4.3 Annual Presentation of Nurse Staffing Levels for Wards Covered Under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 / Cyflwyniad Blynyddol o Lefelau Staff Nyrsio ar gyfer Wardiau a Gwmpesir o dan Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016

Presenter: Mandy Rayani

Annual Presentation of Nurse Staffing Levels November 2020

Attachment 1 NSL(W)A

Appendix 1 to Attachment 1 NSL(W)A

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	26 November 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Nurse Staffing Levels (Wales) Act: Annual Presentation of Nurse Staffing Levels
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: **REPORTING OFFICER:**	Chris Hayes 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, requires 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. The All Wales Nurse Staffing Group has produced the template for this presentation to ensure consistency in the information presented to each Health Board within NHS Wales.

The Board is asked to receive this report and the attachment of the completed template which contains detail of the nurse staffing levels for all Section 25B wards, and tracks adjustments made to the staffing levels within those wards during the past 12 months. This report and the detailed attachment aims to assure the Board that all the legislative requirements associated with the 'duty to calculate' nurse staffing levels within acute adult medical and surgical wards are being maintained, despite the challenges of doing so within the rapidly changing service provision experienced during the COVID-19 pandemic.

Cefndir / Background

The All Wales Nurse Staffing Group has recently commissioned a task group to produce a revised timetable, together with reporting templates to ensure that the statutory reporting requirements of the NSLWA can be met by all Health Boards across NHS Wales in a consistent and comprehensive manner. There are two key reporting requirements the NSLWA statutory guidance states should be undertaken within a Health Board:

1) The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards.
2) The Board receives a (non-statutory) annual assurance report which is structured in a way to provide the basis of the statutory 3 year report to Welsh Government (WG) which the Health Board will be required to submit every third year (the first draft report is due to be submitted to WG in May 2021 with the final submission to be submitted in September 2021).

To support Board agenda setting and to fit with other NHS Wales processes, it has been agreed by NHS Wales Directors of Nursing that the annual presentation to the Board of the calculated nurse staffing levels should take place in November of each year (to fit with

Integrated Medium Term Plan (IMTP) planning cycles); and the annual assurance report should be presented to the Board in May of each year (to reflect convention in respect of timing for completion and submission of annual assurance reports).

Asesiad / Assessment

The attached report (attachment 1) sets out the detail of the process, output, conclusions and further actions to be undertaken arising from the recent (Autumn 2020) nurse staffing levels review and recalculation cycle.

The process has been led by the Director of Nursing, Quality and Patient Experience, who has engaged with all Senior Sisters/Charge Nurses of all Section 25B wards, all Senior Nurse Managers and all acute site Heads of Nursing. In line with the requirements of the NSLWA, the statutorily prescribed, triangulated methodology for calculating the nurse staffing levels for adult medical and surgical wards has been fully and rigorously applied.

Undertaking the reviews and calculations has been particularly challenging this year due to the impact of COVID-19 and the response that has been required by operational services. It is important to highlight that as a consequence of the rapidly changing landscape due to COVID-19, this cycle of calculations shows significant divergence in its outputs when compared to previous cycles.

The detailed picture for each ward which is provided in Appendix 1 (accompanying Attachment 1) has attempted to demonstrate the rationale/driver for any proposed changes to the nurse staffing levels. This is with the aim of identifying the distinction between those adjustments to nurse staffing levels that are anticipated to be temporary and COVID-19; and those judged to be permanently required adjustments which have been driven e.g. by changes to care quality outcomes or sustained change in the pattern of patient acuity.

For ease of reference, key points to note from the detailed narrative contained within attachment 1 include:

- Where wards have reduced in size due to social distancing and COVID-19 requirements, the principles established previously in relation to nurse leadership roles will continue unchanged at this time.
- The 6 month cycle to review the nurse staffing levels of Section 25B wards has been extremely challenging for operational teams, and their commitment to undertaking the process diligently, despite having other pressures at this time, is to be commended
- The support of the Information Development Team in developing ward performance reports, available via the IRIS system, to directly support the nurse staffing level review process, has been a substantial benefit to the efficiency and effectiveness of the staffing levels review process, and gratitude is extended to the Information Development Team for this work.
- A detailed review/benchmark of the nurse staffing levels on wards where care pathways have changed on some sites for patients requiring non-invasive ventilation (NIV) treatment and for those receiving stroke care, is to be undertaken to ensure continued consistency and equity across the Health Board.
- Several wards will be supported in taking forward improvement action plans relating to care quality outcomes over the coming months, whilst other teams will be supported with training and development in particular relating to the care of frail elderly patients as the work to retain the focus on improving care quality for all patients continues.
- Whilst many of the adjustments to the agreed nurse staffing levels are undoubtedly required as a consequence of managing the impact of COVID-19 on our hospital sites, others are judged to be required as a result of changes/concerns in relation to care

quality outcomes or patient acuity changes. This distinction is drawn to ensure that, as far as possible, the nurse staffing level review process continues to inform the Health Board's Annual Plan and funding allocation cycle in the usual way.

In summary, the adjustment to the workforce required to meet the **non-COVID-19** requirements of this cycle of review of the nurse staffing levels of Section 25B wards, is a total of 18.7 WTE additional staff - all Health Care Support Workers of Bands 2,3 and 4 - at a cost of £499,241

This information will be submitted and considered as part of the financial planning process for 2021/22.

Argymhelliad / Recommendation

It is recommended that the Board gains assurance in relation to the following:

1) Hywel Dda University Health Board (HDdUHB) is meeting its statutory 'duty to calculate' the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.
2) HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels.
3) That the actions identified within the attached templates will be progressed and monitored through the Quality, Safety and Experience Assurance Committee (QSEAC).

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Corporate risk register 647
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	2. Safe Care 4. Dignified Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
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 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the triangulated approach to calculating the nurse staffing levels has been articulated through the working papers of the all Wales Nurse Staffing Group published over the past two years
Rhestr Termau: Glossary of Terms:	WGH - Withybush General Hospital BGH - Bronglais General Hospital GGH - Glangwili General Hospital PPH - Prince Phillip Hospital IMTP – Integrated medium term Plan WTE – whole time equivalent NSLWA-Nurse Staffing Levels (Wales) Act 2016 HDdUHB – Hywel Dda University Health Board WG – Welsh Government NIV – Non-invasive ventilation IRIS – Information reporting system
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Acute Heads of Nursing across HDdUHB Executive Team colleagues

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	The potential financial impact of this paper is outlined in detail within the Appendix 1 to Attachment 1 of this paper.
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 and as the paper shows, monitor and use professional judgement to interpret these care metrics as part of the triangulated methodology used when implementing the 'duty to calculate'. As there were some wards identified during this cycle where there remain concerns in relation to the care quality indicators - some of which it is judged require adjustments to their staffing levels as part of the improvement action plan – it is clear that there may be a negative impact on care quality if the outcome of the calculation cycle is not responded to operationally: This may require limiting in-patient numbers to the available staffing or further adjusting the finance/staffing levels to the numbers calculated and presented here, or perhaps some intermediate , hybrid solution during the uncertain months that lie ahead as we continue to tackle and focus on managing the Health Board response to the pandemic .
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 and surgical wards of HDdUHB. At the present time, this poses challenges as the workforce is already stretched and challenged as the Health Board seeks to manage the impact of the Covid-19

	pandemic. The potential impact on the workforce of the calculations referenced within this paper are detailed in Appendix 1 of Attachment 1. Furthermore, it is anticipated that, in time, the Act will enable a positive impact on the sense of well-being of the workforce although it is difficult to make that a focus for the work relating to the NSLWA currently.
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. Alternatively, there is a risk of providing insufficient in-patient facilities to meet the population need if the number of in-patient beds is reduced to the levels that the current workforce/budgets can deliver: Having met the 'duty to calculate the nurse staffing level' as described within this paper, the risk now shifts to how best to respond to the revised calculations.
Cyfreithiol: **Legal:**	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.
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 despite the challenges of the current pandemic circumstances.
Gyfrinachedd: **Privacy:**	Currently no impact in relation to privacy identifiable within this work.
Cydraddoldeb: **Equality:**	No negative EqIA impacts identified.

	Annual Presentation of Nurse Staffing Levels to the Board
Health Board	Hywel Dda University Health Board
Date of annual presentation of nurse staffing levels to Board	26th November 2020
Period covered	This report covers the changes that have been made to nurse staffing levels for wards covered by Section 25B of the Nurse Staffing Levels (Wales) Act 2016 between Autumn 2019 (a report of which was presented to the Board in November 2019) and Autumn 2020.
Number and identity of section 25B wards during the reporting period. • **Adult acute <u>medical</u> inpatient wards** • **Adult acute <u>surgical</u> inpatient wards** (Ref: paragraph 26-30)	Appendix 1 of this report lists the nurse staffing levels for all wards that have been included under Section 25B of the NSLWA during the period October 2019 to September 2020. At the beginning of this period, there were 32 wards within HDdUHB included under this Section of the Act. During this period, and as a result of COVID-19 related changes to patient flow pathways on some acute sites, 4 wards have ceased to operate as Section 25B wards whilst, in recent months, 2 new wards have met the criteria for inclusion as a Section 25B ward and have thus been included in this NSL review cycle. Thus at the end of the reporting period under review at this time, a total of 34 wards have, at some point during the past 12 months, met the inclusion criteria laid out in the statutory guidance and have therefore been subject to the requirements of Sections 25B/C of the NSLWA. The required detail relating to wards which have been/remain covered by these Sections of the Act, and the dates of any changes to their inclusion/exclusion, is included in Appendix 1
Using the triangulated approach to calculate the nurse staffing level on section 25B wards (Ref: paragraph 31-45)	For each inpatient ward identified as falling under Section 25B, (i.e. defined by the Nurse Staffing Levels (Wales) Act (2016) as an adult acute medical or surgical inpatient ward), a systematic process has been followed during the Autumn of 2020 in order to review and recalculate the nurse staffing levels. The process has involved prior provision of the relevant information to the senior nurse leaders (Senior Sister/Charge Nurse, Senior Nurse Manage and Head of Nursing) for each ward. Details of the core information provided and which underpins the review of nurse staffing levels in all wards are as follows: • Current ward bed numbers and speciality, including specific treatments or procedures. • Current nurse staff provision, including those that are not included in the core roster (supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc). • Patient acuity data from the previous 12 months. • Care quality indicators data for the previous 12 months - falls, medication errors, pressure damage (avoidable and unavoidable), serious incidents and safeguarding concerns. • Staffing related metric data – Performance & Development Review (PADR) compliance, mandatory training compliance and sickness.

	• Patient flow/activity related data for the previous 12 months. • Finance/workforce-related data - expenditure/utilisation of permanent/temporary staff. In addition to the quantitative data as stated above, the ward manager provided detail of service and patient pathway changes, ward based initiatives, and improvement programmes or action plans for remedial work to specific areas, where concerns have been identified by means of scrutiny and assurance processes. Consideration was also given to the training requirements and delivery of education to each ward, inclusive of speciality requirements. An assessment was made of how the supernumerary time allocated to the Senior Sister/Charge Nurse post is being applied in practice; and also the extent to which temporary staffing had been utilised to be able to deploy the planned roster. Professional discussions were conducted to explore the challenges to each area, and potential mitigation to these, inclusive of, but not exclusively, adjustments to the nurse staffing levels. The total number of staff required to provide sufficient resource to deploy a staffing level appropriate to the individual ward was explored, regardless of whether there was a proposed increase, decrease, or no change to the ward establishment: This included consideration of whether there was adequate resource to cover staff absences, e.g. maternity leave and sick leave. Data was also gathered and analysed on the proportions of staff sustainably moving to request to work a 'long day' shift pattern as this impacts on the total establishment required to deliver against an agreed planned roster. This latter data, together with the 26.9% 'headroom' account for absences related to annual leave, sickness and study leave has been factored into financial and workforce calculations required as a consequence of this 'triangulated approach' to the NSL review. A summary of the above for each individual Section 25B ward was presented, along with any issues of concern where they existed, by the Head of Nursing for each acute site to the designated person, the Director of Nursing, Quality and Patient Experience.
Finance and workforce implications	The workforce requirements, together with the financial impact of the workforce requirements, following the review and recalculation of the WTE establishments required to provide the planned rosters, are summarised at the end of Appendix 1. During this NSL review cycle, Heads of Nursing were consistent in their view that the preference of nursing staff to work fewer, longer shifts each week remained, despite the additional pressures, fatigue etc anticipated as a result of the pandemic. To that end, the WTE/budget establishment requirements have been calculated using a less cautious approach to the interpretation of the 'long day working' data gathered from the e-roster system. Whilst this reflects the current budget and workforce requirements, it should be noted that the patterns of 'long day working' are not yet sufficiently established within HDdUHB to be confident that there may not be some variance (both up and down) in the total establishments calculated for each cycle - and the financing

	arrangements for the nurse staffing establishments must therefore remain flexible enough to be able to respond to this evolving position until we are confident the workforce has reached a ‘steady state’ in relation to this change in shift pattern. This NSL review cycle has clearly demonstrated that the requirement to establish two pathways (i.e. COVID-19 and non-COVID-19 pathways) within many services, in particular the ‘front door services’ has added significant additional workforce requirements/staffing costs to acute sites generally and to Section 25B wards specifically. The impact of these costs varies across sites, depending on the extent to which interdependencies between ‘front door’ clinical services (non S25B areas) and ward services (S25B areas) have impacted. The Withybush General Hospital (WGH) site appears to have experienced the most significant re-profiling of ‘front door’ and in-patient ward services over the past 8 months, however all sites have experienced this impact to a greater or lesser extent. These wider changes of service provision on each site means that in this cycle, unlike all others to date, comparing the proposed NSL (and WTE establishment/cost) with the NSL already in place for some wards was not comparing ‘apples with apples’. What this cycle has enabled us to do, to some extent at least, is to better understand the extent and scale of the ward nurse staffing costs that have been impacted on as a result of COVID-19 - driven changes to ward and site configurations. In addition, there were still many wards where the triangulated approach to reviewing nurse staffing levels remained a valid approach and where it has been possible, using the data available, to make judgements about what the nurse staffing level needs to look like during the coming months to ensure patients in those wards continue to have excellent care. In an attempt to present this unusually complex picture relating to the ward nurse staffing levels, Appendix 1 includes a judgement regarding the perceived rationale for any proposed changes to the NSL (and subsequently to the workforce/financial needs of that ward) that emerged during the discussions between the Head of Nursing and the Director of Nursing, Quality and Patient Experience. These judgements aimed to establish whether the staffing levels which required adjustment (either temporary or permanent) were as a result of direct or indirect COVID-19 related changes to that ward/across the site; or whether the adjustments were required as a result of changes which would be attributable to seeking to meet the specific requirements of the NSLWA, i.e. changes in the patterns of patient acuity, care quality outcomes etc. To that end, the information generated will now be submitted and considered as part of the Financial Planning process for 2021/22.

Conclusion & Recommendations	
	There are some broad themes that emerged during the NSL review cycle that are worthy of note and where appropriate will be the focus of action during the coming months ahead of the next review cycle in Spring 2021: • During the implementation of the Nurse Staffing Levels (Wales) Act within HDdUHB, the need to strengthen the clinical leadership at ward level, across 7 days a week, has been identified. This has resulted in both the establishment of the fully supernumerary Senior Sister / Charge Nurse post and, in wards with 18 beds or more, the establishment of a second Sister/Charge Nurse post to support visible and present clinical leadership capacity. This expansion in the clinical leadership capacity has been supplemented by a year long, in-house Clinical Leadership Development Programme (STAR programme) which all Section 25B ward Senior Sisters/Charge Nurses are invited to participate in. The second cohort of 16 participants of this programme has recently commenced. Supporting and strengthening the leadership capability of those in the formal leadership positions across all the Section 25B wards - whether through the formal programme or via individual and bespoke development plans remains a key priority for all Heads of Nursing and is closely monitored by the Director of Nursing, Quality and Patient Experience through the NSL review process. In terms of the improvements made to the clinical leadership capacity during recent months, it should be noted that during this current review, it became apparent that the changes to ward configurations described in this report meant a total of 6 wards that had previously had 18 beds or more now had 17 beds or less and thus wouldn't meet the requirements for 2 Sister/Charge Nurse posts. Inasmuch as some of these changes may be temporary; and that the use of the '18 beds threshold' was based on the professional judgement of the senior nursing leadership team following consultation at the time; and as there are permanent staff in these posts, it is not proposed to remove the Sister/Charge nurse posts from the 6 wards as an outcome of this review cycle. **It is proposed that a structured evaluation of the impact of the second Sister/Charge Nurse posts, together with an assessment of the impact of the Senior Sister/Charge Nurse becoming fully supernumerary within the establishment, is proposed as an action arising from this review cycle in order to inform the ward based clinical leadership development strategy for HDdUHB as we commence the second, three year period of the NSLWA in April 2021.** • Unsurprisingly, during the Autumn 2020 NSL review cycle, it became apparent that many wards had experienced the impact of changes to care pathways as a result of the impact of COVID-19. In addition, the past few months had hastened the implementation of some changes that had been under consideration in any case. Two particular outcomes of these changes that emerged during the NSL reviews was that most sites had made changes/improvements to the pathway for the ward-based care of patients requiring NIV; whilst the previously planned improvements to the care pathway for stroke patients requiring thrombolysis have been introduced on several sites in recent months, at the same time, an additional pathway for stroke patients with COVID-19 has also needed to be taken account of. **It is proposed that, as a result of the changes made to pathways with their consequent impact on NSL's during this cycle, a detailed internal benchmarking of the NSL's for each of the wards which provide care to both NIV patients and to stroke patients on the four sites will be undertaken. This benchmark exercise will then inform the next detailed review of the NSL's due in Spring 2021, or if it is felt to be needed, will initiate an early review of the NSL on one or more of the wards involved.**

- During the NSL review discussions, it was impossible not to be struck by the additional workforce requirements (and thus costs incurred) in providing the required 'red' and 'green' streaming of patients at the 'front door' of each hospital. In addition, it was apparent that the 'restart' of elective surgical services which is occurring on all four acute sites, is not yet achieving levels of throughput to ensure value for money in the deployment of registrant nursing staff on the surgical wards. Two registrants caring for less than 5 patients at any time is a less than effective deployment of a scarce resource at a time when there is also a need to release registered nurses from the acute sites in order to support the opening of additional surge beds within Field Hospitals.

- For the first time during this NSL review cycle, a single, detailed report containing information on patient acuity, care quality indicators, patient flow information and quality monitoring / audit data was available 'at the press of a button' to all the clinical nurse leaders via the IRIS system. Whilst there is still significant work to do to support colleagues in routinely using and interpreting these reports to inform their clinical leadership decision making, it is nevertheless clear that the enormous support provided by the HDdUHB's Information Development Team to develop these ward performance reports has the potential to support all nurse leaders in increasing and improving the use made of data and information to underpin their clinical decision making.

  In terms of the data provided by these ward performance reports, the trends in relation to care quality indicators on a small number of wards highlighted limited or no progress in improvements. Whilst it is unclear what the impact of the COVID-19 related disruptions to staffing and services might have had during the previous 8 months, the specific patient outcomes of concern in these small number of wards were clearly identified during the review cycle. Actions agreed between the Head of Nursing and Director of Nursing, Quality and Patient Experience have included undertaking a 'deep dive' into the data to ensure the root cause is clearly understood so that there is confidence that any actions taken are focussed on solving the actual problem; and continuing with quality improvement initiatives already commenced.
  Wards where care quality improvement actions are required will be monitored during the coming months, with a formal review being undertaken during the Spring 2021 NSL review cycle.

- It should be noted that the robustness of the process of this cycle of NSL reviews has been impacted on by a variety of COVID-19 effects. These include the temporary or permanent closure of wards; establishment of COVID-19-specific ward areas; temporary and permanent changes to patient pathways; changes to patterns and numbers of patient admissions and their acuity; recruitment of additional staff/employment of student nurses to supplement ward staffing etc. The changes have destined that the completeness and trends in the workforce, financial, patient acuity and care quality data usually utilised during the review cycle have, to a greater or lesser extent, not been as reliable for this review cycle as in previous cycles. It remains to be seen whether this situation will have improved for the Spring 2021 review cycle although every effort is, and will continue, to be made, with the support of Information Development Team colleagues, to ensure that the data available to clinical nurse leaders when they are reviewing staffing levels is as comprehensive and as accurate as possible.

- A further theme to emerge during the NSL review discussions for several wards referenced the benefit that it was felt would be gained from providing some structured development/training relating to the specific needs of the frail elderly patients (including but not limited to those patient with cognitive impairment) that form an increasing proportion of our patient cohort**.**

	It is proposed that the potential for providing learning and development opportunities for staff in relation to the care of frail elderly patients will be explored and piloted as soon as possible, linking in closely with those colleagues responsible for taking forward the Health Board's strategic developments in this field. Arising from this NSL review cycle, the following **recommendations** are made: • That the outcome of the cycle which has been ATTAundertaken - and the detailed financial analysis that underpins the process - is used to further assist in the understanding of the impact on workforce and finances of the COVID-19 pandemic. • That, for the wards where adjustments to the nurse staffing levels were considered by the 'Designated Person' to be of a permanent nature and are required in order to maintain appropriate nurse staffing levels to be able to deliver sensitive care, the proposed changes are considered for inclusion within the annual planning cycle for 2021/22. • That the actions identified in bold above are endorsed and that progress is monitored through the QSEAC as part of its routine monitoring relating to the NSLWA implementation and compliance.

Appendix 1 : Summary of Nurse Staffing Levels for wards where Section 25B has applied during the reporting period applies

Health Board/Trust:	Name: Hywel Dda UHB	
Period being reported on :	Start date: Oct 1st 2019	End Date: Sept 30th 2020
Number of wards where section 25B has applied for at least some part of the reporting period	**Medical: 21***	**Surgical: 14***
	NB 1 ward (Ward 6 Prince Phillip Hospital) has been both a medical and a surgical ward during the past year and so features in both numbers above; Where wards have moved in – or out – of Section 25B during the reporting period, narrative providing the rationale for this is provided within the table below	

IN THE TABLE BELOW PLEASE NOTE THE FOLLOWING:

***Supernumerary : This refers to the Senior Sister/Charge Nurse (1 WTE) post being additional to the whole time equivalent establishment required to run the roster.**

****For brevity within the table below, the codes used in the 'rationale' column are defined as follows :**

A = Covid driven (temporary) changes made to care pathways/patient cohort cared for on this ward

B = Covid driven/social distancing requirement (temporary) changes to bed/patient numbers on this ward

C = Significant/sustained changes to patient acuity/dependency and/or leadership posts and/or (permanent) bed numbers identified

D = Changes in staff shift working patterns i.e. changes to numbers of staff predominantly working 'Long Day' as opposed to Early/Late shifts

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2019)		Supernumerary Senior Sister/Charge Nurse in Oct 2019*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2020)		Supernumerary Senior Sister/Charge Nurse in Sept 2020*	Biannual calculation cycle reviews, and reasons for any changes made			Bed Nos 2019	Bed Nos 2020	Change in establishment RN requirements	Change in establishment HCSW requirements	Financial impact of changes /adjustment to establishment
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale **					
BRONGLAIS GENERAL HOSPITAL																				
Rhiannon BGH (Surgery)	E	2	2	13.32	11.49	Yes	E	1	2	12.61	10.98	Yes	Yes	Yes	**D (predominantly)** (emergency Gynaecology pathway now on Ceredig/ weekend activity reduced)	14	14	-0.71	-0.51	-37,312
	L	2	2				L	1	2											
	LD						LD	1												
	TW		1				TW		1 (M-F)											
	N	2	1				N	2	1											
Ystwyth BGH (Medical)	E	3	2	22.32	17.77	Yes	E	2	2	22.64	17.77	Yes	Yes	Yes	**A** (to provide 'red' (Covid +ve/suspected) Stroke pathway)	18	17	+1.31	-	+49,430
	L	3	2				L	2	2											
	LD	1	1				LD	3	1											
	TW						TW													
	N	3	3				N	3	3											
Ceredig BGH	E	2	3	22.88	21.32	Yes	E	2	1	22.88	19.9	Yes	Yes	Yes	**D**	28	26	-	-1.42	-43,188
	L	3	3				L	3	1											
	LD	2	1				LD	2	3											

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

(surgical	TW						TW												
	N	3	3				N	3	3										
Meurig BGH (Medical)	E	1	1	12.61	11.61	Yes	E	1	1	15.45	11.61	Yes	Yes	Yes	C Sustained trend of Increased patient acuity and. Introduction of a triage bay.	14	14(+1 trolley)	+2.84	-	+107,402
	L	1	1				L	1	1										
	LD	1	1				LD	2	1										
	TW						TW												
	N	2	2				N	2	2										
Dyfi BGH (Medical)	E	3	2	33.22	20.61	Yes	E	2	1	33.51	19.9	Yes	Yes	No	C and D	28	28	+0.31	-0.71	-26,564
	L	3	2				L	2	1										
	LD	3	2				LD	4	3										
	TW						TW												
	N	5	3				N	5	3										

Y Banwy Ward : Formerly an adult medical ward falling under Section 25B of the NSLWA , this ward became the BGH site Covid ward in March 2020 and has remained the dedicated 'Covid ward' since then. Under the definitions provided in the CNO letter to Health Boards dated March 24th 2020, it it ceased to be a Section 25B ward in March 2020 As this has been its primary purpose for some 7 months, it is judged to no longer sit under Section 25B of the Act and is therefore not included within this systematic review/recalculation of the BGH Section 25B wards. However, assurance can be given that the core staffing for the 12 beds which are permanently open and the staffing levels are adjusted operationally on a day to day basis depending on how many Covid +ve patients are being cared fr at any time/how many additional beds (up to a maximum of 18 beds) are required. It should be noted that all additional costs/workforce requirements associated with the intermittent requirement to open additional (surge) beds and/or increasing the staffing levels ward above the core staffing for this ward, are exclusively Covid-related costs

GLANGWILI GENERAL HOSPITAL

Cadog GGH	E	2	2	16.28	15.28	Yes	E	1	1	15.45	14.45	Yes	Yes	No	D	20	20	-0.83	-0.83	-55,161
	L	2	1				L	1											
	LD	1	1				LD	2	2										
	TW		1				TW		1										
	N	2	2				N	2	2										
Dewi[1] GGH NB S25B applied from April 2020)	E	2	3	NB Until April 2020, Dewi Ward provided reablement care using a therapy/nursing co-led model of staffing/care (and thus did not fit the inclusion criteria for a Section 25B ward)			E	2	2	16.28	15.28	Yes	Yes	Yes	A (Change in function from Reablement ward to acute medical ward)	20	20	+4.04	+5.8	+329,165
	L	2	3				L	2	2										
	LD						LD	1	1										
	TW						TW												
	N	2	1				N	2	2										

[1] Dewi ward was not a 25B ward in Autumn 2019. The establishment and budget for the current ward has been transferred from the old Ceri ward (now closed)

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Gwenllian GGH	**E**	**2**	**2**	**21.73**	**18**	**Yes**	**E**	**1**	**1**	**20.9**	**17.17**	**Yes**	**Yes**	**No**	D	**20**	**20**	**-0.83**	**-0.83**	**-55,108**
	L	**2**	**2**				**L**	**1**	**1**											
	LD	**2**	**1**				**LD**	**3**	**2**											
	TW						**TW**													
	N	**3**	**3**				**N**	**3**	**3**											
Padarn GGH	**E**	**2**	**2**	**16.28**	**15.28**	**Yes**	**E**	**1**	**2**	**20.9**	**15.28**	**Yes**	**Yes**	**Yes**	**A (NB Change is permanent - attribution of rationale for additional costs requires further exploration)**	**19**	**23 + 2 trolleys**	**+4.62**	**-**	**+173,466**
	L	**2**	**2**				**L**	**1**	**2**											
	LD	**1**	**1**				**LD**	**3**	**1**											
	TW						**TW**													
	N	**2**	**2**				**N**	**3**	**2**											
Steffan GGH	**E**	**2**	**2**	**16.28**	**15.28**	**Yes**	**E**	**1**	**2**	**15.45**	**18**	**Yes**	**Yes**	**Yes**	C/D	**19**	**18**	**-0.83**	**+2.72**	**+47,419**
	L	**2**	**2**				**L**	**1**	**2**											
	LD	**1**	**1**				**LD**	**2**	**2**											
	TW						**TW**													
	N	**2**	**2**				**N**	**2**	**2**											
Towy GGH	**E**	**2**	**2**	**16.28**	**15.28**	**Yes**	**E**	**1**	**2**	**15.45**	**15.28**	**Yes**	**Yes**	**No**	**D Additional Support Workers to focus on specific care need of frail patient group**	**20**	**20**	**-0.83**	**+3.0**	**+46,093**
	L	**2**	**2**				**L**	**1**	**2**											
	LD	**1**	**1**				**LD**	**2**	**1**											
	TW						**TW**													
	N	**2**	**2**				**N**	**2**	**2**											
Teifi GGH	**E**	**3**	**2**	**24.56**	**20.73**	**Yes**	**E**	**2**	**2**	**23.73**	**20.73**	**Yes**	**Yes**	**No**	**D**	**30**	**30**	**-0.83**	**-**	**-31,377**
	L	**3**	**2**				**L**	**2**	**2**											
	LD	**1**	**2**				**LD**	**2**	**2**											
	TW						**TW**													
	N	**3**	**3**				**N**	**3**	**3**											
Cleddau GGH[2]	**E**	**2**	**2**	**14.5**	**6.28**	**Yes**	**E**	**2**		**14.5**	**8.17**	**Yes**	**Yes**	**No**	**C**	**14+1 trolley**	**14+1 trolley**	**-**	**+1.89**	**+54.713**
	L	**1**	**2**				**L**	**1**												
	LD	**1**					**LD**	**1**	**2**											
	TW						**TW**													
	N	**2**	**1**				**N**	**2**	**1**											

[2] The ward has 1.0 WTE of band 4 who works 3 LDs per week and is included in the HCSW numbers.

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Derwen GGH	**E** **L** **LD** **TW** **N**	**2** **1** **2** **1** **2**	**2** **2** **1** **2**	**19.49**	**15.28**	**Yes**	**E** **L** **LD** **TW** **N**	**2** **1** **2** **3**	**1** **1** **2** **2**	**19.17**	**14.45**	**Yes**	**Yes**	**Yes**	**C/D** (Convert one RN twilight shift to provide full night shift cover.	**26**	**25**	**-0.32**	**-0.83**	**-35,913**
Merlin GGH	**E** **L** **LD** **TW** **N**	**2** **2** **1** **2**	**1** **1** **1** **1** **1**	**16.28**	**10.78**	**Yes**	**E** **L** **LD** **TW** **N**	**1** **1** **2** **2**	**1** **1** **1** **2**	**15.45**	**11.73**	**Yes**	**Yes**	**Yes**	**C** (Convert one HCSW twilight shift to provide full night shift cover.	**18**	**17**	**-0.83**	**+0.95**	**-3,892**
Tysul GGH[3] **NB S25B applied from July 2020)**	**Ward previously provided the environment for the ophthalmology day services (service and staff temporarily relocated March 2020)**						**E** **L** **LD** **TW** **N**	**1** **1** **1** **2**	**1** **1** **1** **1**	**11.73 NB Supernumerary Senior Sister covers adjacent wards of Merlin and Tysul)**	**9.0**	**Yes**	**Yes**	**Yes**	**A** (established as an elective general surgical ward during elective restart period)	**NA**	**13**	**+11.73**	**+9.0**	**+769,110**
Preseli GGH	**Preseli Ward functioned as a Covid ward during the initial phase of the pandemic and then closed in June 2020. To that end, it ceased to be a Section 25B ward in March 2020.** **Padarn ward has now been relocated to the ward environment on a permanent basis** **Staff have been deployed across the GGH site and for this reason the workforce and budget associated with Preseli ward are considered as part of the overall changes on the GGH site**														**A**	**23+3 trolleys**	**-**	**-20.75**	**-15.28**	**-1,320,952**
PICTON WARD (WOMENS SERVICES)																			

[3] Tysul is a newly established surgical ward for the pathway of non-covid elective surgical patients.

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Picton GGH	**E**	**1**	**1**	**12.98**	**5.75**	**Yes**	**E**	**1**	**1**	**12.15**	**8.42**	**Yes**	**Yes**	**Yes**	**A/D**	**10 +1 trolley**	**10 + 1 trolley**	**-0.83**	**+2.68**	**+46,093**
	L	**1**	**1**				**L**	**1**	**1**											
	LD	**1**	**1**				**LD**	**1**	**1**											
	TW						**TW**													
	N	**2**					**N**	**2**	**1**											
PRINCE PHILLIP HOSPITAL																				
Ward 3 PPH	**E**	**3**	**1**	**19.78**	**14.7**	**Yes**	**E**	**2**	**1**	**18.95**	**17.43**	**Yes**	**Yes**	**Yes**	C/D Sustained trend of increased acuity/dependency	**22**	**21+1**	**-0.83**	**+2.73**	**+47,582**
	L	**2**	**1**				**L**	**1**	**1**											
	LD	**1**	**2**				**LD**	**2**	**2**											
	TW						**TW**													
	N	**3**	**2**				**N**	**3**	**3**											
Ward 4 PPH	**E**	**3**	**3**	**21.56**	**21.05**	**Yes**	**E**	**2**	**2**	**20.73**	**17.68**	**Yes**	**Yes**	**Yes**	B	**26**	**20**	**-0.83**	**-2.10**	**-91,906**
	L	**3**	**3**				**L**	**2**	**1**											
	LD	**1**	**1**				**LD**	**2**	**2**											
	TW						**TW**													
	N	**3**	**3**				**N**	**3**	**3**											
Ward 5 PPH[4]	**E**	**2**	**2**	**15.28**	**15.28**	**Yes**	**E**	**2**	**2/3**	**15.28**	**19.27**	**Yes**	**Yes**	**Yes**	**C** Sustained trend of increased acuity/dependency -	**21**	**21**	**-**	**+2.72**	**+120,153**
	L	**2**	**2**				**L**	**2**	**2**											
	LD	**1**	**1**				**LD**	**1**	**1**											
	TW						**TW**													
	N	**2**	**2**				**N**	**2**	**3**											
Ward 6 PPH[5] (NB was a Surgical Ward in Autumn 2019)	**E**	**2**	**1/2**	**17.22**	**11.03**	**Yes**	**E**	**1**	**1**	**18.95**	**19.9**	**Yes**	**Yes**	**Yes**	**A** repurposed as medical ward in Spring 2020	**28**	**22+1**	**+1.73**	**+8.87**	**+412,728**
	L	**2**	**2**				**L**	**2**	**1**											
	LD	**2**	**1**				**LD**	**2**	**3**											
	TW						**TW**													
	N	**1/2**	**1**				**N**	**3**	**3**											

[4] The addition of a band 4 assistant practitioner to work early shifts Monday-Friday (included in the HCSW column).

[5] The RN and HCSW resource varied from weekdays to weekends due to elective surgical activity.

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward 7 PPH[6] (NB was a mixed medical /surgical ward in Autumn 2019)	**E**	**2**	**2/3**	**19.17**	**16.55**	**Yes**	**E**	**3**	**3**	**27.01**	**19.52**	**Yes**	**Yes**	**Yes**	**A** Repurposed as covid-secure elective surgical ward in July 2020	**28**	**25**	**+8.84**	**+2.97**	**+428,883**
	L	**2**	**2**				**L**	**3**	**3**											
	LD	**2**	**1**				**LD**	**2**	**2**											
	TW		**0/1**				**TW**													
	N	**3**	**2**				**N**	**4**	**2**											
Ward 9 PPH	**E**	**3**	**4**	**27**	**21.56**	**Yes**	**E**	**2**	**3**	**23.45**	**26.18**	**Yes**	**Yes**	**Yes**	**C** Adjusted numbers and skill mix in response to permanent trend in increased acuity/dependency.	**29**	**29**	**-3.55**	**+4.62**	**-3,640**
	L	**3**	**2**				**L**	**2**	**1**											
	LD	**2**	**1**				**LD**	**3**	**3**											
	TW						**TW**													
	N	**4**	**3**				**N**	**3**	**4**											
WARD 1 was decommissioned as a S25B medical ward to become the site's Covid ward and has continued to operate with that as its primary purpose since March 2020.To that effect it is therefore not included under the definition of a Section 25B ward **During the period since March, Ward 1 and the Acute Medical Assessment Unit have operated as a merged unit providing both 'red' and 'green' admission pathways into the hospital for both covid and non-covid patients, retaining Covid positive/suspected patients to receive their care in the Ward 1 area**															**A/D**	**39**	**36+3 trolleys**	**+2.22**	**+0.22**	**+52,236**
WITHYBUSH GENERAL HOSPITAL																				
Ward 1 WGH	**E**	**2**	**3**	**211.73**	**19.78**	**Yes**	**E**	**1**	**2**	**15.45**	**18**	**Yes**	**Yes**	**Yes**	**B** .	**28**	**21**	**-6.28**	**-1.78**	**-287,217**
	L	**2**	**2**				**L**	**1**	**2**											
	LD	**2**	**1**				**LD**	**2**	**1**											
	TW						**TW**													
	N	**3**	**3**				**N**	**2**	**3**											
Ward 3 WGH	**E**	**3**	**2**	**17.38**	**15.28**	**Yes**	**E**	**3**	**3**	**21.56**	**21.56**	**Yes**	**Yes**	**Yes**	**A**	**24**	**20+6 trolleys**	**+4.18**	**+6.28**	**+338,058**
	L	**3**	**2**				**L**	**3**	**3**											
	LD		**1**				**LD**	**1**	**1**											
	TW	**1**					**TW**													
	N	**2**	**2**				**N**	**3**	**3**											

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Ward 4 WGH (NB S25B applied from July 2020)	**E**	**2**	**2**	**NB the planned roster here refers to the staff required to provide care to medically optimised medical patients; along with a co-located surgical assessment unit (i.e. functions excluded from Section 25B of the NSLWA)**			**E**	**2**	**1**	**12.55**	**11.73**	**Yes**	**Yes**	**Yes**	**A/B**	**20**	**14**	**-4.58**	**-4.37**	**-298,157**
	L	**2**	**2**				**L**	**2**	**1**											
	LD		**1**				**LD**		**1**											
	TW						**TW**													
	E	**2**	**2**				**N**	**2**	**2**											
Ward 7 WGH	**E**	**2**	**2**	**20.73**	**20.73**	**Yes**	**E**	**1**	**1**	**19.9**	**19.9**	**Yes**	**Yes**	**Yes**	**D**	**28**	**25**	**-0.83**	**-0.83**	**-55,278**
	L	**2**	**2**				**L**	**1**	**1**											
	LD	**2**	**2**				**LD**	**3**	**3**											
	TW						**TW**													
	N	**3**	**3**				**N**	**3**	**3**											
Ward 8 WGH	**E**	**3**	**2**	**29.73**	**13.5**	**Yes**	**E**	**3**	**1**	**32.45**	**17.17**	**Yes**	**Yes**	**Yes**	**C** (NIV Pathway changes) .	**26**	**23**	**+2.72**	**+3.67**	**+199,090**
	L	**3**	**1**				**L**	**3**	**1**											
	LD	**3**	**1**				**LD**	**3**	**2**											
	TW						**TW**													
	N	**4**	**2**				**N**	**5**	**3**											
Ward 10 WGH	**E**	**3**	**2**	**17.06**	**16.23**	**Yes**	**E**	**2**	**1**	**15.28**	**11.73**	**Yes**	**Yes**	**Yes**	**C** (Permane nt bed reduction)	**24**	**16**	**-1.78**	**-4.5**	**-206,998**
	L	**2**	**1**				**L**	**2**	**1**											
	LD	**1**	**2**				**LD**	**1**	**1**											
	TW						**TW**													
	N	**2**	**2**				**N**	**2**	**2**											
Ward 11 WGH	**E**	**3**	**2**	**21.56**	**18**	**Yes**	**E**	**1**	**1**	**17.17**	**14.45**	**Yes**	**Yes**	**Yes**	**C**	**21**	**14**	**-4.39**	**-3.55**	**-277,304**
	L	**3**	**2**				**L**	**1**	**1**											
	LD	**1**	**1**				**LD**	**2**	**2**											
	TW						**TW**													
	N	**3**	**3**				**N**	**3**	**2**											
Ward 12 WGH	**E**	**2**	**2**	**17.06**	**20.73**	**Yes**	**E**	**1**	**1**	**11.73**	**17.17**	**Yes**	**Yes**	**Yes**	**C**	**24**	**16**	**-5.33**	**-3.56**	**-313,094**
	L	**2**	**2**				**L**	**1**	**1**											
	LD	**1**	**2**				**LD**	**1**	**2**											
	TW	**1**					**TW**													
	N	**2**	**3**				**N**	**2**	**3**											
ADDITIONAL WARD AREAS (NON S 25B) COMMISSIONED IN WGH TO MAINTAIN BED NUMBERS AS A RESULT OF REDUCED BED NUMBERS IN OTHER WARDS : INCLUDED HERE FOR COMPLETENESS OF WARD CHANGES THAT HAVE BEEN REQUIRED ACROSS THIS ACUTE SITE																				
Ward 9 WGH	**E**	**1**	**1**							**12.73**	**17.17**	**YES**	**N/A**	**NA**	**C**	**-**	**14**	**+12.73**	**+17.17**	**+994,995**
	L	**1**	**1**																	
	LD	**1**	**2**																	
	TW																			
	N	**2**	**3**																	

[6] The HCSW resource for the early shift varied between 2 or 3 depending on the type of theatre cases scheduled.

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

Puffin Ward	**E**	**2**	**2**		**19.0**	**18.0**	**yes**	**N/A**	**N/A**	**A**	**-**	**14**	**+19**	**+18**	**+1,254,730**
	L	**2**	**2**												
	LD	**1**	**1**												
	TW														
	N	**3**	**3**												

Table 1. Summary of workforce and financial implications of Autumn 2020 Nurse Staffing Level review and recalculation cycle

Care quality/patient acuity related adjustments	WTE	£
Bronglais	-0.54	12,566
Glangwili	0.77	-18,832
Prince Philip	6.96	164,096
Withybush	11.52	341,411
	18.70	499,240

Covid 19 related adjustments	WTE	£
Bronglais	1.31	49,430
Glangwili	-3.82	-177,584
Prince Philip	24.91	802,941
Withybush	30.45	1,007,414
Padarn*	4.62	173,430
	57.47	1,855,633
Total	76.17	2,354,871

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

*NB Further discussion required to ensure appropriate categorisation of the adjustments to Padarn ward nurse staffing levels

i.e. clarification of whether the changes are predominantly care quality/patient acuity and/or a Covid-related and/or service change and development

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				