



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	11 June 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Nurse Staffing Levels (Wales) Act 2016: Annual Presentation of Nurse Staffing Levels
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 for the Nurse Staffing Levels (Wales) Act 2016 requires an annual report to the Health Board each November, and updates when ward use or services change in a way that affects staffing levels, or when deemed necessary.

The Quality, Safety and Experience Committee is asked to receive the outcome of the Spring 2026 Nurse Staffing Levels - Appendix 1 (covering all Section 25B wards), and to be assured that the legal duty to calculate nurse staffing levels for acute adult medical, surgical, and paediatric wards is being met.

This SBAR 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 2025 and Spring 2026:

- 18 adult acute medical inpatient wards
- 12 adult acute surgical inpatient wards
- 2 paediatric inpatient wards

**Cefndir / Background**

The Nurse Staffing Levels (Wales) Act 2016 requires Health Boards to:

- Calculate and maintain nurse staffing levels in adult medical/surgical and paediatric inpatient wards.
- Use a prescribed triangulated methodology.
- Monitor and report the impact of staffing levels on patient care.
- Provide formal assurance to the Board and Welsh Government
- An annual assurance report is presented to the Board each May, in line with NHS Wales agreement, to evidence compliance and support statutory reporting.

There are two key reporting requirements:

1. The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards (presented to Board in November).
2. The Board receives a (non-statutory) annual assurance report which is structured in a way to provide the basis of the statutory 3-year report to Welsh Government (WG) which the Health Board will be required to submit every third year (next due 2027) (presented to the Board in May).

### Asesiad / Assessment

**The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards (presented to Board in November) and updates are provided to the Quality, Safety and Experience Committee when ward use or services change in a way that affects staffing levels, or when deemed necessary.**

**Calculating the Nurse Staffing Levels:** In line with the Nurse Staffing Levels (Wales) Act 2016 and its Statutory Guidance, the 'nurse staffing level' refers to the number of registered nurses—and delegated staff—required to deliver the planned roster. While other healthcare professionals contribute to patient care and coordination, they are not included in the information set out in Appendix 1.

For each inpatient ward (adult and paediatric) to which Section 25B applies under the Nurse Staffing Levels (Wales) Act 2016, a systematic review and recalculation of nurse staffing levels have been completed.

There was no change to the planned roster and required establishment of 28 of the adult medical/surgical wards and one paediatric ward, following the Spring 2026 calculation cycle.

The changes following the Spring 2026 cycle were:

- An additional 2.72wte Registered Nurse (RN) requirement on ward 10, Withybush Hospital (WGH) (additional RN on day duty x seven days), with a reduction of 2.52wte band 4, Assistant Practitioner based on acuity.
- A change in the proportion of long days worked by Nursing Support Workers on Cadog ward.
- A change in the proportion of long days worked by both RN and Nursing Support Worker on Angharad ward.

The process was led by the Executive Director of Nursing, Quality and Patient Experience, supported by the Assistant Director of Nursing. It involved all Senior Sisters/Charge Nurses from Section 25B wards, Senior Nurse Managers, and relevant Heads of Nursing.

In line with the Act, the prescribed triangulated methodology for calculating nurse staffing levels has been applied rigorously across all relevant wards. Key considerations included ward capacity and specialty, current staffing (including non-rostered roles), patient acuity (last 12 months, using the SafeCare system), care quality and safety indicators (last 12 months), infection control data, financial and workforce metrics, staffing performance data, national standards, patient flow/activity, and roster fill rates. The impact of shift patterns (including long days) and the 26.9% uplift for leave and absence has also been incorporated into workforce and financial calculations.

It is noted that the table below includes the financial and workforce impact of spring 2026. A process is in place to reset S25B ward budgets, where necessary, following each cycle. This

enables timely in-year financial and workforce adjustments, supporting budget and roster stability and strengthening local team control.

	Additional requirements £	RN £	HCSW & Other £	RN WTE
<b>1a. Adult inpatient wards</b>				
<b>Carmarthenshire Integrated System Glangwili Hospital (GGH) &amp; Prince Philip (PPH)</b>	-39,299	-6,214	-33,085	-0.02
<b>Pembrokeshire Integrated System WGH</b>	25,453	141,668	-116,215	2.75
<b>1b. Service change:</b>				
<b>Carmarthenshire Integrated System</b>				
• Padarn	327,256	280,993	46,263	5.45
• Cleddau	569,008	386,066	182,942	7.23
<b>Ceredigion Integrated System</b>				
• Enhanced Care Unit/Rhiannon	75,204	3,336	71,867	0.05
<b>Planned &amp; Specialist Care</b>				
• Picton – Healthcare Support Worker (HCSW)	110,376	-33	110,409	0.00
<b>2.a Planned and specialist care – Bronglais Hospital (BGH) Angharad (NSL Change)</b>	66,599	96,011	-29,412	1.63
<b>2b. Planned and specialist care – GGH Cilgerran &amp; PACU (Service Change)</b>	265,291	-126,114	391,405	-1.94

## 1. Adult inpatient wards

**1a BGH, WGH, PPH and GGH:** For adult inpatient wards funded through the ‘nurse staffing funding’ allocation, there is a net reduction of £13,846 following the Spring 2026 cycle.

Although Ward 10 (WGH) requires an additional 2.72 WTE registered nurses, this is offset by a reduction of 2.52 WTE Band 4 posts (£25,453) and a change in the proportion of long-day shifts on Cadog Ward (GGH).

An additional increase of 2.72 WTE registered nurses on Ward 4 (WGH), agreed as part of the Spring 2025 cycle, is excluded from the above figures as the funding will be realigned from Ward 12 (WGH).

### 1b. Service Change

Four wards require additional resources due to service changes, totalling £1,081,844:

- **Picton Ward (GGH):** Additional night-shift nursing support required following changes to the gynaecology emergency pathway during the COVID-19 pandemic; this remains unfunded.
- **Padarn:** Band 4 Assistant Practitioner role supporting respiratory treatment room activity, plus additional 24/7 registered nurse cover for the Non Invasive Pathway (NIV) pathway.
- **Cleddau (GGH):** Post-COVID-17 service change with bed numbers increased to 21, requiring an additional 7.23 WTE registered nurses and 4.62 WTE nursing support workers.
- **ERU/Rhiannon (BGH):** Additional 1.77 WTE nursing support workers. Despite funding provided to the Enhanced Care Unit in 2024/25, a gap remains between required and funded establishment.

2. **2a Paediatric inpatient wards:** An additional £331,890 is required for the paediatric wards.

The associated staffing requirements for paediatric inpatient wards have been funded by Women and Children's Services since the Act was extended to these areas in October 2021, utilising the Puffin/WGH budget.

In the future and depending on the configuration of services once additional outpatient provision is established at WGH, funding for these requirements may need to be aligned with the adult inpatient wards, in line with the agreed principles.

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 2026 cycle.

**Maintaining the Nurse Staffing Levels:** 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 considering 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.

**For information: The Board receives a (non-statutory) annual assurance report which is structured in a way to provide the basis of the statutory 3-year report to Welsh Government (WG) which the Health Board will be required to submit every third year (next due 2027) (presented to the Board in May).**

The second report which accompanies this SBAR is the annual assurance report which will be presented to the Board on 29 May 2026. It provides assurance to the Board that the Health Board has met its statutory duties under the Nurse Staffing Levels (Wales) Act 2016 and supports preparation of the three-yearly statutory report to Welsh Government.

The assurance report demonstrates that:

- Nurse staffing levels have been **calculated and reviewed in accordance with statutory methodology.**
- **Reasonable steps** have been taken to maintain staffing levels across all Section 25B wards.
- Variations to establishments reflect changes in acuity, ward function, bed base, or service configuration.
- Systems are in place to monitor roster maintenance and staffing impact using Allocate Safecare data.

#### **Impact on Care:**

**Adult Medical & Surgical Inpatient wards:** During the 2025-26 reporting period there were:

- Three falls resulting in moderate harm which met the threshold for inclusion in this report - it was deemed that the failure to maintain the planned roster had been a contributory factor in all three incidents. The investigations showed that there was a high acuity of patients on the three wards at the time of the incident. The planned roster was not maintained (due to an existing deficit and staff sickness), although "baywatch" (where a

member of staff is always present in the bay) was in place during these periods. Concerns around the staffing deficits were escalated to the site manager.

- No hospital acquired pressure damage (grade 3, 4 and unstageable) that met the threshold for inclusion in this report.
- No medication administration error incident which met the threshold for inclusion in this report.
- No complaints which met the threshold for inclusion in this report.

**Paediatrics inpatient wards:** During the 2025-26 reporting period there were:

- No reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e. level 3, 4 and 5 incidents); medication administration errors (i.e. level 3, 4 and 5 harm or never events); or infiltration/extravasation injuries that met the threshold for inclusion in this report.
- No complaints, which met the threshold for inclusion in this report.

### Argymhelliad / Recommendation

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

- Hywel Dda University Health Board (HDdUHB) is meeting its statutory duty to calculate nurse staffing levels for all wards within the scope of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.
- By presenting this SBAR, HDdUHB is fulfilling its statutory requirement to provide a written update on nurse staffing levels for each relevant ward to the Board (or its delegated committee) where there has been a service change affecting staffing levels or were deemed necessary by the designated person (Paragraph 12).

The Quality, Safety and Experience Committee is requested to note the content of the Annual Assurance Report.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.16 Seek assurance on the delivery of the requirements arising from the Health Board's auditors, inspectorates and regulators, Welsh Government and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 3. Effective 4. Efficient 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Leadership 2. Culture and valuing people 3. Data to knowledge

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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the triangulated approach to calculating the nurse staffing levels has been articulated through the working papers of the all Wales Nurse Staffing Group
Rhestr Termiau: Glossary of Terms:	S25B – Section 25B of the Nurse Staffing Levels (Wales) Act 2016 WGH – Withybush 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 NSW – Nursing Support Worker AP – Assistant Practitioner RN – Registered Nurse ECU – Enhanced Care Unit PACU – Paediatric Ambulatory Care Unit QI data – quality indicator data
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Sisters/Charge Nurses, Senior Nurse Managers and Heads/Deputy Heads of Nursing of each S25B.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The financial impact of the Spring 2026

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	<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. The SBAR 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 NSW 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>
<b>Gweithlu: Workforce:</b>	<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>
<b>Risg: Risk:</b>	<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/NSWs. Alternatively, there is a risk of providing insufficient inpatient facilities to meet the 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>
<b>Cyfreithiol: Legal:</b>	<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>
<b>Enw Da: Reputational:</b>	<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>
<b>Gyfrinachedd: Privacy:</b>	<p>Currently no impact in relation to privacy identifiable within this work</p>

**Cydraddoldeb:  
Equality:**

No negative EqIA impacts identified

<b>Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee</b>			
<b>Health board/trust</b>	Hywel Dda University Health Board		
<b>Date annual assurance report is presented to Board</b>	28th May 2026  This annual report covers the period from 6 April 2025 to 5 April 2026. It will contribute to the three yearly assurance report to be submitted to the Welsh Government within 30 days of the reporting period ending in 2027, with the final submission due in October 2027.		
	<b>Adult acute <u>medical</u> inpatient wards</b>	<b>Adult acute <u>surgical</u> inpatient wards</b>	<b>Paediatric inpatient wards</b>
<b>During the last year, the lowest and highest number of wards</b>	18 wards in Autumn 2025 19 wards in Spring 2025	12	2
<b>During the last year, the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/recalculated outside the bi-annual calculation periods</b>	Not applicable	Not applicable	Not applicable
<b>The process and methodology used to calculate the nurse staffing level.</b>	<p>In accordance with the Nurse Staffing Levels (Wales) Act 2016 ('the Act') - a systematic triangulated review and recalculation of nurse staffing levels have been undertaken for all Section 25B wards (Adult and Paediatric) in line with legislative requirements. The methodology set out in Section 25C of the Act was applied for all relevant wards during the Spring and Autumn 2025 cycles.</p> <p>The reviews drew on the following core information:</p> <ul style="list-style-type: none"> <li>• Ward profiles, including bed numbers, specialty, treatments, or procedures undertaken, and any proposed service or patient pathway changes.</li> <li>• Current nursing establishment, including staff groups not included in the core roster (e.g. supernumerary senior sisters/charge nurses, frailty or rehabilitation support workers, and ward clerks and administrators).</li> <li>• Patient acuity data from the preceding 12 months, measured using the evidence-based Welsh Levels of Care Tool (Levels 1–5).</li> </ul>		

	<ul style="list-style-type: none"> <li>• Care quality indicators from the previous 12 months, including pressure ulcers, falls, medication errors, paediatric infiltration/extravasation injuries, and complaints relating to nursing care.</li> <li>• The proportion of 'long day' shifts worked, to ensure establishments accurately reflect staff working patterns. Financial arrangements remain sufficiently flexible to respond to changes in the balance between 'long day' and traditional early/late shifts, as determined by substantive staff preferences.</li> </ul> <p>The triangulated methodology ensures that nurse staffing levels are not determined by acuity data alone but are informed by a rounded assessment of patient need, workforce configuration, clinical risk, and professional judgement. This approach enables nurse staffing establishments to be both evidence-based and sufficiently flexible to respond to changes in patient acuity, service delivery models and staff working patterns.</p>
<p><b>Informing patients of the nurse staffing levels</b></p>	<p>The Health Board meets its statutory duty to inform patients of nurse staffing levels through formal reporting mechanisms, including an annual report to the Board for each Section 25B ward and written updates to the Quality, Safety and Experience Committee as required.</p> <p>A nationally agreed process is in place to inform patients of the planned nurse staffing levels on all Section 25B wards. This includes the display of bilingual information at ward entrances, comprising a nurse staffing poster, an explanation of the Nurse Staffing Levels (Wales) Act, and a Frequently Asked Questions leaflet available in standard and easy-read formats. Updated templates are issued to wards following each calculation cycle.</p> <p>Internal audit work undertaken in April 2025 identified instances where the required patient information was not consistently displayed across all wards. Immediate corrective actions were taken at ward level, supported by oversight from senior nursing leadership. A further audit during the Spring 2026 calculation cycle confirmed full compliance, with all Section 25B wards displaying the most up-to-date bilingual nurse staffing information.</p> <p>During 2025/26, the All-Wales Nurse Staffing Level Reporting Group reviewed the national informing-patients process in response to recommendations from the Senedd Health and Social Care Committee (2024). As a result, the display template was revised to improve clarity, accessibility, and compliance with Welsh Language Standards. Key enhancements included removal of unnecessary text, improved layout, use of easy-read imagery, and the addition of a QR code linking to online FAQs.</p>
<p style="text-align: center;"><b>Section 25E (2a) Extent to which the nurse staffing level has been maintained.</b></p> <p>As nurse staffing levels under 'the Act' comprise both the planned roster and the required establishment, this section provides assurance on the extent to which planned rosters have been maintained and how required establishments for Section 25B wards have been achieved and sustained over the reporting period.</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.*

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards</u> .	Period Covered 2025/26		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May) (Spring 2025)	30	535.98	571.78
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May) (Spring 2025) calculation cycle.		533.19	568.71
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov) (Autumn 2025)	30	533.20	576.50
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov) (Autumn 2025) calculation cycle		540.42	577.90
WTE Supernumerary band 7 Sister/Charge nurse (funded but excluded from planned roster) (Autumn 2025)	WTE: 30		
<p>The variation in WTE required establishment calculated and funded in the above table are:</p> <ul style="list-style-type: none"> <li>The additional WTE required because of changes to the service models on two of the wards which are subject to business cases.</li> </ul> <p>Following the Autumn 2025 cycle, the following changes were made:</p> <ul style="list-style-type: none"> <li>the twilight shift on Caredig ward in BGH was changed to a night shift (based on acuity data).</li> </ul>			

	<ul style="list-style-type: none"> <li>a reduction in the RN workforce on Ward 6, PPH (Based on changes in the pattern of activity).</li> </ul> <p>See appendix 1 for details of the individual wards.</p>			
<b>Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>.</b>	<b>Period Covered 2025/26</b>			
	<b>Number of Wards:</b>	<b>RN (WTE)</b>	<b>HCSW (WTE)</b>	
	<b>Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May) (Spring 2025)</b>	<b>2</b>	<b>59.91</b>	<b>19.83</b>
	<b>WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) (Spring 2025) calculation cycle</b>		<b>59.91</b>	<b>19.83</b>
	<b>Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov) (Autumn 2025)</b>	<b>2</b>	<b>59.93</b>	<b>19.83</b>
	<b>WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) (Autumn 2025) calculation cycle</b>		<b>59.93</b>	<b>19.83</b>
	<b>WTE Supernumerary band 7 Sister/Charge nurse (funded but excluded from planned roster) (Autumn 2025)</b>	<b>WTE: 3 (2 supernumerary Band 7 on one ward)</b>		
	<p>The variation in WTE required establishment calculated and funded in the above table are:</p> <ul style="list-style-type: none"> <li>A change to the RN roster based on the proportion of long days worked on Angharad ward BGH as part of the Spring 2025 cycle.</li> <li>A change to the RN roster based on the proportion of long days worked on Cilgerran ward GGH as part of the Autumn 2025 cycle.</li> </ul> <p>See appendix 1 for details of the individual wards.</p>			

<p><b>Process &amp; systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.<sup>1</sup></b></p>	<p>Extensive work has been undertaken across NHS Wales to implement a national informatics system that supports compliance with the Act, aligns with the Once for Wales approach, and ensures consistent reporting. The system provides a central repository to evidence the extent to which nurse staffing levels have been maintained and to assure that all reasonable steps have been taken to meet required staffing levels. Safecare is the nationally agreed system for recording and reviewing any variance between deployed staffing and the planned roster, and for capturing the acuity data that informs nurse staffing calculations. The data presented in the following section for this reporting period is sourced from Safecare.</p> <p>Variability currently exists in how planned roster compliance is reported across Wales, with most Health Boards, including Hywel Dda University Health Board, using a headcount-based measure and one using an hours-based approach due to enhanced data access. Differences in shift patterns mean these methods can produce differing interpretations of compliance. Now that enhanced data access is available across Wales, the All-Wales Nurse Staffing Programme is progressing work to agree a single, standardised reporting metric ahead of the next reporting cycle.</p> <p>Information on the extent to which planned rosters have been maintained is monitored by the Quality, Safety and Experience Committee on behalf of the Board.</p>																		
<p><b>Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u><sup>1</sup></b></p>	<p><b>Extent to which the planned roster has been maintained within adult acute medical and surgical wards – 6<sup>th</sup> April 2025-5<sup>th</sup> April 2026</b></p> <p>It is important to note that the planned roster represents the expected deployment of staff based on the funded establishment and agreed staffing model. There are occasions where the planned roster may not be met due to short-term workforce fluctuations; however, the nurse in charge may determine that the staffing on duty remains appropriate to meet the care needs of patients at that time. Conversely, there may be occasions where the planned roster is met but staffing is assessed as not appropriate due to increased acuity or other mitigating factors. The application of professional judgement is therefore a critical component of nurse staffing assurance under the Act.</p> <table border="1" data-bbox="439 1043 2101 1254"> <thead> <tr> <th></th> <th>2021/2022</th> <th>2022/2023</th> <th>2023/2024</th> <th>2024/2025</th> <th>2025/2026</th> </tr> </thead> <tbody> <tr> <td><b>Data source</b></td> <td>Health Care Monitoring System (HCMS)</td> <td>Health Care Monitoring System (HCMS) and Safecare</td> <td>Safecare</td> <td>Safecare</td> <td>Safecare</td> </tr> <tr> <td><b>Total number of shifts</b></td> <td>23094</td> <td>23920</td> <td>23679</td> <td>23358</td> <td>21836</td> </tr> </tbody> </table>		2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	<b>Data source</b>	Health Care Monitoring System (HCMS)	Health Care Monitoring System (HCMS) and Safecare	Safecare	Safecare	Safecare	<b>Total number of shifts</b>	23094	23920	23679	23358	21836
	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026														
<b>Data source</b>	Health Care Monitoring System (HCMS)	Health Care Monitoring System (HCMS) and Safecare	Safecare	Safecare	Safecare														
<b>Total number of shifts</b>	23094	23920	23679	23358	21836														

<sup>1</sup> The met/not met data captured on the Allocate Safecare module is automatically populated (which was not the case when the data was captured on the previous system). The nurse in charge is required to enter data twice a day to state whether the number of staff on duty is appropriate or not appropriate to meet the needs of the patients on the ward at that time. The 'not stated' are shifts where planned roster was met/not met but data on whether this was appropriate or not has not been entered.

<b>Data completeness</b>	97.03%	Not known	89.85%	92.09%	89.72%
<b>Shifts where planned roster met and appropriate</b>	14642 63.40%	10159 42.47%	5115 21.06%	11368 48.6%	10195 46.69%
<b>Shifts where planned roster met but not appropriate</b>	557 2.41%	641 2.68%	2069 8.74%	3724 15.94%	2323 10.64%
<b>Shifts where planned roster met but appropriateness not stated</b>	Not recorded in HCMS	Not recorded in HCMS	1103 4.66%	1386 5.93%	1476 6.76%
<b>Shifts where planned roster not met but appropriate</b>	2033 8.80%	2965 12.40	8705 36.76%	3347 14.33%	3787 17.34%
<b>Shifts where planned roster not met and not appropriate</b>	5862 25.38%	10155 42.45%	5386 22.75%	3072 13.15%	3286 15.05%
<b>Shifts where planned roster not met but appropriateness not stated</b>	Not recorded in HCMS	Not recorded in HCMS	1301 5.49%	461 1.97%	769 3.52%

- The data shows that the planned roster was met for 64.09% of the shifts.
- The nurse in charge determined that number of staff on duty (irrespective of whether the planned roster was met or not) was appropriate to meet the care needs of the patients on the ward at the time for 64.03% of the shifts (an increase of 1.1% on the 2024/25 position).
- The nurse in charge determined that the number of staff on duty (irrespective of whether the planned roster was met or not) was not appropriate to meet the care needs of the patients on the ward at the time for 26.14% of the shifts (a decrease of 2.95% on the 2024/25 position).
- There were 10.28% of the shifts where the nurse in charge did not state whether the number of staff on duty was appropriate or not (an increase of 2.38% on the 2024/25 position). This does not indicate that an assessment was not made; rather, it reflects a system limitation whereby appropriateness data entered outside of the defined census periods (0630-0830 and 1900-2100), is recorded as 'not stated'. Work is underway to address this through reinforcement of census-period recording requirements, targeted feedback to ward teams, and ongoing monitoring by ward managers. This will remain an area of focus during 2026/27 to further improve data completeness and strengthen assurance.

It is recognised that nurse staffing levels data has changed significantly since first reported in 2021/22, with the percentage of shifts reported as met and appropriate decreasing from 63.4% in 2021/22 to 46.69% in 2025/26. Several factors may have contributed to this change, including:

- A reduction in the number of wards included, from 35 in 2021/22 to 30 in 2025/26
- A change in systems, from the Health & Care Monitoring System—where the “met” status relied on manual input—to Safecare, which automatically calculates whether staffing requirements are met
- Level of appropriateness “not stated” recorded on Safecare which was not available via HCMS

- Differences in data entry, with 2021/22 data primarily entered by Ward Managers or Deputy Ward Managers, whereas in 2025/26 all appropriately trained Registered Nurses can input data into Safecare and the variation in whether the number of staff on duty is appropriate or not is based on the professional judgement of the Registered Nurse making the assessment.

**Extent to which the planned roster has been maintained within paediatric inpatient wards.<sup>2</sup>**

**Extent to which the planned roster has been maintained within paediatric inpatient wards – 6<sup>th</sup> April 2025-5<sup>th</sup> April 2026**

It is important to note that the planned roster represents the expected deployment of staff based on the funded establishment and agreed staffing model. There are occasions where the planned roster may not be met due to short-term workforce fluctuations; however, the nurse in charge may determine that the staffing on duty remains appropriate to meet the care needs of patients at that time. Conversely, there may be occasions where the planned roster is met but staffing is assessed as not appropriate due to increased acuity or other mitigating factors. The application of professional judgement is therefore a critical component of nurse staffing assurance under the Act.

	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
<b>Data source</b>	Health Care Monitoring System (HCMS)	Health Care Monitoring System (HCMS) and Safecare	Safecare	Safecare	Safecare
<b>Total number of shifts</b>	744	1552	1764	1460	1460
<b>Data completeness</b>	99.47%	Not known	95.24%	95.55%	94.73%
<b>Shifts where planned roster met and appropriate</b>	613 82.39	1077 69.39%	707 40.08 %	738 50.55%	757 51.85%
<b>Shifts where planned roster met but not appropriate</b>	4 0.54%	2 0.13%	10 0.57%	6 0.41%	6 0.41%
<b>Shifts where planned roster met but appropriateness not stated</b>	Not recorded in HCMS	Not recorded in HCMS	26 1.47%	42 2.88%	52 3.56%
<b>Shifts where planned roster not met but appropriate</b>	103 13.84%	427 27.51%	883 50.06%	629 43.08%	601 41.16%
<b>Shifts where planned roster not met and not appropriate</b>	24 3.23%	46 2.96%	80 4.54%	22 1.51%	19 1.30%
<b>Shifts where planned roster not met but appropriateness not stated</b>	Not recorded in HCMS	Not recorded in HCMS	58 3.29%	23 1.58%	25 1.30%

<sup>2</sup> The met/not met data captured on the Allocate Safecare module is automatically populated (which was not the case when the data was captured on the previous system). The nurse in charge is required to enter data twice a day to state whether the number of staff on duty is appropriate or not appropriate to meet the needs of the patients on the ward at that time. The 'not stated' are shifts where planned roster was met/not met but data on whether this was appropriate or not has not been entered.

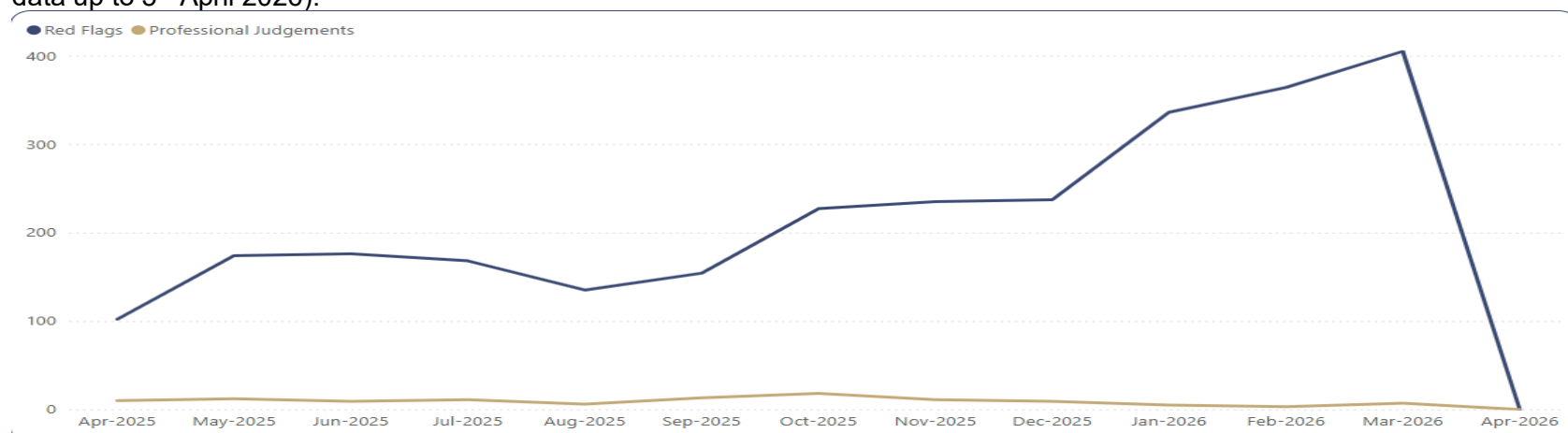
	<ul style="list-style-type: none"> <li>• The data shows that the planned roster was met for 55.82% of the shifts.</li> <li>• The nurse in charge determined that number of staff on duty (irrespective of whether the planned roster was met or not) was appropriate to meet the care needs of the patients on the ward at the time for 93.01% of the shifts (a decrease of 0.62% on the 2024/25 position).</li> <li>• The nurse in charge determined that the number of staff on duty ((irrespective of whether the planned roster was met or not) was not appropriate to meet the care needs of the patients on the ward at the time for 1.71% of the shifts (a decrease of 0.21% on the 2024/25 position). There were 4.86% of the shifts where the nurse in charge did not state whether the number of staff was appropriate or not (an increase of 0.4% on the 2024/25 position). As previously stated, this does not indicate that an assessment was not made; rather, it reflects a system limitation whereby appropriateness data entered outside of the defined census periods (0630-0830 and 1900-2100), is recorded as 'not stated'.</li> </ul> <p>“All reasonable steps” taken to maintain the nurse staffing levels as per the requirements of the Act and the nationally agreed paediatric operational guidance document. Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively.”</p> <p>It is recognised that nurse staffing levels data has changed significantly since first reported in 2021/22, with the percentage of shifts reported as met and appropriate decreasing from 82.39% in 2021/22 to 51.85% in 2025/26. Several factors may have contributed to this change, including:</p> <ul style="list-style-type: none"> <li>• The data for 2021/22 is for a six month period (October 2021 to April 2022) rather than the full reporting period as the Act was only extended to Paediatrics in October 2021 (Any data captured before October 2021 is not included).</li> <li>• A change in systems, from the Health &amp; Care Monitoring System (HCMS)—where the “met” status relied on manual input—to Safecare, which automatically calculates whether staffing requirements are met</li> <li>• Level of appropriateness “not stated” recorded on Safecare which was not available via HCMS</li> <li>• Differences in data entry, with 2021/22 data primarily entered by Ward Managers or Deputy Ward Managers, whereas in 2025/26 all appropriately trained Registered Nurses can input data into Safecare and the variation in whether the number of staff on duty is appropriate or not is based on the professional judgement of the Registered Nurse making the assessment.</li> </ul>
<p><b>Process for maintaining the Nurse staffing level</b></p>	<p>Where the nurse in charge determines that the number of staff on duty is not appropriate to meet patient needs, a ‘red flag’ is raised within Safecare. Red flags are events that prompt the requirement for an immediate response (i.e. to consider/take all reasonable steps to address the issue of concern and/or to escalate) by the registered nurse in charge of the ward and include unable to provide 1:1 care, ward manager not supernumerary, acuity not met by current nurse staffing levels, surge beds, or insufficient registered nurses or support workers on duty. The response may include allocating additional nursing staff to the ward, reducing workload or other appropriate reasonable steps as deemed appropriate by the nursing and senior management teams.</p>

In addition to Safecare system red flags, a RAG rating is applied based on the variance between actual nursing hours and the planned roster (for example, staffing levels 10% or more below plan are rated red). However, the nurse in charge's professional judgement ultimately determines whether staffing levels are appropriate, based on professional judgement. Where staffing is considered appropriate despite the roster not being met (resulting in an amber or red rating), the nurse in charge may amend the RAG rating accordingly in line with the agreed Safecare standard operating procedure. Conversely, the RAG rating may be downgraded from green to amber or red if the roster is met but staffing is deemed not appropriate. Reasons for professional judgement may include ward closures (e.g. infection prevention measures), surge beds, high use of temporary staff, or increased patient acuity.

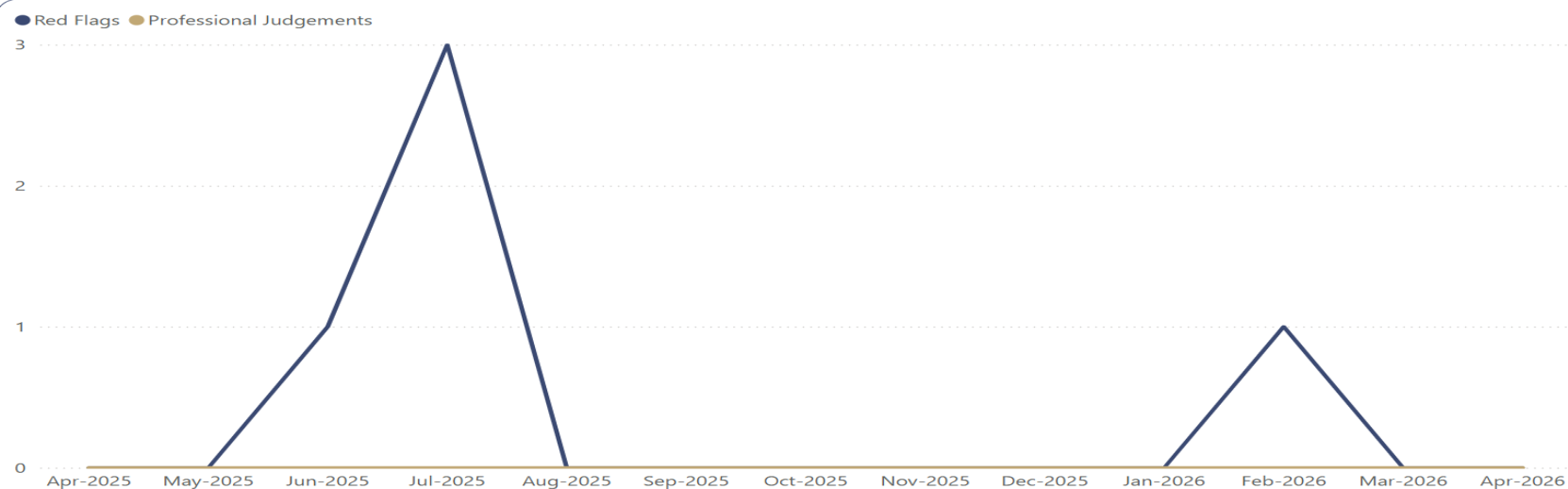
Red flags and professional judgement raised during the reporting period evidence the application of professional judgement by nursing and operational teams in response to fluctuations in patient acuity, dependency, and workforce availability. Actions taken included redeployment of staff, escalation to site management and on-call teams, deployment of supernumerary staff into clinical care, and use of temporary staffing where available.

Significant training and support have been provided to ward teams during this reporting period to strengthen understanding and use of red flags as a key assurance mechanism. The increase in red flags recorded during this reporting period, particularly within adult wards, is interpreted as evidence of improved reporting culture and appropriate escalation, rather than a deterioration in nurse staffing management. Red flags are now being used more consistently as an assurance mechanism to highlight risk at the point of care and prompt timely mitigating action. Further work is required on strengthening the use of professional judgement reasons, and this will be a focus for 2026/27.

**Adult Wards** – the below graph shows the number of Red Flags raised and amendments made based on Professional Judgement on the Adult Wards during this reporting period (it is noted that April 2025 is data from 6<sup>th</sup> April onwards and the data for April 2026 is data up to 5<sup>th</sup> April 2026).



**Paediatric Wards** – the below graph shows the number of Red Flags raised and amendments made based on Professional Judgement Paediatric Wards during this reporting period (it is noted that April 2025 is data from 6<sup>th</sup> April onwards and the data for April 2026 is data up to 5<sup>th</sup> April 2026).



Collectively, this data provides assurance that all reasonable steps have been taken to maintain nurse staffing levels in line with the Nurse Staffing Levels (Wales) Act 2016 and nationally agreed operational guidance, and that risks are actively identified, escalated, and mitigated when staffing shortfalls occur.

In addition to the operational actions outlined above, a range of broader strategic and corporate measures have been implemented to further demonstrate that *all reasonable steps* have been taken to maintain nurse staffing levels. These actions apply not only to Section 25B wards but across all Health Board services, recognising the interdependency of the wider system.

Key strategic measures include:

- Successful nurse stabilisation programme resulting in sustained improvements in recruitment and retention including:
  - Targeted recruitment initiatives led by Workforce and OD to address the specific needs of individual wards and departments.
  - Recruitment of internationally educated nurses
  - Multiple pathways into nursing, including apprenticeships, ‘grow your own’ programmes and Open University routes.

The nurse stabilisation programme has seen a 79.9% reduction in agency usage since January 2023.

**Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards<sup>ii</sup>**

Incidents of patient harm with reference to quality indicators and complaints about nursing care (note: for all rows, only incidents that have been closed are included)	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).	Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	Any complaints received about nursing care which identify a breach in the duty of care <sup>3</sup>
	TOTAL	TOTAL	TOTAL	TOTAL
Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).	4 closed between 6th April 2025 and 5th April 2026 with 3 being reported during the period of this report.	16 closed between 6th April 2025 and 5th April 2026 7 reported during the period of this report.	There are no closed incidents reported during the period of this report.	0
Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) had not been maintained.	1	3	0	0
Number of those closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor.	0	3 <ul style="list-style-type: none"> <li>• 2 reported during this reporting period with the post investigation level of harm reported as moderate harm.</li> <li>• 1 reported in 2023 (but closed during this reporting period) with the post investigation level of harm reported as severe harm</li> </ul>	0	0
Number of closed incidents/complaints occurring when the	3	13	0	0

<sup>3</sup> Complaints received which have been closed during this reporting period, are being managed under NHS Wales complaints regulations (Putting things Right (PTR)), Have identified a breach in the duty of care and are relevant to nursing care.



nurse staffing level (planned roster) had been maintained				
Number of those closed incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.	0	0	0	0

To note: Further to some work undertaken by the All-Wales Nursing Staffing Reporting group, the measure for complaints has been change to complaints received which have been closed during this reporting period, are being managed under NHS Wales complaints regulations (Putting things Right (PTR)), have identified a breach in the duty of care and are relevant to nursing care. Therefore, the number of complaints reported in this assurance report is significantly less than in previous assurance reports.

The data set out in the following table shows the number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor since “the Act” came into effect (it is noted that two of the measures were amended for the 2024/25 reporting period onwards and one for the 2025/26 reporting period so there is no comparable data from the previous reports for these measures).

	Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor						
	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e., 4 and 5 incidents).	Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).	Medication errors never events	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	All complaints received about nursing care	Complaints received about nursing care identify a breach in the duty of care
2020-21	0	1		0		0	
2021-22	1	2		0		4	
2022-23	0	0		0		0	
2023-24	0	0		0		0	
2024-25	0		1		1	0	
2025-26	0		3		0		0

**Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate \*) Adult medical and surgical wards:**

<b>Actions taken if the nurse staffing level was not maintained (or maintained but not appropriate) in wards where section 25B applies (adult)</b>	There were three falls (level 3, 4 and 5 incidents) closed during this reporting period where the nurse staffing level (i.e. the planned roster) was not maintained, and it was deemed that the failure to maintain the planned roster had been a contributory factor to the incident. The investigations showed that there was a high acuity of patients on the three wards at the time of the incident. The planned roster was not maintained (due to an existing deficit and staff sickness), although “baywatch” (where a member of staff is always present in the bay) was in place during these periods. Concerns around the staffing deficits were escalated to the site manager. The investigators concluded that the staffing deficits were a contributory factor to the incidents.
----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards<sup>iii</sup>**

Incidents of patient harm with reference to quality indicators and complaints about nursing care (note: for all rows, only incidents that have been closed are included)	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).	Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, serious harm or severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	Infiltration and extravasation injuries	Any complaints received about nursing care which identifies a breach in the duty of care <sup>4</sup>
Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).	0	0	0	0	1
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had not been maintained.	0	0	0	0	0
Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was	0	0	0	0	0

<sup>4</sup> Complaints received which have been closed during this reporting period, are being managed under NHS Wales complaints regulations (Putting things Right (PTR)), have identified a breach in the duty of care and are relevant to nursing care.

<b>considered to have been a contributing factor</b>					
<b>Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained</b>	0	0	0	0	1
<b>Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.</b>	0	0	0	0	0

The data set out in the following table shows the number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor since “the Act” came into effect on the paediatric wards in Oct 2021 (it is noted that two of the measures were amended for the 2024/25 reporting period onwards and one for the 2025/26 reporting period onwards so there is no comparable data for these measures from the previous reports).

<b>Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor</b>								
	<b>Hospital acquired pressure damage (grade 3, 4 and unstageable)</b>	<b>Falls resulting in serious harm or death (i.e., 4 and 5 incidents).</b>	<b>Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).</b>	<b>Medication errors never events</b>	<b>Medication administration errors resulting in moderate harm, severe harm, death &amp; never events (i.e. level 3, 4, 5 and never events incidents).</b>	<b>Infiltration and extravasation injuries</b>	<b>Any complaints received about nursing care</b>	<b>Complaints received about nursing care which identify a breach in the duty of care</b>
<b>2020-21</b>								
<b>2021-22</b>	0	0		0		0	0	
<b>2022-23</b>	0	0		0		0	0	
<b>2023-24</b>	0	0		0		0	0	

2024-25	0		0	0	0	0	0	
2025-26	0		0	0	0	0		0
		<b>Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *) – Paediatrics</b>						
<b>Actions taken if the nurse staffing level was not maintained (or maintained but not appropriate) in wards where section 25B applies (Paediatrics)</b>		There were no incidents during this reporting period for the two paediatric wards where the nurse staffing level (whether met or not met) was deemed to be a contributing factor.						
		<b>Section 25A: Duty to have regard to provide sufficient nurses</b>						
<b>Requirements of Section 25A</b>  (Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)		<p>While the primary statutory reporting requirements relate to wards where Section 25B of the Act applies, the Board can take assurance that the Health Board is actively discharging its duty under Section 25A. A consistent, evidence-based and professionally led approach is being applied across all nursing services, with clear governance, escalation and review arrangements where potential risks to care quality are identified in line with Policy 1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework which sets out the organisational responsibilities for S25A areas.</p> <p>While there is no statutory reporting requirement for areas covered by Section 25A, this section provides a summary of key activity undertaken during 2025/26 in relation to selected Section 25A services. Collectively, these arrangements provide assurance that the Health Board is actively discharging its duty under Section 25A of the Act by applying a consistent, evidence-based and professionally led approach to reviewing and maintaining nurse staffing levels across all services, with clear escalation and governance where potential risks to care quality are identified.</p> <p><b>Calculating the nurse staffing levels:</b> The Senedd Health and Social Care Committee’s report published in 2024 contained the following recommendation “R3. The Minister for Health and Social Services should bring forward clear operational guidance to support the consistent application of section 25A across health boards in Wales”. A subgroup of the All-Wales Nurse Staffing Group has been set up with the aim of:</p> <ul style="list-style-type: none"> <li>• mapping available workforce planning tools and develop principles/guidelines to ensure a consistent approach to their application across Wales, and</li> <li>• to develop clear operational guidance to support consistent application of section 25A across NHS Wales organisations.</li> </ul> <p>The publication of any operational guidance for Section 25A areas may require changes to the process by which the nurse staffing levels are reviewed within the Health Board. Meanwhile, the triangulated methodology set out in the Act for those wards where S25B of the Act applies, forms the basis of the nurse staffing reviews for those areas where S25A of the Act applies, and includes:</p>						

- Consideration of any available service specific patient acuity/workforce planning tool data.
- Consideration of any available service specific quality indicator data (in addition to reviewing the data on falls, pressure damage, medication administration errors, and complaints) and
- The professional judgement of the nursing management structure of that service
- Consideration is also given to any national recommendations/ standards or best practice recommendations that exists around the service/specialty.

A timetable for the remaining 25A areas is currently being developed. The timetable will include:

- Community Nursing including District Nursing teams.
- Endoscopy units (planned for 2026/27)
- Pre- assessment units
- Same Day Emergency Care
- Day surgery units
- Medical Day Units
- Outpatients' departments (Adults) (planned for 2026/27)
- Outpatients' departments (Paediatrics) (planned for 2026/27)
- Systemic Anti-Cancer Treatment Units (planned for 2026/27)
- Health Visiting
- Rheumatology
- School Nursing
- Community Mental Health Teams
- Learning Disabilities
- Minor Injuries Unit in our community hospitals
- Radiology
- Clinical Nurse Specialist Teams

Below is a summary of the work undertaken during 2025/26.

- **S25A inpatient wards (Community and Integrated Medicine)** – for those wards where Section 25A of the Act a nurse staffing review has been undertaken during 2025/26 for the following areas: Mynydd Mawr Rehabilitation Unit PPH, Ward 12 WGH, Acute Frailty Unit (AFU) WGH, Sunderland Ward, South Pems. It is not a requirement to undertake six monthly reviews on these wards, but the nurse staffing levels are reviewed periodically to ensure that there are no quality indicator concerns that would indicate a need to change the staffing requirements.
- **Cardiac Care Units (Community and Integrated Medicine)** – for those standalone cardiac care units (CCU GGH and CMU BGH) where Section 25B does not apply a nurse staffing review has been undertaken during 2025/26. It is not a

requirement to undertake six monthly reviews on these areas, but the nurse staffing levels are reviewed periodically to ensure that there are no quality indicator concerns that would indicate a need to change the staffing requirements.

- **Emergency and Urgent Care Centre, BGH (Community and Integrated Medicine)** – the outcome of the nurse staffing level review in EUCC, BGH was presented at the Formal Executive Team meeting on 12<sup>th</sup> November 2025, and it was agreed that the changes would be transacted in three phases, commencing as of Q4 2025/2026. Transacting the changes will mean:
  - The ED nursing requirements will reflect the standards set out in the Royal College of Emergency Medicine and Royal College Workforce Standards for Type 1 Emergency Departments (2020)
  - The recommendations linked to staffing set out by the NHS Executive Performance & Assurance Team following their visit in 2024 and the Peer review – Getting it Right First Time (GIRFT) Emergency Medicine report June 2024 would be addressed.
- **Mental Health inpatient wards (Mental Health & Learning Disabilities)**– the outcome of the nurse staffing review undertaken in 2024/25 has been transacted during 2025/26 with the recruitment of the additional nursing support workers which was identified as part of the review.
- **Theatres BGH and GGH (Planned & Specialist Care)** – the nurse staffing levels were presented to the Executive Director of Nursing during 2025/26, and it has been agreed that the additional requirements identified will be transacted during 2026/27.
- **Critical Care Units (Planned & Specialist Care)** – the nurse staffing reviews undertaken across the four units has been revisited during 2025/26 and the outcome presented to the Executive Director of Nursing during 2025/26. The workforce and financial implications of the review is being taken forward by the Clinical Care Group.

**Maintaining the nurse staffing levels:** while the statutory requirement to take “all reasonable steps” applies specifically to Section 25B wards, established organisational processes demonstrate that these principles are applied consistently across all services, including Section 25A areas.

### Conclusion & Recommendations

During 2025/26, the Health Board continued to face challenges in consistently maintaining nurse staffing levels on adult medical and surgical wards; however, the data demonstrates improving oversight, increased use of professional judgement, and effective escalation where staffing was not appropriate. Paediatric inpatient wards maintained a high level of staffing appropriateness throughout the year.

There is clear evidence that all reasonable steps are being taken to maintain nurse staffing levels in line with the Nurse Staffing Levels (Wales) Act 2016, with established operational and governance arrangements supporting risk identification, escalation, and mitigation.

The priorities identified for the coming 12 months are linked to the areas where assurance is currently partial and where further strengthening is required. Delivery against these priorities will be monitored through established governance arrangements and will continue to support the Board in discharging its statutory responsibilities under the Nurse Staffing Levels (Wales) Act 2016.

## **Appendix 2 – Explanatory notes.**

<sup>i</sup> NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency.

Each health board/trust committed to implementing RL Datix (formally Allocates) Safecare system, with each organisation having implemented this system to their section 25B wards.

<sup>ii</sup> Based on a review of the Health Boards/Trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; an SBAR was presented to the Executive Nurse Directors (EDoNs) and the Chief Nursing Officer for Wales in 2021, which included a series of recommendations to improve and refine the reporting process. Following this a sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process to standardise reporting and be in line with the Duty of Candour set out in the Quality & Engagement Act (2020), with the aim of broadening the scope of incidences of harm to provide more meaningful data, by including moderate risk falls and medication administration error incidents.

The work of the Reporting Sub-Group included a review of the measures for the adult medical and surgical inpatient wards, and these were presented to the Executive Nurse Directors in August 2023. The changes to the adult wards' measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

Since the EDoNs agreed the recommendations in August 2023 it became apparent that the way data is being captured on Datix to meet the reporting requirements of the Duty of Candour (DoC), which came into force in April 2023, may impact our data collection under the duties of the NSLWA. Previously, we anticipated that the changes in the reporting criteria to include moderate levels of harm would increase overall reporting, however, following this clarification this anticipated increase may not be seen.

It must be noted that previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. To align with patient safety incident reporting to Welsh Government all future NSLWA reports, as from April 2024, will report on closed patient safety incidents which have been validated with a level of harm moderate or above (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident.

The quality indicators for the adults' in-patient wards will be as follows:

- 
- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
  - Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).
  - Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
  - Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above will be:

- Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

In late 2024, it became apparent that there is significant variation in the types of complaints that are being reported within each organisation's nurse staffing report due to local interpretation of the Operational Guidance. As a result, the Reporting Group presented an SBAR that outlined a proposed criteria for standardised complaint reporting to the DDoN Forum in February 2025. This criterion was agreed by the DDoN Forum on the basis that reports are reviewed later in 2025 to establish if the criteria is adequately sensitive and produces the right level of useful context as a quality indicator.

The agreed criteria are as follows:

- Complaints received by 25B areas that:
- Have been closed within this reporting period.
- Are being managed through PTR.
- Have identified a breach in the duty of care.
- Are relevant to nursing care (using the guidance document to support).

<sup>iii</sup> The work of the Reporting Sub-Group, mentioned above, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to

---

the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

As of 2024/25, the quality indicators for the paediatric inpatient wards will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).
- Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Infiltration and extravasation injuries
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above will be:

- Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

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.

the Autumn 2025 cycle references Band 2 HCSW whilst the Spring 2026 cycle references NSW Band 3 -this is due to the recent Band 2/3 validation process.

### Paediatric inpatient wards

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

Name of Ward	Planned roster as stated within the annual presentation to the Board report - Autumn 2025				Required Establishment as stated within the annual presentation to the Board report (Autumn 2025) 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 2026				Required Establishment as stated within the annual presentation to the Board report (Spring 2026) 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	NSW Band 3	TOTAL WTE RN (bands 5 &6)	TOTAL WTE NSW (bands 2,3 &4)			Completed	changed	rationale	Completed (Yes/No)	Date	Changed	Rationale
<b>WOMEN AND CHILDREN – PAEDIATRIC WARDS</b>																						
Cilgerran/ HDU GGH	E	1			47.14	15.57	2	E	1			47.14	15.57	2	28.4.2026	yes	no					
	L	1						L	1													
	LD	8 M-W 9 T&F, 7 S+S	1	2				LD	8 M-W 9 T&F, 7 S+S	1	2											
	TW			1				TW			1											
	N	8	1	2 (1S&S)				N	8	1	2 (1S&S)											
Anghared Ward, BGH	E	2			12.79	4.26	1	E	2			12.79	2.84	1	28.4.2026	yes	yes	proportion of LD worked, removal of NSW at night (not required over the last 3 years)				
	L	2						L	2													
	LD			1				LD			1											
	TW							TW														
	N	2		1				N	2													

Total	59.93	19.83	3
-------	-------	-------	---

total	59.93	18.41	3
-------	-------	-------	---



Ward 1 PPH Medical	L	1		1	18.95	17.17	1	L	1		1	18.95	17.17	1	21.4.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No							
	LD	2		2				LD	2		2													
	TW							TW																
	N	3		3				N	3		3													
Ward 3 PPH Medical	E	2		2	18	20.73	1	E	2		2	18	20.73	1	21.4.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No							
	L	2		2				L	2		2													
	LD	1		2				LD	1		2													
	TW							TW																
Ward 4 PPH Medical	N	3		3	27	18	1	N	3		3	27	18	1	29.4.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No							
	E	3		2				E	3		2													
	L	3		2				L	3		2													
	LD	2		1				LD	2		1													
Ward 5 PPH Medical	TW				20.73	27.44	1	TW				20.73	27.44	1	21.4.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No							
	N	4		3				N	4		3													
	E	2	1-m-f	2				E	2	1-m-f	2													
	L	2		2				L	2		2													
Ward 9 PPH Medical	LD	2		3	20.73	28.9	1	LD	2		3	20.73	28.9	1	29.4.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No							
	TW							TW																
	N	3		4				N	3		4													
	E	2		3				E	2		3													
Ward 7 WGH Medical	L	2		1	20.73	20.73	1	L	2		2	20.73	20.73	1	29.4.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No							
	LD	2		2				LD	2		2													
	TW							TW																
	N	3		3				N	3		3													
Ward 8/CCU WGH Medical	E	3		1	32.45	17.17	1	E	3		1	32.45	17.17	1	05.05.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No							
	L	3		1				L	3		1													
	LD	3		2				LD	3		2													
	TW							TW																
Ward 10 WGH Medical	N	5		3	11.73	19.9	1	N	5		3	14.45	17.17	1	05.05.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	Yes	reduction of band LD , increase of RN LD						
	E	1		1				E	1		1													
	L	1		1				L	1		1													
	LD	1	1	2				LD	2		2													
Ward 11 WGH Medical	TW				17.17	20.73	1	TW				17.17	20.73	1	05.05.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No	in addition 3.0wte rehab assistant						
	N	2		3				N	2		3													
	E	1		2				E	1		2													
	L	1		2				L	1		2													
Ward 11 WGH Medical	LD	2		2	17.17	20.73	1	LD	2		2	17.17	20.73	1	05.05.2026 Assistant Director of Nursing on behalf of the Designated Person	Yes	No	in addition 3.0wte rehab assistant						
	TW							TW																
	N	3		3				N	3		3													
	E	1		2				E	1		2													

Total	328.44	361.97	18
-------	--------	--------	----

Total	351.89	358.41	18
-------	--------	--------	----

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.

the Autumn 2025 cycle references Band 2 HCSW whilst the Spring 2026 cycle references NSW Band 3 -this is due to the recent Band 2/3 validation process.

**Adult inpatient surgical wards**

The wards highlighted in yellow have seen a change 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 2025				Required Establishment as stated within the annual presentation to the Board report (Autumn 2025) 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 2026				Required Establishment as stated within the annual presentation to the Board report (Spring 2026) 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	NSW Band 3	TOTAL WTE RN (bands 5 &6)	TOTAL WTE NSW (bands 2,3 &4)			Completed	Changed	rationale	Completed (Yes/No)	Date	Changed	Rationale
Ceredig BGH Surgery	E	1		1	21.67	22.5	1	E	2		1	21.67	22.5	1	10.4.2026	yes	yes	Late Rn chnged to Early spring 2026				
	L	2		1				L	1		1											
	LD	3		3				LD	3		3											
	TW							TW														
	N	3		4				N	3		4											
Rhiannon BGH Surgery	E	1		1	11.61	11.61	1	E	1		1	11.61	11.61	1	10.4.2026	yes	no					
	L	1		1				L	1		1											
	LD	1		1				LD	1		1											
	TW							TW														
	N	2		2				N	2		2											
Telfi GGH Surgery	E	1		2	22.62	34.35	1	E	1		2	22.62	34.35	1	30.4.2026 JCW on behalf of the designated person	yes	no	proportion of RN LD spring 2025				
	L	1		2				L	1		2											
	LD	3	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	24.04.2026JCW 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		2				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	16.4.2026JCW on behalf of the designated person	yes	no	In addition to the roster ward has 3 WTE Frality 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	16.4.2026 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	16.4.2026 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											
Pictou GGH Surgery	E	1		1+(1x9-5 Thu)	11.98	9.2	1	E	1		1+(1x9-5 Thu)	11.98	9.2	1	28.4.2026	yes	no	service change NSW on nights post covid				
	L	1		1				L	1		1											
	LD	1		1				LD	1		1											
	TW	1x9-5 Thu						TW	1x9-5 Thu													
	N	2		1				N	2		1											
Ward 6 PPH Surgery	E	1	1 M-F	2	13.67	14.99	1	E	1	1 M-F	2	13.67	14.99	1	21.4.2026 JCW on behalf of the designated person	yes	no					
	L	1		2				L	1		2											
	LD	2(1s+8)		1 M-F				LD	2(1s+8)		1 M-F											
	TW							TW														
	N	2		2 M-F 1 S-S				N	2		2 M-F 1 S-S											
Ward 7 PPH Surgery	E	1	1 M-F	1	14.45	15.72	1	E	1	1 M-F	1	14.45	15.72	1	29.4.2026 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	5.5.2026 JCW on behalf of the designated person	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		2	20.73	20.73	1	E	2		2	20.73	20.73	1	5.5.2026 JCW on behalf of the designated person	yes	no					
	L	2		2				L	2		2											
	LD	2		2				LD	2		2											
	TW							TW														
	N	3		3				N	3		3											

Total 211.04 215.13 12

Total 211.04 215.13 12