



PWYLLGOR ADNODDAU CYNALIADWY SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 October 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels (Wales) Act 2016 - Nurse Staffing Levels for Section 25B Wards – Spring 2023 Calculation Cycle - Finance and Workforce Implications
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Humphreys, Head of Nursing, Professional Standards and Regulation

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The overarching duty of the Nurse Staffing Levels (Wales) Act (NSLWA) 2016 is to ensure that Health Boards have robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into force in April 2017.

In April 2018, the remaining Sections of the NSLWA were commenced. These require Health Boards to calculate, and to take all reasonable steps to maintain, the nurse staffing levels in adult medical and surgical wards, using processes that were prescribed within the Act (Section 25B and Section 25C). These sections of the Act were extended to paediatric inpatient wards in October 2021.

One of the reporting requirements the NSLWA statutory guidance should be undertaken within a Health Board is that:

- The Board receives the annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards in November of each year and a written update of the nurse staffing level of each individual ward (to which sections 25B to 25E of the Act pertain) when there is a change of use/service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary. Appendix 1 provides the written update for those wards where there has been a changed nurse staffing level following the spring 2023 nurse staffing calculation cycle.

The Sustainable Resources Committee is asked to note the content of the report, which sets out the changes to the nurse staffing levels following the Spring 2023 Nurse Staffing Calculation Cycle (Appendix 1) and to note the changes transacted by the Core Delivery Group.

The Sustainable Resources Committee is asked to note that the Autumn 2023 nurse staffing calculation cycle is in progress and will be presented to the Board in November 2023 in line with the requirements set out above.

Cefndir / Background

The NSLWA has five sections:

- I. Section 25A of the NSLWA relates to the overarching responsibility placed upon each Health Board, requiring Health Boards and Trusts to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017.
- II. Section 25B requires Health Boards/Trusts to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards. Health Boards/ Trust are also required to inform patients of the nurse staffing level. This is also referred to as (one of) the second duties of the NSLWA. This duty will extend to apply to paediatric in-patient wards from 1st October 2021
- III. Section 25C requires Health Boards/Trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards. These duties came into effect in April 2018. This is referred to as the second duty of the NSLWA. As noted above for Section 25B, this duty will extend to apply to paediatric in-patient wards from 1 October 2021
- IV. Section 25D of the Act required that Welsh Government devised statutory guidance to support the NSLWA. The initial statutory guidance document was issued in 2017 with a revised document issued in February 2021 to reflect the extension of the NSLWA to include paediatric in-patient wards. An operational handbook to support NHS Wales organisations in implementing the NSLWA across adult medical and surgical in-patient wards was issued in March
- V. Section 25E requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for all wards to which Section 25B pertains, any impact upon the quality of care where the nurse staffing level was not maintained and the actions taken in response to this.

The Statutory Guidance (V2, 2021) states that the nurse staffing “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” (paragraph 12, 2021).

Paragraph 11 of the Statutory Guidance (2021) states that “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”.

Asesiad / Assessment

Section 25B Spring 2023 - nurse staffing calculation cycle

The S25B Nurse Staffing Spring 2023 cycle (Appendix 2) provides a written update on the changes that have been made to the nurse staffing levels for wards covered by Section 25B of the Nurse Staffing Levels (Wales) Act 2016 between Autumn 2022 and Spring 2023.

For each inpatient ward (both adult and paediatric) where Section 25B pertains (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.

The Spring 2023 process has included detailed professional discussions with the nursing management structure (Senior Sister/Charge Nurse, Senior Nurse Manager and 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 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 12 months.
- Care quality indicators data for the previous 12 months – consideration has been given to the pressure ulcers and medication errors incidents in all wards as well as patients falls in the adult wards and infiltration/extravasation injuries in the paediatric wards. In addition complaints, serious incidents and safeguarding concerns have also been discussed.
- Ward based initiatives, improvement programmes or action plans for remedial work to specific areas, where concerns have been identified.
- Staffing related metric data – Performance & Development Review (PADR) compliance, mandatory training compliance and sickness.
- National care standards, where they exist.
- Patient flow/activity related data for the previous 12 months.
- Finance/workforce-related data - expenditure/utilisation of permanent/temporary staff.
- The extent to which the planned rosters have been met.

Appendix 2 sets out the financial and workforce implications of the Spring 2023 cycle. It is noted that there was **no change** to the planned roster and required establishment for 13 of the adult medical/surgical wards and one paediatric ward following the Spring 2023 calculation cycle (when compared to the planned rosters/required establishments agreed during the Autumn 2022 calculation cycle). The list of adult wards and the changes to the rosters and/or required establishments are set out in Appendix 1.

In summary: Adult wards:

- For those adults inpatient wards where the uplift requirements is via the nurse staffing funding allocation, there is an additional £41,902 required following this cycle (this is an amended position due to a transcription error in the original calculation document). It is noted that there was a **reduction** of £51,825 following the autumn 2022 cycle (review undertaken September/October 2022 and changes transacted in April 2023) a total reduction of £9,923 across the two calculation cycles.
- The main driver for those wards requiring additional RN and/or HCSW is changes to the service models and these wards require an **additional** £1,285,897; compared to £1,566,969 following the autumn 2022 cycle. The reduction between the autumn 2022

and spring 2023 position is mainly changes to the proportion of long days worked on these wards.

Paediatric wards; the list of paediatric wards and the changes to the rosters and/or required establishments are set out in Appendix 3.

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- For the Paediatric wards, the additional requirements of £393,810 which is currently being met from within the Women and Children Directorate is mainly due to changes to the non-rostered staff.

Argymhelliad / Recommendation

The Sustainable Resources Committee is asked to note the content of the Nurse Staffing Levels for Section 25B Wards – Spring 2023 Calculation Cycle - Finance and Workforce Implications report and to note the changes transacted by the Core Delivery Group.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.5 Conduct detailed scrutiny of all aspects of financial performance, the financial implications of significant revenue (all those over £1million requiring Board approval), business cases, projects, and proposed investment decisions on behalf of the Board. 3.12 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	2. Culture and valuing people 3. Data to knowledge
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 3. Effective 4. Efficient 6. Person-Centred
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	1a Recruitment plan 2a Staff health and wellbeing 2c Workforce and OD strategy

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the Nurse Staffing Levels (Wales) Act work has been articulated through the working papers of the All Wales Nurse Staffing Group which oversees the nurse staffing programme of work on behalf of the Chief Nursing Officer for Wales and the Executive Nurse Directors.
Rhestr Termiau: Glossary of Terms:	NSLWA – Nursing Staffing Levels (Wales) Act 2016
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Executive Team, July 2023 QSEC, August 2023

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are financial and workforce implications associated with the outcome of the work described in this paper and relate to the ability to finance both registrants and (a range of) Support Workers required (appendix 4).
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
Gweithlu: Workforce:	This paper relates to adjustments to the staffing levels which have been calculated as being required across many of the acute adult medical/surgical wards and the inpatient paediatric wards of HDdUHB with pages 3-5 showing the change in WTE establishments required (appendix 4).
Risg: Risk:	There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the planning cycle of the Health Board. The risks relate to the ability to both

	finance and recruit a sufficient workforce of both registrants and (a range of) Support Workers.
Cyfreithiol: Legal:	<p>The Board and the Designated Person i.e. the Director of Nursing, Quality & Patient Experience have duties under the Act to calculate and maintain the nurse staffing levels on S25B wards.</p> <p>In addition, Paragraph 11 of the Statutory Guidance (2021) states “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>
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 EqIA impacts identified.

Presentation of the Nurse Staffing Levels for Section 25B wards

Health Board/Trust:	Hywel Dda UHB		
Date of annual presentation of Nurse Staffing Levels to Board			
Period being reported on:	This report covers the changes that have been made to the nurse staffing levels for wards covered by Section 25B of the Nurse Staffing Levels (Wales) Act 2016 between Autumn 2022 and Spring 2023		
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 Section 25B of the NSLWA between the Autumn 2022 and Spring 2023.		
	Adult acute <u>Medical</u> inpatient wards	Adult acute <u>Surgical</u> inpatient wards	Paediatric inpatient wards
	23	12	2
	Please note the following: <ul style="list-style-type: none">One surgical ward (Ward 6, PPH) was re-purposed as a medical ward for the period December 2022-January 2023 so is included in the numbers for both the adult acute medical inpatient wards and adult acute surgical inpatient wards above.One surgical ward (Preseli ward in Glangwili General Hospital) has been closed for most of 2022/23 reopened on the 8th March 2023) and has been included in the Spring 2023 calculation cycle.The two paediatric wards include the nurse staffing levels for the co-located PACU.		
Using the triangulated approach to calculate the nurse staffing level on section 25B wards	For each inpatient ward (both adult and paediatric) where Section 25B pertains (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. The Spring 2023 process has included detailed professional discussions with the nursing management structure (Senior Sister/Charge Nurse, Senior Nurse Manager and 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 establishment. The core information discussed included: <ul style="list-style-type: none">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 12 months.Care quality indicators data for the previous 12 months – consideration has been given to the pressure ulcers and medication errors incidents in all wards as well as patients falls in the adult wards and infiltration/extravasation injuries in the paediatric wards. In addition complaints, serious incidents and safeguarding concerns have also been discussed.Ward based initiatives, improvement programmes or action plans for remedial work to specific areas, where concerns have been identified.		

	<ul style="list-style-type: none"> • Staffing related metric data – Performance & Development Review (PADR) compliance, mandatory training compliance and sickness. • National care standards, where they exist. • Patient flow/activity related data for the previous 12 months. • Finance/workforce-related data - expenditure/utilisation of permanent/temporary staff. • The extent to which the planned rosters have been met. <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 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 the 4th April 2023 to the 18th May 2023 (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 2023 nurse staffing calculation cycle.</p>
Name of Designated Person:	Mandy Rayani, 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 Section 25B 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. The conclusions of the Spring 2023 calculation cycle are set out in this report; the following update is provided to the Use of Resources group/Executive Team/Board on the Workforce and Financial implications, which if accepted, will then be transacted into the Workforce Roster system and Financial budgets.</p> <p>It is noted that there was no change to the planned roster and required establishment for 13 of the adult medical/surgical wards and one paediatric ward following the Spring 2023 calculation cycle (when compared to the planned rosters/required establishments agree during the Autumn 2022 calculation cycle).</p> <p>Uplift requirements via the nurse staffing funding allocation: The Spring 2023 calculation cycle has identified the following uplift requirements, financial and workforce: Table 1 includes the establishment required to deliver the roster as well the required establishment for non-rostered staff who support the delivery of care e.g. supervisory ward manager, frailty/rehabilitation support workers, ward clerks.</p>
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Table 1: breakdown of uplift requirements

	Additional requirements £		Additional RN £	Additional HCSW & Other £		Additional RN WTE	Additional HCSW & Other WTE
1. Adult inpatient wards	41,902		(583,670)	625,572		(14.11)	18.43
2. Paediatric inpatient wards	393,810		(65,580)	459,390		(1.98)	12.78

- The funding of the additional requirements for the adult inpatient wards is as per the principles agreed via the Use of Resources Group. It is noted that the requirements for the adult inpatient wards following the Spring 2023 calculation cycle is **an additional £41,902** and includes the following:
 - Changes to the skill mix, for example, inclusion of an Assistant Practitioner Role (Band 4) and a reduction in the Registered Nurse number on duty.
 - A change in the roster on one ward i.e. an additional HCSW on a twilight shift due to concerns regarding the ward's quality indicators.
 - £79,757 following the reopening of Preseli Ward and the revised calculation of the nurse staffing levels for Cleddau as 17 beds and Preseli as 15 beds.
 - Changes to the required establishment for 13 wards due to changes to the proportion of long day shift pattern being worked (see note below) with some wards seeing an increase in the proportion of staff working long days whilst others have seen a decrease.
- The funding of additional requirements of £393,810 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 via the Use of Resources Group.

It is noted that the above additional requirements **does not** included:

- Any additional requirements identified as part of service model changes which applied to six wards (see the section on page 4 for a summary of these wards and see appendix 2 - analysis of S25B adult wards and appendix 3 –analysis of S25B paediatric wards v1 spreadsheet for further detail). It is noted that the finance figures within this paper are based on bottom of scale for each grade whilst the finance information in appendix 2 and appendix 3 are based on the average and therefore the information is slightly different.

As the staffing requirements for the above are due to a service change; the financial impact of which is **£1,285,897** the expectation is that the budgets required won't be met via the Nurse Staffing Funding allocation but will be funded via a separate funding source or Directorates will need to submit a separate business case (see the section on page 4 for more detail).

For the wards included under the adult medical and surgical wards and paediatric wards lines in Table 1, the Spring 2023 calculation cycle has identified the following uplift requirements by reason (See appendix 2 and appendix 3 for further detail):

Table 2: Uplift requirements by reason (these include some uplift requirements for some wards following the spring cycle which had not been applied).

	RN uplift required (WTE)	HCSW uplift required (WTE)	Total Cost
Changes to skill mix	(1.10)	1.35	£4,078
Change to the proportion of long day shift pattern worked	(4.78)	15.14	£311,117
Paediatric Inpatient Ward	(1.98)	12.78	£393,810
Other	(8.23)	(3.51)	(£455,551)
Total	(16.09)	25.76	£253,454

As previously mentioned, the workforce data relating to the proportion of staff working the 'long day' shift pattern is reviewed each calculation cycle as this impacts on the total establishment required against the planned roster. The WTE/budget establishment requirements for RN and/or HCSW has, therefore, been amended for 13 wards following the spring 2023 cycle (the same number as the previous cycle). This reflect a decrease in the number of substantive staff working the 'long day' shift pattern on some wards whilst on other wards the number of substantive staff working the 'long day' shift pattern has increased. It should be noted that the financing arrangements for the nurse staffing establishments must remain flexible enough to be able to respond to this ever changing position as the balance between 'long day' and the more traditional 'early/late' shift pattern being worked is dependent on what our substantive staff choose to work.

The Spring 2023 calculation cycle has identified the following uplift requirements by site/directorate for those wards requiring a budget adjustment:

Table 3: uplift requirements by site/directorate for those wards requiring a budget adjustment.

	Pre review WTE	Post review WTE	RN uplift required (WTE)	HCSW & other uplift required (WTE)	Total Cost
Adult medical and surgical inpatient wards (BGH)	205.79	208.97	(0.70)	4.60	£127,516
Adult medical and surgical inpatient wards (GGH)	352.66	352.73	(9.29)	9.36	(£62,872)
Adult medical and surgical inpatient wards (PPH)	305.20	302.94	(1.45)	(0.81)	(£86,081)
Adult medical and surgical inpatient wards (WGH)+	306.31	307.55	(2.74)	3.99	£66,954
Paediatric inpatient wards*	93.53	104.33	(1.98)	12.78	393,810

+ The WGH position presented in this paper is an updated position due to a transcription error in the original report.

*It is noted that the uplift requirements required for the paediatric inpatient wards is currently being met from within the Women and Children Directorate and the nurse staffing calculation for the paediatric wards above includes the additional requirements for the

paediatric ambulatory care units co-located on both paediatric inpatient wards. The uplift requirements for the paediatric inpatient wards is NOT included in the £41,902 which is the requirements for the adult inpatient wards only. The funding of additional requirements of £393,810 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 via the Use of Resources Group.

Additional requirements identified as part of service model changes

As noted above, the Spring 2023 review has identified changes in staff requirements which have not resulted in a request to amend rosters and budgets via the Nurse Staffing Funding allocation. The expectation is that budgets will be allocated via a separate funding source or Directorates will submit a separate business case as the staffing requirements are due to a service change. These are summarised below (see Appendix 2 for further detail):-

Table 4: Uplift requirement identified with no budget adjustment					
	Pre review WTE	Post Review WTE	RN Change WTE	HCSW / Other Change WTE	Total Cost £
Service Model Changes - Alternative funding source (Enhanced Care Units)	19.98	29.26	4.50	4.78	389,799
Service Model Changes - Separate Business Case Process	142.59	167.09	8.66	15.77	896,098
Total	162.57	196.35	13.16	20.55	1,285,897

The specific wards included in the above are:

- Padarn ward – changes to the roster required due to changes to the NIV pathway requiring an additional 2.72 WTE RN and 3.72 WTE HCSW
- Ward 7, WGH – changes to the roster required due to changes to the NIV pathway requiring an additional 2.72 WTE RN – the WGH Triumvirate team are currently having discussions around the funding of the additional requirements for this ward.
- Y Banwy, BGH - changes to the roster required due to changes to the NIV pathway requiring an additional 3.61 WTE HCSW
- Dewi Ward, GGH – the funded establishment is for a rehab/reablement ward and the ward is currently operating as a medical ward which requires an additional 3.21WTE RN and 8.28 WTE Band 2.
- £389,799 is required to fund the additional requirements of the enhanced care units; with BGH requiring a total of £403,374, WGH minus £13,431) and PPH minus £143). The units were set up to as part of the Critical Care Recovery Plan to facilitate enhanced care pathways to deliver an optimal elective surgical pathway for patients as well as improve the appropriate utilisation of critical care level 3 and level 2 resources. Funding for the WGH and PPH units came from the critical care recovery monies but no funding was allocated to the BGH unit.
- Picton, GGH – change to the roster required as changes to the emergency gynaecology pathway – prior to covid there was an emergency gynaecology pathway in WGH, BGH and GGH. During covid there was a temporary change to the pathway and all the patients were directed to GGH. This change has now become a permanent change and required 6 hours of HCSW x7 days a week.

Surged beds: it is noted that the nurse staffing levels set out in this paper are based on the commissioned beds numbers for the wards and don't reflect the additional requirements for wards which have 'surged' beds. There are currently seven wards (four on one site) who operate above their commissioned bed numbers for significant periods of time (the number of beds range from 2 to 6 beds). Whilst recognising the reasons why the additional beds are needed, having these unfunded beds open poses significant

	challenges for the teams as they are reliant on the availability of temporary staff to both meet their planned roster and the roster required for the additional beds. An additional 20.72 WTE RN and 18.63 WTE Band 2 HCSW are required to staff the 27/28 surged beds in use across the seven wards (this WTE does not include the 26.9% uplift as this would not be required). The WTE with the 26.9% uplift included would be 26.29 WTE RN and 23.69 WTE HCSW.
Conclusion & recommendations	<p>The conclusions of the Spring 2023 cycle are:</p> <ul style="list-style-type: none"> • Adult wards: <ul style="list-style-type: none"> ✓ For those adults inpatient wards where the uplift requirements is via the nurse staffing funding allocation, there is an additional £41,902 required following this cycle. ✓ The main driver for those wards requiring additional RN and/or HCSW is changes to the service models and these wards require an additional £1,285,897; compared to £1,566,969 following the autumn 2022 cycle. The reduction between the autumn 2022 and spring 2023 position is mainly changes to the proportion of long days worked on these wards. • Paediatric wards: <ul style="list-style-type: none"> ✓ For the Paediatric wards, the additional requirements of £393,810 which is currently being met from within the Women and Children Directorate is mainly due to changes to the non-rostered staff.

Date summary presented to Use of Resources Group	June 2023
Date summary presented to QSEC	August 2023
Date of annual presentation to the Board	NA

Appendix 1:

Please note the following:

- The Band 7 Senior Sister/Charge Nurse is supernumerary to the planned roster unless stated otherwise.
- The required Establishment set out below (both for the Autumn 2022 and Spring 2023 calculation cycles) is excluding the supernumerary Band 7 & any non-rostered staff that support the roster e.g. frailty workers, rehab support workers, ward admin) and is the required establishment to deliver the planned roster.

Ward	Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		Planned Roster agreed Spring 2023 calculation cycle				Required Establishment for the planned roster spring 2023		Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of the biannual calculation cycle, and reasons for any changes made	Date of discussion with designated person
		RN	Band 4	HCSW	RN WTE	HCSW WTE Including Band 2-4		RN	Band 4	HCSW	RN WTE	HCSW WTE Including Band 2-4	Completed	changed	rationale		
WOMEN AND CHILDREN – PAEDIATRIC WARDS																	
Cilgerran/ HDU GGH	E				35.02 (including 10.9 Band 6) +10.9 for PACU (including 5.45 Band 6)	10.12 + 8.17 for PACU	E				35.41 (including 10.9 Band 6) +10.9 for PACU (including 5.45 Band 6)	10.12 +8.17 for PACU	yes	yes	additional Rn on Friday	Yes	17.4.23
	L						L										
	LD	7 M-F 6		2			LD	7M-W 8 T&F 6S&S		2							
	TW						TW										
	N	6		2 M-F			N	6		2							
Angharad Ward, BGH	E						E				11.37 (including 5.69 WTE Band 6)	4.26	yes	no	no change	NA	17.4.23
	L						L										
	LD						LD	2		1							
	TW						TW										

	N							N	2		1								
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E = Early shift				L= Late shift				LD – Long day				TW = Twilight shift				N= night shift			
The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation cycle (autumn 2022 cycle)																			
The ward highlighted in green is a ward’s who’s primary function has change and the ward is now deemed to be a S25B ward																			
The ward highlighted in grey is a ward’s who’s primary function has changed and the ward is NOT deemed to be a S25B ward																			
Ward	Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		Planned Roster agreed Spring 2023 calculation cycle				Required Establishment for the planned roster Spring 2023		Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of the biannual calculation cycle, and reasons for any changes made	Date of discussion with designated person		
		RN	Band 4	HCSW	RN WTE	HCSW WTE Including Band 2-4		RN	Band 4	HCSW	RN WTE	HCSW WTE Including Band 2-4	Completed	changed	rationale				
Dyfi BGH Medical	E	3		1	32.22	19.9	E	2		2	31.51	20.61	YES	YES	Change in proportion of long days (HCSW LD reduced, RN increased). 1 WTE Band 4 (funded by site)	No	27.04.2023		
	L	3		1			L	2		2									
	LD	3		3			LD	4		3									
	TW						TW												
	N	5		3			N	5		3									
Ceredig BGH Surgery	E	1		1	21.67	19.9	E	1		2	21.67	22.39	YES	YES	additional HCSW on twilight (1.78 WTE)(QI Data) change in proportion of Long days RN increased, HCSW decreased). 3rd Band 6 (funded by the site)	No	27.04.2023		
	L	2		1			L	2		2									
	LD	3		3			LD	3		2									
	TW						TW			1									
	N	3		3			N	3		3									
Meurig BGH Medical	E	1		1	14.45	11.61	E	1		1	14.45	11.61	YES	NO	consideration given to an additional twilight shift (QI	No	27.04.2023		
	L	1		1			L	1		1									

	LD	2		1			LD	2		1					Data) but insufficient evidence to support the request		
	TW						TW										
	N	2		2			N	2		2							
Rhiannon BGH Surgery	E	1		0	11.61+ 4.77 for PACU	10.9 + 4.77 for PACU	E	1		1	11.61+ 4.77 for PACU	11.61 + 4.77 for PACU	YES	YES	Change in proportion of long days (HCSW LD reduced)	No	27.04.2023
	L	1		0			L	1		1							
	LD	1		2			LD	1		1							
	TW						TW										
	N	2		2			N	2		2							
Ytwyth BGH Medical	E	2		1	20.61	18.83	E	2		1	20.61	18.83	YES	NO	no change	No	27.04.2023
	LD	2		1			LD	2		1							
	TW			1			TW			1							
	N	3		3			N	3		3							
Y Banwy BGH Medical	E	1		1	11.61	11.61	E	1		1	11.61	11.61	YES	NO	no change - Service change	No	27.04.2023
	L	1		1			L	1		1							
	LD	1		1			LD	1		1							
	TW						TW										
	N	2		2			N	2		2							
Cadog GGH Medical	E	1		2	11.73	23.45	E	1		2	11.73	23.45	YES	NO	no change	No	11.04.2023
	L	1		2			L	1		2							
	LD	1	1	2			LD	1	1	2							
	TW						TW										
	N	2		3			N	2		3							
Dewi GGH Medical	E	2		2	15.28	20.73	E	1		1	14.45	19.9	YES	YES	Service Change - Change in proportion of long days (HCSW & RN LD increased)	No	11.4.2023 (Assistant Director of Nursing on behalf of the designated person)
	L	2		2			L	1		1							
	LD	1		2			LD	2		3							
	TW						TW										
	N	2		3			N	2		3							
Gwenllian GGH Medical	E	1		1	19.3	19.9	E	1		1	17.17	22.62	YES	YES	Proposed change Band 4 AP role and a reduction in RN in the day	No	11.4.2023 (Assistant Director of Nursing on behalf of the designated person)
	L	1		1			L	1		1							
	LD	3		3			LD	2	1	3							
	TW						TW										
	N	3		3			N	3		3							

Padarn GGH Medical	E	2		1	18	17.17	E	1		1	17.17	17.17	YES	YES	Service change. Change in proportion of long days (RN LD increased)	No	11.4.2023 (Assistant Director of Nursing on behalf of the designated person)
	LD	1		2			LD	2		2							
	TW						TW										
Steffan GGH Medical	N	3		3	14.45	16.4	N	3		3	14.45	16.4	YES	NO	no change	No	11.4.2023 (Assistant Director of Nursing on behalf of the designated person)
	E			1			E	1		1							
	L			1			L	1		1							
	LD			3 M-F 2S-S			LD	2		3							
	TW						TW										
	N			2			N	2		2							
Towy GGH Medical	E	1		1	14.45	19.9	E	1		1	14.45	19.9	YES	NO	no change	No	11.4.2023
	L	1		1			L	1		1							
	LD	2		3			LD	2		3							
	TW						TW										
	N	2		3			N	2		3							
Teifi GGH Surgery	E			1	23.45	33.52	E	2		2	23.45	34.35	YES	YES	Change in proportion of long days (HCSW LD reduced)	No	14.04.2023
	L			1			L	2		2							
	LD		1	5			LD	2	1	4							
	TW						TW										
	N			5			N	4		5							
Cleddau GGH Surgery	E	1	1	1	12.67	18	E	1	1	1	12.67	18	YES	NO		No	14.04.2023
	L		1	1			L		1	1							
	LD	2		2			LD	2		2							
	TW						TW										
	N	2		2			N	2		1							
Derwen GGH Surgery	E	1		1	17.17	19.9	E	1		1	17.17 + additional 0.4 WTE Band 6 temporary	19.9	YES	YES	additional 0.4 WTE Band 6 for 3 months	No	14.04.2023
	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	1		1	14.45	11.73	E	1		1	14.45	11.73	YES	NO	no change	No	14.04.2023
	L	1		1			L	1		1							
	LD	2		1			LD	2		1							
	TW						TW										
	N	2		2			N	2		2							
Preseli GGH Surgery	E				ward closed		E	1	1	1	11.73	15.72	YES	NO	re opened March 2023	No	14.04.2023
	L						L	1		1							
	LD						LD	1		2							
	TW						TW										
	N						N	2		2							
Picton GGH Surgery	E	0		0	11.15	8.37	E	1		1 +(1x 9-5 Thu)	11.98	7.9	YES	YES	Service change - HCSW on ND changed to 6 hours twilight (temp review in the autumn) due to change in gynae emergency pathway/change in proportion of LD (HCSW & RN) 1.42 WTE temporary change cost pressure for the service	No	18.05.2023
	L	0		0			L	1		1							
	LD	2		2			LD	1		1							
	TW						TW	1x 9-5 Thu		1							
	N	2		1			N	2		0							
Ward 1 PPH Medical	E	2		2	18.95	18	E	2		1	18.95	17.17	YES	YES	Change in proportion of long days (HCSW LD increased)	No	18.04.2023
	L	1		2			L	2		1							
	LD	2		1			LD	2		2							
	TW						TW										
	N	3		3			N	3		3							
Ward 3 PPH Medical	E	2		3	18	21.56	E	2		2	18	20.73	YES	YES	Change in proportion of long days (HCSW LD increased)	No	18.04.2023
	L	2		3			L	2		2							
	LD	1		1			LD	1		2							
	TW						TW										
	N	3		3			N	3		3							
Ward 4 PPH Medical	E	2		2	26.18	18	E	2		2	26.18	18	YES	NO	no change	No	18.04.2023
	L	2		2			L	2		2							
	LD	3		1			LD	3		1							
	TW						TW										
	N	4		3			N	4		3							

Ward 5 PPH Medical	E	2	1 M-F	2	20.73	27.44	E	2	1 m-f	2	20.73	27.44	YES	NO	no change	No	18.04.2023
	L	2		2			L	2		2							
	LD	2		3			LD	2		3							
	TW						TW										
	N	3		4			N	3		4							
Ward 6 PPH Surgery	E	2	1	1	16.21	14.16	E	1	1 m-f	2	15.62	14.99	YES	YES	Change in proportion of long days (RN & HCSW LD increased)	No	17.04.2023 (Assistant Director of Nursing on behalf of the designated person)
	L	2		1			L	1		2							
	LD	1		2			LD	2		1 M-F							
	TW						TW										
	N	3		2			N	3 N-F 2S-S		2 M-F 1 S-S							
Ward 7 PPH Surgery	E	1	1M-F	1	14.45 + 10.9 for ECU	16.55	E	1	1 M-F	1	14.45 +10.0- for ERC	15.72	YES	YES	Change in proportion of long days (HCSW LD increased)	No	17.04.2023 (Assistant Director of Nursing on behalf of the designated person)
	L	1		1			L	1		1							
	LD	2		2			LD	2		2							
	TW						TW										
	N	2		2			N	2		2							
Ward 9 PPH Medical	E	2		3	20.73	28.9	E	2		3	20.73	28.9	YES	NO	no change	No	17.04.2023 (Assistant Director of Nursing on behalf of the designated person)
	L	2		1			L	2		1							
	LD	2	1	3			LD	2	1	3							
	TW						TW										
	N	3		4			N	3		4							
Ward 1 WGH Surgery	E	2		1	18	19.9	E	1		1	17.17	19.9	YES	YES	Change in proportion of long days (RN increased)	No	06.04.2023
	L	2		1			L	1		1							
	LD	1		3			LD	2		3							
	TW						TW										
	N	3		3			N	3		3							
Ward 4 WGH Surgery	E	2		2	18	20.73	E	1		3	17.17	21.56	YES	YES	Change in proportion of long days (HCSW LD reduced) (RN increased)	No	06.04.2023
	L	2		2			L	1		3							
	LD	1		2			LD	2		1							
	TW						TW										

	N	3		3			N	3		3							
Ward 9 WGH Surgery It is noted that the ward is currently closed with no confirmed date to reopen	E	1		1	11.73 + 4.01 for ECU	9.0 + 4.01 for ECU	E								CLOSED		
	L	1		1			L										
	LD	1					LD										
	TW						TW										
	N	2		2			N										
Ward 7 WGH Medical	E	2		2	20.73	20.73	E	1		1	19.9	19.9	YES	YES	Service change. Change in proportion of long days (HCSW LD increased) (RN decreased)	No	18.05.2023
	L	2		2			L	1		1							
	LD	2		2			LD	3		3							
	TW						TW										
	N	3		3			N	3		3							
Ward 8/CCU WGH Medical	E	3		1	32.71	17.17	E	3		1	32.45	17.17	YES	NO	no change	No	18.05.2023
	L	3		1			L	3		1							
	LD	3		2			LD	3		2							
	TW						TW										
	N	5		3			N	5		3							
Ward 10 WGH Medical	E	1		1	11.73	21.72	E	1		2	11.73	20.73	YES	YES	change in proportion of long days (HCSW reduced)	No	11.04.2023
	L	1		1			L	1		2							
	LD	1	1	2			LD	1	1	1							
	TW						TW										
	N	2		3			N	2		3							
Ward 11 WGH Medical	E	2		2	18	15.28	E	1		2	17.17	15.28	YES	YES	Change in proportion of long days (RN increased)	No	3.04.2023
	L	2		2			L	1		2							
	LD	1		1			LD	2		1							
	TW						TW										
	N	3		2			N	3		2							
Ward 12 WGH Medical	E	1		1	11.73	17.17	E	1		1	11.73	17.17	YES	NO	no change to commissioned 16 beds	No	3.04.2023
	L	1		1			L	1		1							
	LD	1		2			LD	1		2							
	TW						TW										
	N	2		3			N	2		3							
Ward 3 WGH Medical	E	1		1	17.17	19.9	E	1		1	17.17	19.9	YES	NO	no change	No	3.04.2023
	L	1		1			L	1		1							

	LD	2		3			LD	2		3							
	TW						TW										
	N	3		3			N	3		3							
ACDU WGH S25B ward from December 2021- September 2022	E	NA	NA	NA	NA	NA	E										
	L	NA	NA	NA			L										
	LD	NA	NA	NA			LD										
	TW	NA	NA	NA			TW										
	N	NA	NA	NA			N										

				Nurse Staffing Act Impact from Patient Acuity Levels																				
				Established Resource Pre Review						Established Resource Post Review						Increase or (Decrease) following Review								
				WTE			£'s			Avg	WTE			£'s			Avg	WTE			£'s			
Directorate	Ward/Dept.	CC	Core Beds	RN	HCSW/ Others	Total	RN	HCSW/ Others	Total	Patient Acuity	RN	HCSW / Others	Total	RN	HCSW / Others	Total	Patie nt	RN	HCSW / Others	Total	RN	HCSW / Others	Estimated Total	Rational
Glangwili																								
	Cadog GGH	1514	20	11.06	29.45	40.51	500,266	1,005,423	1,505,689		12.73	27.45	40.18	575,603	937,181	1,512,784		1.67	-2.00	-0.33	75,337	-68,242	7,095	Changes to skill mix of staff
	Gwenllian GGH	0129	20	20.90	23.89	44.79	945,255	815,605	1,760,859		18.17	26.62	44.80	822,037	908,876	1,730,914		-2.72	2.73	0.01	-123,217	93,272	-29,946	Changes to skill mix of staff
	Steffan GGH	0068	18	15.45	17.61	33.06	698,820	601,205	1,300,025		15.45	17.40	32.85	698,820	593,882	1,292,702		0.00	-0.21	-0.21	0	-7,324	-7,324	Changes to skill mix of staff
	Teifi	0019	30	24.45	38.52	62.97	1,105,922	1,315,073	2,420,995		24.45	39.35	63.80	1,105,922	1,343,409	2,449,331		0.00	0.83	0.83	0	28,336	28,336	Changes to proportion of long days
	Picton	0193	11	13.9	7.19	21.09	628,725	245,467	874,191		13.98	8.48	22.46	632,343	289,507	921,851		0.08	1.29	1.37	3,619	44,041	47,659	Changes to skill mix of staff
	Cleddau (Core)	0002	17	13.67	10.83	24.50	618,461	369,754	988,215		13.67	19.40	33.08	618,461	652,372	1,270,833		0.00	8.57	8.57	0	282,618	282,618	Changes to proportion of long days
	Derwen	0003	25	18.18	23.89	42.07	822,318	815,734	1,638,052		18.17	23.90	42.07	822,037	815,875	1,637,912		-0.01	0.00	0.00	-280	141	-140	Other
	Preseli	0001	0	20.95	17.28	38.23	947,610	589,939	1,537,550		12.73	16.72	29.44	575,603	570,776	1,146,378		-8.22	-0.56	-8.79	-372,008	-19,163	-391,171	re opened March 2023
Sub-total				138.56	168.66	307.23	6,267,377	5,758,200	12,025,577		129.35	179.32	308.67	5,850,826	6,111,879	11,962,705		-9.21	10.65	1.44	-416,551	353,679	-62,872	
Bronglais																								
	Rhiannon	1432	14	12.61	12.80	25.41	570,245	436,992	1,007,237		12.61	13.51	26.11	570,245	461,133	1,031,378		0.00	0.71	0.71	0	24,141	24,141	Changes to proportion of long days
	Ceredig	0558	28	22.67	25.69	48.36	1,025,409	877,057	1,902,466		22.67	28.89	51.56	1,015,114	998,423	2,013,537		0.00	3.20	3.20	-10,296	121,367	111,071	Changes to proportion of long days
	Dyfi	0520	28	34.21	22.96	57.17	1,547,387	783,854	2,331,241		33.51	23.67	57.17	1,515,500	808,045	2,323,545		-0.70	0.71	0.00	-31,887	24,190	-7,697	Changes to proportion of long days
Sub-total				69.49	61.45	130.94	3,143,041	2,097,903	5,240,944		68.79	66.06	134.85	3,100,859	2,267,601	5,368,460		-0.70	4.61	3.91	-42,182	169,698	127,516	
Withybush																								
	Ward 4 WGH	0673	24	19.00	22.93	41.93	859,408	782,830	1,642,238		18.17	23.16	41.33	835,764	790,549	1,626,313		-0.83	0.23	-0.60	-23,644	7,718	-15,925	Changes to proportion of long days
	Ward 10 WGH	0694	16	12.98	20.89	33.87	587,111	713,185	1,300,296		12.73	21.73	34.45	575,603	741,760	1,317,362		-0.25	0.84	0.58	-11,509	28,575	17,066	Changes to proportion of long days
	CCU & Ward 8 WGH	0680	26	33.45	18.57	52.02	1,513,010	633,980	2,146,990		33.45	18.37	51.83	1,513,126	627,282	2,140,408		0.00	-0.20	-0.19	116	-6,698	-6,582	Changes to skill mix of staff
	Ward 12 WGH	0683	16	12.73	21.17	33.90	575,803	722,744	1,298,547		12.73	21.17	33.90	575,603	763,928	1,339,530		0.00	0.00	0.00	-201	41,184	40,983	Other - commissioned beds 16
	Ward 3 WGH	1725	24	18.18	20.90	39.08	822,318	713,526	1,535,844		18.17	21.70	39.87	822,037	740,767	1,562,804		-0.01	0.80	0.79	-280	27,241	26,961	Changes to skill mix of staff
	Ward 1 WGH (Orthopae	0662	24	19.00	25.70	44.70	859,408	877,398	1,736,806		18.17	24.70	42.87	822,037	843,187	1,665,224		-0.83	-1.00	-1.83	-37,371	-34,211	-71,582	Changes to proportion of long days
	Ward 9 WGH	0674	11	12.73	10.40	23.13	575,603	355,056	930,659		12.73	13.13	25.85	575,603	448,107	1,023,709		0.00	2.73	2.73	0	93,051	93,051	Other - re-opening - roster 14 beds
	Ward 11 WGH	0682	14	19.00	18.68	37.68	859,538	637,693	1,497,231		18.17	19.28	37.45	822,037	658,177	1,480,214		-0.83	0.60	-0.23	-37,501	20,484	-17,017	Changes to proportion of long days
Sub-total				147.07	159.24	306.31	6,652,200	5,436,411	12,088,611		144.32	163.23	307.55	6,541,810	5,613,755	12,155,565		-2.74	3.99	1.24	-110,390	177,344	66,954	
Prince Phillip																								
	Ward 1 PPH	0090	21	19.95	22.00	41.95	902,378	751,080	1,653,458		19.95	21.17	41.12	902,396	722,874	1,625,270		0.00	-0.83	-0.83	18	-28,206	-28,188	Changes to proportion of long days
	Ward 3 PPH	0088	21	19.00	25.56	44.56	859,408	872,618	1,732,026		19.00	24.73	43.73	859,538	844,180	1,703,718		0.00	-0.83	-0.83	130	-28,439	-28,308	Changes to proportion of long days
	Ward 4 PPH (24 beds) &	0091	24	27.01	19.53	46.54	1,221,716	666,754	1,888,471		27.18	19.53	46.71	1,229,190	666,853	1,896,043		0.17	0.00	0.17	7,474	98	7,572	Changes to skill mix of staff
	Ward 5 PPH	0093	26	21.92	28.44	50.36	991,485	970,942	1,962,427		21.73	28.44	50.17	982,756	971,086	1,953,842		-0.19	0.00	-0.19	-8,730	145	-8,585	Changes to skill mix of staff
	Ward 6 Ortho	0043	21	17.21	16.15	33.36	778,443	551,327	1,329,770		16.62	16.99	33.61	751,627	580,077	1,331,704		-0.59	0.84	0.25	-26,815	28,750	1,935	Changes to proportion of long days
	Ward 7	0039	21	16.28	17.52	33.80	736,377	598,133	1,334,510		15.45	17.52	32.97	698,820	605,184	1,304,004		-0.83	0.00	-0.83	-37,557	7,051	-30,506	Changes to proportion of long days
Sub-total				121.37	129.20	250.57	5,489,808	4,410,854	9,900,662		119.92	128.39	248.31	5,424,328	4,390,253	9,814,581		-1.45	-0.81	-2.26	-65,480	-20,601	-86,081	
TOTAL				476.49	518.55	995.04	21,552,426	17,703,368	39,255,794		462.38	536.99	999.38	20,917,824	18,383,488	39,301,311		-14.10	18.44	4.34	-634,602	680,120	45,517	

					Nurse Staffing Act Impact from Patient Acuity Levels													
					Established Resource Pre Review			Established Resource Post Review			Increase or (Decrease) following Review							
					WTE			Avg Patient Acuity Level	WTE			Avg Patient Acuity Level	WTE			£'s		
	Directorate	Ward/Dept.	CC	Core Beds	RN	HCSW/ Others	Total		RN	HCSW / Others	Total		RN	HCSW / Others	Total	RN	HCSW / Others	Total
Sub-heading																		
NO CHANGE																		
	Unscheduled	Towy GGH	0064	20	15.45	20.90	36.35		15.45	20.90	36.35		0.00	0.00	0.00	0	0	0
	Scheduled - Sur	Merlin	0022	17	15.45	14.73	30.18		15.45	14.73	30.18		0.00	0.00	0.00	0	0	0
	Unscheduled	Meurig BGH	0521	14	15.45	13.01	28.46		15.45	13.01	28.46		0.00	0.00	0.00	0	0	0
	Unscheduled	Ystwyth BGH	0523	18	21.61	24.78	46.39		21.61	24.78	46.39		0.00	0.00	0.00	0	0	0
	Unscheduled	Ward 7 - ERU	0039	0	10.90	0.00	10.90		10.90	0.00	10.90		0.00	0.00	0.00	0	0	0
	Unscheduled	Ward 9 PPH	0155	29	21.73	32.90	54.63		21.73	32.90	54.63		0.00	0.00	0.00	0	0	0
Sub-total					100.59	106.31	206.90		100.59	106.31	206.90		0.00	0.00	0.00	0	0	0
SEPARATE FUNDING (ENHANCED RECOVERY UNITS).																		
	Scheduled	Ward 7 - PPH - ERU	0039	0	5.45	5.45	10.90		5.45	5.45	10.90		0.00	0.00	0.00	0	0	0
	scheduled	Ward 9 WGH - ERU	0674	11	4.28	4.80	9.08		4.01	4.81	8.82		-0.27	0.01	-0.26	-12,213	341	-11,871
	Unscheduled	Rhiannon BGH - ERU	1432	3	0.00	0.00	0.00		4.77	4.77	9.54		4.77	4.77	9.54	215,757	162,848	378,604
Sub-total					9.73	10.25	19.98		14.23	15.03	29.26		4.50	4.78	9.28	203,544	163,189	366,733
Subject to separate business case process. Change in service																		
		Padarn GGH	0065	15	15.45	15.45	30.90		18.17	19.17	37.35		2.72	3.72	6.45	123,217	127,141	250,359
		Picton	0193	11	13.9	7.19	21.09		13.90	8.61	22.51		0.00	1.42	1.42	0	48,479	48,479
		Dewi (core) - CERI	0071	20	12.24	15.62	27.86		15.45	23.90	39.35		3.21	8.28	11.49	145,180	282,608	427,788
		Y Banwy (12 bed ward)	1505	12	12.61	9.40	22.01		12.61	13.01	25.61		0.00	3.61	3.60	-130	123,147	123,017
		Ward 7 WGH	0679	24	18.17	22.56	40.73		20.90	21.30	42.20		2.72	-1.26	1.47	123,217	-42,985	80,232
Sub-total					72.37	70.22	142.59	0	81.03	85.99	167.02		8.66	15.77	24.43	391,485	538,391	929,875
Not Funded via NSA																		
		Ceredig (B5 to B6 1wte)	0558	28	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	10,500	0	10,500
Sub-total					0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	10,500	0	10,500
Funded directly via directorate (no increase in funding requested)																		
		Dyfi	0520	28	34.21	22.96	57.17		34.21	23.97	58.17		0.00	1.01	1.00	-224	34,432	34208
							0				0.00		0.00	0.00	0.00	0	0	0
Sub-total					34.21	22.96	57.17		34.21	23.97	58.17		0.00	1.01	1.00	-224	34,432	34,208
Non-recurrent adjustment to ward confirguration																		
							0.00				0.00		0.00	0.00	0.00	0	0	0
							0.00				0.00		0.00	0.00	0.00	0	0	0
							0.00				0.00		0.00	0.00	0.00	0	0	0
Sub-total					0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	0	0	0
TOTAL					216.90	209.74	426.64	0.00	230.05	231.30	461.35	0.00	13.15	21.56	34.71	605,304	736,012	1,341,316

	Ward	Changes to Bed Numbers +/-		Changes to Patient Acuity Increase +/-		Changes to Skill mix of staff +/-		Changes to proportion of long working days		Other +/- Requirements		Total +/-		
		WTE	£	WTE	£	WTE	£	WTE	£	WTE	£	WTE	£	No. of Beds
Glangwili														
Unscheduled	Cadog GGH	0	0	0	0	1.67	75,337	0	0	0	0	1.67	75,337	20
Unscheduled	Gwenllian GGH	0	0	0	0	-2.72	-123,217	0	0	0	0	-2.72	-123,217	20
Unscheduled	Steffan GGH	0	0	0	0	0.00	0	0	0	0	0	0.00	-	18
Unscheduled	Teifi	0	0	0	0	0	0	0.00	0	0	0	0.00	-	30
Women & Children	Picton	0	0	0	0	0.08	3,619	0	0	0	0	0.08	3,619	11
Scheduled	Cleddau (Core)	0	0	0	0	0	0	0	0	0.00	0	0.00	-	17
Scheduled	Derwen	0	0	0	0	0	0	0	0	-0.01	-280	-0.01	-280	25
Scheduled	Preseli	0	0	0	0	0	0	0	0	-8.22	-372,008	-8.22	-372,008	15
Sub-total		0.00	0.00	0.00	0.00	-0.98	-44262.23	0.00	0.0	-8.23	-372288.31	-9.21	-416,551	
Bronglais														
Scheduled	Rhiannon	0	0	0	0	0	0	0	0	0	0	0.00	-	14
Scheduled	Ceredig	0	0	0	0	0	0	0	-10,296	0	0	0.00	-10,296	28
Unscheduled	Dyfi	0	0	0	0	0	0	-0.70	-31,887	0	0	-0.70	-31,887	28
Sub-total		0.00	0	0.00	0	0	0	-0.70	-42,182	0.00	0	-0.70	-42,182	
Withybush														
Scheduled	Ward 4 WGH	0	0	0	0	0	0	-0.83	-23,644	0	0	-0.83	-23,644	24
Unscheduled	Ward 10 WGH	0	0	0	0	0	0	-0.25	-11,509	0	0	-0.25	-11,509	16
Unscheduled	CCU & Ward 8 WGH	0	0	0	0	0.00	116	0	0	0	0	0.00	116	26
Unscheduled	Ward 12 WGH	0	0	0	0	0	0	0	0	0.00	-201	0.00	-201	24
Unscheduled	Ward 3 WGH	0	0	0	0	-0.01	-280	0	0	0	0	-0.01	-280	24
Unscheduled	Ward 1 WGH (Orthopaedic Unit)	0	0	0	0	0	0	-0.83	-37,371	0	0	-0.83	-37,371	24
Scheduled	Ward 9 WGH	0	0	0	0	0	0	0	0	0.00	0	0.00	-	11
Unscheduled	Ward 11 WGH	0	0	0	0	0	0	-0.83	-37,501	0	0	-0.83	-37,501	14
Sub-total		0.00	0	0.00	0	0.00	-165	-2.74	-110,024	0.00	-201	-2.74	-110,390	
Prince Phillip														
Unscheduled	Ward 1 PPH	0	0	0	0	0	0	0.00	18	0	0	0.00	18	21
Unscheduled	Ward 3 PPH	0	0	0	0	0	0	0.00	130	0	0	0.00	130	21
Unscheduled	Ward 4 PPH (24 beds) & CCU	0	0	0	0	0.17	7,474	0	0	0	0	0.17	7,474	24
Unscheduled	Ward 5 PPH	0	0	0	0	-0.19	-8,730	0	0	0	0	-0.19	-8,730	26
Scheduled	Ward 6 Ortho	0	0	0	0	0	0	-0.59	-26,815	0	0	-0.59	-26,815	21
Scheduled	Ward 7	0	0	0	0	0	0	-0.83	-37,557	0	0	-0.83	-37,557	21
Sub-total		0.00	0	0.00	0.00	-0.03	-1,256	-1.42	-64,224	0.00	0	-1.45	-65,480	
TOTAL		0.00	0	0.00	0	-1	-45,683	-4.86	-216,430	-8.24	-372,489	-14.10	-634,602	

	Ward	Changes to Bed Numbers +/-		Changes to Patient Acuity Increase +/-		Changes to Skill mix of staff +/-		Changes to proportion of long working days		Other +/- Requirements		Total +/-		
		WTE	£	WTE	£	WTE	£	WTE	£	WTE	£	WTE	£	No. of Beds
Glangwili														
Unscheduled	Cadog GGH	0	0	0	0	-2.00	-68,242	0	0	0	0	-2.00	- 68,242	20
Unscheduled	Gwenllian GGH	0	0	0	0	2.73	93,272	0	0	0	0	2.73	93,272	20
Unscheduled	Steffan GGH	0	0	0	0	0.00	0	0	0	-0.21	-7,324	-0.21	- 7,324	18
Unscheduled	Teifi	0	0	0	0	0	0	0.83	28,336	0	0	0.83	28,336	30
Women & Children	Picton	0	0	0	0	1.29	44,041	0	0	0	0	1.29	44,041	11
Scheduled	Cleddau (Core)	0	0	0	0	0	0	0	0	8.57	282,618	8.57	282,618	17
Scheduled	Derwen	0	0	0	0	0	0	0	0	0.00	141	0.00	141	25
Scheduled	Preseli	0	0	0	0	0	0	0	0	-0.56	-19,163	-0.56	- 19,163	15
Sub-total		0.00	0.00	0.00	0.00	2.02	69070.68	0.83	28336.20	7.80	256271.85	10.65	353,679	
Bronglais														
Scheduled	Rhiannon	0	0	0	0	0	0	0.71	24,141	0	0	0.71	24,141	14
Scheduled	Ceredig	0	0	0	0	0	0	3.20	121,367	0	0	3.20	121,367	28
Unscheduled	Dyfi	0	0	0	0	0	0	0.71	24,190	0	0	0.71	24,190	28
Sub-total		0.00	0	0.00	0	0	0	4.61	169,698	0.00	0	4.61	169,698	
Withybush														
Scheduled	Ward 4 WGH	0	0	0	0	0	0	0.23	7,718	0	0	0.23	7,718	24
Unscheduled	Ward 10 WGH	0	0	0	0	0	0	0.84	28,575	0	0	0.84	28,575	16
Unscheduled	CCU & Ward 8 WGH	0	0	0	0	-0.20	-6,698	0	0	0	0	-0.20	- 6,698	26
Unscheduled	Ward 12 WGH	0	0	0	0	0	0	0	0	0.00	41,184	0.00	41,184	24
Unscheduled	Ward 3 WGH	0	0	0	0	0.80	27,241	0	0	0	0	0.80	27,241	24
Unscheduled	Ward 1 WGH (Orthopaedic Unit)	0	0	0	0	0	0	-1.00	-34,211	0	0	-1.00	- 34,211	24
Scheduled	Ward 9 WGH	0	0	0	0	0	0	0	0	2.73	93,051	2.73	93,051	11
Unscheduled	Ward 11 WGH	0	0	0	0	0	0	0.60	20,484	0	0	0.60	20,484	14
Sub-total		0.00	0	0.00	0	0.60	20,543	0.66	22,567	2.73	134,235	3.99	177,344	
Prince Phillip														
Unscheduled	Ward 1 PPH	0	0	0	0	0	0	-0.83	-28,206	0	0	-0.83	- 28,206	21
Unscheduled	Ward 3 PPH	0	0	0	0	0	0	-0.83	-28,439	0	0	-0.83	- 28,439	21
Unscheduled	Ward 4 PPH (24 beds) & CCU	0	0	0	0	0.00	98	0	0	0	0	0.00	98	24
Unscheduled	Ward 5 PPH	0	0	0	0	0.00	145	0	0	0	0	0.00	145	26
Scheduled	Ward 6 Ortho	0	0	0	0	0	0	0.84	28,750	0	0	0.84	28,750	21
Scheduled	Ward 7	0	0	0	0	0.00	7,051	0	0	0	0	0.00	7,051	21
Sub-total		0.00	0	0.00	0.00	0.01	7,294	-0.82	-27,895	0.00	0	-0.81	-20,601	
TOTAL		0.00	0	0.00	0	3	96,907	5	192,706	10.53	390,506	18.44	680,120	

				Nurse Staffing Act Impact from Patient Acuity Levels																					
				Established Resource Pre Review						Established Resource Post Review						Increase or (Decrease) following Review							Rational	Comments	
Directorate	Ward/Dept.	CC	Core Beds	WTE			£'s			Avg Patient Acuity	WTE			£'s			Avg Patient	WTE			£'s				
				RN	HCSW/ Others	Total	RN	HCSW/ Others	Total		RN	HCSW / Others	Total	RN	HCSW / Others	Total		RN	HCSW / Others	Total	RN	HCSW / Others			Total
	Cilgerran	0171	20	38.26	17.11	55.37	1,730,576	584,135	2,314,712		38.61	19.35	57.96	1,746,408	660,609	2,407,017		0.35	2.24	2.59	15,831	76,474	92,305	Other	
	Angharad	0487	20	12.16	7.11	19.27	550,021	242,735	792,757		12.37	8.48	20.85	559,520	289,507	849,027		0.21	1.37	1.58	9,499	46,772	56,271	Other	
	PACU	1758	18	13.24	5.65	18.89	598,872	192,891	791,763		11.90	13.62	25.52	538,261	464,987	1,003,248		-1.34	7.97	6.63	-60,611	272,096	211,485	Other	
Sub-total				63.66	29.87	93.53	2,879,469	1,019,762	3,899,231		62.88	41.45	104.33	2,844,188	1,415,103	4,259,291		-0.78	11.58	10.80	-35,281	395,341	360,060		
TOTAL				63.66	29.87	93.53	2,879,469	1,019,762	3,899,231	0.00	62.88	41.45	104.33	2,844,188	1,415,103	4,259,291	0.00	-0.78	11.58	10.80	-35,281	395,341	360,060		

Other
Other
Other

Rational	Comments
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	Ward	Other +/- Requirements		
		WTE	£	No. of Beds
Glangwili				
Unscheduled	Cadog GGH	0.35	15,831	
Unscheduled	Gwenllian GGH	0.21	9,499	
Unscheduled	Steffan GGH	-1.34	-60,611	
Sub-total		-0.78	-35281	

TOTAL		-0.78	-35,281	
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	Ward	Other +/- Requirements		
		WTE	£	No. of Beds
Women & Children				
Unscheduled	Cilgerran	2.24	76,474	
Unscheduled	Angharad	1.37	46,772	
Unscheduled	PACU	7.97	272,096	
Sub-total		11.58	395,341	
TOTAL		11.58	395,341	

Integrated Impact Assessment Tool	Y/N	Evidence & Further Information	Completed By	Evidence (Insert)
Financial/Service Impacts				
1. Has the new proposal/service model been costed? If so, by whom?	Yes	Costings attached as appendices	Helen Humphreys	Appendix 1 and Appendix 2
2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc?	Yes	There is an agreed process in place for those wards which fall under the nurse staffing allocation funding. For those wards which require a change in the roster/establishment due to service change, there are ongoing discussions with the Core Delivery Group/Financial Control Group around the funding of these wards	Helen Humphreys	
3. Is the new proposal/service model affordable from within existing budgets?	Yes/No	Some of the changes are achievable within existing budgets e.g. where a band 4 Assistant Practitioner Role is being introduced to support the RN workforce. However, some of the changes require an increase in the budgets	Helen Humphreys	
4. Is there an impact on pay or non-pay e.g. drugs, equipment, etc?	NA		Helen Humphreys	
5. Is this a spend to save initiative? If so, what is the anticipated payback schedule?	NA		Helen Humphreys	
6. What is the financial or efficiency payback (prudence), if any?			Helen Humphreys	
7. Are there risks if the new proposal/service model is not put into effect?	NA	The majority of wards are working to the rosters agreed by the Designated Person i.e. Director of	Helen Humphreys	

		Nursing, Quality and Patient Experience and are using temporary staff (including on contract agency) to maintain the rosters and not aligning the funded establishment to the Spring 2023 calculation will mean that teams can't recruit substantively into these posts (and reduce the reliance on temporary staff)		
8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e., impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?)	NA		Helen Humphreys	
9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g., staff, current providers, external funders, etc.?	NA		Helen Humphreys	
10. Are capital requirements identified or funded?	NA		Helen Humphreys	
11. Will capital projects need to be completed in time to support any service change proposed?	NA		Helen Humphreys	
12. Has a Project Board been identified to manage the implementation?	NA		Helen Humphreys	
13. Is there an implementation plan with timescales to performance manage the process and risks?	NA		Helen Humphreys	
14. Is there a post project evaluation planed for the new proposal/service model?	Yes	The impact of any changes to the rosters/establishments will be reviewed as part of the nurse staffing calculation cycles,	Helen Humphreys	

		undertaken for these wards on a six-monthly basis		
15. Are there any other constraints which would prevent progress to implementation?	Yes	If agreed, a recruitment plan would need to be put into place	Helen Humphreys	
Quality/Patient Care Impacts				
16. Could there be an impact on patient outcome/care?	Yes	Incidents of falls, pressure damage and medication errors are routinely monitored as part of the six-monthly calculation cycle and it would be anticipated that aligning the rosters to the spring calculation cycle would have a positive impact on these patient outcomes	Helen Humphreys	
17. Is there any potential for inequity of provision for individual patient groups or communities? E.g., rurality, transport.	NA		Helen Humphreys	
18. Is there any potential for inconsistency in approach across the Health Board?	No	The triangulated methodology used to calculate the nurse staffing level is applied consistency across all wards within the HB	Helen Humphreys	
19. Is there are potential for postcode lottery/commissioning?	NA		Helen Humphreys	
20. Is there a need to consider exceptional circumstances?	NA		Helen Humphreys	
21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e., improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?	No	Incidents of falls, pressure damage and medication errors are routinely monitored as part of the six-monthly calculation cycle and it would be anticipated that aligning the rosters to the spring calculation cycle would have a positive impact on these patient outcomes	Helen Humphreys	

22. Are there any Royal College standards, NICE guidance or other evidence bases, etc., applicable?	Yes	Any relevant national standards are considered and applied to the nurse staffing calculations where available e.g., the stroke standards for the stroke wards.	Helen Humphreys	
23. Can clinical engagement be evidenced in the design of the new proposal/service model?	Yes	The ward manager, senior nurse manager and Deputy Head/Head of Nursing are engaged in the nurse staffing discussion, and all are invited to a meeting with the Designated Person to discuss the ward roster during each cycle.	Helen Humphreys	
24. Are there any population health impacts?	NA		Helen Humphreys	
Workforce Impact			Helen Humphreys	
25. Has the impact on the existing staff/WTE been determined?	Yes	appendix 1 and Appendix 2 sets out the workforce implications of making these changes	Helen Humphreys	Appendix 1 and appendix 2
26. Is it deliverable without the need for premium workforce?	Yes	if the establishments are realigned to the spring calculation cycle, teams will be able to recruit substantively into posts	Helen Humphreys	
27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action?	NA		Helen Humphreys	
28. Is there potential for professional body/college/union involvement?	Yes	The Royal College of Nursing (Wales) have an interest in how the Nurse Staffing Levels (Wales) Act is implemented in each Health Board	Helen Humphreys	
29. Could there be any perceived interference with clinical freedom?	NA		Helen Humphreys	
30. Is there potential for front line staff conflict with the public?	NA		Helen Humphreys	

31. Could there be challenge from the 'industries' involved?	NA		Helen Humphreys	
32. Is there a communication plan to inform staff of the new arrangements?	Yes	This would be via the operational nursing structure	Helen Humphreys	
33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance?	NA		Helen Humphreys	
34. Have training requirements been identified and will this be complete in time to support the new proposal/service model?	NA		Helen Humphreys	
Risk Impact			Helen Humphreys	
32. Has a risk assessment been completed?	NA		Helen Humphreys	
33. Is there a plan to mitigate the risks identified?	NA		Helen Humphreys	
Legal Impact			Helen Humphreys	
34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made?	Yes	<p>The Board and the Designated Person have specific duties under the NSLWA for calculating and maintaining the nurse staffing levels.</p> <p>In addition, Paragraph 11 of the Statutory Guidance published to support the implementation of the Act states "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>	Helen Humphreys	

35. Is there a likelihood of legal challenge?	No	to date, the Health Board is able to provide assurance that we are complying with the requirements set out in the Act	Helen Humphreys	Annual presentation of the NSL to the Board in November and Assurance Report to the Board in May
36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc?	Yes	Nurse Staffing Level (Wales) Act Nurse Staffing Levels (Wales) Act 2016 (legislation.gov.uk) and supporting statutory guidance Nurse Staffing Levels (Wales) Act 2016: statutory guidance (version 2) GOV.WALES	Helen Humphreys	
37. Is there any existing contract and/or notice periods?	NA		Helen Humphreys	
Reputational Impact			Helen Humphreys	
38. Is there a likelihood of public/patient opposition?	No		Helen Humphreys	
39. Is there a likelihood of political activity?	No		Helen Humphreys	
40. Is there a likelihood of media interest?	No		Helen Humphreys	
41. Is there the potential for an adverse effect on recruitment?	No		Helen Humphreys	
42. Is there the likelihood of an adverse effect on staff morale?	No		Helen Humphreys	

43. Potential for judicial review?	No		Helen Humphreys	
Privacy Impact			Helen Humphreys	
44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to undertaken?	NA		Helen Humphreys	
45. Has a full DPIA been undertaken – Please contact Information.Governance3@wales.nhs.uk for the template.	NA		Helen Humphreys	
Equality Impact (unless otherwise completed as part of the accompanying SBAR)			Helen Humphreys	
46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	NA		Helen Humphreys	
47. Has a full EqIA been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com)	NA		Helen Humphreys	
48. Have any negative/positive impacts been identified in the EqIA documentation?	NA		Helen Humphreys	