



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 November 2022
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:	Helen Humphreys Nursing Workforce 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 used as the basis of 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 and 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 and paediatric wards (Since 1st October 2021) are being maintained.

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 wards where Section 25B pertains.
2. Every third year, the Board provides a 3 year assurance report to Welsh Government: the first of the 3 year reports was submitted in October 2021 and covered the period April 6th 2018- April 5th 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 2022) nurse staffing levels review and recalculation cycle of the adult medical and surgical wards and the paediatric inpatient wards.

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

Page 3&4 of Attachment 1 sets out the workforce and finance implications of the recent calculation cycle of the nurse staffing levels for both adult medical and surgical inpatient wards and for the paediatric inpatient wards. The detailed picture for each ward, which is provided as Appendix 1 (page 6-17 of Attachment 1), has attempted to demonstrate the rationale/driver for any proposed changes to the nurse staffing levels.

Nurse Staffing Levels (Wales) Act 2016 Compliance Final Internal Audit Report (April 2022). The Board is asked to note that the Director of Nursing, Quality & Patient Experience requested an internal audit be undertaken with the purpose of evaluating and determining the adequacy of the systems and controls in place within the Health Board for ensuring compliance with the Nurse Staffing Level (Wales) Act (NSLWA). The final report provided **reasonable assurance** with two medium priority matters and two low priority matters identified. The recommendations in the management action plan have all been addressed and closed.

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):	2. Safe Care 4. Dignified Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
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 Termiau: Glossary of Terms:	WGH - Worthybush General Hospital BGH - Bronglais General Hospital GGH - Glangwili General Hospital PPH - Prince Phillip Hospital CCU – Coronary Care Unit 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
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 Use of Resources Group

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

	<p>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 .</p>
<p>Gweithlu: Workforce:</p>	<p>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.</p> <p>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.</p>
<p>Risg: Risk:</p>	<p>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.</p>
<p>Cyfreithiol: Legal:</p>	<p>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.</p>

Enw Da: Reputational:	<p>The reputation of the nursing services and the effectiveness of the collaboration within the Health Board is enhanced through the level of engagement shown between the operational and corporate teams in ensuring that the statutory requirements relating to the NSLWA are met despite the challenges of the current pandemic circumstances.</p>
Gyfrinachedd: Privacy:	<p>Currently no impact in relation to privacy identifiable within this work.</p>
Cydraddoldeb: Equality:	<p>No negative EqIA impacts identified.</p>

Nursing Assistant Practitioner

Band 4 Role

Why was this role required and the considerations around implementing?

- Challenges recruiting Registered Nurses to the area
- Stroke standards – ensuring the correct number of RN's were available for the acuity of a thrombolised patient
- Thinking of diverse ways we could improve workforce
- Improvements in developing our current HCSW's

How we achieved it.

- Nursing Band 4 assistant practitioner role had been agreed by the Health board
- Job description
- Stroke standards
- Stroke specific competencies

As a result we achieved:

- Progression and development
- Job satisfaction and support
- Stroke standards
- Evidence-based care

“My Band 4 role as a Nursing Assistant Practitioner, has given me the opportunity to expand my knowledge and skill set, enabling me to further support and alleviate some pressures experienced by the recruitment of registered nurses.

This role not only benefits the workforce but it promotes the patient experience, patient safety and best patient outcomes.”

Sara Thomas - Nursing Assistant Practitioner

The way forward

- Team around the patient model
- Development of further roles
- Maintaining stroke standards
- Delivering the best evidence-based care we can for our patients

Annual 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	26 th November 2022								
Period being reported on:	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 2021 and Autumn 2022.								
Number and identity of section 25B wards during the reporting period.	<p>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 2021 and Autumn 2022.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 33%;">Adult acute <u>Medical</u> inpatient wards</th> <th style="width: 33%;">Adult acute <u>Surgical</u> inpatient wards</th> <th style="width: 33%;">Paediatric inpatient wards</th> </tr> </thead> <tbody> <tr> <td>23</td> <td>12</td> <td>2</td> </tr> </tbody> </table> <p>Please note the following:</p> <ul style="list-style-type: none"> • There is one medical ward (ACDU, WGH) included above under ‘adult acute medical inpatient wards’ where Section 25B pertained only between December 2021 and September 2022 (the ward is included in Appendix 1 but is excluded from the Autumn 2022 financial calculations set out in this report as the nurse staffing levels for this unit were not reviewed as part of the autumn cycle). • There is one medical ward (Ward 4/CCU PPH) included above under ‘adult acute medical inpatient wards’ which now has a coronary care unit within its commissioned beds numbers and the Autumn 2022 finance calculations set out in this report takes account of the impact of the merger in PPH. • One surgical ward (Ward 6, PPH) was re-purposed as a medical ward for the period October 2021 to March 2022 so is included in the numbers for both the adult acute medical inpatient wards and adult acute surgical inpatient wards above. • There is one surgical ward (Ward 9, WGH) included above under ‘adult acute surgical inpatient wards’ where Section 25B pertained only between April 2022 and August 2022. The ward is currently closed, due to refurbishment work within the site, but is included in the autumn 2022 financial calculations set out in this report as there are plans to re-open the ward in December 2022. • Since the 1st October 2021, when the Act was extended to paediatric inpatient wards, the paediatric ambulatory care units co-located on the two wards was included in the calculation for one ward but excluded from the other. To ensure consistency across the HB, the nurse staffing calculation for both paediatric wards going forward will include the co-located paediatric ambulatory care units. 			Adult acute <u>Medical</u> inpatient wards	Adult acute <u>Surgical</u> inpatient wards	Paediatric inpatient wards	23	12	2
Adult acute <u>Medical</u> inpatient wards	Adult acute <u>Surgical</u> inpatient wards	Paediatric inpatient wards							
23	12	2							
Using the triangulated approach to calculate the nurse staffing level on section 25B wards	<p>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.</p> <p>The autumn 2022 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"> • 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.

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.

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.

The discussions with the designated person took place between the 3rd October April 2022 and 27th October 2022 (the specific date of each discussion is noted in the table in Appendix 1).

The planned rosters set out in Appendix 1 are those agreed with the designated person as part of the Autumn 2022 nurse staffing calculation cycle.

Nurse Staffing Levels (Wales) Act 2016 Compliance Final Internal Audit Report (April 2022). It is noted that the Director of Nursing, Quality & Patient Experience requested an internal audit be undertaken with the purpose of evaluating and determining the adequacy of the systems and controls in place within the Health Board for ensuring compliance with the Nurse Staffing Level (Wales) Act (NSLWA). The final report provided **reasonable assurance** with two medium priority matters and two low priority matters identified. The recommendations in the management action plan have all been addressed and closed.

Name of Designated Person:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
Signature:	
Date:	

Finance and workforce implications

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. A summary of the finance and workforce implications of the Autumn 2022 calculation cycle are set out in this report. A more detailed breakdown of the finance and workforce implications has been provided to the Use of Resources Group (9th November 2022).

It is noted that there was **no change** to the planned roster and required establishment for 11 of the adult medical/surgical wards and one paediatric ward following the Autumn 2022 calculation cycle (when compared to the planned rosters/required establishments agree during the Spring 2022 calculation cycle).

The Autumn 2022 calculation cycle has identified the following uplift requirements, financial and workforce: The below table 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. e.g. supervisory ward manager, frailty/rehabilitation support workers, ward clerks.

	Changes required £	RN £	HCSW & Other £	RN WTE	HCSW & Other WTE
1. Adult inpatient wards	- £51,825	- £263,699	211,874	- 6.61 WTE	5.94 WTE
2. Ward 4/CCU and Ward 5 PPH	- £114,981	- £205,873	£90,892	- 4.83 WTE	2.72 WTE
3. Paediatric inpatient wards	£450,044	-£49,996	£500,040	-1.77 WTE	13.88WTE

1. 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 Autumn 2022 calculation cycle results in a reduction of **£51,825**. Although there are examples of wards requiring changes to their planned rosters, the main reason for changes this cycle are the changes to the required establishment due to the proportion of long day shift pattern being worked (see note below).
2. It is noted that there a reduction in requirements for Ward 4/CCU, PPH (whose primary function remains a S25B ward) and Ward 5, PPH (changes required to the commissioned beds numbers and roster due to the merger of Ward 4 and CCU) of **£114,981**.
3. The funding of additional requirements of **£450,044** 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. The additional workforce requirements for the paediatric inpatient wards mainly relate to the HCSW workforce, which includes Assistant Practitioners (Band 4) roles. The additional RN requirements are Paediatric Professional & Practice Development roles.

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

- Any additional requirements identified as part of service model changes, including the recurring monies required for the enhanced care units, and these will require a business case to be completed and/or a funding source to be identified e.g. critical care recovery monies – this applies to six wards,
- Any additional requirements identified that are considered temporary and are accepted as a cost pressure for the site/directorate – this applies to one ward.

	<p>As the staffing requirements for the above are due to a service change; the financial impact of which is £1,566,969; 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 submit separate business cases.</p> <p>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 autumn cycle (compared to six wards following the Spring 2022 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.</p>													
<p>Conclusion & recommendations</p>	<p>Update on ongoing work included as part of previous formal presentations to the Board:</p> <table border="1" data-bbox="465 512 1980 1477"> <thead> <tr> <th data-bbox="465 512 1137 544">Area of work</th> <th data-bbox="1137 512 1980 544">Current position</th> </tr> </thead> <tbody> <tr> <td data-bbox="465 544 1137 730"> <p>Proposal to undertake 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.</p> </td> <td data-bbox="1137 544 1980 730"> <p>The plan 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 is on hold although some a mapping exercise has been undertaken to review the national workforce standards around the number of WTE Band 6 required within different specialities.</p> </td> </tr> <tr> <td data-bbox="465 730 1137 1011"> <p>Benchmarking work for:</p> <ul style="list-style-type: none"> • NIV pathway • Stroke pathway </td> <td data-bbox="1137 730 1980 1011"> <p>The benchmarking exercise for the NIV pathway across the HB has been delayed due to the work being undertaken within each site to review and amend their NIV pathways.</p> <p>The benchmarking exercise for the stroke pathway was undertaken during October/November 2021. A summary of the Stroke Services: Nurse Staffing Levels review was presented to Quality, Safety and Experience Committee at the December 2021 meeting.</p> </td> </tr> <tr> <td data-bbox="465 1011 1137 1198"> <p>Acuity data: a theme arising from the Autumn 2021 cycle was the change in the acuity of the patients on our adult medical and surgical wards, which was borne out by the patient acuity data reviewed following the autumn 2021 cycle.</p> </td> <td data-bbox="1137 1011 1980 1198"> <p>Following a review of the HB data, the designated person made a request, via the HB representative, to the All Wales Combined Adult & Paediatric work stream group, to ask whether a review of acuity data could be undertaken on an All Wales basis. Key individuals within the HB supported this work and it was shown that the change in acuity trend seen across Hywel Dda was mirrored across Wales.</p> </td> </tr> <tr> <td data-bbox="465 1198 1137 1353"> <p>Band 4 Assistant Practitioner workforce: It was noticeable during the Autumn 2021 calculation cycle that a number of teams were considering the introduction of Band 4 Assistant Practitioner roles to support the RN workforce.</p> </td> <td data-bbox="1137 1198 1980 1353"> <p>The Autumn 2022 calculation cycle has continued to see teams introducing Band 4 Assistant Practitioner roles to support the RN workforce, with evidence of some teams having successfully recruited into these roles with the feedback noting that the candidates are an asset to the teams.</p> </td> </tr> <tr> <td data-bbox="465 1353 1137 1477"> <p>Family Liaison Officers (FLO): During the Autumn 2021 cycle, the designated person discussed the FLO role with all the Ward Managers as part of the professional discussion.</p> </td> <td data-bbox="1137 1353 1980 1477"> <p>The HB discussions around the FLO role is an ongoing discussion. During the Autumn 2022 cycle, the designated person again discussed the FLO role and its value to the teams with the Ward Managers.</p> </td> </tr> </tbody> </table>		Area of work	Current position	<p>Proposal to undertake 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.</p>	<p>The plan 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 is on hold although some a mapping exercise has been undertaken to review the national workforce standards around the number of WTE Band 6 required within different specialities.</p>	<p>Benchmarking work for:</p> <ul style="list-style-type: none"> • NIV pathway • Stroke pathway 	<p>The benchmarking exercise for the NIV pathway across the HB has been delayed due to the work being undertaken within each site to review and amend their NIV pathways.</p> <p>The benchmarking exercise for the stroke pathway was undertaken during October/November 2021. A summary of the Stroke Services: Nurse Staffing Levels review was presented to Quality, Safety and Experience Committee at the December 2021 meeting.</p>	<p>Acuity data: a theme arising from the Autumn 2021 cycle was the change in the acuity of the patients on our adult medical and surgical wards, which was borne out by the patient acuity data reviewed following the autumn 2021 cycle.</p>	<p>Following a review of the HB data, the designated person made a request, via the HB representative, to the All Wales Combined Adult & Paediatric work stream group, to ask whether a review of acuity data could be undertaken on an All Wales basis. Key individuals within the HB supported this work and it was shown that the change in acuity trend seen across Hywel Dda was mirrored across Wales.</p>	<p>Band 4 Assistant Practitioner workforce: It was noticeable during the Autumn 2021 calculation cycle that a number of teams were considering the introduction of Band 4 Assistant Practitioner roles to support the RN workforce.</p>	<p>The Autumn 2022 calculation cycle has continued to see teams introducing Band 4 Assistant Practitioner roles to support the RN workforce, with evidence of some teams having successfully recruited into these roles with the feedback noting that the candidates are an asset to the teams.</p>	<p>Family Liaison Officers (FLO): During the Autumn 2021 cycle, the designated person discussed the FLO role with all the Ward Managers as part of the professional discussion.</p>	<p>The HB discussions around the FLO role is an ongoing discussion. During the Autumn 2022 cycle, the designated person again discussed the FLO role and its value to the teams with the Ward Managers.</p>
Area of work	Current position													
<p>Proposal to undertake 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.</p>	<p>The plan 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 is on hold although some a mapping exercise has been undertaken to review the national workforce standards around the number of WTE Band 6 required within different specialities.</p>													
<p>Benchmarking work for:</p> <ul style="list-style-type: none"> • NIV pathway • Stroke pathway 	<p>The benchmarking exercise for the NIV pathway across the HB has been delayed due to the work being undertaken within each site to review and amend their NIV pathways.</p> <p>The benchmarking exercise for the stroke pathway was undertaken during October/November 2021. A summary of the Stroke Services: Nurse Staffing Levels review was presented to Quality, Safety and Experience Committee at the December 2021 meeting.</p>													
<p>Acuity data: a theme arising from the Autumn 2021 cycle was the change in the acuity of the patients on our adult medical and surgical wards, which was borne out by the patient acuity data reviewed following the autumn 2021 cycle.</p>	<p>Following a review of the HB data, the designated person made a request, via the HB representative, to the All Wales Combined Adult & Paediatric work stream group, to ask whether a review of acuity data could be undertaken on an All Wales basis. Key individuals within the HB supported this work and it was shown that the change in acuity trend seen across Hywel Dda was mirrored across Wales.</p>													
<p>Band 4 Assistant Practitioner workforce: It was noticeable during the Autumn 2021 calculation cycle that a number of teams were considering the introduction of Band 4 Assistant Practitioner roles to support the RN workforce.</p>	<p>The Autumn 2022 calculation cycle has continued to see teams introducing Band 4 Assistant Practitioner roles to support the RN workforce, with evidence of some teams having successfully recruited into these roles with the feedback noting that the candidates are an asset to the teams.</p>													
<p>Family Liaison Officers (FLO): During the Autumn 2021 cycle, the designated person discussed the FLO role with all the Ward Managers as part of the professional discussion.</p>	<p>The HB discussions around the FLO role is an ongoing discussion. During the Autumn 2022 cycle, the designated person again discussed the FLO role and its value to the teams with the Ward Managers.</p>													

Autumn 2022 calculation Cycle: Set out below are some of the broad themes that emerged during the Autumn 2022 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 2023:

- **Complaints:** the number and nature of the complaints received on each ward was discussed as part of the professional discussion that the designated person had with each Ward Manager. A theme from a number of the complaints was discharge planning and communication and the designated person has requested that a focused piece of work is undertaken as an action from this cycle.
- **Team around the patient model:** in addition to the roles mentioned above, it was also evident that teams are exploring other roles as part of the 'team around the patient' model to support the RN and/or HCSW workforce e.g. pharmacy technician role; housekeeper/procurement roles, professional and practice development roles within paediatrics.
- **Commissioned beds:** a significant challenge for some of the operational teams is around the issue of surged beds. It is noted that the planned rosters set out in this report are based on the ward's commissioned beds numbers but there are eight wards across the HB (five on one site) who operate above their commissioned bed numbers for significant periods of time. 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.
- **The extent to which the planned roster is maintained data:** the extent to which the planned roster is maintained data was discussed as part of the professional discussion that the designated person had with each Ward Manager. The designated person has requested that a piece of work is undertaken to quality assure the data to ensure that there is consistency in how teams are interpreting the questions being asked.

It is also worth noting the following:

- **Internationally educated nurses (IEN):** The position as of 4th October 2022, 63 IENs have now arrived within HDUHB with a further 20 due to arrive at the end of October. There will be future cohorts in November 2022 and January 2023. Of the 63 IENs, 30 are now Band 5 Registered Nurses with a further three who have applied for their PIN.
- **Aberystwyth University:** The first cohort of student nurses studying for their BSc Nursing (Adult) and BSc Nursing (Mental Health) in Aberystwyth University commenced in September 2022.

Date summary presented to Use of Resources Group	9 th November 2022
Date of annual presentation to the Board	25 th November 2022

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 2021 and Autumn 2022 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.

E = Early shift		L = Late shift		TW = Twilight shift		LD = Long Day		N = Night duty																					
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 2021 calculation cycle			Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle			Required Establishment for the planned roster Autumn 2022		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			35.80 (including 10.90 Band 6)	10.9	E			35.02 (including 10.9 Band 6) +10.9 for PACU (including 5.45 Band 6)	10.12 + 8.17 for PACU	Yes	Yes	Spring 2022 - Change to the ND HCSW weekend roster (from 2 to 1). Autumn 2022 – inclusion of the roster for PACU	NA	22.10.22														
	L					L																							
	LD	7				2	LD	7 M-F 6 S&S									2												
	TW						TW																						
	N	6				2	N	6									2 M-F 1 S &S												
<table border="1"> <tr> <td></td> <td>RN</td> <td>B4</td> <td>B2</td> </tr> <tr> <td>LD</td> <td>2</td> <td>1</td> <td></td> </tr> <tr> <td>TW</td> <td></td> <td></td> <td>1</td> </tr> <tr> <td>N</td> <td>2</td> <td>1</td> <td></td> </tr> </table>				RN	B4	B2	LD	2	1		TW			1	N	2	1												
	RN	B4	B2																										
LD	2	1																											
TW			1																										
N	2	1																											
Angharad Ward, BGH	E			11.37 (including 5.69 WTE Band 6)	4.26	E							No change	NA	27.10.22														
	L					L																							
	LD	2				1	LD																						
	TW						TW																						
	N	2				1	N																						

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
-----------------	----------------	---------------------	---------------	----------------

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

The ward highlighted in green is a ward's whose primary function has change and the ward is now deemed to be a S25B ward

Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle			Required Establishment for the planned roster Autumn 2022		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		

UNSCHEDULED CARE – BRONGLAIS GENERAL HOSPITAL

Dyfi BGH Medical	E	2		2	31.51	20.61	E	3		1	32.22	19.90	Yes	Yes	Autumn 2022 - Change in proportion of long days (RN and HCSW).	NA	26.10.2022 (Assistant Director of Nursing on behalf of the designated person)
	L	2		2			L	3		1							
	LD	4		2			LD	3		3							
	TW						TW										
	N	5		3			N	5		3							
Ceredig BGH Surgery	E	1		2	21.67	20.61	E	1		1	21.67	19.90	Yes	Yes	Autumn 2022 - Change in proportion of long days (HCSW) In addition to the roster, wards has 3 WTE Rehab Support Worker	NA	25.10.2022 (Assistant Director of Nursing on behalf of the designated person)
	L	2		2			L	2		1							
	LD	3		2			LD	3		3							
	TW						TW										
	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	No change	NA	26.10.2022 (Assistant Director of Nursing on behalf of the designated person)
	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		1	17.06 (including ECU (PACU))	11.61	E	1		1	11.61+ 4.77 for PACU	11.61 + 4.77 for PACU	Yes	No	No change. In addition, ECU(PACU) roster/WTE	NA	25.10.2022 (Assistant Director of Nursing on behalf of the designated person)
	L	1		1			L	1		1							
	LD	2		1			LD	1		1							
	TW						TW										

	Bd 6 RN	HCSW
E	1 Sat	1 Sat
L	1 Mon	1 Mon
LD	1 Tues-Sat	1 Tues-Sat

E = Early shift				L = Late shift				TW = Twilight shift				LD = Long Day				N = Night duty															
The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation 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																															
E = Early shift				L = Late shift				TW = Twilight shift				LD = Long Day				N = Night duty															
Ward				Planned Roster agreed Autumn				Required Establishment for Autumn 2021				Planned Roster agreed Autumn 2022				Required Establishment				Biannual calculation cycle reviews, and reasons for any changes made				Any reviews outside of the				Date of discussion with			
The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation 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																															
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned Autumn 2021				Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned Autumn 2022				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	WTE	RN	Band 4	HCSW	WTE	RN	Band 4	HCSW	WTE	RN	Band 4	HCSW	WTE	Completed	Changed	Rationale												
	N	3	Band 4	HCSW	RN	WTE		HCSW	WTE	Including Band 2-4		N	2	Band 4	HCSW	2	20.61	18.83	Yes	Yes	N	1 Mon-Sat	1 Mon-Sat								
Ytwyth BGH Medical	E	2		2	22.64	19.54		E	2		1	20.61	18.83	Yes	Yes	Spring 2022 - 5 th RN M-F to support the covid pathway no longer required	NA	25.10.2022	(Assistant Director of Nursing on behalf of the designated person)												
	L	2		2				L	2		1					Autumn 2022 - Change in proportion of long days (HCSW)															
	LD	3		1				LD	2		1					In addition to the roster, wards has 3 WTE Rehab Support Worker															
	TW			1				TW			1																				
	N	3		3				N	3		3																				
Y Banwy BGH Medical	E	1		1	11.61	9.00		E	1		1	11.61	11.61	Yes	Yes	Autumn 2022 - Additional HCSW on night duty due to changes in Respiratory pathway	July 2022 – reviewed to confirm any changes to the covid pathway – no change to planned roster. Review Autumn 2022	26.10.2022	(Assistant Director of Nursing on behalf of the designated person)												
	L	1		1				L	1		1																				
	LD	1		1				LD	1		1																				
	TW							TW																							
	N	2		1				N	2		2																				
UNSCHEDULED CARE – GLANGWILI GENERAL HOSPITAL																															
Cadog GGH Medical	E	1		2	14.45	20.73		E	1		2	11.73	23.45	Yes	Yes	Autumn 2022 – Change to skill mix - Introduction of Band 4 role (2.72 WTE)	NA	06.10.2022	(Assistant Director of Nursing on behalf of the designated person)												
	L	1		2				L	1		2					In additional to the roster ward has 3 WTE Frailty worker															
	LD	2		2				LD	1	1	2																				
	TW							TW																							
	N	2		3				N	2		3																				

E = Early shift		L = Late shift			TW = Twilight shift			LD = Long Day		N = Night duty							
The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation cycle																	
The ward highlighted in green is a ward's whose primary function has change and the ward is now deemed to be a S25B ward																	
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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		
Dewi GGH Medical	E	1		1	14.45	19.90	E	2		2	15.28	20.73	Yes	No	No change to roster for medical ward – but funded establishment is for a rehab/enablement ward so additional requirements is a cost pressure In addition to the roster ward has 3 WTE Frailty worker	July 2022 – reviewed to confirm the plans for the ward. Acuity and QI data reviewed – no change to planned roster. Review Autumn 2022	7.10.22 (Assistant Director of Nursing on behalf of the designated person)
	L	1		1			L	2		2							
	LD	2		3			LD	1		2							
	TW						TW										
	N	2		3			N	2		3							
Gwenllian GGH Medical	E	1		1	19.9	19.90	E	1		1	19.30	19.90	Yes	No	No change In addition to the roster, wards has 3 WTE Rehab Support Worker	NA	7.10.22 (Assistant Director of Nursing on behalf of the designated person)
	L	1		1			L	1		1							
	LD	3		3			LD	3		3							
	TW						TW										
	N	3		3			N	3		3							
Padarn GGH Medical	E	2		1	15.72	14.45	E	1		1	17.17	17.17	Yes	No	Spring 2022 - Changed to Service Model - 19 beds respiratory patients with up to 4 CPAP patients and procedure room (cost pressure) In addition to the roster there is 1 WTE Band 4 AP to support the treatment room	July 2022 – the NIV activity on the ward reviewed (including the acuity data) – no change to planned roster. Review Autumn 2022	3.10.22
	L	1		1			L	1		1							
	LD	2		2			LD	2		2							
	TW						TW										
	N	2		2			N	3		3							

E = Early shift		L = Late shift			TW = Twilight shift			LD = Long Day			N = Night duty						
The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation 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																	
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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		
Steffan GGH Medical	E	1		1	14.45	16.40	E	1		1	14.45	16.40	Yes	NO	No change for 18 beds	July 2022 – the surged beds position reviewed (including the acuity and QI data) – no change to planned roster. Review Autumn 2022	7.10.22 (Assistant Director of Nursing on behalf of the designated person)
	L	1		1			L	1		1							
	LD	2		3			LD	2		3							
	TW			M-F 2 S-S			TW										
	N	2		2			N	2		2							
Towy GGH Medical	E	1		1	14.45	19.90	E	1		1	14.45	19.90	Yes	No	No change	July 2022 – Acuity & QI data reviewed – no change to planned roster. Review Autumn 2022	3.10.22
	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		2	25.35	31.62	E	2		1	23.45	33.52	Yes	Yes	Spring 2022 - Change to skill mix - Introduction of Band 4 role (2.72 WTE) Autumn 2022 - change in proportion of long days (RN and HCSW). In additional to the roster ward has 3 WTE Frailty worker	NA	6.10.22 (Assistant Director of Nursing on behalf of the designated person)
	L	1		2			L	2		1							
	LD	4		4			LD	2	1	5							
	TW						TW										
	N	4		5			N	4		5							

E = Early shift				L = Late shift				TW = Twilight shift				LD = Long Day				N = Night duty			
The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation 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																			
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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				
Cleddau GGH Surgery	E	1	1	1	12.67	9.83	E	1	1	1	12.67	18.0	Yes	Yes	Autumn 2022 – additional HCSW Total WTE includes 3.55 WTE Band 4 See below comment entered for Derwen	July 2022 – review commissioned bed numbers with Preseli being closed – no change to planned roster. Review Autumn 2022	6.10.22 (Assistant Director of Nursing on behalf of the designated person)		
	L	0	1	1			L		1	1									
	LD	2					LD	2		2									
	TW						TW												
	N	2		1			N	2		2									
Derwen GGH Surgery	E	2		1	20.73	17.17	E	1		1	17.17	19.90	Yes	Yes	Spring 2022 - In additional to the roster ward has 3 WTE Frailty worker to work across Derwen & Cleddau Autumn 2022 -Change to skill mix - Introduction of Band 4 role (2.72 WTE)	NA	6.10.22 (Assistant Director of Nursing on behalf of the designated person)		
	L	2		1			L	1		1									
	LD	2		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 Noted that there are 2 WTE Band 4 non rostered on the ward.	NA	6.10.22 (Assistant Director of Nursing on behalf of the designated person)		
	L	1		1			L	1		1									
	LD	2		1			LD	2		1									
	TW						TW												
	N	2		2			N	2		2									

E = Early shift		L = Late shift		TW = Twilight shift		LD = Long Day		N = Night duty									
The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation cycle																	
The ward highlighted in green is a ward's whose primary function has change and the ward is now deemed to be a S25B ward																	
Ward	Planned Roster agreed Autumn 2021 calculation cycle			Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle			Required Establishment for the planned roster Autumn 2022		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 & CHILDREN – GLANGWILI GENERAL HOSPITAL																	
Picton GGH Surgery	E	0		0	11.15	8.37	E						Yes	No	No change - noted that HCSW on night duty added to support medical/surgical outliers since Autumn 2021. Noted that required establishment includes 1 RN and 1 HCSW on Thursday to support clinic activity.	July 2022 – the surgical activity and medical outlier position reviewed – no changed to planned roster. Review Autumn 2022	27.10.22
	L	0		0			L										
	LD	2		2			LD										
	TW	0		0			TW										
	N	2		1			N										
UNSCHEDULED CARE – PRINCE PHILIP HOSPITAL																	
Ward 1 PPH Medical	E	2		1	18.95	17.17	E	2		2	18.95	18.00	Yes	Yes	Autumn 2022 - change in proportion of long days (HCSW)	NA	7.10.22 Assistant Director of Nursing
	L	1		1			L	1		2							
	LD	2		2			LD	2		1							
	TW						TW										
	N	3		3			N	3		3							
Ward 3 PPH Medical	E	2		2	18.00	20.73	E	2		3	18.00	21.56	Yes	Yes	Autumn 2022 -change in proportion of long days (HCSW)	NA	7.10.22 Assistant Director of Nursing
	L	2		2			L	2		3							
	LD	1		2			LD	1		1							
	TW						TW										
	N	3		3			N	318.0		3							

E = Early shift				L = Late shift				TW = Twilight shift				LD = Long Day				N = Night duty			
The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation 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																			
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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				
Ward 4 PPH Medical	E	2		2	20.73	20.73	E	2		2	26.18	16.73	Yes	No	Autumn 2022 – change in roster due to merger of Ward 4 and CCU	July 2022 – the planned function of the ward & merger with CCU reviewed – no change to planned roster. Review Autumn 2022	11.10.22		
	L	2		2			L	2		2									
	LD	2		2			LD	3		1									
	TW						TW												
	N	3		3			N	4		3									
Ward 5 PPH Medical	E	2	1	2	18.00	22.00	E	2	1 M-F	2	20.73	27.44	Yes	Yes	Autumn 2022 – increase in commissioned beds numbers due to merger of Ward 4/CCU change in the proportion of long days (RN) In addition: 1 WTE Band 4	July 2022 – Falls data reviewed. No changes to planned roster. Review Autumn 2022	7.10.22 (Assistant Director of Nursing on behalf of the designated person)		
	L	2		2			L	2		2									
	LD	1		2			LD	2		3									
	TW						TW												
	N	3		3			N	3		4									
Ward 6 PPH Surgery	E	2		2	20.73	15.28	E	2	1	1	16.21	14.16	Yes	Yes	Change to skill mix – introduction of Band 4 AP role	July 2022 – the plan for orthopaedic surgical activity reviewed. No changes to planned roster. Review Autumn 2022	7.10.22 (Assistant Director of Nursing on behalf of the designated person)		
	L	2		2			L	2		1									
	LD	2		1			LD	1		2									
	TW						TW												
	N	3		2			N	3		2									

E = Early shift		L = Late shift		TW = Twilight shift		LD = Long Day		N = Night duty																								
The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation cycle																																
The ward highlighted in green is a ward's whose primary function has change and the ward is now deemed to be a S25B ward																																
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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															
Ward 7 PPH Surgery	E	2		2	20.73	16.23	E	1	1M-F	1	14.45 + 10.9 for ECU	16.55	Yes	Yes	Spring 2022 -Change to skill mix – introduction of Band 4 AP role. Autumn 2022 - change in proportion of long days (RN). In addition, ECU roster/WTE <table border="1" data-bbox="1299 662 1579 829"> <thead> <tr> <th>RN</th> <th>Bd 6</th> <th>Bd 5</th> </tr> </thead> <tbody> <tr> <td>E</td> <td>1</td> <td>1</td> </tr> <tr> <td>L</td> <td>1</td> <td>1</td> </tr> <tr> <td>LD</td> <td>1</td> <td>1</td> </tr> <tr> <td>N</td> <td>1</td> <td>1</td> </tr> </tbody> </table>	RN	Bd 6	Bd 5	E	1	1	L	1	1	LD	1	1	N	1	1	July 2022 – the position with the Band 4 AP role reviewed. No changes to planned roster at this time. Review Autumn 2022	11.10.22
	RN	Bd 6	Bd 5																													
	E	1	1																													
	L	1	1																													
	LD	1	1																													
N	1	1																														
L	2		1	L	1		1																									
LD	2		2	LD	2		2																									
TW				TW																												
N	3		2	N	2		2																									
Ward 9 PPH Medical	E	3		3	24.28	26.18	E	2		3	20.73	28.90	Yes	Yes	Spring 2022 - Change to skill mix - Introduction of Band 4 role (3.55 WTE) Autumn 2022 - change to Band 4 calculation LD rather than E/L (2.72 WTE)	NA	11.10.22															
	L	3		1			L	2		1																						
	LD	2		3			LD	2	1	3																						
	TW						TW																									
	N	3		4			N	3		4																						
WITHYBUSH GENERAL HOSPITAL																																
Ward 1 WGH Surgery	E	2		2	20.73	20.73	E	2		1	18.00	19.90	Yes	Yes	Spring 2022 Change in planned roster due to bed number decrease to 24. Autumn 2022 - change in proportion of long days (HCSW & RN)	NA	17.10.22															
	L	2		2			L	2		1																						
	LD	2		2			LD	1		3																						
	TW						TW																									
	N	3		3			N	3		3																						

E = Early shift		L = Late shift			TW = Twilight shift			LD = Long Day		N = Night duty																						
The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation 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																																
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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																	
Ward 4 WGH Surgery	E	3		3	21.56	21.56	E	2		2	18.00	20.73	Yes	Yes	Spring 2022-Change in planned roster due to decrease in bed number from 25 to 24) and change to covid related pathway. Autumn 2022 -Additional HCSW due to quality indicators concerns	July 2022 – followed up on Band 4 AP role discussion. No change to roster. Review Autumn 2022	17.10.22															
	L	3		3			L	2		2																						
	LD	1		1			LD	1		2																						
	TW						TW																									
	N	3		3			N	3		3																						
Ward 9 WGH Surgery	E						E	1		1	11.73 + 4.01 for ECU	9.0 + 4.01 for ECU		no	In addition to the Ward 9 roster there are the ECU planned roster. <table border="1"> <thead> <tr> <th></th> <th>Bd 6 RN</th> <th>HCSW</th> </tr> </thead> <tbody> <tr> <td>E</td> <td>1 Sun</td> <td>1 Sun</td> </tr> <tr> <td>L</td> <td>1 Tues</td> <td>1 Tues</td> </tr> <tr> <td>LD</td> <td>1 Wed-Sat</td> <td>1 Wed-Sat</td> </tr> <tr> <td>N</td> <td>1 Tues-Sat</td> <td>1 Tues - Sat</td> </tr> </tbody> </table>		Bd 6 RN	HCSW	E	1 Sun	1 Sun	L	1 Tues	1 Tues	LD	1 Wed-Sat	1 Wed-Sat	N	1 Tues-Sat	1 Tues - Sat	July 2022 – followed up on the progress with the ECU. No change to roster. Review Autumn 2022	17.10.22
		Bd 6 RN	HCSW																													
	E	1 Sun	1 Sun																													
	L	1 Tues	1 Tues																													
	LD	1 Wed-Sat	1 Wed-Sat																													
N	1 Tues-Sat	1 Tues - Sat																														
L						L	1		1																							
LD						LD	1																									
TW						TW																										
N						N	2		2																							
Ward 7 WGH Medical	E	1		1	19.90	19.90	E	2		2	20.73	20.73		yes	Autumn 2022 -4 th RN on day duty due to NIV patients on the ward - service change	July 2022 – followed up on the Band 4 AP role discussion.no change to roster. Review Autumn 2022	17.10.22															
	L	1		1					L	2									2													
	LD	3		3					LD	2									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 wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation 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																	
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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		
Ward 8/CCU WGH Medical	E	2		2	31.62	18.00	E	3		1	32.71	17.17		yes	Autumn 2022 - Change to proportion of Long Days (HCSW & RN).	NA	17.10.22
	L	2		2			L	3		1							
	LD	4		1			LD	3		2							
	TW						TW										
	N	5		3			N	5		3							
Ward 10 WGH Medical	E	2		1	15.28	17.17	E	1		1	11.73	2.72	19.90	yes	Skill mix changes – introduction of Band 4 AP role	NA	25.10.22 (Assistant Director of Nursing on behalf of the designated person)
	L	2		1			L	1		1							
	LD	1		2			LD	1	1	2							
	TW						TW										
	N	2		3			N	2		3							
Ward 11 WGH Medical	E	1		1	17.17	14.45	E	2		2	18.00	15.28		no	Spring 2022 - Changes in proportion of long days being worked (RN & HCSW)	NA	25.10.22 (Assistant Director of Nursing on behalf of the designated person)
	L	1		1			L	2		2							
	LD	2		2			LD	1		1							
	TW						TW										
	N	3		2			N	3		2							
Ward 12 WGH Medical	E	1		2	11.73	18.00	E	1		1	11.73	17.17		yes	Autumn 2022 - Change in the proportion of LD (HCSW)	NA	25.10.22 (Assistant Director of Nursing on behalf of the designated person)
	L	1		2			L	1		1							
	LD	1		1			LD	1		2							
	TW						TW										
	N	2		3			N	2		3							

E = Early shift				L = Late shift				TW = Twilight shift				LD = Long Day				N = Night duty			
The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation 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																			
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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						
E = Early shift				L = Late shift				TW = Twilight shift				LD = Long Day				N = Night duty			
The wards highlighted in yellow have seen a changed to either their planned roster and/or required establishment during this calculation 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																			
Ward	Planned Roster agreed Autumn 2021 calculation cycle				Required Establishment for the planned roster Autumn 2021		Planned Roster agreed Autumn 2022 calculation cycle				Required Establishment for the planned roster Autumn 2022		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						
Ward 3 WGH Medical	E	1		2	17.17	20.73	E	1		1	17.17	19.90		yes	Autumn 2022 - Change in the proportion of LD (HCSW)	NA	25.10.22 (Assistant Director of Nursing on behalf of the designated person)		
	L	1		2			L	1		1									
	LD	2		2			LD	2		3									
	TW						TW												
	N	3		3			N	3		3									
ACDU WGH S25B ward from December 2021-September 2022	E	2		2	18.00	18.00	E	NA	NA	NA	NA	NA	NA	NA	Roster presented is the roster as of Spring 2022. Ward is no longer a S25B ward – primary function has reverted back to an Adult Clinical Decision Unit as was not included as part of the autumn 2022 cycle.	July 2022 – acuity data reviewed. The primary function of the ward also reviewed. No change to roster. Review Autumn 2022.	17.10.22 – noted by designated person		
	L	2		2			L	NA	NA	NA									
	LD	1		1			LD	NA	NA	NA									
	TW						TW	NA	NA	NA									
	N	3		3			N	NA	NA	NA									