



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 October 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels (Wales) Act 2016: outcome of the Spring 2024 calculation cycle for those wards where Section 25B of the Act applies
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel Interim Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	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 (NSLWA) 2016 require:

- that there is an annual presentation of the nurse staffing levels to the respective Health Board, for all wards that fall under Section 25B of the Act (presented to Board in November of each year) and
- the Board (or a committee of the Board) should receive 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 (outside of the annual presentation). Within this health board it has been agreed that the Quality, Safety and Assurance Committee will be the delegated committee that receives nurse staffing levels reports on behalf of the Board.

The Committee is asked to receive the 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 following the Spring 2024 nurse staffing 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

Paragraph 12 of the statutory Guidance issued in support of the Nurse Staffing Levels (Wales) Act 20116 states that "the (nurse staffing levels) calculation should be undertaken: at least every six months; when entering the workforce planning tool data; when there is a change of use/service which is likely to alter the nurse staffing level; or if the designated person deems it

necessary, for example following exception reporting by a ward sister/charge nurse. There should be a formal annual presentation by the designated persons to the Board of their respective LHB or Trust of the nurse staffing level of each individual ward to which sections 25B to 25E of the Act pertain. In addition, they should receive 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.

It has been agreed by the Executive Directors of Nursing that the annual presentation to the Board will be in November of each year.

The All Wales Nurse Staffing Group has produced the template used as the basis of this presentation to ensure consistency in the information presented to each Health Board within NHS Wales.

Asesiad / Assessment

The report sets out the detail of the process, output and conclusions arising from the recent (Spring 2024) 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 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 workforce and financial implications of the Spring 2024 calculation cycle are as follows: (The figures set out below includes both 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).

Table 1: breakdown of uplift requirements							
	Additional requirements £		RN £	HCSW & Other £		RN WTE	HCSW & Other WTE
1a. Adult inpatient wards (BGH, GGH, PPH)	312,974		58,356	254,618		1.15	6.93
1b. Adult inpatient wards WGH	411,364		147,378	263,986		2.71	7.39
1c. Service change: Picton – HCSW Padarn Band 4 role Y Banwy – ward clerk	119,669		(29)	119,698		(0.00)	3.42
1d. Adult inpatient wards – Enhanced Care Unit/Rhiannon BGH	445,401		273,949	171,452		4.77	4.77
2. Paediatric inpatient wards	410,800		(136,415)	547,215		(2.53)	13.43

1. Adults inpatient wards

1a: BGH, PPH and GGH: For those adult inpatient wards where the uplift requirements is via the 'nurse staffing funding' allocation, there is an **additional £312,974** required following the Spring 2024 cycle.

- Additional 1.15wte Band 5 (+**£58,356**) due to changes to the proportion of registered nurses working the long day shift pattern
- Additional 6.93wte HCSW Band 2 (+**£254,618**) - 2.72wte HCSW (Steffan) (cost of £97,738) due to patient acuity (the need for an additional HCSW on night duty has been discussed as part of the last three calculation cycles and the ward is currently utilising bank HCSW to cover this) and an additional 4.21wte Band 2 (cost of £156,880) as a result of changes to the proportion of HCSWs working the long day shift pattern.

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 eight wards which required an amendment to the required establishment as a result of the proportion of long days' work following the Spring 2024 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.

1b: WGH: The changes required to the rosters/required establishments for the adult inpatient wards in WGH show that an **additional £411,364** is required (2.71wte RN and 7.39wte HCSW and others). However, the funding of this additional requirements will be met from planned changes to the services in Unscheduled Care, WGH, with funding being directed to S25B wards as a result of decommissioning S25A areas.

1c: Service Change: there is an additional **£119,669** required across 3 wards linked to service change.

- 1.42wte HCSW on Picton ward, GGH which was as a result of changes to the emergency gynae pathway put into place during the covid pandemic but which now needs to be made permanent,
- 1wte Band 4 on Padarn ward, GGH required to support the respiratory procedure room activity
- 1wte ward clerk on Y Banwy ward, BGH

1d: Enhanced Care Unit (PACU) Rhiannon Ward, BGH: The 4 enhanced care beds on Rhiannon Ward in BGH require an **additional £445,401**. There are ongoing discussion between Planned Care and Unscheduled Care, BGH regarding the funding of these beds.

2. Paediatric inpatient wards

The funding of the **additional £410,800** required for the paediatric wards is currently being met from within the Women and Children Directorate although it is noted that the funding of the additional requirements for the paediatric wards may, at some point in the future, need to be included with the adult inpatient wards as per the principles agreed.

Argymhelliad / Recommendation

The Committee 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

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3. Effective Care 7.1 Workforce 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	6K_22 workforce, clinical service and financial sustainability
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

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
Rhestr Termiau: Glossary of Terms:	NSLWA – Nurse Staffing Levels (Wales) Act 2016 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 RAAC – Reinforced Autoclaved Aerated Concrete 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
Partion / 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.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	See also Integrated Impact Assessment The financial impact of the Spring 2024 calculation cycle is set out in the Report and Appendix 1
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention underpinning the Act is to ensure safe, effective and quality patient care. One of the key requirements of the Act is to monitor the impact of nurse staffing levels on care quality. Page 2-3 of the report makes reference 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’..
Gweithlu: Workforce:	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
Risg: Risk:	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 both registrants and (a range of) Support Workers. 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:
Cyfreithiol: Legal:	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. The legal risk associated with nurse staffing levels relates not to the issues described within this paper (which relate to the duty to calculate the nurse staffing levels) but rather to the potential of non-compliance with the second duty of the NSLWA i.e. the ‘duty of maintaining the nurse staffing levels’. The ‘duty to maintain the nurse staffing level’ 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 e.g. legal impacts or likelihood of legal challenge
Enw Da: Reputational:	The reputation of the nursing services and the effectiveness of the collaboration within the Health Board is enhanced through the level of engagement shown between the operational and corporate teams in ensuring that the statutory requirements relating to the NSLWA are met
Gyfrinachedd: Privacy:	Currently no impact in relation to privacy identifiable within this work
Cydraddoldeb: Equality:	No negative EqlA impacts identified.

Presentation of the Nurse Staffing Levels for Section 25B wards – Spring 2024 calculation Cycle

Health Board/Trust:	Hywel Dda UHB					
Period being reported on:	This report covers the changes required to the nurse staffing levels for wards covered by Section 25B (S25B) of the Nurse Staffing Levels (Wales) Act 2016 following the Spring 2024 calculation cycle .					
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 2024 calculation cycle					
	Adult acute <u>medical</u> inpatient wards		Adult acute <u>surgical</u> inpatient wards		Paediatric inpatient wards	
	20		13		2	
	<p>Please note the following:</p> <ul style="list-style-type: none"> • There were two more medical wards where S25B of the Act applied during the spring 2024 calculation cycle when compared to the autumn 2023 cycle - the reduction in the number of medical wards included in the autumn 2023 cycle was due to a reduction in the medical bed capacity in Wylabach General Hospital as a result of the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks. • There was one more surgical ward where S25B of the Act applied during the spring 2024 calculation cycle when compared to the autumn 2023 cycle. Ward 9, WGH as an elective surgical ward has been closed since July 2022 as a result of the need for essential fire improvement and theatre ventilation repair works in WGH. The ward was scheduled to reopen in May 2023, but this was delayed due to the emerging RAAC related position. The ward reopened as a surgical ward in May 2024. 					
	<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>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. This process is currently being reviewed.</p> <p>There was no change to the planned roster and required establishment for 16 of the adult medical/surgical wards and both paediatric wards, following the Spring 2024-calculation cycle</p>					
	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Number of Wards	20		13		2	
	RN (WTE)	HCSW (WTE)	RN (WTE)	HCSW (WTE)	RN (WTE)	HCSW (WTE)

Required establishment (WTE) calculated Autumn 2023 calculation cycle	336.27 ¹	350.25	218.32	223.16	57.68	22.55
WTE of required establishment funded following Autumn 2023 calculation cycle	330.34	331.19	206.32	207.51	57.68	22.55
Required establishment (WTE) calculated during Spring 2024 calculation cycle	377.00	392.29	222.82	225.93	57.68	22.55
WTE of required establishment funded following Spring 2024 calculation cycle					57.68	22.55
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)(Spring 2024 cycle)	20		13		3 (2 Supernumerary Band 7 on 1 ward)	

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 in order to review and recalculate the nurse staffing levels.

As with previous cycles, the Spring 2024 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. Since March 2023, 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.
- Ward based initiatives, improvement programmes or action plans for remedial work to specific areas, where concerns have been identified.
- Infection prevention and control data.
- Effective rostering, including time balances.
- 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.

¹ The reduction in the required establishment for the adult medical inpatient wards during the Autumn 2023 calculation cycle (compared to previous cycle) is due to the reduction in medical bed capacity in WGH due to the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks and the temporary closure of one medical ward (Ward 7) and the temporary change in the primary function of two medical wards in WGH (Ward 11 and Ward 12); which means that S25B of the Act no longer applies to these two wards.

	<ul style="list-style-type: none"> • 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 took place between the April 19th - June 14th 2024 (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 2024 nurse staffing calculation cycle.</p>
Name of Designated Person:	Sharon Daniel ,Interim 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 2024 calculation cycle are set out in this report.</p> <p>It is noted that there was no change to the planned roster and required establishment for 16 of the adult medical/surgical wards and both paediatric wards, following the Spring 2024 calculation cycle (when compared to the planned rosters/required establishments agreed during the Autumn 2023 calculation cycle).</p> <p>The Spring 2024 calculation cycle has identified the following financial and workforce uplift requirements. The figures set out below includes both 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>																								
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- **Adults inpatient wards**

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**Conclusion &
recommendations**

Date summary presented to Quality, Safety and Experience Committee (on behalf of the Board)	8 th October 2024
Date Summary presented to Sustainable Resource Committee	

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 2023 cycle)

Name of Ward	Planned roster as stated within the annual presentation to the Board report (in November 2023)				Required Establishment as stated within the annual presentation to the Board report (in November 2023 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 2024				Required Establishment as stated within the annual presentation to the Board report (Spring 2024) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	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																					
Clygenesi HDU/PACU CGH	E				35.41 (including 10.9 Band 6)	10.12 PACU 8.17	2	E				46.31 (including 16.34 Band 6)	18.29	2	Yes	No	no change but the information for the Spring includes PACU roster	No			
	L							L													
	LD	7M-W 87&8		2				LD	9M- W10T& F 8S&S		3										
	TW							TW			1										
	N	6		2				N	6		3 (2S&S)										
Aughland Ward, BGH	E				11.37 (including 5.69 WTE Band 6)	4.26	1	E				11.37 (including 5.69 WTE Band 6)	4.26	1	Yes	No		No			
	L							L													
	LD	2		1				LD	2		1										
	TW							TW													
	N	2		1				N	2		1										
Total		57.68	22.55	3	Total		57.68	22.55	3												

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Adult, inpatient Medical wards

The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation cycle (Autumn 2023 cycle)

The wards highlighted in grey have seen a temporary change to their planned roster and/or required establishment due to the RACC work in WGH

Name of Ward	Planned roster as stated within the annual presentation to the Board report (in November 2023)				Required Establishment as stated within the annual presentation to the Board report (in November 2023) 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 2024				Required Establishment as stated within the annual presentation to the Board report (Spring 2024) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	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 2,3.6)		Shift	RN (band 5.6)	HCSW Band 4	HCSW Band 2	TOTAL WTE RN (bands 5.6)	TOTAL WTE HCSW (bands 2,3.6)		Completed	changed	rationale	Completed (Yes/No)	Date	Changed	Rationale
Dyfl BGH Medical	E 2	2	2		31.51	20.61	2	E 2	2	2		31.51	20.61	2	Yes	No		No			
L 2	2	2		L 2				2	2												
LD 4	2	2		LD 4				2	2												
TW				TW																	
N 5	3	3		N 5				3	3												
Meurig BGH Medical	E 1	1	1		14.45	11.61	1	E 1	1	1		14.45	11.61	1	Yes	No		No			
L 1	1	1		L 1				1	1												
LD 2	1	1		LD 2				1	1												
TW				TW																	
N 2	2	2		N 2				2	2												
Ystwygh BGH Medical	E 2	1	1		20.61	18.83	1	E 1	2	2		19.9	19.54	1	Yes	Yes	change in the proportion of long days worked In addition to the roster, Ward has 3 WTE Rehab Support Worker	No			
L 2	1	1		L 1				2	2												
LD 2	2	2		LD 3				1	1												
TW		1		TW				1	1												
N 3	3	3		N 3				3	3												
Y Banwy BGH Medical	E 1	1	1		11.61	11.61	1	E 1	1	1		11.61	9	1	Yes	Yes	Additional HCSW on ND no longer required	No			
L 1	1	1		L 1				1	1												
LD 1	1	1		LD 1				1	1												
TW				TW																	
N 2	2	2		N 2				1	1												
Cadog GGH Medical	E 1	2	2		11.73	23.45	1	E 1	2	2		11.73	23.45	1	Yes	No	In addition to the roster ward has 3 WTE Frailty worker	No			
L 1	2	2		L 1				2	2												
LD 1	1	2		LD 1				1	2												
TW				TW																	
N 2	3	3		N 2				3	3												
Dewi GGH Medical	E 1	1	1		14.45	19.9	1	E 1	2	2		14.45	20.73	1	Yes	Yes	In addition to the roster ward has 3 WTE Frailty worker Spring 2024 Change in the proportion of long days (HCSW)	No			
L 1	1	1		L 1				2	2												
LD 2	3	3		LD 2				2	2												
TW				TW																	
N 2	3	3		N 2				3	3												
Gwenllan GGH Medical	E 1	1	1		17.17	22.62	1	E 1	1	1		17.17	22.62	1	Yes	No	In addition to the roster, ward has 3 WTE Rehab Support Worker	No			
L 1	1	1		L 1				1	1												
LD 2	1	3		LD 2				1	3												
TW				TW																	
N 3	3	3		N 3				3	3												
Padarn GGH Medical	E 1	1	1		17.17	17.17	1	E 1	1	1		17.17	17.17	1	Yes	No	Spring 2024 - Changed to Service Model - revert to funded establishment roster pending a review of the respiratory pathway In addition to the roster there is 1 WTE Band 4 AP to support the treatment room	No			
L 1	1	1		L 1				1	1												
LD 2	2	2		LD 2				2	2												
TW				TW																	
N 3	3	3		N 2				2	2												
Steffan GGH Medical	E 1	1	1		14.45	16.4	1	E 1	2	2		14.45	19.95	1	Yes	Yes	additional HCSW on ND - patient acuity and in support of the RN workload	No			
L 1	1	1		L 1				2	2												
LD 2	3	3 (1S&S)		LD 2				2	2 (1S&S)												
TW				TW																	
N 2	2	2		N 2				3	3												
Towy GGH Medical	E 1	1	1		14.45	19.9	1	E 1	1	1		14.45	19.9	1	Yes	No	No change	Yes		No	no change - QI data reviewed
L 1	1	1		L 1				1	1												
LD 2	3	3		LD 2				3	3												
TW				TW																	
N 2	3	3		N 2				3	3												
Ward 1 PPH Medical	E 2	1	1		18.95	22.62	1	E 2	2	2		18.95	18	1	Yes	Yes	EPS data reviewed - revert back to the funded establishment roster & change in proportion of long days	Yes		No	no change - EPS data reviewed
L 1	1	1		L 1				2	2												
LD 2	3	3		LD 2				1	1												
TW				TW																	
N 3	3	3		N 3				3	3												
Ward 3 PPH Medical	E 2	2	2		18	20.73	1	E 2	3	3		18	21.56	1	Yes	Yes	Spring 2024 - change in proportion of long days (HCSW)	No			
L 2	2	2		L 2				3	3												
LD 1	2	2		LD 1				1	1												
TW				TW																	
N 3	3	3		N 3				3	3												
Ward 4 PPH Medical	E 2	2	2		26.18	18	1	E 3	2	2		27.00	18.00	1	Yes	No	spring 2024 - proportion of long days (HCSW)	Yes		No	no change - review impact of change to gastro pathway
L 2	2	2		L 3				2	2												
LD 3	1	1		LD 2				1	1												
TW				TW																	
N 4	3	3		N 4				3	3												
Ward 5 PPH Medical	E 2	1-m-f	2		20.73	27.44	1	E 3	1-m-f	3		21.56	28.27	1	Yes	Yes	In addition: 1 WTE Band 4 Spring 2024 proportion of Long days d (HCSW)	Yes		No	no change - review impact of change to gastro pathway
L 2	2	2		L 3				3	3												
LD 2	3	3		LD 1				2	2												
TW				TW																	
N 3	4	4		N 3				4	4												
Ward 9 PPH Medical	E 2	3	3		20.73	28.9	1	E 2	3	3		20.73	28.9	1	Yes	No	No change	No			
L 2	1	1		L 2				1	1												
LD 2	1	3		LD 2				1	3												
TW				TW																	
N 3	4	4		N 3				4	4												
Ward 7 WGH Medical	E				Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC	E	1	2		17.17	20.73	1	Yes	Yes	ward reopened following RACC work	No			
L				L				1	2												
LD				LD				2	2												
TW				TW																	
N				N				3	3												
Ward 8/CCU WGH Medical	E				Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC	E	3	1		32.45	17.17	1	Yes	Yes	ward reopened following RACC work	No			
L				L				3	1												
LD				LD				3	2												
TW				TW																	
N				N				3	2												

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 change to either their planned roster and/or required establishment during this calculation cycle (Autumn 2023 cycle)

Name of Ward	Planned roster as stated within the annual presentation to the Board report (in November 2023)				Required Establishment as stated within the annual presentation to the Board report (in November 2023) 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 2024				Required Establishment as stated within the annual presentation to the Board report (Spring 2024) including uplift 26.9%		TOTAL WTE Band 7 supernumerary ward sister/Charge nurse	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 2.3.6)		Shift	RN (band 5.6)	HCSW Band 4	HCSW Band 2	TOTAL WTE RN (bands 5.6)	TOTAL WTE HCSW (bands 2.3.6)		Completed	Changed	rationale	Completed (Yes/No)	Date	Changed	Rationale
Ceredig BGH Surgery	E	1		2	21.67	22.39	1	E	1		1	21.67	21.67	1	Yes	Yes	Spring 2024 change in the proportion of long days (HCSW)	No			
	L	2		2				L	2		1										
	LD	3		2				LD	3		3										
	TW		1	1				TW		1											
	N	3		3				N	3		3										
Rhiannon BGH Surgery	E	1		1	11.61	11.61	1	E	1		1	11.61	11.61	1	Yes	No	no change	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	2		2	23.45	34.35	1	E	2		2	23.45	34.35	1	Yes	No	In additional to the roster, ward has 3 WTE Frality worker - no change	Yes		No	No change - QI data review
	L	2		2				L	2		2										
	LD	2	1	4				LD	2	1	4										
	TW							TW													
	N	4		5				N	4		5										
Cleddau GGH Surgery	E	1	1	1	19.9	25.35	1	E	1	1	1	19.9	25.35	1	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	No			
	L	1	1	1				L	1	1	1										
	LD	3		3				LD	3		3										
	TW							TW													
	N	3		3				N	3		3										
Derwen GGH Surgery	E	1		1	17.17	19.9	1	E	1		1	17.17	19.9	1	Yes	No	In additional to the roster ward has 3 WTE Frality worker to work across Derwen & Cleddau Additional Band 6 reviewed - revert back to funded Band 6 position	Yes		No	Review Band 6 position
	L	1		1				L	1		1										
	LD	2	1	2				LD	2	1	2										
	TW							TW													
	N	3		3				N	3		3										
Merlin GGH Surgery	E	2		1	20.73	11.73	1	E	2		1	20.73	11.73	1	Yes	No	no change	No			
	L	2		1				L	2		1										
	LD	2		1				LD	2		1										
	TW							TW													
	N	3		2				N	3		2										
Preseli GGH Surgery	E	1		1	11.73	12.11	1	E	1		1	11.73	12.11	1	Yes	No	AP role in future if more elective	Yes		No	reviewed as the ward reopened in March 2023
	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	7.9	1	E	1		1+(1x9.5 Thu)	11.98	7.9	1	Yes	No	No change following Spring 2024 cycle- noted that HCSW on night duty changed to twilight shift in Spring 2023 (change to the emergency gynae pathway). Noted that required establishment includes 1 RN and 1 HCSW on Thursday to support clinic activity.	No			
	L	1		1				L	1		1										
	LD	1		1				LD	1		1										
	TW	1x9-5 Thu		1				TW	1x9-5 Thu		1										
	N	2		0				N	2		0										
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	Yes	No	No change to 21 beds.	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	15.72	1	E	1	1 M-F	1	14.45	15.72	1	Yes	No	no change. Spring 2024 -	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	Yes	No	no change	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	1		3	17.17	21.56	1	E	1		3	17.17	21.56	1	Yes	No	no change -	No			
	L	1		3				L	1		3										
	LD	2		1				LD	2		1										
	TW							TW													
	N	3		3				N	3		3										
Ward 9 WGH Surgery	E							E	1		1	11.73	11.73	1	Yes	Yes	re-opened as a 7 day surgical ward	No			
	L							L	1		1										
	LD							LD	1		1										
	TW							TW													
	N							N	2		2										

Total 218.32 222.28 22

Total 230.05 235.29 23

Duty of Quality

Quality-driven decision-making tool



Part 1 - Quality Impact Assessment Toolkit

Overview & Guidance

This initial assessment should be completed to quantify potential impacts on quality or safety aspects (either positive, negative, or neutral/no impact), from any strategic decisions e.g. policy decisions, business cases, service improvements and changes, or efficiency savings projects that will affect operational services.

When completing the checklist consider the impact that the change will bring about in the long term. Also consider any impacts that might occur whilst the change is being implemented. For example, the project may be to introduce a new clinical pathway into an existing team, this will reduce waiting times for patients and result in smaller caseloads which are both long-term positive impacts. However, to introduce the new pathway staff working arrangement will need to change which may increase staff turnover resulting in patient waiting times for treatment increasing both are short term negative impacts. The QIA should reflect both the short-term and long-term impacts.

For the approval process and to ensure you are using the current version of the tool, please visit the QIA SharePoint page https://nhs.wales365.sharepoint.com/sites/HDD_Nursing-assurance-and-safety/SitePages/Quality-Impact-Assessment.aspx

The tool once approved by the Directorate Triumvirate should be submitted to patient.safety@wales.nhs.uk for consideration at the QIA Panel

Strategic Decision / Organisational Activity / Project Title:	Nurse Staffing Levels (Wales) Act - Nurse Staffing Calculation - Spring 2024 cycle
Name and role of lead:	Janice Cole Williams, Assistant Director of Nursing Helen Humphreys, Head of Nursing, Professional Standards and Regulation
Executive sponsor:	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience

Description of Strategic Decision / Project:	
Broadly outline what is being proposed and the decision that needs to be made	Transact the additional workforce (1.15wte RN and 6.13wte HCSW) and finance (£312,974) requirements identified as part of the spring 2024 nurse staffing calculation cycle for those wards where S25B of the Act applies in BGH, GGH and PPH which include: <ul style="list-style-type: none"> Additional 1.15wte Band 5 (+£58,356) due to changes to the proportion of registered nurses working the long day shift pattern Additional 6.93wte HCSW Band 2 (+£254,618) - 2.72wte HCSW (Steffan) (cost of £97,738) due to patient acuity (the need for an additional HCSW on night duty has been discussed as part of the last three calculation cycles and the ward is currently utilising bank HCSW to cover this) and an additional 4.21wte Band 2 (cost of £156,880) as a result of changes to the proportion of HCSWs working the long day shift pattern.
Why is the proposal / decision needed	The decision is required to ensure that the total number of staff on those wards where S25B of the Act apply have sufficient resource to "deploy a planned roster (determined using the triangulated method in section 25C) that will enable nurses to provide care to patients that meets all reasonable requirements in the relevant situation" (paragraph 11 of the Statutory Guidance issued in support of the Act
What are the drivers and influencing factors around the decision to be made? (e.g. legislation, national policy, professional body guidance, cost savings, ministerial priorities, quality standards, incidents etc)	<p>Compliance with legislation: Nurse Staffing Levels (Wales) Act 2016; Paragraph 11: "The calculation undertaken by the designated person must result in the nurse staffing level for the ward area. In practice, the nurse staffing level will be the required establishment and the planned roster. The maintenance of the nurse staffing level should be funded from the LHB's (or Trust's) revenue allocation, taking into account the actual salary points of staff employed on its wards".</p> <p>Finance: Steffan ward typically uses 4.6wte HCSW temporary staffing (June, July, Aug). Transacting the changes will ensure that teams work within the nurse staffing levels agreed by the Designated Person.</p> <p>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 eight wards which required an amendment to the required establishment as a result of the proportion of long days' work following the Spring 2024 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.</p> <p>Incidents: Steffan 1st Sept 2023-30th June 2024 - 3 closed medication errors, 35 falls (Q3 14, Q4- 14, Q1 - 7), no incidents of pressure damage developed or worsened during care.</p> <p>Staff Wellbeing: the changes to the required establishment as a result of the proportion of long days worked will ensure that teams can continue to provide staff with flexible working opportunities.</p>
Who is directly affected by this proposal / decision? Please also consider people who may be indirectly affected	Patients and Staff
How have you engaged with the people affected? If you have not yet engaged, what are your plans?	Yes, Head of Nursing, Senior Nurses and Ward Managers are
How does the proposal / decision impact on delivery of the organisation's strategic objectives or ministerial priorities?	Transacting the changes will ensure that the HB meets the strategic objectives of sustainable use of resources, delivering safe sustainable, accessible and kind care whilst putting people at the heart of everything that we do. If the changes are not transacted then the negative impact would be: Steffan - if Steffan would be required to work within its funded establishment then this mean a reduction of 5 beds on the ward Proportion of long days - for those wards where the number of long days worked has increased this would mean that they could in theory roster more hours than required to deploy the roster, for those wards where the number of long days worked has decreased, they would not have the sufficient resource to deploy a roster of early/late shifts.
Is the proposal / decision planned to be temporary or permanent?	Permanent

Has this Quality Impact Assessment been completed in collaboration with the clinical	Yes
	For Steffan: Louisa Standeven, Deputy Head of Nursing, GGH

This tool was developed by the Quality Assurance and Safety Team using ideas from Rotherham, Doncaster and Humber-side NHS Trust QSIA tool and the NHS (Wales) Executive beta tool <https://www.rdash.nhs.uk/wp-content/uploads/2022/10/QSIA-Policy-v1.pdf>

For advice and guidance using this tool, please contact Olwen Morgan, Assistant Director of Nursing, Cathie Steele, Head of Quality and Governance or Caroline Burgin, Patient Safety and Assurance Manager.

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, please list the enabler(s)? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1-5	Impact 1-5	Overall score	Positive	Neutral	Negative		Likelihood 1-5	Impact 1-5	Overall score	
Safe	Does this decision have a positive, neutral or negative impact on ensuring that: a) our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again? b) people's health, safety and welfare are actively promoted and protected? Do the risks that have been identified have a positive, neutral or negative impact on safety?	3	5	15	v			Workforce	2	5	10	Transacting the changes will have a positive impact as "The designated person must calculate the number of nurses appropriate to provide patient-centred care that meets all reasonable requirements in that situation using the triangulated methodology" (Paragraph 9) set out in Section 25C of the Act and further explained in the Statutory Guidance issued in support of the Act. Having the agreed nurse staffing levels (i.e the planned roster and required establishment) will enable the impact of not maintaining the nurses and its impact on any harm suffered by the patient to be considered and reviewed
Timely	Does this decision have a positive, neutral or negative impact on ensuring that: a) people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time? b) we care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority?	3	5	15	v			Workforce	2	5	10	Transacting the changes will have a positive impact as having the right planned roster and required establishment allows teams and the organisation to review and record every occasion when the number of nurses deployed varies from the planned roster and monitor the utilisation of temporary staffing.
Effective	Does this decision have a positive, neutral or negative impact on ensuring that: a) care and treatment reflects evidence-based best practice, and b) people receive the right care to achieve the optimal outcomes possible for them and that matter to them?	3	5	15	v			Workforce	2	5	10	Transacting the changes would have a positive impact as the number of nurses appropriate to provide patient-centred care that meets all reasonable requirements "means taking into consideration the holistic needs of the patient, including social, psychological, spiritual and physical requirements" (paragraph 10)
Efficient	Does this decision have a positive, neutral or negative impact on ensuring that: a) we take a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste? b) the most effective use of resources to achieve best value in an efficient way?	3	5	15	v			Workforce	2	5	10	Transacting the changes would have a positive impact as there would be a reduction in the use of temporary staff (HCSW) on Steffan ward. For the remaining wards having the right required establishments would ensure that teams have sufficient resources to deploy the planned roster that will enable nurses to provide care to patients that meets all reasonable requirements in the relevant situation
Equitable	A full Equality Impact Assessment must be undertaken https://nhs.wales365.sharepoint.com/sites/HDD_HDD_Stategic_Partnerships_Diversity_Inclusion/SitePages/Equality-Impact-Assessments.aspx Does this decision have a positive, neutral or negative impact on ensuring that: a) everyone is provided with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered?	3	5	15	v			Workforce	2	5	10	Has an EQIA screening tool been undertaken? Y No Has a full EQIA been undertaken? No Please provide a summary below: Transacting the changes would have no equality impacts. It would ensure that there is sufficient resource on any ward that the patients are cared for to deploy a planned roster that will enable nurses to provide care to patients that meets all reasonable requirements in the relevant situation

Health & Care Quality Standard	Possible considerations for this standard	Risk Score (current risk before change)			Tick impact			Does this impact link with a Quality Enabler? If yes, please list the enabler(s)? (Leadership, Workforce, Culture, Information, Learning improvement and research, Whole-system perspective)	Risk Score (after proposed change)			Description of impact
		Likelihood 1 - 5	Impact 1 - 5	Overall score	Positive	Neutral	Negative		Likelihood 1 - 5	Impact 1 - 5	Overall score	
Person-centred	Does this decision have a positive, neutral or negative impact on ensuring that: a) people's needs are met and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce? b) people and their families are at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience?	3	5	15	v			Workforce	2	5	10	Tranacting the changes would have a postiive impact as the number of nurses appropriate to provide patient-centred care that meets all reasonable requirements "means taking into consideration the holistic needs of the patient, including social, psychological, spiritual and physical requirements" (paragraph 10)

QIA Panel Use Only

Has the QIA been considered and approved by:	Yes/No	Date
Director of Nursing, Quality and Patient Experience		
Medical Director		
Director of Therapies and Health Science		

Date presented to panel	
Panel decision	
Chair of Panel	
