



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 November 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Nurse Staffing Levels (Wales) Act: Annual Presentation of Nurse Staffing Levels
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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.

The Board is asked to note that as of 1<sup>st</sup> October 2021, the requirements set out in Section 25B have been extended to paediatric inpatient wards and the two wards in this Health Board where this applies are now also, therefore, included in the report

**Cefndir / Background**

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) Every third year, the Board provides a 3 year assurance report to Welsh Government: This first of these 3 year reports was submitted in October 2021 and covered the period April 6<sup>th</sup> 2018- April 5<sup>th</sup> 2021. To support the accuracy of this report, the Board has agreed to receive an annual assurance report, using the same template as the 3 year report.

To support Board agenda setting, to fit with other NHS Wales processes, and to ensure consistency across Wales, 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 (this also then aligns 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 report (Attachment 1) sets out the detail of the process, output, conclusions and further actions to be undertaken arising from the recent (Autumn 2021) nurse staffing levels review and recalculation cycle of the adult medical and surgical wards and the paediatric inpatient wards.

The process has been led by the Director of Nursing, Quality and Patient Experience, 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.

The detailed picture for each ward which is provided at 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 have been, in the main, driven by changes that have been required in the light of the COVID-19 pandemic but which are not considered to require permanent changes to the ward characteristics; and those which are 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.

In relation to this latter point i.e. that whilst some of the adjustments to the agreed nurse staffing levels are still required because of managing the impact of COVID-19 on our hospital sites, others are judged to be required as a result of changes to patient acuity, a recent review of overall patient acuity data (detail included in Attachment 1, page 4) has shown that since 2019, there has been a **reduction** in the percentage of patients assigned to Level 1 (routine care) and Level 2 (care pathways care); and an **increase** in the percentage of patients being assigned to Level 3 (complex care) level 4 (urgent care) and level 5 (one to one care).

In summary, the adjustment to the workforce and finance required to meet the requirements of the recent calculation cycle of review of the nurse staffing levels is:

- For the adult medical and surgical wards, a total of 37.53 WTE additional staff (-10.97 RN & +48.44 HCSW) at a cost of £1,025,263.00.
- For the paediatric inpatient wards, a total of 8.94 WTE additional staff (-1.49 RN & +10.43 HCSW) at a cost of £310,550.

This information will be submitted and considered as part of the Integrated Medium Term Plan/ financial planning process for 2022/23.

## 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' responsibility in respect of the nurse staffing level in all wards that fall under the inclusion criteria of Section 25B of the Nurse Staffing Levels (Wales) Act 2016.
- 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 Committee (QSEC).

### **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): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	2. Safe Care 4. Dignified Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

### **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 Termiau: Glossary of Terms:	WGH - Worthybush 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

Partion / 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
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<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The potential financial impact of this paper is outlined in detail within the Appendix 1 to Attachment 1 of this paper.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	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 .
<b>Gweithlu: Workforce:</b>	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.
<b>Risg: Risk:</b>	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.
<b>Cyfreithiol: Legal:</b>	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.
<b>Enw Da: Reputational:</b>	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.
<b>Gyfrinachedd: Privacy:</b>	Currently no impact in relation to privacy identifiable within this work.
<b>Cydraddoldeb: Equality:</b>	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	25 <sup>th</sup> November 2021
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 2020 and Autumn 2021.
<p>Number and identity of section 25B wards during the reporting period.</p> <ul style="list-style-type: none"> <li>• <b>Adult acute <u>medical</u> inpatient wards</b></li> <li>• <b>Adult acute <u>surgical</u> inpatient wards</b></li> <li>• <b>Paediatric inpatient wards</b> (Ref: <a href="#">paragraph 26-30</a>)</li> </ul>	<p>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 2020 to September 2021.</p> <p>A total of 33 adult medical and surgical 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.</p> <p>Since October 1<sup>st</sup> 2021, paediatric inpatient wards are also now subject to the requirements set out in Section 25B/C of the Act and, for completeness, the two wards where section 25B applies have been included in this report.</p> <p>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.</p>
<p>Using the triangulated approach to calculate the nurse staffing level on section 25B wards</p> <p>(Ref: <a href="#">paragraph 31-45</a>)</p>	<p>For each inpatient ward (both adult and paediatric) where Section 25B applies (i.e. as 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.</p> <p>The Autumn 2021 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:</p> <ul style="list-style-type: none"> <li>• Current ward bed numbers and speciality, including specific treatments or procedures and any proposed service and patient pathway changes</li> <li>• Current nurse staff provision, including those members of the nursing team that are not included in the core roster (supervisory senior sister, frailty/rehabilitation support workers, ward administrators and Family Liaison Officers ).</li> <li>• Patient acuity data from the previous 12 months.</li> <li>• 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 about nursing care, serious incidents and safeguarding concerns have also been discussed.</li> </ul>

- 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 staffing 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 utilisation of temporary staffing
- The extent to which the planned rosters have been met.

It is noted that the documentation template which guides the professional discussion as part of the review cycle is revised in the light of learning following each nurse staffing level calculation cycle and amendments are made accordingly.

A summary of the above 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, to ensure that, in full compliance with the statutory requirements, the calculation made by the Designated Person were directly informed by the registered nurses within the ward and the nursing management structure where the nurse staffing level applies.

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.

**Finance and workforce implications**

The Autumn 2021 calculation cycle has identified that the following uplift requirements:

	RN uplift required (WTE)	HCSW uplift required (WTE)	Cost £
Adult medical and surgical inpatient wards	REDUCTION OF 10.91	INCREASE OF 48.44	1,025,263
Paediatric inpatient wards	REDUCTION OF 1.49	INCREASE OF 10.43	310,550

During the Autumn 2021 review cycle, it was noted by the nursing management team that a small number of staff were requesting to revert back to working the shorter shift patterns rather than the 'long day' shift pattern: This is borne out by the

pattern of 'long day working' data which has been gathered from the e-roster system. The WTE/budget establishment requirements has, therefore, been amended for 6 wards, to reflect a slight decrease in the number of substantive staff working the 'long day' shift pattern. Whilst it is unclear if this is a temporary change in the wake of a challenging 18 months during the pandemic period, it should be noted that the financing arrangements for the nurse staffing establishments must 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 the balance between 'long day' and the more traditional 'early/late' shift pattern.

### Conclusion & Recommendations

#### Update on actions from the November 2020 formal presentation to the Board:

Action	Current position
<p>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</p>	<p>The plans to undertake a structured evaluation of the impact of the Second Sister/Charge Nurse posts and the impact of the Senior Sister/Charge Nurse becoming fully supernumerary have been delayed, due, in part to:</p> <ul style="list-style-type: none"> <li>• The changing position with the Second Sister/Charge Nurse on some wards due to a temporary reduction in their bed numbers (as a result of meeting social distancing requirements) meaning that they no longer met the requirements for 2 Sister/Charge Nurse posts and although the establishments were not changed, the person in the post was deployed to work on other wards.</li> <li>• The Senior Sister/Charge Nurse often being required to work clinically to support patient care.</li> </ul> <p>The third cohort of the in-house Clinical Leadership Development Programme (STAR programme) which is intended to support and strengthen the leadership capability of those in clinical leadership positions commenced in Sept 2021 with 9 participants. A total of 28 clinical leaders have completed the first two cohorts.</p>
<p>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</p>	<p>The benchmarking exercise for both the NIV pathway and the stroke pathway has been delayed due to the changes required to both these pathways during the Covid 19 pandemic. Both benchmarking exercises are now underway and will be</p>

<p>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.</p>	<p>completed over the coming 3 months, with the outcomes available to inform the calculation for the nurse staffing levels next due in the Spring 2021.</p>
<p>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.</p>	<p>The quality improvement actions required following each calculation cycle are reviewed during the subsequent calculation cycle and form part of the professional discussion with the designated person. The key actions from the Autumn 2021 calculation cycle are set out below.</p>
<p>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.</p>	<p>The work to improve the knowledge and skills of staff to provide excellent care and support to our frail elderly patients is ongoing. One ward within the health board have been working closely with the Dementia Wellbeing team who have provided extensive training and support to the team and the plan is to share the learning from this ward with others teams across the HB.</p>
<p>That the outcome of the cycle which has been undertaken - 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.</p>	<p>The NSL calculation review cycles continues to support the workforce and finances work around the impact of the COVID-19 pandemic</p>
<p>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.</p>	<p>A financial reserve to reflect the cost of the permanent changes arising from the Autumn 2020 nurse staffing level review cycle was included within the 2021/22 budget setting programme.</p>
<p><b>Autumn 2021 calculation Cycle:</b></p> <p>Set out below are some of the broad themes that emerged during the Autumn 2021 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 2022:</p> <ul style="list-style-type: none"> <li>• <b>Acuity data:</b> a key theme arising from the professional discussions between the Ward Managers, Senior Nurses and Heads of Nursing with the Designated Person was the change in the acuity of the patients on our adult medical and surgical wards, with a number of professional leaders stating that the patients in our care have been markedly sicker and more dependent over the past 12 months. This is borne out by the patient acuity data. The acuity data for the period 1st January 2019 to 31<sup>st</sup> September 2021 has been reviewed and shows that the overall proportion of patients assigned as requiring level 1 (routine</li> </ul>	

care) and level 2 (care pathway care) in 2021 has seen a decrease when compared to the 2019 and 2020 data; whilst the proportion of patients assigned as requiring level 3 (complex care) , level 4 (urgent care) and level 5 (one to one care) has seen an increase. The data for the 33 adult medical and surgical wards included in this report is set out in the below table

The percentage of patients assigned to each levels as a proportion of the total data captured				
	2019	2020	2021	Trend
Level 1 – routine care	3.99%	1.46%	0.50%	↓
Level 2 pathway care	23.53%	16.17%	11.47%	↓
Level 3 complex care	56.71%	61.89%	62.59%	↑
Level 4 urgent care	14.48%	18.63%	23.41%	↑
Level 5 one to one care	1.29%	1.86%	2.02%	↑

- Quality Indicator review:** the number of falls incidents on each ward was discussed as part of the professional discussion that the Designated Person had with each Ward Manager. It was noted that a number of wards were already undertaking quality improvement work with the support of the Quality Improvement team, but where that wasn't the case, the Designated Person directed this as an action required. The Designated Person also requested that a thematic review of the falls be undertaken and any conclusions of the review be considered as part of the review of the current review of the HB's preventing falls and post falls care in inpatient areas policy (policy 401).
- Band 4 workforce:** It was noticeable during this calculation cycle that a number of teams are considering the introduction of Band 4 Assistant Practitioner roles to support the RN workforce, with some teams at the point of recruitment and others at the point of exploring the specific contribution that such a role might make in their ward area.
- Ward Administrator roles:** although these roles are not directly linked to the NSL calculation cycles, the Designated Person did note that there are plans to put this role into place, albeit on a temporary basis, in GGH, PPH and WGH (the ward administrator role is an established role in BGH). This role is intended to provide secretarial and administrative support to the Senior Sister (and their deputies) and to act as first point of contact for all non-clinical issues on behalf of the Senior Sister: The aim is that this role should enable the Senior Sister to be released to focus on clinical leadership, rather than administrative management, tasks and activities.
- Family Liaison Officers:** although, as with the ward administrator roles, these roles are not included within the planned rosters for each of the Section 25B wards reviewed, the Designated Person discussed the role with all the Ward Managers as part of the professional discussion. Almost without exception, the

clinical leaders articulated a significant value and benefit to the role working directly in improving the extent to which the communications needs of patients/ loved ones have been able to be met.

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

<b>Health Board/Trust:</b>	Name: Hywel Dda UHB		
<b>Period being reported on :</b>	Start date: 1 <sup>st</sup> October 2020		End Date: 1 <sup>st</sup> October 2021
<b>Number of wards where section 25B has applied for at least some part of the reporting period</b>	<b>Medical: 22*</b>	<b>Surgical: 12*</b>	Paediatric: 2
	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		

**To be completed for EVERY wards where section 25B has applied**

**\*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**

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.				

Version 1, Issued March 2020

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Supernumerary Senior Sister/Charge Nurse in Oct 2020*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2021) <b>excluding the Band 7</b>		Supernumerary Senior Sister/Charge Nurse in Sept 2021*	Biannual calculation cycle reviews, and reasons for any changes made			Biannual calculation cycle reviews, and reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale **	Completed	Changed	Rationale **
<b>PAEDIATRIC INPATIENT WARDS</b>																		
Cilgerran/ HDU GGH	E						E			35.8	10.9	Yes	Yes	No	S25B ward since 1 <sup>st</sup> October 2021	NA	NA	
	L						L											
	LD						LD	7	2									
	TW						TW											
	N						N	6	2									
Angharad Ward, BGH	E						E			11.37	4.26	Yes	Yes	No	S25B ward since 1 <sup>st</sup> October 2021	NA	NA	
	L						L											
	LD						LD	2	1									
	TW						TW											
	N						N	2	1									

Ward	Planned Roster			Required Establishment at the start of the reporting period (October 2020)		Supernumerary Senior Sister/Charge Nurse in Oct 2020*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2021) <b>excluding the Band 7</b>		Supernumerary Senior Sister/Charge Nurse in Sept 2021*	Biannual calculation cycle reviews, and reasons for any changes made			Biannual calculation cycle reviews, and reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale **	Completed	Changed	Rationale **
<b>BRONGLAIS GENERAL HOSPITAL</b>																		
Dyfi BGH Medical	E	2	1	33.51	19.9	Yes	E	2	2	31.51	20.61	Yes	Yes	No	Change in proportion of long days being worked	NA	NA	
	L	2	1				L	2	2									

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.

	LD	4	3				LD	4	2								
	TW						TW										
	N	5	3				N	5	3								
Ceredig BGH Surgery	E	2	1	22.88	19.9	Yes	E	1	2	21.67	20.61	Yes	Yes	Yes	Changes to emergency surgical pathway activity	NA	NA
	L	3	1				L	2	2								
	LD	2	3				LD	3	2								
	TW						TW										
	N	3	3				N	3	3								
Meurig BGH Medical	E	1	1	15.45	11.61	Yes	E	1	1	14.45	11.61	Yes	Yes	Yes	No change	NA	NA
	L	1	1				L	1	1								
	LD	2	1				LD	2	1								
	TW						TW										
	N	2	2				N	2	2								
Rhiannon BGH Surgery	E	1	2	12.61	10.98	Yes	E	1	1	17.36	11.61	Yes	Yes	Yes	PACU (post anaesthetic care unit) development	NA	NA
	L	1	2				L	1	1								
	LD	1					LD	2	1								
	TW		1 (M-F)				TW										
	N	2	1				N	3	2								
Ystwyth BGH Medical	E	2	2	22.64	17.77	Yes	E	2	2	23.45	19.54	Yes	Yes	Yes	Patient acuity	NA	NA
	L	2	2				L	2	2								
	LD	3	1				LD	3	1								
	TW						TW		1								
	N	3	3				N	3	3								
Y Banwy BGH Medical	E	2		12.32	8.29	Yes	E	1	1	11.61	10.78	Yes	Yes	Yes	Planned roster set for 12 acute medical beds	NA	NA
	L	2					L	1	1								
	LD		2				LD	1	1								
	TW						TW										
	N	2	1				N	2	1								

## GLANGWILI GENERAL HOSPITAL

Cadog GGH Medical	E	1	1	15.45	14.45	Yes	E	1	2	14.45	20.73	Yes	Yes	No	Patient acuity		
	L	1					L	1	2								
	LD	2	2				LD	2	2								
	TW		1				TW										
	N	2	2				N	2	3								
Dewi GGH S25B applied from April 2020	E	2	2	16.28	15.28	Yes	E	1	1	14.45	19.90	Yes	Yes	No	Patient acuity		
	L	2	2				L	1	1								
	LD	1	1				LD	2	3								
	TW						TW										
	N	2	2				N	2	3								
Gwenllian GGH Medical	E	1	1	20.9	17.17	Yes	E	1	1	19.9	17.17	Yes	Yes	No	No change		
	L	1	1				L	1	1								
	LD	3	2				LD	3	2								
	TW						TW										
	N	3	3				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.

Padarn GGH Medical	E	1	2	20.9	15.28	Yes	E	1	1	19.9	15.28	Yes	Yes	Yes	No change for 23 beds			
	L	1	2				L	1	1									
	LD	3	1				LD	3	2									
	TW						TW											
	N	3	2				N	3	2									
Steffan GGH Medical	E	1	2	15.45	18	Yes	E	1	1	14.45	16.90	Yes	Yes	Yes	Patient activity			
	L	1	2				L	1	1									
	LD	2	2				LD	2	3									
	TW						TW											
	N	2	2				N	2	2									
Towy GGH Medical	E	1	2	15.45	15.28	Yes	E	1	1	14.45	19.90	Yes	Yes	No	Patient acuity			
	L	1	2				L	1	1									
	LD	2	1				LD	2	3									
	TW						TW											
	N	2	2				N	2	3									
Teifi GGH Surgery	E	2	2	23.73	20.73	Yes	E	1	2	25.35	31.62	Yes	Yes	No	Patient acuity			
	L	2	2				L	1	2									
	LD	2	2				LD	4	4									
	TW						TW											
	N	3	3				N	4	5									
Cleddau GGH Surgery	E	2		14.5	8.17	Yes	E	1		12.67	8.17	Yes	Yes	No	Changes in proportion			
	L	1					L	1										
	LD	1	2				LD	2	2									
	TW						TW											
	N	2	1				N	2	1									
Derwen GGH Surgery	E	2	1	19.17	14.45	Yes	E	2	1	20.73	17.17	Yes	Yes	Yes	Patient acuity			
	L	1	1				L	1	1									
	LD	2	2				LD	2	2									
	TW						TW											
	N	3	2				N	3	3									
Merlin GGH Surgery	E	1	1	15.45	11.73	Yes	E	1	1	15.72	11.73	Yes	Yes	Yes	No change			
	L	1	1				L	1	1									
	LD	2	1				LD	2	1									
	TW						TW											
	N	2	2				N	2	2									

## GLANGWILI GENERAL HOSPITAL – WOMENS SERVICES

Picton GGH Surgery	E	1	1	12.15	8.42	Yes	E	0	0	11.15	8.43	Yes	Yes	Yes	No change			
	L	1	1				L	0	0									
	LD	1	1				LD	2	2									
	TW						TW	0	0									
	N	2	1				N	2	1									

## PRINCE PHILIP GENERAL HOSPITAL

Ward 1	E					Yes	E	2	1	18.95	17.17	Yes	Yes	Yes	Change to primary			
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E = Early shift

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TW = Twilight shift

LD = Long Day

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PPH Medical	L			18.95	17.43	Yes	L	1	1	18.00	20.73	Yes	Yes	Yes	function of the ward			
	LD						LD	2	2									
	TW						TW											
	N						N	3	3									
Ward 3 PPH Medical	E	2	1	18.95	17.43	Yes	E	2	2	18.00	20.73	Yes	Yes	Yes	Change to primary function of the ward			
	L	1	1				L	1	2									
	LD	2	2				LD	1	2									
	TW						TW											
	N	3	3				N	3	3									
Ward 4 PPH Medical	E	2	2	20.73	17.68	Yes	E	2	2	20.73	19.46	Yes	Yes	Yes	Patient acuity			
	L	2	1				L	2	2									
	LD	2	2				LD	2	2									
	TW						TW											
	N	3	3				N	3	3									
Ward 5 PPH <sup>1</sup> Medical	E	2	2/3	15.28	19.27	Yes	E	2	3	18.00	22.00	Yes	Yes	Yes	Patient acuity			
	L	2	2				L	2	2									
	LD	1	1				LD	1	2									
	TW						TW											
	N	2	3				N	3	3									
Ward 6 PPH Surgery	E	1	1	18.95	19.9	Yes	E	2	1	15.28	11.73	Yes	Yes	Yes	Change in bed numbers			
	L	2	1				L	2	1									
	LD	2	3				LD	1	1									
	TW						TW											
	N	3	3				N	2	2									
Ward 7 PPH Surgery	E	3	3	27.01	19.52	Yes	E	2	2	20.73	16.23	Yes	Yes	Yes	Change in bed numbers			
	L	3	3				L	2	1									
	LD	2	2				LD	2	2									
	TW						TW											
	N	4	2				N	3	2									
Ward 9 PPH Medical	E	2	3	23.45	26.18	Yes	E	3	3	24.28	26.18	Yes	Yes	Yes	Changes in proportion of long days being worked			
	L	2	1				L	3	1									
	LD	3	3				LD	2	3									
	TW						TW											
	N	3	4				N	3	4									
<b>WITHYBUSH GENERAL HOSPITAL</b>																		
Ward 1 WGH Surgery	E	1	2	15.45	18	Yes	E	1	3	17.17	24.28	Yes	Yes	Yes	Change to primary function (elective and emergency surgery)			
	L	1	2				L	1	3									
	LD	2	1				LD	2	2									
	TW						TW											
	N	2	3				N	3	4									

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Ward 3 WGH Surgery	E	3	3	21.56	21.56	Yes	E	3	3	21.56	21.56	Yes	Yes	Yes	WARD CLOSED (Spring 2021)			
	L	3	3				L	3	3									
	LD	1	1				LD	1	1									
	TW						TW											
	N	3	3				N	3	3									
Ward 4 WGH Surgery (NB S25B applied from July 2020 )	E	2	1	12.55	11.73	Yes	E	3	3	21.56	21.56	Yes	Yes	Yes	Change in primary function and beds numbers			
	L	2	1				L	3	3									
	LD		1				LD	1	1									
	TW						TW											
	E	2	2				N	3	3									
Ward 7 WGH Medical	E	1	1	19.9	19.9	Yes	E	1	1	19.9	19.9	Yes	Yes	Yes	No change			
	L	1	1				L	1	1									
	LD	3	3				LD	3	3									
	TW						TW											
	N	3	3				N	3	3									
Ward 8 WGH Medical	E	3	1	32.45	17.17	Yes	E	2	2	31.62	18.00	Yes	Yes	Yes	Changes in proportion of long days being worked			
	L	3	1				L	1	2									
	LD	3	2				LD	4	1									
	TW						TW											
	N	5	3				N	5	3									
Ward 10 WGH Medical	E	2	1	15.28	11.73	Yes	E	1	2	11.73	18.00	Yes	Yes	Yes	Patient acuity  Changes in proportion of long days being worked  Introduction of a Band 4 role			
	L	2	1				L	1	2									
	LD	1	1				LD	1	2									
	TW						TW											
	N	2	2				N	2	3									
Ward 11 WGH Medical	E	1	1	17.17	14.45	Yes	E	1	1	17.17	14.45	Yes	Yes	Yes	No change			
	L	1	1				L	1	1									
	LD	2	2				LD	2	2									
	TW						TW											
	N	3	2				N	3	2									
Ward 12 WGH Medical	E	1	1	11.73	17.17	Yes	E	1	2	11.73	18.00	Yes	Yes	Yes	Change to long day working pattern by staff			
	L	1	1				L	1	2									
	LD	1	2				LD	1	1									
	TW						TW											
	N	2	3				N	2	3									
Ward 9 WGH Medical NB S25B applied since Spring 2021	E	1	1	11.73	17.17	Yes	E	1	2	17.17	20.73	Yes	N/A	NA	Became 25B ward and increase in bed numbers Autumn 2021 review cycle			
	L	1	1				L	1	2									
	LD	1	2				LD	2	2									
	TW						TW											
	N	2	3				N	3	3									

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Version 1, Issued March 2020