

**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	10 June 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels (Wales) Act 2016: Annual Presentation of Nurse Staffing Levels
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Janice Cole Williams, Assistant Director of Nursing Helen Humphreys, Head of Nursing, Professional Standards and Regulation Catrin Jones, Nurse Staffing Programme Lead

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The statutory guidance issued in support of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA) requires that there is an annual presentation of the nurse staffing levels to the respective Health Board (in November each year) and a written update of the nurse staffing level of each individual ward (to which sections 25B to 25E of the Act pertain) when there is a change of use/ service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary.

The Quality, Safety and Experience Committee, on behalf of the Board is asked to receive the outcome of the Spring 2025 Nurse Staffing Levels Report and Appendix 1, which contains detail of the nurse staffing levels for all Section 25B wards, and tracks adjustments made to the staffing levels within those wards since the autumn 2024 calculation cycle and aims to assure the Committee that all the legislative requirements associated with the 'duty to calculate' nurse staffing levels within acute adult medical and surgical wards and paediatric wards (since 1 October 2021) are being maintained.

Cefndir / Background

The Nurse Staffing Levels (Wales) Act 2016 (the Act) The Act has five sections:

- I. Section 25A of the Act relates to the overarching responsibility placed upon each Health Board, requiring Health Boards and Trusts to ensure they have robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017.
- II. Section 25B requires Health Boards/ Trusts to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards (since 2018) and paediatric in-patient wards (since October 2021). Health Boards/ Trust are also required to inform patients of the nurse staffing level.

- III. Section 25C requires Health Boards/Trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards (since 2018) and paediatric in-patient wards (since October 2021).
- IV. Section 25D of the Act required that Welsh Government devised statutory guidance to support the NSLWA. The initial statutory guidance document was issued in 2017 with a revised document issued in February 2021
- V. Section 25E requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for all wards to which Section 25B pertains.

The Board's specific responsibilities under the 2016 Act are to:

- Identify a Designated Person (or provide a description of such a person). The Designated Person should be registered with the Nursing and Midwifery Council, and it was agreed by the Chief Nursing Officer of Wales and the Executive Directors of Nursing (EDON) across Wales that the Designated Person in each organisation would be the Executive Director of Nursing, who is responsible for calculating the nurse staffing levels on behalf of the Chief Executive Officer of the Health Board/Trust.
- Determine which ward areas where Section 25B applies.
- Receive and agree written reports from the 'designated person' on the nurse staffing level that has been calculated for each ward to which Section 25B pertains.
- Ensure that operational systems are in place to record and review every occasion when the number of nurses deployed varies from the planned roster.
- Agree the operating framework which will specify the systems and processes to ensure that all reasonable steps are taken to maintain the nurse staffing level on both a long term and a shift-by-shift basis; and specify the arrangements for informing patients of the nurse staffing.
- Make arrangements to inform patients of the nurse staffing level.

There are two key reporting requirements under the Act and/or the statutory guidance which should be undertaken within a Health Board:

1. The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for wards where Section 25B pertains (which this report pertains to).
2. Every third year, the Board provides a three yearly assurance report to Welsh Government. To support the accuracy of this report, the Board has agreed to receive an annual assurance report, using the nationally agreed template.

Asesiad / Assessment

The outcome of the Spring 2025 Nurse Staffing Level report sets out the detail of the process, output, conclusions, and further actions to be undertaken arising from the recent (Spring 2025) nurse staffing levels review and recalculation cycle of the adult medical and surgical wards and the paediatric inpatient wards.

The process has been led by the Executive Director of Nursing, Quality and Patient Experience. All Senior Sisters/Charge Nurses of all wards where Section 25B pertains, all Senior Nurse Managers and all acute site Heads of Nursing have participated in the process.

In line with the requirements of the Act, the statutorily prescribed, triangulated methodology for calculating the nurse staffing levels for the adult medical and surgical wards and the paediatric inpatient wards has been fully and rigorously applied. The core information discussed included:

- Current ward bed numbers and speciality, including any proposed service and/or patient pathway changes.

- Current nurse staff provision, including those that are not included in the core roster (e.g. supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc).
- Patient acuity data for the previous 6 months. All S25B wards within the health board are now using the SafeCare module of the rostering system to capture the acuity data (SafeCare is the nationally agreed system for capturing this data).
- Care quality indicator data for the previous 12 months –consideration has been given to the pressure ulcers, medication errors and falls incidents in all wards as well as infiltration/extravasation injuries in the paediatric wards. In addition, complaints, and positive patient experience data was reviewed.
- Infection prevention and control data.
- Finance/workforce-related data - expenditure/utilisation of permanent/temporary staff.
- Staffing related metric data – Performance & Development Review (PADR) compliance, mandatory training compliance and sickness.
- National care standards, where they exist.
- Patient flow/activity related data for the previous 12 months.
- The extent to which the planned rosters have been met over the previous 6 months.

Please see the attached powerpoint slides for an example of some of the data reviewed as part of the nurse staffing level calculation discussion.

It is noted that the table below includes the financial and workforce impact of both the spring 2024, autumn 2024 and spring 2025 calculation cycles, as the outcome of the spring 2024 and autumn 2024 cycles has not yet been transacted into the budget or into the rosters. The Executive team took the decision in November 2024 to not transact the changes of the spring 2024 and autumn 2024 but to provide authorisation for the relevant wards to continue to use temporary staff. This was pending the outcome of a ward modelling review in GGH assessed against the domains of the Duty of Quality as set out in the Health & Social Care (Quality and Engagement) (Wales) Act 2020, to ensure provision of a safe, timely, effective, efficient, equitable, person centred model of care to our patients. This modelling review is ongoing.

Table 1: breakdown of uplift requirements							
	Additional requirements £		RN £	HCSW & Other £		RN WTE	HCSW & Other WTE
1a. Adult inpatient wards (BGH, GGH, PPH)	164,551		-68,885	233,436		-1.33	5.97
1b. Service change: Picton – HCSW Padarn Band 4 role Y Banwy – ward clerk	283,754		10,834	272,920		0.00	7.33
1c.– Service Change – Enhanced Care Unit/Rhiannon BGH	70,102		2,948	67,154		0.05	1.77
1d. Adult inpatient wards WGH	-89,262		- 129,834	40,572		-2.69	1.04
2. Paediatric inpatient wards	433,348		- 144,020	577,369		-2.53	13.43

1. Adult inpatient wards

1a Bronglais Hospital (BGH), Prince Philip Hospital (PPH) and Glangwili Hospital (GGH): As previously noted, the changes agreed in the Spring 2024 and Autumn 2024 calculation cycles have not been transacted into the budgets. The Executive Team took the

decision to not transact the changes but to provide authorisation for the relevant wards to continue to use temporary staff.

For those adult inpatient wards where the uplift requirements is via the 'nurse staffing funding' allocation, there is an **additional £164,551** required following the Spring 2025 cycle.

- A reduction of 1.33wte because of changes to the proportion of long days worked by our RN workforce.
- An additional 2.72wte on Steffan agreed in Spring 2024 due to patient acuity.
- an additional 2.72wte on Padarn ward, GGH, agreed in Autumn 2024 due to patient acuity.
- the additional 0.52wte HCSW is because of the change to the proportion of long days worked by our HCSW workforce.

The Director of Nursing, Quality & Patient Experience is due to meet with the relevant Clinical Care Group to discuss the finance and workforce implications of the Spring 2025 cycle.

As part of the spring 2025 cycle, consideration was given to a change in the HCSW roster on one ward with a request that the twilight shift be changed to a night shift instead, however, additional information has been requested to support the rationale for this change and the nurse staffing levels on this ward will be for an 'early review' in July 2025.

There are established processes in place whereby operational teams are applying their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated:

- Systems in place whereby risk assessments are undertaken taking into account patients' needs (including acuity and dependency) versus the available staff (both substantive and temporary), staff knowledge and skills and team stability.
- Deployment of staff from other areas within the organisation.

The risks of not transacting the additional requirements into the budget and rosters would be:

- Patient care: The intention underpinning the Act is to ensure safe, effective, and quality patient care. There are two wards (Steffan and Padarn wards) which required an uplift to their Health Care Support Worker (HCSW) establishment and there may be a negative impact on care quality if the outcome of the calculation cycle is not responded to operationally which could result in limiting in-patient numbers to the available staffing.
- There are financial and workforce risks associated with the outcome of the work described in this report. The risks relate to the ability to both finance and recruit a sufficient workforce of HCSWs. Both Steffan and Padarn are incurring variable pay using bank HCSWs.
- The 'duty to maintain the nurse staffing level' requires the finance and the workforce required to be transacted, and this poses a more significant challenge than the duty to calculate described in this report.

1b. Service Change

There are three wards who require additional resources due to a change in the service being provided: an **additional** £283,754.

- Picton ward, GGH – additional HCSW on night duty because of changes to the gynaecology emergency pathway during the Covid 19 pandemic, which remains unfunded.
- Padarn – the role of the Band 4 Assistant Practitioner who supports the respiratory treatment room activity.
- Y Banwy – the funding of the Band 7 ward manager and the funding of the ward clerk which do not appear to have ever been funded roles.

The Director of Nursing, Quality & Patient Experience is due to meet with the relevant Clinical Care Group to discuss the outcome of the Spring 2025 cycle and this will include the finance and workforce implications of these service changes.

1c. Service Change - Enhanced Care Unit (PACU) Rhiannon Ward, BGH – although additional funding was allocated to the Enhanced Care Unit during 2024/25, there is still a deficit between the require establishment and the funded establishment of £70,102 (0.05wte RN and 1.77wte HCSW).

The Director of Nursing, Quality & Patient Experience is due to meet with the relevant Clinical Care Group to discuss the finance and workforce implications of the Spring 2025 cycle.

1d. WGH: The changes required to the rosters/required establishments for the adult inpatient wards in WGH show that there is a **reduction** of £89,262 required. The WGH position is set out separately to the other adult wards as WGH Unscheduled Care underwent a planned change in services during Q3 of 2024/25 and some of the changes have been picked up as part of the Spring 2025 calculation cycle. The changes in the Spring 2025 cycle include:

- There is a reduction of 5.45wte in the RN requirements on Ward 12, WGH
- There is an increase of 2.72wte in the RN requirements on Ward 4, WGH

The funding of the planned programme of changes is being met by the Care Group and the Director of Nursing, Quality & Patient Experience is due to meet with the Clinical Care Group to discuss the outcome of the Spring 2025 cycle.

2. Paediatric inpatient wards

An **additional** £433,348 is required following the spring 2025 calculation cycle for the paediatric wards. Since Section 25B of the Act came into effect for the paediatric wards (October 2021), the funding of the additional requirements has been met from within the Women and Children Directorate.

The Director of Nursing, Quality & Patient Experience is due to meet with the relevant Clinical Care Group to discuss the finance and workforce implications of the Spring 2025 cycle.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked on behalf of the Board is requested to take assurance that:

- The Health Board is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.
- By presenting this report to QSEC, the Health Board is meeting its statutory duty to provide a written update of the nurse staffing level of each individual ward (to which sections 25B to 25E of the Act pertain) to the Board (or delegated committee which received the nurse staffing levels updates on behalf of the Board) when there is a change of use/ service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary (Paragraph 12).

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	NA
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 3. Data to knowledge Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 2 Financial recovery and route map
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol:	
Further Information:	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the triangulated approach to calculating the nurse staffing levels has been articulated through the working papers of the all Wales Nurse Staffing Group

<p>Rhestr Termiau: Glossary of Terms:</p>	<p>S25B – Section 25B of the Nurse Staffing Levels (Wales) Act 2016 WGH – Worthybush General Hospital BGH – Bronglais General Hospital GGH – Glangwili General Hospital PPH – Prince Phillip Hospital CCU – Coronary Care Unit WTE – whole time equivalent HDdUHB – Hywel Dda University Health Board WG – Welsh Government NIV – Non-invasive ventilation HCSW – Health Care Support Worker AP – Assistant Practitioner RN – Registered Nurse ECU – Enhanced Care Unit PACU – Paediatric Ambulatory Care Unit QI data – quality indicator data</p>
<p>Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phroffid: Parties / Committees consulted prior to Quality, Safety and Experience Committee:</p>	<p>Sisters/Charge Nurses, Senior Nurse Managers and Heads/Deputy Heads of Nursing of each S25B.</p>

<p>Effaith: (rhaid cwblhau) Impact: (must be completed)</p>	
<p>Ariannol / Gwerth am Arian: Financial / Service:</p>	<p>The financial impact of the Autumn 2024 and Spring 2025 calculation cycle is set out in the Report and Appendix 1</p>
<p>Ansawdd / Gofal Claf: Quality / Patient Care:</p>	<p>The intention underpinning the Act is to ensure safe, effective, and quality patient care.</p> <p>One of the key requirements of the Act is to monitor the impact of nurse staffing levels on care quality. Page 2-3 of the report refers to the information reviewed as part of the triangulated methodology set out in the Act and which is used when implementing the ‘duty to calculate’. There are wards which required an uplift to their RN or HCSW establishment and there may be a negative impact on care quality if the outcome of the calculation cycle is not responded to operationally which could result in limiting in-patient numbers to the available staffing.</p>
<p>Gweithlu: Workforce:</p>	<p>This paper relates to adjustments to the staffing levels which have been calculated as being required across the acute adult medical and surgical wards and paediatric inpatient wards. The potential impact on the workforce of the calculations referenced within this paper are detailed in Appendix 1. It is anticipated that the Act will enable a positive impact on staff well-being</p>
<p>Risg: Risk:</p>	<p>There are financial and workforce risks associated with the outcome of the work described in this paper. The risks relate to the ability to both finance and recruit a sufficient workforce of RN/HCSWs. Alternatively, there is a risk of providing insufficient inpatient facilities to meet the</p>

	<p>population need if the number of in-patient beds is reduced to the levels that the current workforce/budgets can deliver: Having met the 'duty to calculate the nurse staffing level' as described within this paper, the risk now shifts to how best to respond to the revised calculations</p>
<p>Cyfreithiol: Legal:</p>	<p>The Act sets out the Board's overarching responsibilities and the Designated Person's specific responsibilities to calculate and maintain nurse staffing levels in S25B wards,</p> <p>The legal risk associated with calculating the nurse staffing levels relates not to the issues described within this paper (which relate to the duty to calculate the nurse staffing levels) but rather to the potential of noncompliance with the 'duty of maintaining the nurse staffing levels'. The 'duty to maintain the nurse staffing level' requires the financial and the workforce risks detailed above to be addressed, and this poses a more significant challenge than the duty to calculate described in this paper</p>
<p>Enw Da: Reputational:</p>	<p>The reputation of the nursing services and the effectiveness of the collaboration within the Health Board is enhanced through the level of engagement shown between the operational and corporate teams in ensuring that the statutory requirements relating to the Act are met.</p>
<p>Gyfrinachedd: Privacy:</p>	<p>Currently no impact in relation to privacy identifiable within this work</p>
<p>Cydraddoldeb: Equality:</p>	<p>No negative EqIA impacts identified</p>

Presentation of the Nurse Staffing Levels for Section 25B wards – Spring 2025 calculation Cycle

Health Board/Trust:	Hywel Dda UHB		
Period being reported on:	This report covers the changes that have been made to nurse staffing levels for wards covered by Section 25B (S25B) of the Nurse Staffing Levels (Wales) Act 2016 between Autumn 2024 and Spring 2025		
Number and identity of section 25B wards during the reporting period.	Appendix 1 of this report lists the nurse staffing levels for all wards that have been included under S25B of the NSLWA following the spring 2025 calculation cycle		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
	18	12	2
	<ul style="list-style-type: none"> It is noted that although the number of medical wards included in this report is the same for Spring 2025 as to the number review in Autumn 2024, there has been a change to the configuration of one of the wards which impacts on some of the information within this report. During the Autumn 2024 calculation cycle Dyfi ward, BGH was a 28 bedded ward which included the Cardiac Monitoring Unit (CMU), however, the ward has now been split into a 16 bedded ward and a 12 bedded Cardiac Monitoring Unit (CMU). Section 25B of the Act does not apply to the CMU which now falls under Section 25A of the Act. Whilst Section 25B of the Act does not apply to CMU, a review of the nurse staffing levels has been undertaken following the triangulated methodology set out in the Act, but the workforce and finance implications are not included in this report. It is noted that there are two medical ward, (Ward 12, WGH and Y Banwy, BGH) who were included in the nurse staffing calculation in autumn 2024, but due to a change in the primary function of the ward, Section 25B of the Act no longer applies to these wards and although they are included in the finance calculations set out in this paper, will not be included in the workforce or finance calculations for any future reports. 		
	<p>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster". It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment, however, these staff are not included within the data for this report.</p> <p>Although there is a process by which the budgets for the S25B wards are reset, where required, following each cycle has been agreed so that the changes from each cycle can be realised in a timely manner both in terms of the finance and workforce adjustments required 'in-year', which will ensure both budgetary and rostering stability and allow local 'grip and control' at team level. The changes agreed in the Spring 2024 and Autumn 2024 calculation cycles have not been transacted into the budgets. The Executive team took the decision to not transact the changes but to provide authorisation for the relevant wards to continue to use temporary staff.</p> <p>There was no change to the planned roster and required establishment for 27 of the adult medical/surgical wards and both paediatric wards, following the Spring 2025 calculation cycle.</p>		
	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards
Number of Wards	20	12	2

	RN (WTE)	HCSW (WTE)	RN (WTE)	HCSW (WTE)	RN (WTE)	HCSW (WTE)
Required establishment (WTE) calculated Autumn 2024 calculation cycle	361.61	368.84	213.82	215.13	57.68	22.55
WTE of required establishment funded following Autumn 2024 calculation cycle			212.32	202.23	57.68	22.55
Required establishment (WTE) calculated during Spring 2025 calculation cycle	343.72	362.8	212.99	215.96	57.68	22.55
WTE of required establishment funded following Spring 2025 calculation cycle					57.68	22.55
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)(Spring 2025 cycle)	18		12		3 (2 Supernumerary Band 7 on 1 ward)	

- During the Autumn 2024 calculation cycle Dyfi ward, BGH was a 28 bedded ward which included the Cardiac Monitoring Unit (CMU), however, the ward has now been split into a 16 bedded ward and a 12 bedded Cardiac Monitoring Unit (CMU). Section 25B of the Act does not apply to the CMU which now falls under Section 25A of the Act. Whilst Section 25B of the Act does not apply to CMU, a review of the nurse staffing levels has been undertaken following the triangulated methodology set out in the Act, but the workforce and finance implications are not included in this report.
- The variation between the calculated required establishment and the funded required establishment:
 - For the medical wards is
 - For the surgical wards is linked to a service change on Picton Ward due to changes to the gynae emergency pathway, the remaining HCSW requirement on the Enhanced Care Unit on Rhiannon Ward, BGH and the changes required to the required establishment because of changes in the proportion of long days worked.

Using the triangulated approach to calculate the nurse staffing level on section 25B wards

For each inpatient ward (both adult and paediatric) where S25B applies (i.e. defined by the Nurse Staffing Levels (Wales) Act (2016) as an adult acute medical/surgical inpatient ward or paediatric inpatient ward) a systematic process has been undertaken to review and recalculate the nurse staffing levels.

As with previous cycles, the Spring 2025 process has included detailed professional discussions with the nursing management structure (Senior Sister/Charge Nurse, Senior Nurse Manager and Head/Deputy Head of Nursing) for each ward to ascertain the total number of staff required to provide sufficient resource to deploy a staffing level appropriate to the individual ward, regardless of whether there was a proposed increase, decrease, or no change to the ward roster or required establishment. The core information discussed included:

- Current ward bed numbers and speciality, including any proposed service and/or patient pathway changes.
- Current nurse staff provision, including those that are not included in the core roster (e.g. supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc).
- Patient acuity data for the previous 6 months. All S25B wards within the health board are now using the SafeCare module of the rostering system to capture the acuity data (SafeCare is the nationally agreed system for capturing this data).
- Care quality indicator data for the previous 12 months –consideration has been given to the pressure ulcers, medication errors and falls incidents in all wards as well as infiltration/extravasation injuries in the paediatric wards. In addition, complaints, and positive patient experience data was reviewed.

	<ul style="list-style-type: none"> • Infection prevention and control data. • Finance/workforce-related data - expenditure/utilisation of permanent/temporary staff. • Staffing related metric data – Performance & Development Review (PADR) compliance, mandatory training compliance and sickness. • National care standards, where they exist. • Patient flow/activity related data for the previous 12 months. • The extent to which the planned rosters have been met over the previous 6 months. <p>Workforce data relating to the proportion of staff working the 'long day' shift pattern is reviewed each calculation cycle as this impacts on the total establishment required against the planned roster and this, together with the 26.9% uplift required to manage absences related to annual leave, sickness and study leave, has been factored into the financial and workforce calculations required.</p> <p>Discussions with Designated Person: A summary for each ward was present by the Ward Manager, supported by the relevant Senior Nurse Manager and Head/Deputy Head of Nursing to the Designated Person, the Director of Nursing, Quality and Patient Experience (or nominated deputy) to ensure that the calculation made by the Designated Person was informed by the registered nurses within the ward and the nursing management structure where the nurse staffing level applies.</p> <p>The discussions with the Designated Person (or nominated deputy) took place between the 8th and 30th April 2025 (the specific date of each discussion is noted in the table in Appendix 1).</p> <p>The planned rosters set out in Appendix 1 are those agreed with the Designated Person as part of the Spring 2025 nurse staffing calculation cycle.</p>
Name of Designated Person:	Sharon Daniel , Director of Nursing, Quality and Patient Experience
Signature:	
Date:	

Finance and workforce implications.	<p>The Corporate Nursing Directorate facilitate the nurse staffing levels calculation process for S25B wards, on behalf of the Designated Person, who is responsible for calculating the number of nurses appropriate to provide patient-centred care that meets all reasonable requirements in that situation. A summary of the finance and workforce implications of the Spring 2025 calculation cycle are set out in this report.</p> <p>It is noted that there was no change to the nurse staffing levels (i.e. the planned roster and required establishment) for 27 of the adult medical/surgical wards and both paediatric wards, following the Spring 2025 calculation cycle (when compared to the planned rosters/required establishments agreed during the Autumn 2024 calculation cycle).</p> <p>The Spring 2025 calculation cycle has identified the following financial and workforce uplift requirements. The figures set out below includes the uplift required to deliver the roster as well the establishment for non-rostered staff who support the delivery of care e.g. e.g. supervisory ward manager, frailty/rehabilitation support workers, ward clerks.</p>
--	---

Table 1: breakdown of uplift requirements							
	Additional requirements £		RN £	HCSW & Other £		RN WTE	HCSW & Other WTE
1a. Adult inpatient wards (BGH, GGH, PPH)	164,551		-68,885	233,436		-1.33	5.97
1b. Service change: Picton – HCSW Padarn Band 4 role Y Banwy – ward clerk	283,754		10,834	272,920		0.00	7.33
1c.– Service Change – Enhanced Care Unit/Rhiannon BGH	70,102		2,948	67,154		0.05	1.77
1d. Adult inpatient wards WGH	-89,262		-129,834	40,572		-2.69	1.04
2. Paediatric inpatient wards	433,348		-144,020	577,369		-2.53	13.43

1. Adult inpatient wards

1a BGH, PPH and GGH: As previously noted, the changes agreed in the Spring 2024 and Autumn 2024 calculation cycles have not been transacted into the budgets. The Executive team took the decision to not transact the changes but to provide authorisation for the relevant wards to continue to use temporary staff.

For those adult inpatient wards where the uplift requirements is via the 'nurse staffing funding' allocation, there is an **additional £164,551** required following the Spring 2025 cycle.

- A reduction of 1.33wte because of changes to the proportion of long days worked by our RN workforce.
- An additional 2.72wte on Steffan agreed in Spring 2024 due to patient acuity.
- an additional 2.72wte on Padarn ward, GGH, agreed in Autumn 2024 due to patient acuity.
- the additional 0.52wte HCSW is because of the change to the proportion of long days worked by our HCSW workforce.

As previously mentioned, the workforce data relating to the proportion of staff working the 'long day' shift pattern is reviewed each calculation cycle as this impacts on the total establishment required against the planned roster. There were five wards which required an amendment to the required establishment because of the proportion of long days' work following the Spring 2025 calculation cycle. The financing arrangements for the nurse staffing establishments must remain flexible enough to be able to respond to this ever-changing position as the balance between 'long day' and the more traditional 'early/late' shift pattern being worked is dependent on what our substantive staff choose to work.

The Director of Nursing, Quality & Patient Experience is due to meet with the relevant Clinical Care Group to discuss the finance and workforce implications of the Spring 2025 cycle.

1b. Service Change

There are three wards who require additional resources due to a change in the service being provided: an **additional** £283,754.

- Plcton ward, GGH – additional HCSW on night duty because of changes to the gynaecology emergency pathway during the Covid 19 pandemic, which remains unfunded.
- Padarn – the role of the Band 4 Assistant Practitioner who supports the respiratory treatment room activity.
- Y Banwy – the funding of the Band 7 ward manager and the funding of the ward clerk which do not appear to have ever been funded roles.

The Director of Nursing, Quality & Patient Experience is due to meet with the relevant Clinical Care Group to discuss the outcome of the Spring 2025 cycle and this will include the finance and workforce implications of these service changes. .

1c. Service Change - Enhanced Care Unit (PACU) Rhiannon Ward, BGH – although additional funding was allocated to the Enhanced Care Unit during 2024/25, there is still a deficit between the required establishment and the funded establishment of £70,102 (0.05wte RN and 1.77wte HCSW).

The Director of Nursing, Quality & Patient Experience is due to meet with the relevant Clinical Care Group to discuss the finance and workforce implications of the Spring 2025 cycle.

1d. WGH: The changes required to the rosters/required establishments for the adult inpatient wards in WGH show that there is a **reduction** of £89,262 required. The WGH position is set out separately to the other adult wards as WGH Unscheduled Care underwent a planned change in services during Q3 of 2024/25 and some of the changes have been picked up as part of the Spring 2025 calculation cycle. The changes in the Spring 2025 cycle include:

- There is a reduction of 5.45wte in the RN requirements on Ward 12, WGH
- There is an increase of 2.72wte in the RN requirements on Ward 4, WGH

The funding of the planned programme of changes is being met by the Care Group and the Director of Nursing, Quality & Patient Experience is due to meet with the Clinical Care Group to discuss the outcome of the Spring 2025 cycle.

2. Paediatric inpatient wards

An **additional** £433,348 is required following the spring 2025 calculation cycle for the paediatric wards. Since Section 25B of the Act came into effect for the paediatric wards (October 2021), the funding of the additional requirements has been met from within the Women and Children Directorate.

The Director of Nursing, Quality & Patient Experience is due to meet with the relevant Clinical Care Group to discuss the finance and workforce implications of the Spring 2025 cycle.

Conclusion & recommendations

The Quality, Safety and Experience Committee is asked Board is requested to take assurance that:

- Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.
- By presenting this report to QSEC, HDdUHB is meeting its statutory duty to provide a written update of the nurse staffing level of each individual ward (to which sections 25B to 25E of the Act pertain) to the Board (or delegated committee which received the nurse staffing levels updates on behalf of the Board) when there is a change of use/ service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary (Paragraph 12).

Date summary presented to Quality, Safety & Experience Committee (on behalf of the Board)	Presented to Quality, Safety and Experience Committee on behalf of the Board 10 th June 2025
Date of annual presentation to the Board	

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report [INSERT HYPERLINK] on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Paediatric inpatient wards

The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation cycle (autumn 2024 cycle)

Name of Ward	Planned roster as stated within the annual presentation to the Board report - Autumn 2024				Required Establishment as stated within the annual presentation to the Board report (Autumn 2024) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Planned roster as stated within the annual presentation to the Board report - Spring 2025				Required Establishment as stated within the annual presentation to the Board report (Spring 2025) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date designated person calculated the nurse staffing level	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of the biannual calculation cycle, and reasons for any changes made			
	Shift	RN (band 5 & 6)	HCSW Band 4	HCSW Band 2	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)		Shift	RN (band 5 & 6)	HCSW Band 4	HCSW Band 2	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)			Completed	changed	rationale	Completed (Yes/No)	Date	Changed	Rationale
WOMEN AND CHILDREN – PAEDIATRIC WARDS																						
Cilgeran/ HDU CGH	E				46.31 (including 16.34 Band 6)	18.29	2	E				46.31 (including 16.34 Band 6)	18.29	2	28.4.2025JCW on behalf of the designated person	yes	no					
	L							L														
	LD	9M-W10T&F 8S&S	1	2				LD	9M-W10T&F 8S&S	1	2											
	TW			1				TW			1											
	N	8	1	2 (1S&S)				N	8	1	2 (1S&S)											
Angharad Ward, BGH	E				11.37 (including 5.69 WTE Band 6)	4.26	1	E	2			12.79 (including 6.4 WTE Band 6)	4.26	1	28.4.2025JCW on behalf of the designated person	yes	no					
	L							L	2													
	LD	2		1				LD			1											
	TW							TW														
	N	2		1				N	2		1											

Total	57.68	22.55	3
-------	-------	-------	---

total	59.1	22.55	3
-------	------	-------	---

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are Not included within the data for this report. Further information is provided within the annual

Adult inpatient Medical wards

The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation cycle

Name of Ward	Planned roster as stated within the annual presentation to the Board report -Autumn 2024				Required Establishment as stated within the annual presentation to the Board report (Autumn 2024) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Planned roster as stated within the annual presentation to the Board report -Spring 2025				Required Establishment as stated within the annual presentation to the Board report (Spring 2025) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date Designated Person calculated the nurse staffing level	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of the biannual calculation cycle, and reasons for any changes made			
	Shift	RN (band 5 &6)	HCSW Band 4	HCSW Band 2	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)		Shift	RN (band 5 &6)	HCSW Band 4	HCSW Band 2	TOTAL WTE RN (bands 5 &6)	TOTAL WTE HCSW (bands 2,3 &4)			Completed	changed	rationale	Completed (Yes/No)	Date	Changed	Rationale
Dyfi BGH Medical	E	2		2	31.51	20.61	2	E	1		1	14.45	17.06	1	28.4.2025 JCW on behalf of the designated person	yes	no	ward split june 2024				
	L	2		2																		
	LD	4		2																		
	TW																					
	N	5		3																		
Meurig BGH Medical	E	1		1	14.45	11.61	1	E	1		1	14.45	11.61	1	28.4.2025 JCW on behalf of the designated person	yes	no					
	L	1		1																		
	LD	2		1																		
	TW																					
	N	2		2																		
Ystwyth BGH Medical	E	1		2	19.9	19.54	1	E	1		2	19.9	19.54	1	30.4.2025 JCW on behalf of the designated person	yes	no	In addition to the roster, Ward has 3 WTE Rehab Support Worker				
	L	1		2																		
	LD	3		1																		
	TW			1																		
	N	3		3																		
Cadog GGH Medical	E	1		2	11.73	23.45	1	E	1		2	11.73	23.45	1	11.4.2025	yes	no	In additional to the roster ward has 3 WTE Frailty worker				
	L	1		2																		
	LD	1	1	2																		
	TW																					
	N	2		3																		
Dewi GGH Medical	E	1		2	14.45	20.73	1	E	1		2	14.45	20.73	1	14.4.2025 JCW on behalf of the designated person	yes	no	propotion of hcsw LD ^ spring 2025				
	L	1		2																		
	LD	2		2																		
	TW																					
	N	2		3																		
Gwenllian GGH Medical	E	1		1	17.17	22.62	1	E	1		1	17.17	22.62	1	14.4.2025 JCW on behalf of the designated person	yes	no	In addition to the roster, ward has 3 WTE Rehab Support Worker				
	L	1		1																		
	LD	2	1	3																		
	TW																					
	N	3		3																		
Padarn GGH Medical	E	1		1	14.45	17.17	1	E	1		1	14.45	17.17	1	14.4.2025 JCW on behalf of the designated person	yes	no	Spring 2022 - Changed to Service Model - 19 beds respiratory patients with up to 4 CPAP patients and procedure room (cost pressure) In addition to the roster there is 1 WTE Band 4 AP to support the treatment room. Autumn 2024 additional hcsw night				
	L	1		1																		
	LD	2		2																		
	TW																					
	N	2		3																		

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Further information is provided within the annual assurance report [INSERT HYPERLINK] on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Adult inpatient surgical wards

The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation cycle

Name of Ward	Planned roster as stated within the annual presentation to the Board report - Autumn 2024				Required Establishment as stated within the annual presentation to the Board report (Autumn 2024) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Planned roster as stated within the annual presentation to the Board report - Spring 2025				Required Establishment as stated within the annual presentation to the Board report (Spring 2025) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	Date Designated Person calculated the nurse staffing level	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of the biannual calculation cycle, and reasons for any changes made			
	Shift	RN (band 5 & 6)	HCSW Band 4	HCSW Band 2	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)		Shift	RN (band 5 & 6)	HCSW Band 4	HCSW Band 2	TOTAL WTE RN (bands 5 & 6)	TOTAL WTE HCSW (bands 2,3 & 4)			Completed	Changed	rationale	Completed (Yes/No)	Date	Changed	Rationale
Ceredig BGH Surgery	E	1		1	21.67	21.67	1	E	1		1	21.67	22.5	1	28.4.2025 JCW on behalf of the designated person	yes	no					
	L	2		1				L	2		1											
	LD	3		3				LD	3		3											
	TW		1					TW														
	N	3		3				N	3		4											
Rhiannon BGH Surgery	E	1		1	11.61	11.61	1	E	1		1	11.61	11.61	1	28.4.2025 JCW on behalf of the designated person	yes	no					
	L	1		1				L	1		1											
	LD	1		1				LD	1		1											
	TW							TW														
	N	2		2				N	2		2											
Teifi GGH Surgery	E	2		2	23.45	34.35	1	E	1		2	22.62	34.35	1	9.4.2025 JCW on behalf of the designated person	yes	no	proportion of RN LD spring 2025				
	L	2		2				L	1		2											
	LD	2	1	4				LD	3	1	4											
	TW							TW														
	N	4		5				N	4		5											
Cleddau GGH Surgery	E	1	1	1	12.67	18	1	E	1	1	1	12.67	18	1	9.4.2025 JCW on behalf of the designated person	yes	no	funded establishment is for 17 beds. Service Change for the ward to work at 21 beds + 2 triage spaces. Total WTE includes 3.55 WTE Band 4 See below comment entered for Derwen				
	L		1	1				L		1	1											
	LD	2		3				LD	2		3											
	TW							TW														
	N	2		2				N	2		2											
Derwen GGH Surgery	E	1		1	17.17	19.9	1	E	1		1	17.17	19.9	1	9.4.2025 JCW on behalf of the designated person	yes	no	In additional to the roster ward has 3 WTE Frailty worker to work across Derwen & Cleddau				
	L	1		1				L	1		1											
	LD	2	1	2				LD	2	1	2											
	TW							TW														
	N							N														
Merlin GGH Surgery	E	1		1	19.9	11.73	1	E	1		1	19.9	11.73	1	14.4.2025 JCW on behalf of the designated person	yes	no					
	L	1		1				L	1		1											
	LD	3		1				LD	3		1											
	TW							TW														
	N	3		2				N	3		2											
Preseli GGH Surgery	E	1		1	11.73	11.73	1	E	1		1	11.73	11.73	1	11.4.2025	yes	no					
	L	1		1				L	1		1											
	LD	1		1				LD	1		1											
	TW							TW														
	N	2		2				N	2		2											
Picton GGH Surgery	E	1		1+(1x 9-5 Thu)	11.98	9.2	1	E	1		1+(1x 9-5 Thu)	11.98	9.2	1	28.4.2025 JCW on behalf of the designated person	yes	no					
	L	1		1				L	1		1											
	LD	1		1				LD	1		1											
	TW	1x 9-5 Thu						TW	1x 9-5 Thu													
	N							N														

	N	2		1				N	2		1								
Ward 6 PPH Surgery	E	1	1 M-F	2	15.62	14.99	1	E	1	1 M-F	2	15.62	14.99	1	14.4.2025 JCW on behalf of the designated person	yes	no		
	L	1		2				L	1		2								
	LD	2		1 M-F				LD	2		1 M-F								
	TW							TW											
	N	3 N-F 2S-S		2 M-F 1 S-S				N	3 N-F 2S-S		2 M-F 1 S-S								
Ward 7 PPH Surgery	E	1	1 M-F	1	14.45 ECU 10.9	15.72	1	E	1	1 M-F	1	14.45 ECU 10.9	15.72	1	8.4.2025 JCW on behalf of the designated person	yes	no		
	L	1		1				L	1		1								
	LD	2		2				LD	2		2								
	TW							TW											
	N	2		2				N	2		2								
Ward 1 WGH Surgery	E	1		1	17.17	19.9	1	E	1		1	17.17	19.9	1	15.4.2025	yes	no		
	L	1		1				L	1		1								
	LD	2		3				LD	2		3								
	TW							TW											
	N	3		3				N	3		3								
Ward 4 WGH Surgery	E	2		3	20.73	21.56	1	E	2		3	20.73	21.56	1	15.4.2025	yes	no		
	L	2		3				L	2		3								
	LD	2		1				LD	2		1								
	TW							TW											
	N	3		3				N	3		3								

Total	213.82	215.13	13
-------	--------	--------	----

Total	212.99	215.96	13
-------	--------	--------	----

Cadog Frailty Assessment Unit (FAU)



Acuity

- On May 13th 2024 the Frailty Pathway became operational, and the acuity levels reduced to Level 1/2/3

Cadog Ward

- The speciality changed from general Frailty Ward to a 6 bedded Frailty Assessment Unit (FAU) and Cadog Short Stay Frailty Ward.



November / December 2024 saw increase in Level 4/5 patients



Lack of longer stay frailty beds due to complex Discharge to Assess Pathway.



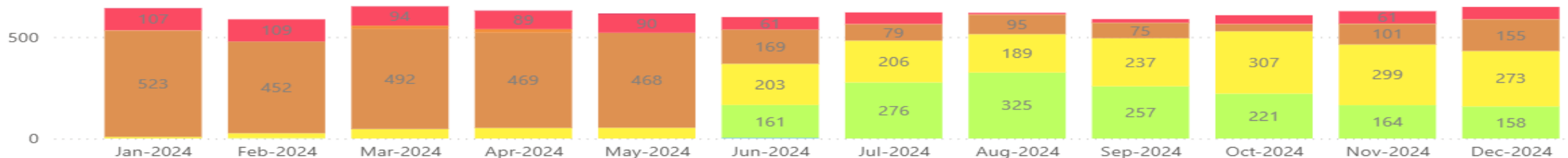
Patients of varying acuity levels admitted to FAU/Cadog ward at times of site escalation



Standard Operating Procedure under review

Number of Patients Receiving Level 1-5 Care

● Level 1 ● Level 2 ● Level 3 ● Level 4 - HCSW ● Level 4 - RN ● Level 5 - HCSW ● Level 5 - RN



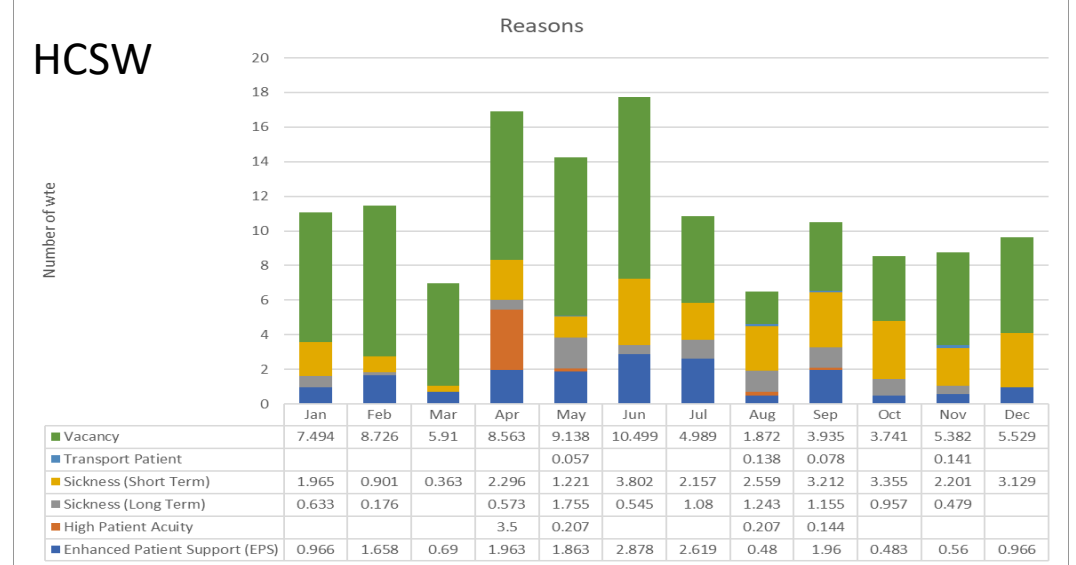


• Actions

- Staff have undergone training using safe care system, WLOC & red Flags .
- Working in New Ways to maintain patient safety eg change of Ward routine
- The booking of temporary staff Standard Operating Procedure (SOP)
- Using Red flags to highlight staffing deficits appropriately and actions recorded.
- Risk assessment and redeployment of staff.
- Staff training in Frailty & Reducing restrictive Practice – Reduced Enhanced Patient Support required.
- Signposting to SNM & CSM escalation process
- Signposting to Critical Care Outreach Team if escalation required .
- Staff from adjusted Ward Supporting .
- Escalate in twice daily Patient Flow Meetings .

Month	Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness	Shifts where planned roster met but no appropriateness recorded	Shifts where planned roster not met and no appropriateness recorded
Planning total	1191	35.68% 425	26.45% 315	9.49% 113	25.10% 299	96.73%	2.69% 32	0.59% 7

Significant reduction in RN agency/bank use & HCSW bank use for enhanced patient support



Fully recruited in all staff groups

Very successful recruitment and development of international nurses

Student Nurse Management placement

Pathway four work experience student

Apprenticeship Programme

Grow your own Nursing Students

Work Experience

Staff development e.g. STAR, LEAP, Frailty

Retention – Flexible Working Policy, Staff Wellbeing, PDR & Managing Attendance Policy

Patient flow – Length of Stay (LOS)

Average length of stay

Cadog – 13.09 days

FAU – 6.82 days

-
- Frailty Pathway
 - TUEC – Goal 5 - Discharge Planning From Day 1
 - Actions to Prevent Deconditioning
 - Early MDT involvement
 - Board Rounds
 - Criteria Lead Discharge
 - Impacted by long stay frailty bed availability



Spring 2025

PD	2
Falls	25
Medication	3

Autumn 2024

PD	1
Falls	86
Medication	5

Ward initiatives

- ✓ Baywatch
- ✓ Reducing restrictive practice
- ✓ Exercise Station

Reducing Deconditioning

- ✓ Arts for Dementia patient Sessions
- ✓ Daytime Activities eg VE day celebrations
- ✓ Cwtch Cadog (Nutrition & Hydration)
- ✓ Milkshake rounds & Hydration & Snack Station
- ✓ Volunteers
- ✓ Team around the patient





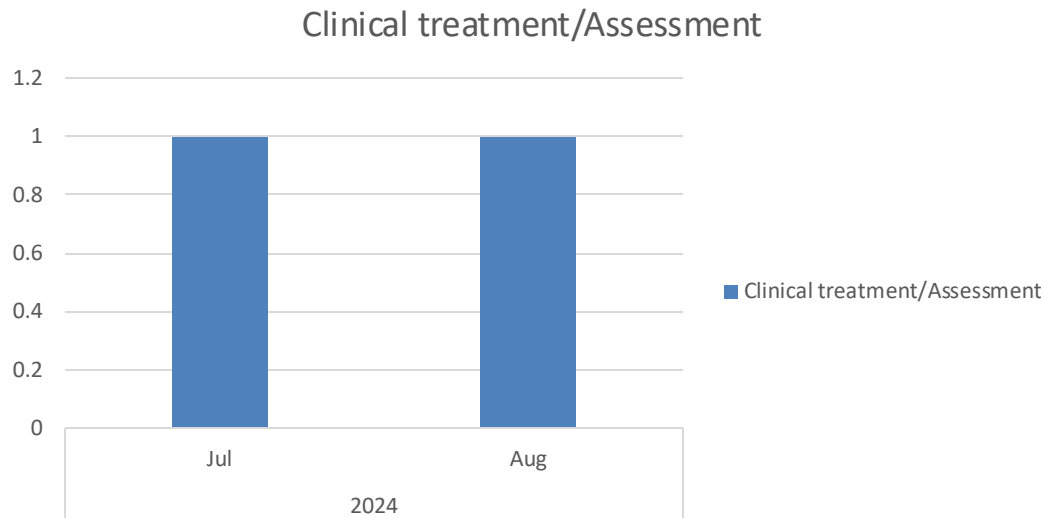
Team Around The Patient

- Frailty support worker role development
- Introduction of assistant practitioner role
- Frailty ANP
- Frailty Consultant
- Therapies
- MDT Board Rounds , Safety Huddles and daily Frailty meetings

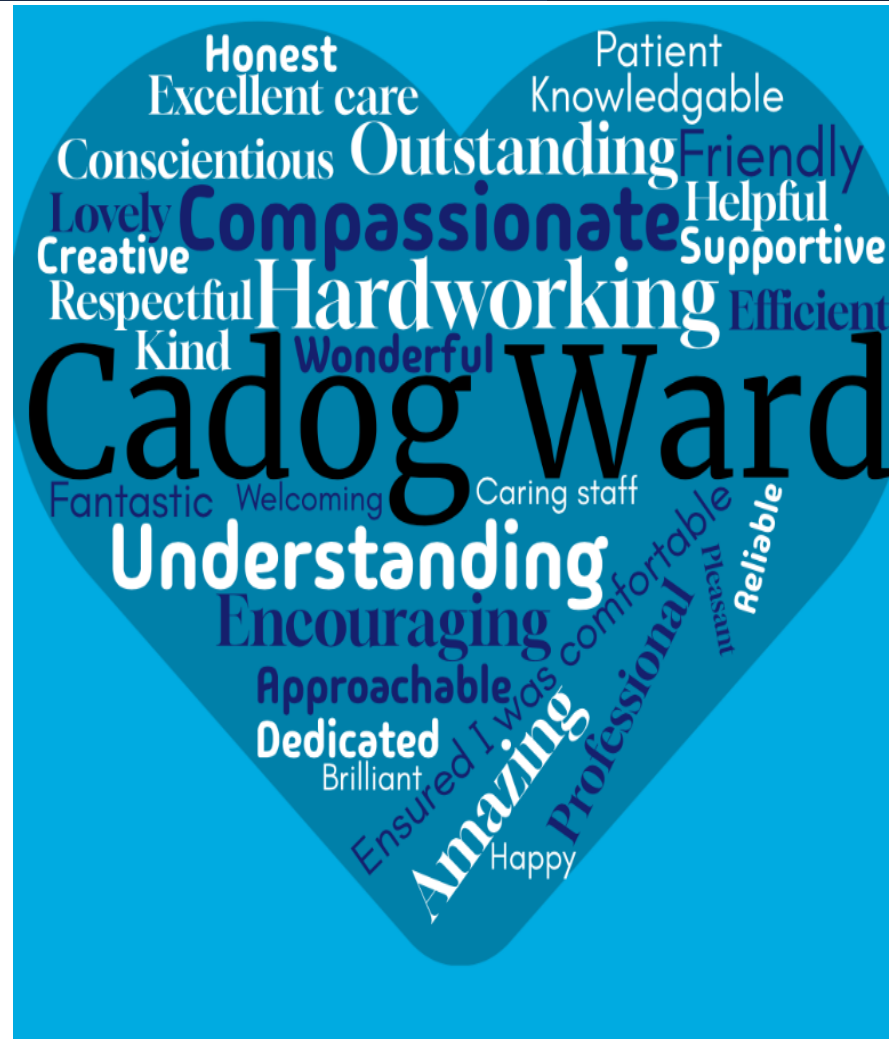


Concerns & Compliments

We really can't express how much the ward's support meant to us as a family



- Visible leadership .
- 7 day Sister Cover.
- Team Around The Patient Approach .
- Early Resolution.



So grateful to staff that worked tirelessly to ensure our mother went home to receive end of life care as per her wishes it

Staff are wonderful despite the pressure they are under



Electronic Staffing Record (ESR) data (as of 30.4.25)

Staff Sickness

RN

Department, Ward or Team	Staff Headcount	Latest in-month sickness	Latest long term sickness	Latest short term sickness	12 month rolling sickness
CAR GGH Cadog Ward	15	9.8%	6.4%	3.4%	6.1%

HCSW

Department, Ward or Team	Staff Headcount	Latest in-month sickness	Latest long term sickness	Latest short term sickness	12 month rolling sickness
CAR GGH Cadog Ward	32	8.0%	0.7%	7.3%	10.9%

PADR

RN

Location	Staff	PADR
GGH Cadog Ward	15	93.3%

Location	Headcount	Core skills
GGH Cadog Ward	15	94.4%

HCSW

Location	Staff	PADR
GGH Cadog Ward	31	64.5%

Location	Headcount	Core skills
GGH Cadog Ward	32	88.5%

Working with ESR team to update individuals who are on ESR but have left the ward – of the number currently working on Cadog, 4 out of a total of 49 staff members are currently due/overdue a PADR

ROYAL COLLEGE OF NURSING IN WALES
NURSE OF THE YEAR
AWARDS

Registered Nurse - Adult Award

Winner



Donna Major

Senior Ward Sister
Hywel Dda University Health Board



Sponsored by Powys Teaching Health Board



**RCN
Nurse of the Year
(RN)**

Achievements

**Welsh
Language
Award**



**Nutrition &
Hydration
Winner**



**Education
Award**



EQIP



Meet the Project Team

