

**PROGRESS AND  
CHALLENGE:**

THE IMPLEMENTATION  
OF THE NURSE  
STAFFING  
LEVELS (WALES)  
ACT 2016

**RCN WALES REPORT  
NOVEMBER 2019**



Coleg Nyrso Brenhinol  
Cymru  
Royal College of Nursing  
Wales

# Executive Summary

## What is this report about?

- This report has been published by the Royal College of Nursing Wales
- We have examined published health boards reports from 2018 and 2019 to find evidence of how the Nurse Staffing Levels (Wales) Act 2016 is being implemented across Wales and assess progress and challenges.
- We also wrote to health boards in March 2018 and again in March 2019 to ask them to let us know how they were progressing. Health board responses are noted in the reports.
- We hope this report will:
  - › Provide an overview of how the implementation is progressing based on each health board's own assessment
  - › Recognise and encourage good progress
  - › Show what still needs to be done to implement the Act consistently and effectively to protect patient care

## What is the Nurse Staffing Levels (Wales) Act 2016?

- The Nurse Staffing Levels (Wales) Act 2016 places, in section 25A, a duty on NHS organisations in Wales that, wherever they provide nursing services, they must provide “sufficient nurses to allow time to care for patients sensitively.”
- In section 25B of the Act, in adult acute, medical and surgical wards the level of “sufficient nursing” must be calculated according to a specific methodology and arrangements must be made to inform patients of the nurse staffing level.
- Section 25E specifies that health boards must publish a report every three years which clearly lays out steps taken to adhere to the Act, any breaches of the Act and any mitigating actions. The first set of official reports are due in April 2021

## Why is this so important?

- This law will protect patients. Research has shown low nurse staffing levels increased patient mortality by up to 26% compared to better staffed wards.
- Safe and effective nurse staffing levels have been shown to reduce readmissions, healthcare associated infection rates, medication errors, falls and pressure ulcers.
- Safe and effective nurse staffing levels mean better hydration and nutrition for patients and better communication with patients.
- As well as numbers the right skill mix of nursing staff is also important. Registered nurses and health care support workers are both needed for an effective working team. Ward sisters/managers need to be supervisory to provide clinical supervision and attend to managerial responsibilities such as organising the rota, appraisals, ward budget and ongoing education for ward staff. Every 10% increase in the number of degree educated nurses within a hospital is associated with a 7% decline in patient mortality.
- The Royal College of Nursing campaigned for this Act in order to protect patient care and is fully committed to working with partners to ensure it is implemented.

## What more needs to be done?

- Each health board report contains key questions we have identified as needing to be answered by the Chief Executive. The Royal College of Nursing will be putting this directly to the Chief Executives. We hope Assembly Members will help us to improve patient care by asking these questions too.
- We have also provided an overview on the actions the Welsh Government has taken at a national level to support implementation of the Act so far, and made recommendations for what needs to be done next. We hope you will help us to improve patient care by encouraging the Welsh Government to commit to these actions.
- Safe nurse staffing levels are not just needed on certain hospital wards; they are needed across all health settings to ensure safe and effective patient care. Section 25B of the Act (the specific calculation for sufficient nursing) should be extended to children's inpatient wards, mental health inpatient wards, community nursing and care homes.

**WELSH GOVERNMENT MUST EXTEND SECTION 25B OF THE ACT TO OTHER CARE SETTINGS, INCLUDING CHILDREN'S WARDS, MENTAL HEALTH, COMMUNITY AND CARE HOMES**

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## Welsh Government

### Recommendations for national action to improve the effective implementation of the Act

1. The All Wales Nurse Staffing Programme should provide a national picture of the supervisory status of ward managers in each health board. Chief Executives should be made aware of the evidence base of benefit to patient care and efficiency from achieving this requirement of the Act.
2. The Welsh Government should support the development of a national IT pathway to support consistent compliance with the data reporting requirements of the Act.
3. The Welsh Government should take action to support frontline nurses and HCSWs to raise concerns about safe staffing.
4. The Welsh Government should specifically monitor and support compliance with the Act for health boards with escalated status.
5. The Welsh Government should require health boards to have a retention strategy for nursing as part of the IMPT. HEIW should provide national support and guidance on developing this.
6. The Welsh Government should develop the Train Work Live brand into a national agency to support international nurse recruitment.
7. The Welsh Government need to ensure through HEIW that education commissioning for nursing continues to increase, including developing a national approach to nursing apprenticeships.
8. The Welsh Government, working in partnership with trade unions, needs to set out how the NHS in Wales will increase the opportunities for flexible working as part of a national nursing retention strategy.
9. The Welsh Government should consider funding research into the compliance and impact of the Act.

## Welsh Government

In March 2016 the Nurse Staffing Levels (Wales) Act 2016 received Royal Assent. The Welsh Government published the statutory guidance in November 2017 and in February 2018 published the Operational Guidance for the NHS. In Public Health Wales, as part of the 1000 Lives Plus initiative, a National Nurse Staffing Programme has been established to coordinate the implementation of the Act, the extension programme and a communications campaign.

A 'once for Wales' approach has been taken to developing the process of compliance with the Act. This approach has been very positive and has ensured consistency in processes across Wales. It has also ensured that the process of compliance has been simplified for the boards with faster progress as a result.

This report provides detailed information on each health boards progress. However, in compiling the report it has become clear that there are some actions that need to be taken by the Welsh Government to support implementation.

The nursing workforce in Wales is facing a national crisis. The high number of vacancies in our NHS (estimated by the RCN as around 1600 at a minimum) are compounded by greater shortages in the care home sector and the prospect of significant losses to retirement over the next 5 to 10 years. There are actions the Welsh Government can take, however, to improve the sustainability of the nursing workforce. **One is to continue to invest in nursing education and to develop a national apprenticeship approach to the degree. Another action is to develop the Train Work Live brand into a national agency to support international nurse recruitment**, rather than leaving this complex process which requires a great deal of expertise to individual health boards.

Perhaps the most significant action the Welsh Government could take would be to develop a national approach to nursing retention. More nurses leave the NHS than join. This rate of loss needs to be significantly slowed to protect patient care and the effective use of public finance - NHS Wales spent £63.8m on agency nursing in 2018/19, a rise of 24% since last year. This is the equivalent salary spend of 2,635 newly qualified nurses.

The Welsh Government must focus on improving nurse retention though ensuring safe nurse staffing levels, access to professional development, measures to support well-being, good rates of pay and flexible working opportunities. The Act itself should be promoted in Train Work Live materials to celebrate Wales as a country that values nursing and patient care. Many nurses in Wales have caring responsibilities for both young children and older parents and would



prefer to work for an employer where they have control over their working hours. **The Welsh Government needs to set out how the NHS in Wales will increase the opportunities for flexible working as part of a national nursing retention strategy.**

These national actions to improve the sustainability of the nursing workforce are necessary to ensure the successful implementation of the Act and that the resulting benefits for patient care are felt. We have therefore provided the RCN Wales **Nursing Numbers 2019** report on workforce sustainability as a companion report to this one, to ensure the full picture of the actions required can be understood.

Examining how health boards have progressed with implementation has revealed some clear areas of challenges where national action from the Welsh Government could assist.

**The All Wales Nurse Staffing Programme should provide a national picture of the supervisory status of ward managers in each health board. Chief Executives should be made aware of the evidence base of benefit to patient care and efficiency from achieving this requirement of the Act.** The role of the ward sister/manager is a critical one. They provide clinical supervision to the registered nurses and health care support workers in their team. They should be responsible for planning the rota, for appraisals, for providing professional education, for leadership and team ethos. It is impossible to see how this role could be carried out in addition to full-time frontline nursing responsibilities.

**The Welsh Government needs to develop a national IT pathway to support consistent compliance with the data reporting requirements of the Act.** Many of the health board reports indicate their current systems only record the staff allocated and not the actual staff on duty (e.g. changes due to sickness). Some health boards note the introduction of new software to allow the recording of real time data whilst others refer to paper-based weekly or monthly recording of this important information.

**The Welsh Government should take action to support frontline nurses and HCSWs to raise concerns about safe staffing.** RCN members report to us they are reluctant to raise concerns because the process is time consuming, there is no feedback or there is negative feedback with managerial staff asking frontline staff to stop reporting and actively discouraging it.

**The Welsh Government should specifically monitor and support compliance with the Act for health boards with escalated status.**

## Welsh Government

Compliance with the Act indicates corporate responsibility for the quality of patient care. It also requires long-term attention to the strategic issues of nursing recruitment and retention. Examining compliance with the Act can show the maturity or otherwise of quality assurance, process, governance, and strategic and operational planning. Furthermore, where these areas are known to be weak by the Welsh Government it would be sensible to provide additional support on compliance with the Act to ensure that patient care and safety is not compromised.

**In conclusion, RCN Wales recommends that the Welsh Government consider investing in further research on the impact of the Act.** The Nurse Staffing Levels (Wales) Act 2016 was the first of its kind in the UK and Europe. Research could examine effective methods of support, compliance, impact on workforce planning process, and most importantly the impact on the quality and outcomes of patient care. It would help develop proven and effective interventions to protect patient care and increase the global reputation of Wales in health policy.

## Abertawe Bro Morgannwg University Health Board

### Questions for the Health Board

#### Chief Executive

1. What is the current nurse staffing level of Morryston Service Delivery Unit? Has extra investment been made since June 2018?
2. How many registered nursing vacancies are there in the board?
3. Do you have a nursing retention or recruitment strategy?
4. How are staff concerns about poor staffing levels brought to the board?
5. What actions could the Welsh Government take to help you implement the Act?

#### Questions for Welsh Government

1. How is the 'targeted intervention' status of this health board monitoring compliance with the Act and supporting the implementation?

# Abertawe Bro Morgannwg University Health Board

The title “Abertawe Bro Morgannwg Health Board” is used consistently in this report due to the time period examined and to avoid confusion.

## Progress on implementation

In March 2018 the board was informed of steps being taken to achieve compliance with the Act including establishment of a monthly meeting to oversee progress, a review of workforce planning processes and a formal review across all acute service delivery units for calculating and reporting nurse staffing requirements.

Thirty two adult acute medical and surgical wards were assessed as falling within Section 25B. A “rigorous data approval process to ensure accuracy of the 6 monthly acuity data” was introduced. It was noted that the health board currently has two electronic rostering systems in place (Kronos and Allocate). Since the Kronos system does not support monitoring of rostering compliance, the Allocate system was recommended to be fully adopted.

In June 2018 the board paper on nurse staffing confirmed that 38 adult acute medical and surgical wards within the health board fall within Section 25B. It states that supervisory status for ward managers was only partially met across a number of wards. This would mean less or no time for clinical supervision and management responsibilities. It also confirms that nursing numbers were being calculated using only 23% headroom, which was insufficient to take account of the need for annual leave, statutory and mandatory training, and post-registration training for advanced clinical skills. The required approach is to use 26.9% headroom for these purposes.

The paper confirms that as part of the 2018/19 budget process investment has been provided to ensure a 26.9% headroom for workforce planning and that ward manager posts were now fully supervisory. This is positive news.

The June 2018 paper states that, “based upon the calculations undertaken using the required triangulated methodology, an uplift of 52.26 registered nurses and 135.61 Health Care Support Workers at a cost of £5.444m will be required across the 38 included acute medical and surgical wards within the health board. The highest staffing deficit risk has been identified as Morryston Service Delivery Unit (SDU), which correlates with other high risk triangulated data such as incidents and quality indicators.”

The paper presents three options to the health board: fully funding the uplift, doing nothing or taking a “risk assessed, prioritised implementation” approach. The board agreed the third approach. The Board use their own review process to identify ‘Hot Spot’ wards where investment is prioritised.



In March 2019 the Board received a further update paper. This identified that 39 wards were now assessed as falling within the Act. It outlined the following investment of additional registered nurses (RN) and health care support workers (HCSWs):

Hospital	Uplift RN WTE	Uplift HCSW WTE	When this investment was made
<b>Morrison</b>	8.34 (filled by agency/bank)	59.7 17	September 2018 April 2019
<b>Princess of Wales</b>	0	11.6 3.9	September 2018 April 2019
<b>Singleton</b>	13.75 (filled by agency/bank)	27.7 2.6	September 2018 April 2019
<b>Neath Port Talbot</b>	2.7 (recruitment underway)	1.1	April 2019
<b>TOTAL UPLIFT</b>	<b>24.79</b>	<b>123.6</b>	<b>By April 2019</b>

The May 2019 board paper on the Act confirms the total staffing uplift planned for April 2019 has been made and states that wards falling under section 25B of the Act are now fully compliant. It also updates on progress to the electronic rostering system with the new system, Allocate, being successfully rolled out across the health board with the benefit of being able to provide real time operational data on staffing levels. It is excellent that considerable progress has been made in a short time period.

The May 2019 paper also records (under section 25E) of the Act the number of serious incidents where failure to maintain the nurse staffing level was considered a factor. There was an increase of thirteen (50%) in the number of falls resulting in serious harm or death between reporting periods, in eleven of the thirteen incidents, a failure to maintain staffing levels was considered to have been a factor.

### Sustainability of the nursing workforce

In June 2018 288.56 Band 5 registered nursing vacancies were reported to the board across Morrison, Neath Port Talbot, Princess of Wales and Singleton hospitals. The paper states “serious incidents have resulted in areas with staffing deficits.”

Furthermore, the paper states, “it is highly unlikely that the full uplift of registrants identified as being required to meet the nurse staffing calculations could be recruited to in the immediate or even short term future.” It is disappointing, however, that this statement is made without any reference to long-term strategy or activity on recruitment and consideration of possible retention actions.

# Abertawe Bro Morgannwg University Health Board

**This assessment was based on the following documents:**

- **Board Paper, Nurse Staffing Levels (Wales) Act Update, 29 March 2018**
- **Board Paper, Nurse Staffing Levels (Wales) Act 25, June 2018**
- **Board Paper, Nurse Staffing Levels (Wales) Act Update, 28 March 2019**
- **Board Paper, Nurse Staffing Levels (Wales) Act Report, 30 May 2019**
- **Letter from Chief Executive to RCN Wales Director, April 2018**
- **Letter from Chief Executive to RCN Wales Director, May 2019**
- **Auditor General for Wales, Expenditure on agency staff by NHS Wales, May 2019**

All of the six largest health boards in Wales have reported increases in agency nursing expenditure in 2018/19 with Abertawe Bro Morgannwg having the sharpest rise by £4m to £12.1m which is a 52% increase from the previous year.

The board paper also makes the important point that “any approach by the health board to recruit a large number of HCSWs from local communities has the very real potential to destabilise the domiciliary and care home workforce, which is already under extreme pressure. Destabilising this sector would have a significant detrimental impact on system wide working and the availability of care for patients within our community.” It recommends an apprenticeship model for ‘growing’ healthcare support workers.

In July 2019 an update on progress with the IMTP was made to the board. This contains no mention of a workforce recruitment or retention strategy for staff and no mention of nursing which is disappointing. It does state that an engagement process with “Service Improvement Boards groups and individuals” was held in which the common theme of the need to recruit and stable the workforce was identified. Commenting on this finding, the paper states “It is not clear if these ambitions are needs based, affordable or achievable and this will be tested further to explore alternative staffing models to support sustainability”. The apparent scepticism that the need for more staff or workforce sustainability may not be based on need is puzzling given the work already carried out by the health board to understand the needs-based shortfall in nurse staffing levels.

Workforce planning needs to encompass the short-term and currently affordable with long-term planning to progress to the ideal conditions needed to provide quality patient care. Factors outside the health boards control, which affect its ability to provide a sustainable workforce that can provide quality patient care, need to be clearly identified by the health board so they can be openly discussed at an all-Wales level rather than unreflexively internalised as a constraint.

# Aneurin Bevan University Health Board

## Questions for the Health Board Chief Executive

1. Do you have a retention strategy for nursing?
2. How are staff concerns about poor staffing levels brought to the board?
3. How do you support staff looking to return to work after long-term sickness?
4. How could the Welsh Government support you to implement the Act?

## Aneurin Bevan University Health Board:

### Progress in implementation

In January 2018 an update on the IMTP was provided by the board. It is welcome to see the requirements of the Act are highlighted in the document in the strategic overview and context section. This is the only health board IMTP to do this which is a positive indication for the ABUHBs corporate level of understanding and commitment to fulfilling the Act. An appendix setting out the wards falling under section 25B is also provided.

In May 2018 an update paper on implementing the Act was submitted to board. The paper takes a detailed look at each of the 29 wards identified as falling within section 25B of the Act. The paper identifies that additional funding of £0.27m was required to meet the Nurse Staffing (Wales) Act. This funding is for additional registered nurses and HCSWs but also identifies finance required to ensure cover for maternity leave is provided for and supervisory time for ward managers. It is positive to note that in contrast with similar papers submitted to other health boards there is no suggestion that alternate cost-cutting measures can be found. The paper is clear this uplift is required both for compliance with the Act and for patient quality of care and the additional costs thus identified to the board have at this stage already been proposed in the March IMTP.

In January 2019 a further update on the Act was presented to Board noting the welcome development of a Nurse Staffing Escalation policy and improvements to the datix system of reporting concerns, along with the development of a weekly safety huddle to report on deviations from planned rosters. In addition, two wards are specifically noted as requiring an increase in staff at a cost of £102k due to increased activity and the board is asked to approve this. In addition, there is evidence of health board forward planning by raising the potential need for additional staffing costs to reflect additional activity over the winter period.

In May 2019 the report to board on the Act noted that use of the Adult Acuity Tool had been extended into wards in some community hospitals and this has assisted with re-calculations of community ward staffing levels. This is an excellent initiative and very encouraging to see as it demonstrates board level understanding of how compliance with the Act benefits patient care. It also notes that monthly meetings are held “with representations from all divisions including mental health paediatrics community and primary care” to take forward engagement and compliance with section 25A of the Act. This is an extremely positive and welcome development and should be shared at an all-Wales level.



The update report also notes that two wards falling under section 25B of the Act, both in elective orthopaedics, have required additional staffing uplift because of seven day theatre working at an additional cost of £135k.

### Sustainability of the nursing workforce

The January 2018 Board IMPT update mentions a number of specific actions taken to improve nurse recruitment such as encouraging HCSW to undertake nursing studies and supporting local nurses in obtaining registration. The paper also examines retirement impact by sector with district nursing, practice nursing, care homes and community hospital nursing flagged as areas of concern where a significant percentage of the workforce is likely to retire simultaneously. Nursing and midwifery is also noted as a professional group with one of the highest levels of sickness.

All of the six largest health boards in Wales have reported increases in agency expenditure for nursing in 2018/19. Aneurin Bevan had an expenditure increase in 2018/19 of approximately a total cost of £1.75m to £7.4m. The board report of January 2018 notes that care homes in the area have become reliant on agency nursing.

It is positive to note that the January IMTP paper outlines activities planned to mitigate the risks identified. For example, specific plans are mentioned to target nursing education in care homes and practice nursing. In secondary care, non-medical prescribing and the development of advanced nurse practitioners' roles are outlined as key priorities.

In May 2018 the Nurse Staffing Levels (Wales) Act paper to the board states that the “biggest risk to the implementation of the Act relates to Registered Nurse (RN) vacancies”. This warning is repeated again in the January 2019 paper. **The overall position for the ABUHB in May 2019 was of 330 Whole Time Equivalent (WTE) Registered Nursing vacancies.**

	WTE RN Vacancies in designated wards under 25B
May 2018	108.79
January 2019	174.44
May 2019	170.54

## Aneurin Bevan University Health Board

**This report is based on the following documents:**

- **Board Paper IMTP Update, 24 January 2018**
- **Board Paper IMTP Update, 21 March 2018**
- **Board Paper Nurse Staffing Level (Wales) Act, 23 May 2018**
- **Board paper Nurse Staffing Levels Wales Act, 23 January 2019**
- **Board Paper IMTP Update, 23 January 2019**
- **Board Paper Nurse Staffing Level (Wales) Act, 22 May 2019**
- **Letter from Chief Executive to RCN Wales Director, 10 April 2018**
- **Letter from Chief Executive to RCN Wales Director, 25 April 2019**
- **Auditor General for Wales, Expenditure on agency staff by NHS Wales, May 2019**

In January 2019 the board identified the following actions to mitigate these vacancies:

- Attendance at recruitment events particularly targeting English border areas
- Flexible working route for HCSWs to obtain the nursing degree
- Working with Cardiff University to assist overseas nurses who are already in the UK with the right to remain to become registered nurses in the UK.
- Supporting the return to practice programme

In January 2019 the board also received the final draft of the IMTP 2019/20 - 2021/22. Although actions previously taken to implement the Act are summarised in this document, in contrast to the previous year's IMTP there is no sense of the Act being a driver to improve patient quality of care or the workforce. Actions on nursing recruitment and retention are not noted in the workforce priority section. Instead actions taken to improve nursing recruitment are briefly summarised in the professional regulation section of the plan. This shift in presentation is disappointing as it implies that workforce planning for nursing is no longer a corporate priority.

It is positive to note that in the May 2019 update on the Act to board that specific nursing retention actions are mentioned, such as 'stay discussions' with staff, exit questionnaires and, crucially, exploring flexible working opportunities. The latter initiative is particularly important as control over working hours is a highly significant factor in nurses' lives as they are often family carers. The Royal College of Nursing would also suggest that flexibly supporting staff returning to work after long-term sickness is an initiative worth exploring.

# Betsi Cadwaladr University Health Board

## Questions for the Health Board Chief Executive

1. Are you compliant with the Nurse Staffing Levels (Wales) Act 2016?
2. How many 'escalated beds' are there currently in the Board? How is safe nurse staffing for 'escalated beds' achieved?
3. Do you have a nursing retention strategy?
4. How are staff concerns about poor staffing levels brought to the board?
5. What actions could the Welsh Government take to help you implement the Act?

## Questions for the Welsh Government:

1. How are the "special measure" arrangements monitoring and supporting the board to be compliant with the Act?
2. Will you increase student nursing numbers as Betsi Cadwaladr University Health Board has requested?
3. Will you support the placement of non-commissioned student nurses as Betsi Cadwaladr University Health Board has requested?

# Betsi Cadwaladr University Health Board

## Progress in implementation

The opening sentence of the April 2018 board paper “Nurse Staffing Levels (Wales) Act 2016 – Preparedness” is “the purpose of this paper is to inform the Board of the challenge facing the health board with regards to Registered Nurse recruitment with a particular focus on our District General Hospitals”. The number of registered nurse vacancies within the health board is stated as 500 WTE.

The paper mentions that an action plan to achieve compliance with the Act has been written and has been discussed in a newly established “Nursing Safety and Efficiency Group”. The paper goes on to state, “we recognise that our Registered Nursing workforce is presently unable to consistently fill the planned staffing rota and this is further exacerbated for acute sites by additional escalation beds.”

This use of the term “escalated beds” is similar to Hywel Dda’s term “surge beds” whereby the health board set a bed/patient level for each ward and calculated a safe and appropriate nurse staffing level – only to add a number of “escalated beds” (i.e. with patients of varying acuity), thus rendering the original calculation moot.

This practice is clearly not in compliance with the Nurse Staffing Levels (Wales) Act 2016, the statutory guidance or the Welsh Government operational guidance. The sheer scale of this practice can be seen in the board paper noting that the 52 escalation beds in the Ysbyty Wrexham Maelor site require an additional 26 WTE registered nurses and a further 20 healthcare assistants to support this increased activity.

The April 2018 paper notes that there has been an increase of 14.64% from 2016 to 2017 in adverse incidents connected to nurse staffing levels.

In November 2018 the board received a further update on compliance with the Nurse Staffing Levels (Wales) Act. This identified that a total of 38 wards fall under Section 25B. The paper also provides the board with some instances of where daily assessments resulted in staffing changes.

It also states unspecified instances that an uplift in staffing numbers has been applied to Cunliffe Ward and Boney Ward in Maelor Hospital and the that the further uplift needed of an additional 26 WTE registered nurses and a further 20 healthcare assistants to cover the ‘escalated beds’ in this site has been achieved. It flags that the six ‘escalated beds’ in Ffrancon Ward (which have been present for 18 months) require an uplift in nursing numbers for patient safety and requests additional funding.



The May 2019 board report on the Act states that 44 wards in total are deemed to fall under section 25B. It reports that there were two serious incidents of hospital acquired pressure damage and five falls resulting in serious harm or death where failure to maintain the nurse staffing level was considered to be a factor.

### **The Sustainability of the nursing workforce**

The April 2018 board paper identifies registered nurse (RN) vacancies across secondary care as 500 WTE. It also points out that from October to December 2017 the health board spent £2.9m on nursing agency costs. All of the six largest health boards in Wales reported increases in agency expenditure for nursing in 2019 with Betsi Cadwaladr having an expenditure increase of approximately £3m to a total cost of £12.9m.

It is positive that in contrast to other health boards the strategic link between board papers updating on compliance against the Act and workforce development initiatives is clear. The April 2018 paper states that a strategic approach to recruitment and retention is being developed by the newly formed Corporate Recruitment Group which has sub-groups for each profession at an operational level. It discusses the use of a new brand “Train, Work Live - North Wales. It also mentions an attraction strategy – usefully distinguishing this from recruitment. The board paper identifies that approximately 170 nurses qualify each year through the Welsh Government commissioned route and are appointed to BCUHB. The paper states: “However, unfortunately the education commissioning numbers requested by BCUHB to WEDS continues to result in a significant gap”.

The paper also examines the possibilities of international recruitment and the drawbacks of this long and complex process outlining the current 35 nursing applicants the board is hoping to see from India. It also highlights the return to practice route with 28 current students. The Board also recommended that non-commissioned nursing students at Glyndwr University could be placed in the health board but the Welsh Government did not support this initiative and those students will instead go on clinical placement to NHS England.

In October 2018 the board received a report from the Community Health Council into staffing at community hospitals. This states that “Staffing levels remain a very real concern with all fourteen community hospitals reporting longstanding vacancies at all levels (from health care assistants to Band 6 Nursing staff) Staffing levels are maintained through extensive use of bank and in some cases, agency staff”. Their analysis of the underlying reasons for this includes sickness, stress and retirement.

## Betsi Cadwaladr University Health Board

This assessment is based on the following documents:

- Board Paper, Nurse Staffing Levels (Wales) Act 2016 Preparedness, 5 April 2018
- Board Paper, Nurse Staffing Levels (Wales) Act 2016 Preparedness, 10 April 2018
- Board Paper, CHC Report Staffing Levels in Community Hospitals and Bed Occupancy Board Report, 15 October 2018
- Board Paper, Health Board Response to CHC Community Hospital Report, 15 October 2018
- Board paper, Nurse Staffing Levels (Wales) Act, 1 November 2018
- Board Paper, IMTP Progress Report, 1 November 2018
- Board Paper, Workforce Strategy, 28 March 2019
- Board Paper, 2019 Annual Nurse Staffing Levels (Wales) Act 2016 Report, 2 May 2019
- Letter from Chief Executive to RCN Wales Director, April 2018
- Auditor General for Wales, Expenditure on agency staff by NHS Wales, May 2019

The report goes on to state “there is still a real danger that more beds will close if staffing levels are not increased and, in some instances, whole wards may be lost. Some hospitals are working at risk level with minimum staffing levels especially at night.”

In contrast to the positive approach to nursing recruitment of the board April 2018 paper quoted above, the response of the health board to this CHC report is disappointing. It states that “the report highlights national issues in recruitment of registered nurses” and goes on to state that “BCUHB recognises that delivery of patient care is not solely through our nursing staff and increasingly the need for competencies across traditional professional boundaries are required.” This is by no means a satisfactory response to the report. It is clear from the report that increased capacity in social work and therapy would make a positive difference in these community hospitals but this does not negate the need for more nursing staff. The role of the registered nurse in improving patient outcomes and mortality rates is evidenced based and section 25A of the Act requires health boards to ensure sufficient nursing staff in all areas to provide sensitive nursing care.

In November 2018 the registered nurse vacancy rate for secondary care in the health board was 283.99 WTE.

In March 2019 the board was asked to sign off the first workforce strategy. Under the heading “key challenges”, the strategy states: “There are significant numbers of staff nurse vacancies across hospitals and specialities. Compliance with the requirements of the Nurse Staffing Act is high risk and not cost effective within our existing model.” The apparent suggestion that compliance with the law is optional is extremely concerning. The prioritisation of cost over patient safety and the quality of care is extremely worrying. The lack of understanding that compliance with the Act will result in increased patient quality care and increased staff wellbeing and retention is deeply disappointing. The strategic commentary on nursing recruitment which appears in the April 2018 board paper is entirely missing.

# Cardiff & Vale University Health Board

## Key Questions for Cardiff and Vale University Health Board Chief Executive

1. Is the critical care establishment now compliant with Welsh standards for critical care? Has there been an increase in nurse staffing in this area?
2. Are the 13 wards of the Mental Health Clinical Board now compliant with the Nurse Staffing Levels (Wales) Act? Has there been an increase in nurse staffing in this area?
3. Has the Children's Assessment Unit now secured sustainable funding for its overnight staffing?
4. How many registered nurse vacancies are there in the board?
5. What outcomes can be shown from the retention plan for nursing?
6. What actions could the Welsh Government take to help you implement the Act?

# Cardiff & Vale University Health Board

## Implementation progress

In May 2018 a board paper reporting on the implementation of the Act notes that the board established a Task & Finish Group on implementation since January 2016. The paper notes active participation of ward sisters/charge nurses in the implementation process which is to be welcomed. The paper clearly sets out the wards falling under section 25B and the staff required. Another positive development for improving patient care is that discussions are noted as having been held with the Welsh Language Officer around implementation – the only health board to note this.

The May 2018 paper highlights critical care as a particular risk against Section 25A compliance where the establishment does not meet the Welsh Standards for Critical Care.

The Mental Health Clinical Board also notes there are 13 wards where the establishment has not been agreed as “all areas have one registrant on duty for 12 hours at night. This registrant is thus unable to leave the ward to have a break”.

The November 2018 board paper continues to flag that the nursing establishment for the Mental Health Clinical Board cannot be signed off as they “remain non-compliant with section 25A of the Act”. It is stated that the Clinical Board is reviewing staffing levels “on a day to day basis” and “moving staff around on a daily basis”. The paper suggests the Clinical Board “should be reminded that if all staff were in post, nursing would not be overspent.”

The November paper goes on to detail exactly which wards falling under 25B have changed their establishment as a result of the review process with several wards adding an extra registered nurse during weekday early shifts.

The board papers state that the health board has a daily operational briefing where the senior and lead nurses and operational staff meet to discuss the staffing arrangements across ward areas. “The decisions made in this meeting are emailed to the Executive Nurse Director and Deputy Executive Nurse Director where any immediate concerns can be escalated. A status update for the 24-hour period is provided by the Clinical Boards in the afternoon.”

The March 2019 Mental Health Clinical Board quality, safety and experience assurance report also notes that wards in this area do not comply with health and safety regulations because staff are unable to take a meal break away from the ward and ‘financial restrictions’ prevent recruitment of more staff. It also notes high levels of sickness and complaints of bullying are a problem. Yet despite this the report



concludes “nurse recruitment was good in this area because the nursing staff were well supported, therefore there were no issues recruiting nurses to the Clinical Board”. This appears a rather extraordinary conclusion at odds with all other board reports and other sections of the same report.

In May 2019 the board paper on nurse staffing levels yet again flags that wards under the Mental Health Clinical board are still non-compliant with the Act. This is being managed by “reviewing staffing levels on a day-to day basis” with the clinical board reporting “they are looking to address these issues”. A new concern is raised that the Children’s Assessment Unit no longer has funding to support the staffing of the service overnight meaning compliance there can no longer be signed off.

It is pleasing to note that the May 2019 Patient Safety Quality and Experience report notes that excellent ward leadership was a feature found in many unannounced inspection reports. Healthcare support workers are an intrinsic part of any successful nursing team and the inspection reports found healthcare support workers leading on developing patient information, mouth care assessments and being able to access nurse training if desired.

A March 2019 visit of Health Inspection Wales to the medical assessment care unit raised concerns about staffing levels and the May 2019 report notes that “immediate action has been taken to increase staffing levels as an interim measure”.

Whilst it is disappointing that the health board is not yet fully compliant with the Act (Mental Health and Children’s Assessment Unit) it is reassuring to see evidence in the board papers of a robust approach to implementation of the Act with honesty and transparency in the outlined challenges and, in most cases, clear actions taken for improvement. For example the May 2019 Nurse Staffing Levels report states: “One of the challenges across health boards in Wales is how to record the extent to which nurse staffing has been delivered and to record the mitigating actions that are taken at this granular level a proforma is currently being tested in the daily meeting to record deviations from the roster.”

# Cardiff & Vale University Health Board

This assessment is based on the following documents:

- Board Paper, IMTP, 29 March 2018
- Board Paper, Patient safety, quality and experience report, May 2018
- Board Paper, Nurse staffing levels report, May 2018
- Board Paper, Quality safety and experience report, July 2018
- Board Paper, Nurse Staffing Act changes, November 2018
- Board Paper, Quality safety and experience report, November 2018
- Board Paper, Quality safety and experience report, January 2019
- Board Paper, IMTP Priorities, January 2019
- Board Paper, Quality safety and experience report, March 2019
- Board Paper, Mental health clinical board quality, safety and experience assurance report Board, March 2019
- Board Paper, Patient safety quality and experience report, May 2019
- Board Paper, Nurse Staffing Act, May 2019
- Board Paper, Patient Safety Quality and Experience Report, July 2019
- Board paper, IMTP, July 2019
- Letter from Executive Nurse Director to RCN Wales Nurse Director, April 2019
- Auditor General for Wales, Expenditure on agency staff by NHS Wales, May 2019

## Sustainability of the nursing workforce

The draft IMTP presented to the board in March 2018 states “given there is a recognised national shortage of registered nurses, the UHB has made nurse sustainability a high priority on its workforce agenda”. The document also refers to a number of nursing projects such as the “Project 95%”, “Nurse Benefits’ project” and the “Support Effective Temporary Staffing Project”. While no information is provided on the outcomes of these projects on improving the sustainability of the nursing workforce it is welcome to see clear evidence of CVUHB attempts to improve this.

As of November 2018, vacancies amongst Band 5 registered nurses across all four clinical boards were at 237.31.

All of the six largest health boards in Wales have reported increases in agency expenditure in nursing for 2018/19, with Cardiff & Vale UHB having an expenditure increase of approximately £2.5m to a total cost of £9.6m.

The November 2018 board paper on the Act also considers the need to improve retention in the nursing workforce. It details the activities under “Project 955” more clearly such as exit interviews, introducing ‘stay’ discussions and trying to make internal transfers of staff easier. This is encouraging and more detail on retention activities than provides any other health board in Wales. It would be helpful to know if there are any positive outcomes from these activities so that good practice can be shared.

In January 2019, the IMTP board paper refers to a “Nurse Retention Plan” suggesting a clear strategic focus for these activities.

## Cwm Taf University Health Board

### Questions for the Cwm Taf University Health Board Chief Executive

1. How many registered nursing vacancies are there in the Board?
2. Do you have a workforce strategy for improving nursing retention?
3. How are staff concerns about poor staffing levels brought to the Board?
4. Are wards at the Princess of Wales hospital now compliant with section 25B of the Act?
5. What actions could the Welsh Government take to help you implement the Act?

# Cwm Taf University Health Board

The title “Cwm Taf University Health Board” is used consistently in this report because of the time frame examined and to avoid confusion.

## Progress on implementation

In March 2018 an update paper on the Nurse Staffing Levels (Wales) Act was presented to the Board. Twenty wards were identified as falling under the section 25B of the Act. The paper clearly states the board is not compliant with the Act but comments, “The health board is largely satisfied with its budgeted establishments across its medical and surgical wards”. The paper does highlight the supervisory status of ward managers. Ward managers in Cwm Taf only had 50% supervisory status at that time; an extra £400k was requested to deliver full supervisory status, which would allow for clinical supervision and management responsibilities.

In June 2018 a second report on compliance with the Act went to the Cwm Taf Board. The report again noted that ward managers were not supervisory in status and requested for the second time, £400k in additional funding with a view to achieving this by 2019/20. The repetition of the same request three months later to the board is concerning.

Far graver however is the statement of the report, endorsed by the board, that Cwm Taf would make no plans to identify the nursing numbers required to achieve compliance with the Act or to seek to recruit to those numbers. The report states: “It was agreed that any increase in the Registered Nurse (RN) workforce at this point in time would be purely academic as the vacancy factor is such that we would be unable to recruit in timescales that would necessarily have an impact in ward areas” The apparent lack of interest displayed in either complying with the law or on improving the quality of care is startling. There is no link made to any longer-term workforce plans or any understanding displayed that long-term plans for recruitment would still require calculated figures for the ideal workforce.

The November 2018 report to the board provides a further update on progress. It states that the Executive Board had given permission for the £400k investment to make ward managers supervisory on the 21st November 2018 eight months after the initial request went to the March 2018 Board.

The paper confirms the position that 20 wards fall under section 25B and that arrangements for twice daily ‘safety huddles’ are in place to review and record staffing levels.



The November 2018 board paper then goes on to outline a decision already taken by the Executive Board meeting on the 21st November to support “option 3”. “Option 3” recommends that the board conducts its own review process, investing any resources into designated ‘Hot Spot’ wards. It should be noted that the paper does not provide any information of the detail of option 1 or 2, beyond referring to these as “do nothing” and “fully fund”.

On the 9th January 2019, it was announced by the Health Minister that CTUHB would have its escalation status raised from ‘routine arrangements’ to ‘enhanced monitoring’. Non-compliance with the Nurse Staffing Levels (Wales) Act 2016 was cited by the Health Minister as one of the contributing factors to this decision.

The board paper submitted on the 30th January 2019 is different in tone from the previous updates. It sets a new clear plan in place. It is transparent in stating, “the calculated Nurse Staffing Levels (NSLs) have not been applied to the 20 medical and surgical wards since the Act came into force in April 2018.” It goes on to state, “Urgent action is required to address the issue raised” and “an uplift of 55.5 WTE registered nurses and 59.7 WTE Health Care Support Workers at a cost of £4.0m-£4.5m (dependent upon point of scale) will be required across the 20 wards within the health board.”

It is pleasing to see that the Board paper submitted in May 2019 reports that compliance with the Act has been achieved, stating:

- the nurse staffing levels in these areas have been uplifted
- the correct staffing levels are displayed at the entrance to wards
- staffing levels are recorded and reviewed three times daily
- all reasonable steps are taken and recorded to maintain the correct staffing levels
- the processes to review the core quality indicators listed above have been developed and implemented

Ongoing compliance with maintaining nurse staffing levels across CTUHB is ensured through recording and reviewing nurse staffing levels three times a day. Data with regard to staffing levels on the wards is uploaded on a shift-by-shift basis to provide an overview of all staffing levels in all areas.

On the 17th September 2019 a written Cabinet Statement was issued which referred to the Chief Nursing Officer’s advice that the health board was compliant with the Nurse Staffing Act and that this aspect could be removed from enhanced monitoring.

The paper notes that the board is seeking further information from Swansea Bay Health Board to investigate compliance with the Act in the 10 wards at the Princess of Wales Hospital (which has become part of Cwm Taff Morgannwg University Health Board by this point) which fall within section 25B of the Act. It also flags that the respiratory and gynaecology and medical outlier wards in the Princess of Wales Hospital are not compliant with the Act and require an uplift of an additional 2.72 and 1.79 WTE healthcare support workers respectively.

## Cwm Taf University Health Board

In July 2019 the Chief Executive wrote to the National Assembly Health, Social Care and Sport Committee regarding compliance with the Act. The letter states that “for the 5 medical wards and 5 surgical wards at the Princess of Wales (PoW) hospital, the health board is seeking further clarification based on the information recently provided by Swansea Bay SBUHB in relation to PoW, adult and medical surgical wards.”

### Sustainability of the nursing workforce

In January 2018 an IMTP update was presented to the board which includes a plan to reduce staff in the health board area by 251 WTE posts by 2019/20. However, an extra 63 WTE ‘nursing’ posts are planned for the same period. Designated only as ‘nursing posts’, it is unclear if this means healthcare support workers or registered nurses. Financial pressure from agency nurse spend is specifically mentioned as a factor needing to be controlled.

All of the six largest health boards in Wales have reported increases in agency nursing expenditure for 2018/19, with Cwm Taf expenditure increasing by approximately £1 million to £6.9m.

In May 2018 the board IMTP update lists registered nursing vacancies in Cwm Taf as 98 WTE. Royal Glamorgan is the site with the ‘most significant’ registered nursing vacancies at 55 WTE followed by Prince Charles with 20 WTE. There is no discussion of long-term strategy to address recruitment challenges or retention. Current nursing recruitment activities are listed such as targeting the latest student nursing cohort emerging from the University of South Wales and the recruitment of nine Filipino nurses.

In September 2018 the Board received a paper setting out the approach to the IMTP for 2019/22. This does not mention nursing specifically but does mention “taking a strengthened workforce and OD approach including invocation in recruitment, retention” as ‘areas of importance’ for the board.

The November 2018 Board Update on compliance with the Nurse Staffing Levels (Wales) Act sets out the “significant” Band 5 registered nurses and health care support workers vacancies.

November 2018	Band 5 RN WTE	HCSWs WTE
Prince Charles	29.92	9.49
Royal Glamorgan	43.1	7.72
<b>TOTAL</b>	<b>73.02</b>	<b>17.21</b>



There is no mention in the paper of any strategy to address recruitment and retention but a number of activities are listed such as exit interviews. Consideration is suggested of the option of developing HCSW apprenticeships.

In January 2019 the board received another update and draft of the IMTP plan for 2019/22. In the workforce chapter of the IMTP document nursing and midwifery are noted as staff groups 'of particular concern'. It is flagged for example that two thirds of nursing staff working in the community hospitals are over 60 and that the HEIW migration tool shows that Cwm Taf is losing more nursing staff than gaining. It also notes that sickness levels for nursing and midwifery in Cwm Taf are higher than average and agency spending is one of the biggest challenges.

The January 2019 board update on the Nurse Staffing Levels (Wales) Act (presented to the same meeting as the above document) lists service delivery vacancies as follows:

January 2019	Band 5 RN WTE	HCSWs WTE
Prince Charles	22.52	7.37
Royal Glamorgan	34.28	10.1
<b>TOTAL</b>	<b>56.8</b>	<b>17.41</b>

There is no strategy laid out to tackle any of these issues nor is one referenced in either paper. Instead the IMTP document states "the nursing shortages across the UK are well rehearsed" and goes on to list a number of relatively small scale recruitment activities such as recruiting 10 nurses from the Philippines and 18 MSc Professional Practice students from the University of South Wales. This list is repeated in the Act update. It is disappointing that the connection between poor staffing levels, poor working conditions and poor nursing retention is not made. Nor are the benefits to recruitment and retention of steps taken to comply with the Act, improved staffing and working conditions capitalised on.

In May 2019 the board received an on update on progress against the 2018/21 IMTP. The workforce section of the report again lists the 10 nurses from the Philippines and 18 MSc students recruited as evidence of successful activity. It also notes there are 164.92 nursing vacancies in nursing and midwifery, attributing this to the uplift required for the Act. The negativity associated with compliance with the Act is disappointing. The positive consequences for patient quality of care and staff wellbeing are not mentioned.

# Cwm Taf University Health Board

This assessment was based on the following documents:

- Board Paper IMTP Update, 31 January 2018
- Board Paper IMTP Update, 29 March 2018
- Board Paper Nurse Staffing Levels (Wales) Act Update, 29 March 2018
- Board Paper IMTP Progress Report, 31 May 2018
- Board Paper Nurse Staffing Levels (Wales) Act Report, 28 June 2018
- Board Paper Approach to IMTP, 27 September 2018
- Board Paper Nurse Staffing Levels Wales Act Update, 29 November 2018
- Welsh Government Cabinet Statement, 9 January 2019
- Board Paper IMTP Update, 30 January 2019
- Board Paper Nurse Staffing Levels Wales Act Update, 30 January 2019
- Board Paper IMTP Update, 28 March 2019
- Board Paper IMTP Update, 30 May 2019
- Board Paper Nurse Staffing (Wales) Act Update, 30 May 2019
- Letter from Interim Chief Executive to Chair of Health, Social Care and Sport Committee, 5 July 2019
- Letter from Chief Executive to RCN Wales Director, April 2018
- Auditor General for Wales, Expenditure on agency staff by NHS Wales, May 2019
- Welsh Government Cabinet Statement, 17 September 2019

Vacancies are listed in the May 2019 board update on the Nurse Staffing levels (Wales) Act as follows:

May 2019	Band 5 RN WTE	HCSWs WTE
Prince Charles	39.59	0
Royal Glamorgan	59.35	16.19
<b>TOTAL</b>	<b>98.94</b>	<b>16.19</b>

The report goes on to document the ‘increasing demand for nursing’ linking this to agency spend. It identifies that the drivers are sickness levels, supervision, patient acuity and vacancies. It notes that nursing staff will earn more for a shift with an agency. Again, the lack of a strategic link in this section to a retention plan is notable. If pay cannot be increased, other factors to improve staff morale need to be considered. For example, nurses consistently say that control over their working hours is the most important issue for them. Access to CPD is also a recognised method of demonstrating value to staff.

# Hywel Dda University Health Board

## Key Questions for the Hywel Dda University Health Board Chief Executive

1. How many 'surge' beds are now in use in the Health Board? How is nurse staffing for these beds allocated and monitored?
2. When will ward sisters/charge nurses be afforded full supervisory status?
3. When will the full nurse staffing uplift identified as needed for compliance with section 25B of the Act be invested?
4. Does Hywel Dda now meet the National Clinical Guidelines for Stroke (2016)?
5. How many registered nursing vacancies are there in the board now?
6. Do you have a recruitment or retention strategy for nursing?
7. How are staff concerns about poor staffing levels brought to the board?
8. What actions could the Welsh Government take to help you implement the Act?

## Key Questions for the Welsh Government on Hywel Dda

1. How is the 'targeted intervention' status of Hywel Dda monitored to support progress towards compliance with the Act?

## Hywel Dda University Health Board

### Progress on implementation

The March 2018 board paper identifies 31 wards as falling within section 25B of the Act with two further wards needing review. It goes on to state, “The nursing workforce in acute adult ward areas is likely to require enhancement of permanent nursing staff (Registered nurses and Health Care Support Workers) as a result of the implementation of the Act. The Health Care Support Worker recruitment will require a targeted approach but is likely to be achievable in the short term. The additional registered nurses required will further compound the vacancy issues the health board is currently working with and interim solutions to consider alternative ways of working may be required.” However, it is heartening to note the paper also identifies that the Act is likely to have a “positive impact on the sense of well-being of the workforce”. The paper also identifies that the health board have led some elements of the national programme of work which is positive and welcomed.

The May 2018 board paper states that “it is estimated that an uplift of 163.65 WTE Registered Nurses and Health Care Support Workers (HCSW) at a cost of £4,995,475 million, will be required across the 32 included acute medical and surgical wards located within the 4 main hospital sites within the health board. It should be noted that these figures relate specifically to a total of 41.36 WTE Registered Nurses and 122.30 WTE Health Care Support Workers”.

The paper presents three options to the board: fully fund the staffing uplift required, reconfigure beds to fit the number of nurses available, and the recommended option 3: “During 2018/19, undertake a risk assessed, prioritised implementation of the uplift required”. £2m is identified for this purpose in 2018/19.

The May 2018 board paper states that none of the ward manager posts in Hywel Dda are supervisory. This means that no protected time is available for management or clinical supervision. The report states that “To achieve the ‘fully supernumerary’ expectation set out in the statutory guidance, across the 32 wards, an additional 19.20 WTE registered nurses (at a cost of £559,949) will be required within the establishments of these wards.”

The paper acknowledges that the beneficial impact of the supervisory status on “patient care clinical standards and operational performance” “cannot be overstated”. Yet despite this acknowledgement the paper does not set out a timescale to achieve this goal. Instead the paper advocates protecting only two days a week of the ward sisters time stating that: “The total cost of what is considered to be achievable during 2018/19 in order to strengthen clinical leadership within each of the 32 wards is calculated to be £300,143.” It is extremely disappointing to see this small amount of investment is considered adequate to ensure safe and effective patient care.

The May 2018 paper also flags to the board the nurse staffing levels in the stroke unit stating: “Staffing levels and operational activity across all units is variable and neither the nursing nor the health care professional staffing arrangements as yet fully reflect the National Clinical Guideline for Stroke (2016). The identified uplift to enable the registered nurse staffing levels to



fully reflect the National Clinical Guidelines for Stroke (2016) has been estimated at 13.35 WTE”

The paper follows a similar line as with previous flagged issues of concern. Instead of recommending fully funding the uplift, or at least presenting a clear route map to the ideal level, a far smaller investment is recommended – in this case prioritising the recruitment of additional healthcare support workers in this area.

It is welcome to see that this paper acknowledges the significance of support roles to optimal nursing performance such as the ward clerk and ward housekeeper.

The July 2018 paper states that progress is ongoing on the actions agreed in the May 2018 paper. It also sets out to the board that a process of reviews is beginning into all service areas to look at compliance with section 25A of the Act.

The November 2018 paper notes that the board phased approach to compliance “was communicated to the Cabinet Secretary for Health and Social Services by the health board (HB) Chairman at the time and received his support within his written response”. The paper reports progress has been made with 2.63 WTE additional health care HCSWs employed as part of the nursing teams on the wards where Section 25B applies and authorisation to recruit for a further 19.6 WTE HCSW posts given.

The November 2018 paper confirms that ward sisters/charge nurses have been given funding to enable them to have two days “supervisory functions” and all wards where Section 25B applies have 26.9 % uplift included within their establishments for all nursing staff included within the agreed planned roster. It also flags as an urgent action that a system is needed for recording when the actual deployment of staff differs from those rostered. This is a concern other boards have also raised.

Worryingly the May 2019 board report notes that, “due to the recruitment challenges” the ward sisters were sometime unable to have even the two days allocated as supervisory but often need to step directly into the rota. In more positive news the report states that to strengthen clinical leadership it was agreed there would be two Agenda for Change Band 6 ward sisters posts for all wards with 18 beds or more and this had led to the creation of an additional 13 posts. 40 WTE healthcare support workers at Band 2 had been appointed and 9 WTE healthcare support workers at Band 3.

The 2019 report identifies that across the health board there were 430 patient care incidents (e.g. fall, pressure ulcers) where the nurse staffing level was not maintained (and a further 1474 where no information on this was provided). Of these 430 incidents it was judged that the low staffing contributed to the incident in 108 cases.

On wards falling under section 25B of the Act, 111 patient care incidents took place when the nurse staffing level was not maintained (and 373 were no information was provided). Of the 111 incidents it was judged that low staffing had contributed to the incident in 43 cases.

## Hywel Dda University Health Board

This assessment is based on the following documents:

- Board Paper Nurse Staffing Levels (Wales) Act 2016: Organisational Preparedness, 29 March 2018
- Board paper Implementing the Nurse Staffing Levels (Wales) Act 2016, 31 May 2018
- Board Paper Update on the Nurse Staffing Levels (Wales) Act 2016, 26 July 2018
- Board Paper Update on the Implementation of the Nurse Staffing Levels (Wales) Act 2016, 29 November 2018
- Board Paper Nurse Staffing Levels (Wales) Act Annual Report, 30 May 2019
- Letter from Chief Executive to RCN Wales Director, April 2018
- Letter from the Chief Executive to RCN Wales Director, April 2019
- Auditor General for Wales, Expenditure on agency staff by NHS Wales, May 2019

Hywel Dda uses the phrase ‘surge beds’ to describe extra patients added to wards, in theory as a short-term measure. The May 2018 board paper reports that use of these ‘surge’ beds has become “frequent, or in some instances, continual” and acknowledges that in these cases the nurse staffing levels need to be increased. It states, “This is particularly the case in Prince Phillip Hospital (Wards 4, 5 and 7) where a total of 19 ‘surge beds’ across these three wards have been continually open for many months.” However, later board papers updating on the Act do not refer to progress in this area which is a cause for concern.

### Sustainability of the nursing workforce

As of November 2018, vacancies on wards which are covered by section 25B of the Nurse Staffing Levels (Wales) Act were as follows:

Location of vacancies	WTE RN	WTE HCSW
Bronglais Hospital	40.16	0
Glangwili Hospital	20.63	17.31
Prince Phillip Hospital	7.68	12.32
Withybush Hospital	31.56	15.89
<b>TOTAL</b>	<b>99.63</b>	<b>45.52</b>

The overall vacancy rate across the whole health board is likely to be much higher. Of the six largest health boards in Wales, Hywel Dda had the smallest increase in expenditure on agency nursing in 2018/19 of just 1.6 percent (£0.2 million) but the highest overall spend at £14.3m.

The May 2019 board paper on the Nurse Staffing Levels (Wales) Act addresses the wider recruitment or retention context. It lists initiatives such as advertising jobs on social media platforms such as LinkedIn or Facebook and notes they can yield up to 10 expressions of interest from registered nurses a week (although resulting appointments are not specified). It also outlines a “Made in Hywel Dda” programme of apprenticeship which can lead to a registered nursing degree. It also lists various recruitment and retention activities by hospital. Although it is welcome to see these initiatives it does appear as if a strategic approach to nursing recruitment and retention has not yet been developed.

## Powys Teaching Health Board

### Key Questions for the Powys Teaching Health Board Chief Executive

1. How is the board assured of compliance with the Act in Powys?
2. How are staff concerns about poor staffing levels brought to the board?
3. Do all ward sisters/charge nurses have full supervisory status in Powys?
4. How many registered nursing vacancies are there in the board?
5. Do you have a nursing retention strategy?
6. What actions could the Welsh Government take to help you implement the Act?

# Powys Teaching Health Board

This assessment was based on the following documents:

- Board Paper IMTP, 31 January 2018
- Board Paper IMTP, 21 March 2018
- Board Paper Nurse Staffing Levels (Wales) Act Organisational Compliance Board, 30 May 2018
- Board Paper IMTP, 28 November 2018
- Board Paper Nursing and Midwifery Strategy Three Year Progress and Final Annual Report, 28 November 2018
- Board Paper IMTP, 30 January 2019
- Written evidence submitted by Powys Health Board to NAW Community & District Nursing inquiry, March 2019
- Letter from the Chief Executive to RCN Wales Director, May 2018

## Progress with implementation

Section 25A of the Act places a general duty on NHS organisations in Wales that where they provide or commission nursing services they must provide “sufficient nurses to allow the nurses time to care for patients sensitively.” This duty applies to Powys Teaching Health Board. Sections 25B and 25C of the Act do not apply to PTHB as Powys has no adult acute medical or surgical wards.

The January, 2018 IMTP Board paper states that Powys is “taking account of the Act”.

The May 2018 board paper on organisation compliance with the Act describes staffing levels as a “controversial issue” claiming an optimal level of staffing is “an intractable question to answer”. It does note the health board is Birthrate Plus® compliant and is compliant “in terms of the current Health Visitor of caseload ratio”. It states that staffing in community hospitals has been reviewed and “There is one whole time equivalent supervisory Ward Sister (the number of wards covered by this arrangement is not stated) and Ward staffing levels are reviewed and reported daily, managed by the Integrated Clinical Team Managers. The Staffing levels and skill mix are openly recorded on a visual information board on each ward.”

It informs the Board that a process is being developing to assure the board of future compliance with Section 25A. However, no further report to board on the Act had been made by the end of July 2019 which is disappointing.

## Sustainability of the nursing workforce

The January, 2018 IMTP board paper identifies “significant pressures within the nursing workforce due to the difficulties in recruiting registered nurses”. It reports that local recruitment events have not been particularly successful. It mentions the potential benefits of beginning an apprenticeship pathway to nursing for health care support workers and, interestingly, comments that the national introduction of the ‘streamlining’ process for nursing students (whereby graduating nursing students are assigned to particular health board roles) which has been so welcome to other health boards has not been helpful for Powys because of the need for a more generalist approach in the rural setting.

The November 2018 IMTP board report identifies “recruitment and retention” as a priority but with no further detail provided.

In November 2018 a board paper on the final report of the nursing and midwifery strategy was also presented to Board. Disappointingly the paper makes no mention of the Nurse Staffing Levels (Wales) Act or of recruitment and retention issues in nursing. “Workforce Futures” is identified as one of the objectives.

In January 2019 the Board IMTP paper continues to identify that a stable workforce for Powys is a priority and that developing local apprenticeship approaches continues but no specific nursing developments are mentioned.

As part of written evidence submitted to National Assembly for Wales Health, Social Care & Sport Committee Inquiry into Community & District Nursing, PTHB reported that there were **79.5 full time equivalent Registered Nurse vacancies** across the whole health board.