a nurse staffing level which had been calculated (in Autumn 2019) using the prescribed triangulated approach and a nursing establishment funded to provide for a Whole Time Equivalent nursing workforce to be able to deliver the agreed roster. In the Spring of 2020, these 19 wards would normally have been due to undergo a formal reviews of their nurse staffing levels, in line with the requirements of the 2016 Act. However, the CNO letter referenced above reminded Health Boards that it was 'within (their) respective discretion to proceed with, or cease work on, the (then) imminently scheduled biannual re-calculation of adult medical and surgical wards'. To that end, this Health Board suspended its established Spring 2020 nurse staffing level review/recalculation cycle and instead undertook a 'table-top' review of the quality indicator and patient acuity data for Quarters 3 and 4 of 2019/20 for the 19 Section 25B wards. As a result of this exercise, the nurse staffing levels were revised for a small number of Section 25B wards where pandemic-driven changes were judged to have impacted on the required nurse staffing level. The Health Board were advised of this adapted approach to the 'Spring 2020' nurse staffing level review and recalculation process in the paper ('Calculating and maintaining the nurse staffing levels during the COVID-19 pandemic') that was presented to the Board in May 2020 (Appendix 1 for link to this paper) It should be noted that both during this first 'wave' of the pandemic - and indeed for much of the 2020/21 year - the professional judgement of nursing leaders across the HDdUHB has been relied on significantly in the constantly evolving operational situations that have been encountered. This situation was exactly as anticipated by the CNO in her March 2020 letter to Executive Nurse Directors referenced previously. The systems the Health Board put in place and which were described in Section 3 above have however enabled early recognition of, and response to, the need for variations in the planned nurse staffing levels for Section 25B (and indeed, all other) wards and services throughout 2020/21. That planned rosters may need to be 'appropriately varied' on 'rare occasions' and in light of the complexities of clinical environments, is recognised within the 2016 Act Statutory Guidance (Paragraph 14). It is this principle which has been applied during 2020/21 as the exceptionality of the circumstances presented by the pandemic have unfolded. This has been particularly true during the two significant 'waves' of the pandemic i.e. March-May 2020 and November 2020-February 2021 when planned nurse staffing levels have had to be adjusted on an almost daily basis in response to COVID-19 outbreaks, staff absences, surge bed requirements, ward mergers etc. During the period between the two 'waves', there was a period of relative 'calm' within acute adult wards and it was agreed by Executive Nurse Directors that it would be appropriate to go ahead with a national patient acuity data capture exercise for Section 25B wards in July 2020: This data was analysed and shared with the Health Board teams in the usual way by colleagues from the national Nurse Staffing Programme Team It should be highlighted here that, by the early summer of 2020, it was becoming clear that the guidance on the Section 25B inclusion/exclusion criteria for wards issued by CNO in March 2020 would need to be reviewed in the light of the experiences during the first wave of the pandemic. The revised guidance, issued by CNO in October 2020 and based on learning gained in relation to how patients with COVID-19 were best managed in an acute hospital, meant that Section 25B was now judged to pertain to a much larger

cohort of wards than had been the case in April 2020, even though many of these wards were now caring for at least some patients with, or recovering from, COVID-19 infection.

Utilising the July 2020 patient acuity data, together with the care quality indicator data and other patient and staff related data; and reassessing which wards, using the revised inclusion/exclusion criteria, would now fall under Section 25B, a relatively 'normal' nurse staffing level review and recalculation cycle took place in early autumn 2020, the outputs of which were reported to the Board in November 2020. By this point in the year, only 3 in-patient wards were specifically designated as 'COVID-19' wards with 29 wards now designated as Section 25B wards. It should however be noted, that the required nurse staffing levels for many of these Section 25B wards were influenced by 'pandemic-driven' changes that had been made to the patient cohorts they were caring for and thus that the nurse staffing level changes in many wards were likely to be 'temporary' in nature. Appendix 2 lists the wards that were designated as Section 25B in November 2020.

OPENING NEW COVID WARDS/FACILITIES

In critical care services, plans for nurse staffing levels required at various levels of escalated demands on critical care capacity were agreed and issued in a joint statement endorsed across all four UK nations and issued in March 2020 (The joint statement on developing immediate critical care nursing capacity). This statement included the potential of experienced critical care nurses being asked to work in a coordinating role, leading a team delivering care to several patients at a time: This was a model for care delivery not previously tested in this care setting.
At the same time, all nursing staff with previous and current skills in intensive or recovery care were required to refresh both their theory and their practical skills for intensive care nursing to be ready to be deployed into critical care when the anticipated increase in patient numbers occurred. Over 150 staff (nurses and physiotherapists) responded and prepared themselves to be deployed in this way.
In the event, during the first wave of the pandemic in HDdUHB, patient levels did not reach the point where the 'team' model of staffing became required and it was possible to maintain staffing levels at standard critical care nurse staffing levels.
Even between the first and second wave of COVID-19 infections, the challenge of providing both COVID-19 and non-COVID-19 pathways for critically ill patients, often in newly created environments which were established in order to maintain infection prevention standards, have required the additional deployed staff to sustain staffing levels at agreed standards
During the second wave of the pandemic, the CNO issued a second letter advising on the staffing standards expected for critical care nurse staffing (CNO Letter, November 2020 'Critical care nurse staffing ratios') and, reflecting lessons learnt during the first wave, the CNO endorsed the staffing levels proposed jointly by Intensive Care Society and the UK Critical Care Nursing Alliance. Within this Health Board, with the exception of a couple of extremely challenging days, the nurse staffing ratios endorsed in the November 2020 CNO letter were adhered to throughout the second wave, although the operational management challenge of achieving this was immense.

In relation to the nursing care of patients requiring urgent planned surgery during the pandemic, throughout the course of the 2020/21 year, the Health Board maintained many of these urgent patient pathways through commissioning the whole capacity of a private hospital that sits within the Health Board footprint. Specialist outpatient capacity was also commissioned in this venue.

	The agreed nurse staffing levels for these quickly established services were provided largely by the private hospital's nursing workforce and supplemented with Health Board nurses to provide specialist expertise and guidance. The other specific challenge that the pandemic brought and that should be highlighted in this report was the development and opening of three Field Hospital services as in-patient facilities during 2020/21. The staffing levels for these new services were calculated using the principles of the 'triangulated methodology' and the nurse staffing levels arrived at were agreed by the 'Designated Person' (DoNQPE) before being implemented in practice. The nurse staffing levels for the three Field Hospitals which have become functional during 2020/21 were calculated initially using the triangulated methodology (using 'assumed' patient acuity levels) and benchmarked against the nurse staffing levels of our community hospitals. Registered nursing staff for these new facilities were a mix of bank staff, agency staff and 'volunteers' who expressed a willingness to be deployed. The registrant staff were supported by HCSW, many of whom were new recruits during the COVID-19 period, supplemented by more experienced HCSW 'volunteers' who were deployed from other services. These 'patchwork' teams, coming together in the strangest of converted venues (i.e.sports facilities and holiday resorts) required highly effective leadership to support them in establishing themselves as a team. Maintaining staffing levels was, unsurprisingly, a challenge as was rostering to ensure that there were always substantively employed nursing staff available to work alongside the high number of temporary staff who made up the teams. However, despite all the challenges, as patients were admitted to the hospitals to receive their care, patient acuity, care quality and professional judgement indicators were monitored on a 2 weekly basis to ensure that any requirement to revise the agreed nurse staffing levels would be identified at an early stage. In the event, the predicted staffing levels appeared to be appropriate; the patient feedback on their experience of a 'stay' in a Field Hospital' has been wholly positive; and the HIW report of their review visit to the Field Hospitals was positive. Two of the three Field Hospitals are now closed, with one site 'mothballed' and the other decommissioned, whilst the third Field Hospitals will close and be 'hibernated' in mid-April 2021, allowing for the potential of it to be put back into use during any third wave of the pandemic.
6.The process and methodology used to inform the triangulated approach	**<u>CALCULATING THE NURSE STAFFING LEVELS IN WARDS WHERE SECTION 25B PERTAINS</u>** As would be expected, during this three year reporting period, the process and methodology to inform the triangulated approach to calculating the nurse staffing levels has evolved as confidence in meeting the requirements of the 2016 Act has grown and learning has informed each successive cycle. The processes adopted by this Health Board in seeking to meet the requirements of Section 25B and C of the 2016 Act when calculating the Nurse Staffing Levels for all wards to which these Sections pertain are described in the Health Board's policy titled 'Professional nurse staffing standards and escalation plan for in-patient acute services' (Policy 409). This long standing policy was revised to reflect the requirements of the 2016 Act when Sections 25B /C commenced in April 2018. It was further reviewed to reflect the early learning following the implementation of the Act, in January 2019. It is currently being reviewed again (though the timeline for this has been delayed due the pandemic) to enable an overarching policy to be produced and thus to be able to accommodate the extension to the 2016 Act in October 2021 for paediatric in-patient wards. The structure of the policy has

	been revised during the current review in order to enable the current, and any future, extensions to the 2016 Act to be more readily accommodated. This document clearly states the Heath Board's policy to apply a 26.9% uplift (to allow for staff absences for annual, sick and study leave) when calculating the required Whole Time Equivalent (WTE) establishments; and to have at least one WTE Senior Sister/Charge Nurse who is supernumerary to the planned roster for each ward. These principles are fully embedded and applied within the processes used across the organisation when calculating the WTE establishments required. The statutory responsibility to calculate the nurse staffing level using the triangulated approach requires that the 'designated person' must: • Exercise professional judgement • Use an evidence-based workforce planning tool • Take account of care quality indicators that are sensitive to the provision of nursing care These requirements are specified within the Health Board's Nurse Staffing Levels (Wales) Act 2016 'Operating Framework' policy referred to above. Assurance that the agreed methodology has been complied with is sought by the Health Board's Quality and Safety Assurance Committee to whom the responsibility for monitoring the implementation of the 2016 Act was formally delegated in November 2018 (see Appendix 1 for link). The many reports to QSEAC during the reporting period, together with the statutory annual presentation of the Nurse Staffing Levels for all Section 25B wards to the Board itself in November of 2018, 2019 and 2020 demonstrate the compliance with these requirements (See Appendix 1 for links to pertinent Board and QSEAC papers) The systematic, 6 monthly cycle of nurse staffing levels review and recalculation that has been established within the Health Board, is led by the Director of Nursing, Quality and Patient Experience (DoNQPE), facilitated by the corporate nursing team and utilises the many tools provided through the national Nurse Staffing programme which has been established to support the implementation of the 2016 Act. Over the 6 cycles that have been completed during the current reporting period, many improvements have been made to the Health Board processes as a result of the lessons learnt along the way, as the Health Board seeks to embed the most efficient and effective systems. Some of the specific improvements and lessons learnt relating to the processes for calculating nurse staffing levels over the past 3 years have included: • Refinement and inclusion of additional guidance/prompts for Senior Sisters/Charge Nurses into the 'Nurse Staffing Level Review template' provided within the Operational Guidance • Team working with finance colleagues to ensure funding implications are assessed promptly following nurse staffing level reviews • Evolution of an efficient and clear timetable for data gathering and analysis, engagement/scrutiny meetings with nursing management team and process of professional oversight by DoNQPE • Embedding a system of daily **patient acuity** data capture in all S25B wards, increasing the reliability and comprehensiveness of the patient acuity data

	• Improved timeliness of patient acuity data entry into Health and Care Monitoring System (HCMS) and Senior Nurse 'sign off' to confirm quality and accuracy of data • Commencement of daily capture of data (via the enhanced HCS system launched in July 2020) which will enable comprehensive reporting on 'the extent to which the nurse staffing level has been maintained' for each Section 25B ward from April 2021 • Completion of a comprehensive review of, and developed an improvement plan for, the scrutiny processes undertaken by operational teams and which aim to identify when 'not maintaining nurse staffing levels' may have contributed to **patient harm incidents** • Sharing of lessons learnt from this review with colleagues developing the 'Once for Wales' Incident and Complaints system with aim of increasing consistency of information obtained and then used to inform the professional judgements required within this process • Identified and facilitated access to a range of workforce information to inform **professional judgement** when reviewing nurse staffing levels • Developed a Power BI-based Nurse Staffing Levels review **report** which is available to all nurse leaders for each ward: Through this report, much of the required acuity, workforce and quality information needed to inform the review of the nurse staffing level for each ward is available in a single, easily accessible report • Appointed a Data Analyst into the corporate nursing team, part of whose role will be to support nursing teams with accessing and analysing data to support effective utilisation and analysis of nurse staffing levels • Commenced the roll out of the Allocate Health Roster system which aims to improve the utilisation of available staff and the reports available from the roster system It should be noted that, during the reporting period, the Health Board's Internal Audit team conducted a piece of work to evaluate and determine the adequacy of the systems and controls in place within the Health Board for Nurse Staffing Levels, in order to provide assurance to the Health Board that risks material to the achievement of the system's objectives are managed appropriately. The scope of the review was to establish if the Health Board has appropriate processes in place to ensure that it is complying with the requirements of the 2016 Act. The review process concluded, in its final report in May 2019, that the Health Board can take substantial assurance that arrangements to secure governance, risk management and internal control in relation to the implementation of the 2016 Act are suitably designed and applied effectively. The one area which required some attention to ensure consistency of good practice across the Health Board related to the systems for informing patients of the nurse staffing levels. As a result, a standardised approach to the display of ward nurse staffing levels and the availability of the nationally produced Patient Information /Frequently Asked Questions relating to the 2016 Act was implemented. Unfortunately, during the COVID-19 pandemic, these systems – which make the statutory information available in areas frequented by visitors in particular – have not been an effective way for the Health Board to remain true to the spirit of the requirements of the 2016 Act. As a result of reflection at the end of the reporting period, the Health Board is looking to adapt and improve the information relating to nurse staffing levels that is made available via its website. A link to each of the three Annual Assurance reports is provided in Appendix 1. Each report contains a list of the wards that were designated as Section 25B wards during the year in question; and provides a brief rationale for any changes to the ward's inclusion (or exclusion) as a Section 25B ward that occurred during that year.

Section 25E (2a) Extent to which the nurse staffing level is maintained

As the nurse staffing level is defined under the 2016 Act as comprising both the planned roster *and* the required establishment, this section aims to provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

TABLE 2

		2017/2018	2018/19	2019/20	2020/21
7.Extent to which the required establishment has been maintained within wards under section 25B	**Required (funded) WTE establishment of S25B wards prior to commencement of the second duty of the 2016 Act (March 2018)** NOTE: 32 WARDS ASSESSED AS MEETING THE INCLUSION CRITERIA OF SECTION 25 B AT THIS TIME	**RN: 604.01**	**No of wards to which Section 25B pertains in: May 2018=32 Nov 2018=31**	**No of wards to which Section 25B pertains in: May 2019=31 Nov 2019=30**	**No of wards to which Section 25B pertains in: May 2020=19 Nov 2020=28**
		HCSW: 436.76			
	Required establishment (WTE) of S25B wards calculated during first cycle (May)		**RN: 642.63**	**RN: 609.69**	**RN: 381.25**
			HCSW: 535.59	**HCSW: 530.29**	**HCSW: 329.35**
	WTE of required establishment of S25B wards funded following first (May) calculation cycle		**RN: 604.65**	**RN: 601.87**	**RN: 376.20**
			HCSW: 445.78	**HCSW: 522.71**	**HCSW: 313.62**
	Required establishment (WTE) of S25B wards calculated during second cycle (Nov)		**RN: 607.04**	**RN: 591.46**	**RN: 550.67**
			HCSW: 527.95	**HCSW: 525.51**	**HCSW: 511.21**
	WTE of required establishment of S25B wards funded following second (Nov) calculation cycle		**RN: 587.60**	**RN: 594.03**	**RN: 552.02**
			HCSW: 473.61	**HCSW: 526.10**	**HCSW: 482.19**

	In Table 2 above, it will be noted that there was a significant gap between the funded WTE establishment and the required WTE establishment at the time that the first calculation of the required WTE establishment was undertaken, using the triangulated approach, immediately prior to the commencement of the 2016 Act in April 2018. This position was discussed in detail at the Health Board meeting in May 2018 and following a careful and detailed option appraisal, a decision taken that the Health Board would fund - and seek to recruit into - the required WTE staffing levels in a phased, risk-based approach. This was communicated by the Health Board Chairman to the Cabinet Secretary for Health and Social Services in July 2018 (Appendix 3a). The response from the Cabinet Secretary indicated that the proposed approach was a clear illustration that the Health Board was taking the reasonable steps that the 2016 Act required of the Health Board (Appendix 3b). At that stage it was anticipated that implementation of this phased approach would be finalised during 2020/21 The intense work programme undertaken by the Health Board over the next 18 months, and illustrated in Table 2 above, demonstrates that, well ahead of the initial timetable, the 'required WTE establishment' and the 'funded WTE establishment' were aligned – as is required by the 2016 Act, by the end of 2019/20. Table 2 above meets the statutory reporting requirement which requires that the health board reports only on wards to which Section 25B pertains at two specific points during each year of the reporting period. A direct comparison between the funded establishments of the 32 wards to which Section 25B pertained in April 2018 and their establishments in April 2020 showed a total uplift of 23.25 WTE Registered Nurses and 123.08 WTE HCSW, with a funding increase in excess of £4.75m. As has been stated earlier in this report, changes to the funded establishments for Section 25B wards have not been made in line with changes to the calculated nurse staffing level requirement during 2020/21: The decision relating to this was driven by the very frequent variation in the required nurse staffing levels on wards; the extensive redeployment of staff across sites; and the recruitment and allocation into ward teams of significant numbers of temporary staff specifically employed to assist with the pandemic response. It is recognised that a 'reset' of Section 25B funded establishments will be required early in 2021/22 following the Spring 2021/22 nurse staffing level review cycle when any gaps between 'required' and 'funded' WTE establishments will be identified and addressed
8.Extent to which the nurse staffing levels are maintained within Section 25B wards	**<u>RECORDING AND REVIEWING THE NURSE STAFFING LEVELS IN WARDS WHERE SECTION 25B PERTAINS</u>** When the second duty of the 2016 Act came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under Section 25E. This was as a result of the NHS Wales health boards using a variety of E-Rostering and reporting systems at that time. Within this health board, attempts were made, working with workforce and organisational development colleagues during the first half of the reporting period, to develop and utilise a report which aimed to monitor the extent to which nurse staffing levels were maintained. These reports sought to use the data available on this Health Board's current E-Rostering system (Roster Pro). This work proved to be subject to enormous accuracy challenges as well as being very resource intensive and so QSEAC agreed that the Health Board officers should invest their time instead in supporting the national Nurse Staffing Programme efforts to find both short term and longer term solutions to achieve a consistent approach to the reporting requirements of the 2016 Act. In light of this situation, the HDdUHB 2018/9 and 2019/20 annual reports – along with the reports published by all other health boards/trusts in Wales in those years - provide only brief narrative (rather than quantitative details) when reporting on the extent to which the nurse staffing levels have been maintained.

	During 2019/20, officers of this health board, together with colleagues from across NHS Wales worked together to develop a consistent approach to capturing quantitative data on a daily basis via enhancements to the NHS Wales Health and Care Monitoring System (HCMS). These enhancements were enacted through NWIS and the revised HCMS system was released into health boards to be used for daily data capture, in July 2020. Designed as an interim solution pending the procurement of a Once for Wales e-rostering informatics system, the enhanced HCMS system does now enable all health boards in Wales to capture quantitative and qualitative data, on a daily basis, to enable it to meet the statutory reporting requirements laid out in Section 25E(2a) of the 2016 Act. It is to the enormous credit of operational nursing teams across HDdUHB that they began to utilise this enhanced system and capture this additional data during the pandemic period, although it is not surprising to note that there was some reduction in the completeness of the data recorded during the period of the second wave (November 2020 to February 2021). In support of the significant achievement by clinical operational teams in collecting this additional data, the Information Development team have also created an accessible and easy to read quantitative report which is now (March 2021) available to all nurse leaders via the Health Board's IRIS system.. Importantly, the data captured reflects the clinical judgement of the nursing team as to whether any failure to maintain the nurse staffing levels was deemed to be 'inappropriate' i.e. meaning that the staffing level was not maintained AND that this may have had a direct (negative) impact on the ability of the staff on duty to meet the care needs of all patients. During testing of the IRIS reporting template, it was evident that there was in excess of 90% compliance by operational teams with capturing the requested data: In practice this means that, in the future, there will be evidence relating to whether the planned staffing levels was achieved on over 1700 shifts worked on Section 25B wards every month. Furthermore, it was evident during the testing phase that a significant amount of qualitative data, explaining the rationale for most of the occasions when staffing levels had not been maintained, was also being recorded. Although time consuming to analyse and interpret, this rich, qualitative data will inform the biannual nurse staffing level reviews and assist in planning any actions required with the aim of ensuring that planned nurse staffing levels can be maintained. The availability of this report from April 2021, available via the HCMS and IRIS systems initially, represents a significant step forward for the Health Board in achieving full compliance with all Sections of the 2016 Act. Looking forward into the medium term, NHS Wales is committed to implementing a consistent informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained; and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. It is anticipated that, during the next reporting period (2021-2024) a Once for Wales informatics system (i.e. the Allocate Health Roster system supported by the associated SafeCare module) will be introduced within this Health Board, as it will be across all Health Boards/Trusts in Wales. The national Nurse Staffing Programme team, together with representatives from each Health Board/Trust, are currently working with the Allocate team to ensure that the e-roster and Safecare systems are fully adapted to be able to support the requirements of the 2016 Act. Once achieved, this will support this Health Board to meet its statutory reporting requirements in a more efficient manner and to do so consistently with other Health Boards across NHS Wales.

9.Process for maintaining the nurse staffing level for Section 25B wards	**MAINTAINING THE NURSE STAFFING LEVELS IN WARDS WHERE SECTION 25B PERTAINS.** The 2016 Act states that the Health Board(s) must take 'all reasonable steps' to maintain nurse staffing levels. The Statutory Guidance which accompanies the 2016 Act articulates examples of (some of) the reasonable steps expected to be taken at national, strategic corporate and operational levels. During the current reporting period, this Health Board considered that the lack of a consensus across NHS Wales bodies in terms of what constituted **'all** reasonable steps' posed a risk to both HDdUHB and to all NHS Wales Boards / Trusts. To that end, HDdUHB asked the national Nurse Staffing Programme to support a piece of work to give further guidance on this issue. Following a consultation process involving each Health Board and Trust, a more detailed list of what was judged to comprise 'all reasonable steps' was agreed. Although this list was not included within the Operational Guidance document produced by the national Nurse Staffing Programme, the list (Appendix 4) was agreed with Executive Nurse Directors and CNO and issued to Boards/Trusts with the advice that each of the steps listed be considered for inclusion within each organisations' 'Operating Framework'. In HDdUHB, this progress has been reported to QSEAC, the list has been reviewed through the Health Board's Nurse Staffing Levels (Wales) Act 2016 Implementation Group and all the steps within the list have been judged to be appropriate steps to be included within the Health Board's 'Operating Framework' document. This amendment to the policy will formally take place when the revised 'Professional Nurse Staffing: Standards and escalation plan for inpatient services' policy is finalised during 2021/22. The Health Board has also devised and/or reviewed several other related policies during the reporting period: These policies are all aimed at providing staff with further guidance to take all appropriate and reasonable steps when seeking to ensure that the planned nurse staffing levels are maintained. These include the following: • Procedure for flexible deployment of staff • Enhanced patient support policy • Interim guidelines for rostering of nurses and midwives Much of the detail relating to the steps described as 'strategic corporate' applies to actions which impact on the nursing workforce across **all** areas of the Health Board and as such, an account of how these steps have been taken forward has been described under the 'overarching duty' section (Section 3) of this report. In relation to 'operational' steps taken, all the steps listed in Appendix 4 have been routinely considered in an effort to maintain the staffing levels in Section 25B wards (and indeed, across the Health Board) throughout this reporting period and, in particular, over the last 12 months during the pandemic period. Specific examples of the operational steps taken in practice over the reporting period include : • Significant utilisation (an average of circa 374 WTE on a weekly basis across the whole of the Health Board services) temporary registered nursing staff (mainly bank and agency staff with some additional hours and overtime) through effective requesting, authorisation and procurement processes

- Consistent nursing leadership presence at acute hospital 'patient flow' meetings to ensure that nurse staffing levels are taken account of when assessing clinical risk in individual wards and across the whole site
- 2-3 times daily review of individual ward/ whole hospital site risk; and effective planning and risk management of staffing issues through that forum
- Establishing the use of daily patient acuity assessment (using the Welsh Levels of Care tool) to assist with quantifying the nursing workload within each ward
- Reduction in available bed numbers and/or ward closures when nurse staffing levels forecast to be unsustainable
- Authorisation of carefully managed enhanced rate overtime scheme during the COVID-19 second wave when staffing levels became critical
- Utilisation of a Health Care Support Worker (HCSW) 'pool' across hospital sites
- Establishing of dedicated Rehabilitation and Frailty Support Worker posts within appropriate specialty wards, working as part of and under the direction of the nursing teams
- During the specific challenges of the COVID-19 pandemic, recruitment, induction and careful placement of over 344 bank and fixed term HCSW to supplement the established workforce.
- In addition, during the first wave of the COVID-19 pandemic, supporting the placement of second and third year student nurses as 'employees', ensuring that they both contributed to meeting patient care needs and continued to gain a valuable learning experience

Despite all the steps taken, maintaining the nurse staffing levels across the Section 25B wards has been a significant challenge, given the vacancy rates across the registered nurse workforce, throughout the reporting period and, in particular, during the second wave of the COVID-19 pandemic in 2020/21.

The Health Board is reliant on a temporary workforce in order to ensure appropriate staffing levels to meet the care needs of its patients. The systems established to secure this temporary workforce, led and managed through the Workforce and Organisational Development directorate, have evolved and strengthened significantly over the reporting period. Due to the nursing team vacancy levels within the Health Board as a whole, the Nurse Bank Office team effectively coordinate booking requests for between 200 and 300 WTE bank and agency staff every week. The team is currently rolling out the implementation of a new nursing bank booking system aligned with its new E-Rostering system (Allocate Health Roster) through which it is anticipated that significant further efficiencies, both in process and in efficient deployment and utilisation of nurse staffing, can be achieved.

Most of the Section 25B wards with significant long term registered nurse vacancy rates make 'block bookings' of registered nurses supplied by All Wales contract agencies. This has been a long standing and effective strategy in order to meet nurse staffing level requirements, especially in the Health Board's more geographically-challenged hospital sites.
Taking this one step further in an effort to stabilise its nursing teams, one of the acute hospital leadership teams has put in place a highly effective 'partnership' arrangement with three All Wales contract nurse staffing agencies in order to secure a longer term commitment to supplying a 'regular' temporary workforce and thus enabling these agency nurses to provide greater stability and offer a greater contribution to the teams they regularly work within .

Over the period from April 2018 to January 2021 (latest data available at time of writing draft report), the total HCSW staff in post in 31* of the wards which were initially categorised as 'Section 25 B Wards' has increased from 389.6WTE to 489.4 WTE i.e. an increase of 99.8 WTE. Over this period the initial training for newly recruited HCSW has been revised and strengthened in line with the All Wales HCSW Career Framework. The position therefore at the end of the reporting period is of a workforce that is 25% larger that at its start; and which is better trained and skilled to work in support of the nursing team.
(*NB one of the initial 32 Section 25B wards has been closed and staff deployed to other wards for the whole of 2020/21 so ward has been excluded to allow for comparison over the full 3 year reporting period to be made)

Over the same period the number of Registered Nurses employed in the same 31 wards has varied between 403.81 at its lowest (April 2018) and 434.09 (September 2020) at its highest, showing a cyclical fluctuation between these two points during the year, peaking at the time of the new registrant graduates coming into employment in September and March and dipping to its low point in the month or two prior to those times. It is disappointing that, despite huge effort and initiative shown by the recruitment team that the position has not improved significantly over the past three years.

On a more positive note, leadership capacity within each of the Section 25B wards has increased significantly since 2018. Providing sufficient leadership capacity to enable 7 day a week visible clinical leadership was an explicit priority agreed by the Board in May 2018. As a result, during the 2018/19 period this resulted in each ward being funded to enable the ring-fencing of at least some (initially 15 hours a week minimum) supernumerary time for every Senior Sister/Charge Nurse. This was taken further in 2019/20 when further investment into each team was made to ensure that every Senior Sister/Charge Nurse was funded to be fully supernumerary to the planned roster.
The investment in the supernumerary Band 7 Senior Sister/Charge Nurse role has been supplemented with the establishment of the STAR clinical leadership development programme which all Section 25B Senior Sisters are expected to undertake. Currently recruiting into its third Cohort, this programme will be formally evaluated during 2021/22.

In addition, where it did not already exist, all Section 25B wards with 18 or more beds had a second (Band 6) Sister/Charge Nurse post created within their WTE establishment. This has resulted in an increase in the number of Sister/Charge Nurse posts in the initial 32 Section 25B wards from 46.59 WTE in April 2018, to 62.64 WTE in November 2020, an increase of over 16 WTE (i.e. 34%).

During the COVID-19 pandemic period, there have opportunities to think creatively and to test a greater degree of delegation through the necessity to consider new roles within the Section 25B ward nursing team establishments. The effectiveness of some of these roles in supporting the work of the ward nursing team e.g. Family Liaison Officer, Administrative Support Worker, Pharmacy Assistants and general Ward Support Worker are currently being examined. In addition, new opportunities for (Band 4) Assistant Practitioner roles within nursing team skill mix have been identified through the increased focus there has, of necessity, been on ensuring an adequate and sustainable nursing workforce over the past 12 months.

	This thinking has extended to the registered workforce as well and schemes are currently being developed in order to maintain the significant degree of flexibility that staff across all services have demonstrated during the past year, both in terms of the skills they have and how they use and apply their skills and knowledge where it is required. In addition, the pandemic has shown us that working effectively from home, or at least remotely, is possible, even in a health care setting: Thinking alternatively about offering flexible working hours would appear to be an essential strategy as we seek to retain experienced and skilled staff who might otherwise retire or leave the profession completely.

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

April 6th 2018 – April 5th 2021

TABLE 3

10.Patients harmed with reference to quality indicators and complaints (*) which are classified as serious incidents (SI) and reported centrally **NOTE: (*) complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR)**	**Total number of closed serious incidents/complaints during last reporting period**	**Total number of closed serious incidents/complaints during current reporting period.**			**Total number of serious incidents/complaints not closed and to be reported on/during the next reporting period**	**Increase (decrease) in number of closed serious incidents/ complaints between reporting periods**	**Number of (closed) serious incidents/complaints where failure to maintain the nurse staffing level was considered to have been a factor**		
		Year 1	**Year 2**	**Year 3**			**Year 1**	**Year 2**	**Year 3**
• Hospital acquired pressure damage (grade 3, 4 and unstageable).		13	25	15	0		0	0	1
		Total		53			**Total**		1

• Falls resulting in serious harm or death (i.e. level 4 and 5 incidents).		21	16	15	0		0	1	0
		Total		52			**Total**		1
• Medication related never events.		0	0	0	0		0	0	0
		Total		0			**Total**		0
• Complaints about nursing care resulting in patient harm (*) (*)This information is not required for period 2018/19		X	34	37	0		X	0	0
		Total		71			**Total**		0

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

11.Actions taken when the nurse staffing level was not maintained in Section 25B Wards	No reportable incidents occurred in 2018/19. There was one statutorily reportable patient fall incident in 2019/20 where a failure to maintain the nurse staffing level was deemed to be a contributory factor in the incident. Actions taken by the hospital site nursing leadership team where this incident occurred have included significant changes to the way in which cross-site risk assessment of staffing levels is undertaken and the way in which staff redeployment decisions are made. In addition, the staff groups who participate in the review of the impact of any staff redeployment decisions e.g. through a review of patient harm or service disruption incidents, was widened to include those who make the site-wide decisions 'out of hours'. Action was also taken to ensure that all those involved in staff redeployment decision have a clear understanding of the rationale underpinning the 2016 Act requirements in relation to the setting and maintaining of nurse staffing levels for each ward area. In addition, a review of the reliability of staff associated with specific agencies has resulted in changes to the temporary staffing suppliers used in this site. In 2020/21 there was one reportable pressure damage serious incident where harm occurred to the heel of an elderly patient. This pressure damage occurred when the nurse staffing level was not fully maintained during the 72 hours preceding the identification of the

pressure damage. This occurred when the hospital site was under extreme pressure during the second wave of the COVID-19 pandemic. The Head of Nursing in this instance has judged that the failure to maintain the staffing level **may** have contributed to the harm caused as a result of delayed care but is satisfied that all reasonable steps to maintain/mitigate the nurse staffing levels on the ward had been taken in an attempt to maintain the planned staffing levels. Other contributory factors associated with this incident of patient harm have led to the ward team concerned significantly increasing their focus on pressure damage prevention education and the profile given to the importance of pressure damage preventative actions being prioritised in the event of workload pressures arising.

In addition to these 'reportable' incidents of patient harm, there have been two other themes emerging from the review of patient harm incidents during the 2020/21 period which may have been impacted on by the COVID-19 position within the Health Board.

Firstly, there were two serious incidents (pressure damage) where the planned nurse staffing level was not maintained although it has been judged by the Head of Nursing for the service that the failure to have the planned number of nurses on duty **did not** contribute to the harm: In both instances the rationale given by the Head of Nursing for this judgement was because the patient numbers/acuity was less than 'usual' for that ward at the time of the incident and that the actual number of staff available was appropriate for the reduced patient number. However, during the COVID-19 period, the proportion of temporary nursing staff in many teams has been higher than usual leading to reduced consistency of team membership. In each of these incidents, actions taken following the investigation have focussed on increasing the pressure damage risk assessment/care planning skills and /or the harm prevention knowledge and understanding across the whole of the permanent nursing team to ensure that there are always sufficiently skilled and knowledgeable staff available from within the stable element of the team's permanent nurse staffing complement.

Secondly, there was one (fall) serous incident reviewed where the planned nurse staffing levels was met but a risk assessment had concluded that **additional** nursing staff were required at the time that the incident occurred to ensure that all care needs for all patients could be met. Whilst not reportable under the requirements of the 2016 Act as the usual planned staffing level for this ward was met, this incident is noted here as it occurred during the height of the second wave of the COVID-19 when, despite all reasonable steps having been taken to try to obtain the additional staff assessed as being required, the additional staff simply could not be secured.

More general actions taken when nurse staffing levels have not been maintained over the reporting period have been detailed throughout other sections of this report as they relate, in the main, to the longer term strategic workforce developments described throughout the document and so these will not be repeated here.

Examples of other measures taken during this reporting period when it has become clear that there is no 'quick fix' available to maintain the planned nurse staffing level include:

- Changing the patient pathways across the Health Board, enabling consolidation of scarce clinical skills in fewer wards and, through that change, aiming to provide an improved patient experience;
- introducing a 'Home Support Teams' to support earlier discharge and thus reducing the number of staffed beds required; and

	• 'cohorting' patients with a lower acuity and creating a new (non-Section 25B) ward which allows an alternative nurse staffing level/skill mix to be appropriately considered. Short term measures which have been taken when there has been a temporary inability to maintain the staffing level have included many of the measures which have been taken in response to the COVID-19 situation during 2020/21 and have been described elsewhere in this document. Some other, more conventional, actions taken during the 2018-2021 period as a whole have included: • ward closures/team mergers; • deployment of registered nursing staff from their (indirect/non-clinical) substantive roles to support direct patient care; • recruitment and deployment of additional support workers to mitigate the absence of required level of registrant workforce on a shift by shift basis; and • temporary patient pathway changes within an acute hospital site.
12.Conclusion & Recommendations	The HDdUHB has embraced the opportunities that the 2016 Act has offered from the commencement of the first duty it imposed in April 2017. The commencement of the second duty in April 2018 was used as the springboard by the Health Board to focus on right-sizing its acute adult in-patient ward nursing teams in a consistent manner across all four acute hospital sites. The structured 'triangulated' approach which the 2016 Act requires when calculating the required nurse staffing levels for Section 25B wards; together with the requirement to review the nurse staffing level on a biannual basis, has enabled a systematic approach to quickly become embedded across the Health Board Section 25B wards. In addition, the health board quickly saw the benefits of this systematic approach and endorsed the adoption of the principles of this approach for use when reviewing the nurse staffing levels across all nursing services of the Health Board. The benefits of this approach have been particularly evident during this final year of the reporting period when nursing services have had to reset themselves and their staffing levels, often several times in quick succession. The initially agreed, phased implementation of the required uplifts to nurse staffing establishments for Section 25B wards, anticipated to take up to three years to implement was achieved within less than two years, with all Section 25B wards fully funded for their required establishments by April 2020: The recruitment of around 100 additional WTE HCSW into these newly established, substantive posts over the first two years of this 2016 Act reporting period proved to be of huge benefit to the Health Board in providing for a more stable workforce going into the COVID-19 pandemic The HDdUHB has made a significant contribution to the national Nurse Staffing Programme over the past three years, actively providing leadership and supporting the work of all five work streams, as well as providing a major contribution to this first phase of operationalising the 2016 Act and its statutory guidance across NHS Wales. The knowledge and expertise that has developed amongst many Health Board officers over the past three years is already serving the organisation well in being well prepared to meet the challenge of extending Section 25B to apply to paediatric in-patient services early in the next reporting period.

There is little doubt that the major challenge as we move forward into the next reporting period is that of securing a stable registrant workforce to ensure the care delivered is of the highest possible standard. Many of the workforce strategies described within this report will not begin to supply the additional, locally-based registered nurses until the third reporting period relating to the 2016 Act i.e. in 2024-2027. The implications of the Health Board's Transformation Strategy will also be emerging into practice at that time, likely giving rise to a more acutely unwell in-patient population as more care is delivered closer to home where that is possible and appropriate. The recommendations for action during the upcoming 2021-2024 reporting period therefore must include planning for what lies ahead in the constantly evolving environment of nurse staffing levels.

In summary then, the recommended objectives relating to the 2016 Act and which will need to be taken forward during the 2021-2024 reporting period will be to :

- Embed all opportunities that the extension of the 2016 Act into the paediatric in-patient wards offers
- Reset the Nurse Staffing Levels for all Section 25B wards as services move towards a 'new normal' as the long term impact of the COVID-19 pandemic is responded to
- Adapt the structured approach of the triangulated methodology/ regular review cycles to support the 'reset' of nurse staffing levels across all nursing services in the 'COVID-19 recovery period'
- Continue to take forward the many and varied registered nurse / nursing support workforce 'Grow Your Own' strategies to ensure a 'supply' of nursing workforce to support the maintenance of the nurse staffing levels
- Further develop and evaluate alternative role opportunities when reviewing nurse staffing levels and take forward the 'Team around the Patient' model, building on the learning through the COVID-19 period
- Proactively contribute to the All Wales work associated with the procurement of the 'Allocate' Health Roster/ 'SafeCare' systems to ensure maximum possible benefits from the systems as they roll out across the HDdUHB.
- Ensure maximum benefits are gained from the Once for Wales incident and complaints reporting/investigation systems to strengthen the 'quality indicator' element of the triangulated approach to nurse staffing levels calculations.
- Evaluate the impact of the investment in nursing leadership over the first reporting period
- Closely collaborate with all education providers to ensure excellent student nurse learning experiences, embedding the new NMC curriculum.
- Continue to play a major role as a HB in supporting the national Nurse Staffing Programme and leading and contributing to its individual work streams