

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels Annual Assurance Report
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 overarching duty of the Nurse Staffing Levels (Wales) Act (NSLWA) 2016 is to ensure that Health Boards have robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into force in April 2017.

In April 2018, the remaining Sections of the NSLWA were commenced. These required Health Boards to calculate, and to take all reasonable steps to maintain, the nurse staffing levels in adult medical and surgical wards, using processes that were prescribed within the Act. These Sections also required that a three yearly report be presented to Welsh Government within 30 days of the end of each three-year reporting period.

To facilitate the preparation of the statutory three yearly report to Welsh Government, this Health Board has required that an annual assurance report be prepared to provide assurance to the Board that all statutory requirements are being met. This paper introduces the 2022/23 Hywel Dda University Health Board (HDdUHB) NSLWA annual assurance report and covers the period 6th April 2022 – 5th April 2023.

The All-Wales Nurse Staffing Group has produced the template for this annual assurance report to ensure consistency in the information presented to each Health Board within NHS Wales.

The Board is asked to formally receive and take assurance from the attached draft 2022-2023 NSLWA annual assurance report.

Cefndir / Background

The NSLWA has five sections:

- I. Section 25A of the NSLWA relates to the overarching responsibility placed upon each Health Board, requiring Health Boards and Trusts to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure

appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017.

- II. Section 25B requires Health Boards/ Trusts to calculate and take reasonable steps to maintain the nurse staffing level in all adult acute medical and surgical wards. Health Boards/ Trust are also required to inform patients of the nurse staffing level. This is also referred to as (one of) the second duties of the NSLWA. This duty will extend to apply to paediatric in-patient wards from 1st October 2021
- III. Section 25C requires Health Boards/Trusts to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards. These duties came into effect in April 2018. This is referred to as the second duty of the NSLWA. As noted above for Section 25B, this duty will extend to apply to paediatric in-patient wards from 1st October 2021
- IV. Section 25D of the Act required that Welsh Government devised statutory guidance to support the NSLWA. The initial statutory guidance document was issued in 2017 with a revised document issued in February 2021 to reflect the extension of the NSLWA to include paediatric in-patient wards. An operational handbook to support NHS Wales organisations in implementing the NSLWA across adult medical and surgical in-patient wards was issued in March 2018 and it is planned that this will be supplemented with a paediatric in-patient ward operational handbook, to be issued ahead of 1st October 2021.
- V. Section 25E requires Health Boards/Trusts to report their compliance in maintaining the nurse staffing level for all wards to which Section 25B pertains. The Health Board must submit a three-yearly report to Welsh Government, the first of which will cover the period 6 April 2018 to 5 April 2021. To achieve this three-year report, the Health Board has required that an annual report is presented to the Board outlining compliance with the NSLWA, any impact upon the quality of care where the nurse staffing level was not maintained, and the actions taken in response to this.

The Board's specific responsibilities under the NSLWA are to:

- Identify a 'designated person' (or provide a description of such a person)
- Determine which ward areas where Section 25B applies.
- Receive and agree written reports from the 'designated person' on the nurse staffing level that has been calculated for each ward to which Section 25B pertains
- Ensure that operational systems are in place to record and review every occasion when the number of nurses deployed varies from the planned roster; and
- Agree the operating framework which will 1) specify the systems and processes to ensure that all reasonable steps are taken to maintain the nurse staffing level on both a long term and a shift-by-shift basis; and 2) Specify the arrangements for informing patients of the nurse staffing.

There are two key reporting requirements the NSLWA statutory guidance states should be undertaken within a Health Board:

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

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

Asesiad / Assessment

Assurance Report

The attached report (Appendix A), completed against a template agreed within the Nursing the NNS Wales Staffing Programme, sets out the way in which HDdUHB has met the various statutory requirements of the NSLWA during 2022-23.

For ease of navigating the full report and assisting Board members to draw assurance from it, the below table references the key elements of the statutory requirements that each numbered section of the report is seeking to address: This is presented, together with a brief synopsis of the aim of the evidence required within each section, below:

Page(s)	Brief synopsis of the section
1-2	Introductory Sections
2	The process and methodology used to calculate the nurse staffing level.
3-4	How the HDdUHB responsibilities to inform patients about nurse staffing levels are being met
4-5	The extent to which the nurse staffing (WTE establishments) have been maintained in Section 25B adult medical and surgical wards
5-6	The extent to which the nurse staffing (WTE establishments) have been maintained in Section 25B paediatric wards
6-7	The process for capturing the extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric inpatient wards
7-9	Extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric wards
9-10	The robustness of the systems and processes in place for ensuring that all reasonable steps to maintain the nurse staffing levels are taken
10-12	The impact on care quality as a result of not maintaining the nurse staffing levels in the adult medical and surgical wards
12-13	The impact on care quality as a result of not maintaining the nurse staffing levels in the paediatric wards
13-14	The actions taken when the nurse staffing level was not maintained in section 25B wards
14-15	Section 25A, which addresses the Health Board's/Trust's overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, in addition to the detailed requirements relating to adult medical and surgical wards
15-16	The conclusions from the Health Board's experience during the 2020-2021 period and recommendations for actions in the coming year
Appendix A	

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

- All of the adjustments to the agreed nurse staffing levels are judged to be required as a result of changes in the patient acuity, changes to the primary function of the ward changes in the commissioned bed numbers, changes due to service/pathway

changes and/or changes in the proportion of long days being worked in the previous 6 months.

- The data includes the extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric wards and includes data taken from the Health Care Monitoring System and towards the later end of the year, the Allocate SafeCare module which has now been rolled out to all wards where S25B applies.
- **Adult Medical & Surgical Inpatient wards:** During the 2022-23 reporting period there were NO reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e. level 4 and 5 incidents) or medication errors never events where the nurse staffing levels were not maintained and this was deemed to be a contributory factor. There were also no complaints which were wholly or partly about nursing care received during the 2022-23 reporting period where the nurse staffing levels were not maintained, and this was deemed to be a contributory factor.
- **Paediatrics inpatient wards.** During the 2022-23 reporting period there were NO reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e. level 4 and 5 incidents); medication errors never events; or infiltration/ extravasation injuries where the nurse staffing levels were not maintained and this was deemed to be a contributory factor. There were also no complaints which were wholly or partly about nursing care received during the 2022-23 reporting period where the nurse staffing levels were not maintained, and this was deemed to be a contributory factor.

Argymhelliad / Recommendation

The Board is asked to receive the Annual Assurance report for 2022/23 as a source of assurance that the necessary processes and reviews have been enacted to enable the HDUHB to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 6. Person-Centred 3. Effective
Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care 4. The best health and wellbeing for our individuals, families and communities

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the assurance report 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 - Withybush General Hospital BGH - Bronglais General Hospital GGH - Glangwili General Hospital PPH - Prince Phillip Hospital WTE – whole time equivalent NSLWA-Nurse Staffing Levels (Wales) Act 2016 HDdUHB – Hywel Dda University Health Board WG – Welsh Government
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Acute Heads of Nursing across HDdUHB

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are financial and workforce implications associated with the outcome of the work described in this paper and relate to the ability to finance both registrants and (a range of) Support Workers required.
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 pages 10-13 of the report sets out the impact on care quality as a result of not maintaining the nurse staffing levels.
Gweithlu: Workforce:	This paper relates to adjustments to the staffing levels which have been calculated as being required across many of the acute adult medical/surgical wards and the inpatient paediatric wards of HDdUHB with pages 4-6 showing the change in WTE establishments required.

Risg: Risk:	There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the planning cycle of the Health Board. The risks relate to the ability to both finance and recruit a sufficient workforce of both registrants and (a range of) Support Workers.
Cyfreithiol: Legal:	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' and the extent to which the planned rosters are maintained is set out in pages 7-9 of the paper
Enw Da: Reputational:	The reputation of the nursing services and the effectiveness of the collaboration within the Health Board is enhanced through the level of engagement shown between the operational and corporate teams in ensuring that the statutory requirements relating to the NSLWA are met.
Gyfrinachedd: Privacy:	Currently no impact in relation to privacy identifiable within this work.
Cydraddoldeb: Equality:	No negative EqIA impacts identified.

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health Board/Trust	Hywel Dda University Health Board		
Date annual assurance report is presented to Board	Hywel Dda University Health Board 26 May 2023 (from 6 April 2022 - 5 April 2023)		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	21-23	11-12	2
	<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 as the nurse staffing levels were reviewed during the Spring 2022 calculation cycle but was excluded from the Autumn 2022 calculation 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 calculation accounted for the impact of the two areas merging in PPH. • One surgical ward (Ward 6, PPH) is included in the numbers for both the adult acute medical inpatient wards and adult acute surgical inpatient wards above as there have been periods during the year when the ward has been a medical ward. • 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. • One surgical ward (Preseli ward in Glangwili General Hospital) has been closed for most of 2022/23 (the ward reopened on the 8 March 2023) although the budget has been retained (and was offsetting additional workforce costs in other Section 25B wards on that hospital site). • Since 1 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 from Autumn 2022 will include the co-located paediatric ambulatory care units. This change was presented to the Board as part of the Annual Presentation of the Nurse Staffing Levels report in November 2022. 		

<p>During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods</p>	<p>Following the Autumn 2022 cycle, 13 wards had an ‘early review’ (five adult surgical wards and seven adult medical wards. The ‘early review’ was required due to concerns about the wards’ quality indicator data, and/or to discuss proposed service changes. It is noted that no changes were made to the rosters of the 13 wards who had an ‘early review’.</p>
<p>The process and methodology used to calculate the nurse staffing level.</p>	<p>The triangulated methodology described in Section 25C of the NSLWA has been implemented as prescribed for all Section 25B wards for both the Spring and Autumn 2022 cycles. The core information utilised and reviewed during this process included:</p> <ul style="list-style-type: none"> • Current ward bed numbers and speciality, including specific treatments or procedures and any proposed service and patient pathway changes. • Current nurse staff provision, including those members of the nursing team that are not included in the core roster (supernumerary senior sister/charge nurse, frailty/rehabilitation support workers, ward administrators). • Patient acuity data from the previous 12 months. • Care quality indicators data for the previous 12 months –consideration has been given to the pressure ulcers, falls and medication errors incidents in all wards (as well as infiltration/extravasation injuries in the paediatric wards). In addition, complaints about nursing care, 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 previously been identified. • Workforce - related metrics i.e. Performance & Development Review (PADR) compliance, mandatory training compliance and sickness levels. • National staffing standards, where they exist for the clinical speciality. • Patient flow/activity related data for the previous 12 months. • Finance/workforce-related data including expenditure/utilisation of permanent/temporary staff. • The extent to which the planned rosters have been met. <p>It should be noted that the ‘Nurse Staffing Level review template’ which guides the professional discussion during each review process, has continued to be revised and adapted in the light of learning following each nurse staffing level review/recalculation cycle during 2022/23.</p> <p>Similar to previous cycles, both NSL review/calculation cycles during 2022/23 included detailed professional discussions with the nursing management structure (Ward Managers, Senior Nurse Managers and Heads/Deputy Heads 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,</p>

	<p>regardless of whether there was a proposed increase, decrease, or no change to the ward establishment. This ensures that, in full compliance with the statutory requirements, the calculation made by the Designated Person is directly informed by the registered nurses within the ward and the nursing management structure where the nurse staffing level applies.</p> <p>By the Autumn 2022 calculation cycle there was more stability across some of the wards with no changes required to the planned roster and required establishment for 11 of the adult medical /surgical wards and one paediatric ward (when compared to the Spring 2022 calculation cycle).</p> <p>For those wards where there was a change required to either the planned roster or the required establishment the main reasons were for changes to the skills mix or changes to the proportion of long day shift pattern worked. The WTE/budget establishment requirements for RN and/or HCSW was amended for 14 wards following the autumn cycle (compared to six wards following the Spring 2022 cycle) due to the proportion of long day shift pattern worked. This reflected 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 had 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>The annual presentation to the board paper, presented to the Board in November 2022 (available on the following link: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2022/board-agenda-and-papers-24th-november-2022/agenda-and-papers-24-november-2022/38-annual-nursing-presentation-pdf-738kb-17-november-2022-opens-in-new-tab/) noted the workforce and financial impact of the changes made to the service models on six of the wards.</p> <p>Team around the patient: The Spring 2022 and Autumn 2022 calculation cycles have 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. It has also been 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.</p>
<p>Informing patients</p>	<p>There is an agreed national process in place to meet the statutory requirement to inform patients of the planned nurse staffing levels for all wards where Section 25B pertains. This process involves the display of a bilingual poster outside the ward entrance showing this information, together with a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy read versions) to answer any more detailed questions a patient or a visitor may have about the Act.</p>

A recent assessment (March 2023) indicated that 95% of the wards where S25B applies had the most up to date informing patient information displayed outside the entrance to their ward. The outstanding information has been provided to the one ward that did not have the most up to date information displayed.

In response to the Covid-19 pandemic, it was nationally agreed that the Frequently Asked Questions would be made available electronically via the Patient Information section of each Health Board's public website, along with an invitation to anyone who has queries or wishes to discuss the planned nurse staffing levels for any Section 25B ward, to raise this with the Senior Sister or Nurse in Charge of the ward (Nurse staffing levels (Wales) Act 2016 - Hywel Dda University Health Board (nhs.wales)). This approach aims to meet the 'spirit' of this aspect of the statutory requirement.

It should be noted that, to date, there have not been any concerns reported by patients regarding how the Health Board is approaching this aspect of its statutory requirements. There have been one freedom of information request relating to wards where S25B applies during 2022/23.

Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u>		Period Covered 2022/23		
		No.of Wards	RN (WTE)*	HCSW (WTE)*
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May - Spring 2022)	35	608.56	607.66
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May – Spring 2022) calculation cycle		597.03	585.74
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov- autumn 2022)	33	583.84	604.24
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov – Autumn 2022) calculation cycle		568.76	578.71

	<p>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster) (May 2022)</p>	<p>WTE: 35</p>
	<p>WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster) (November 2022)</p>	<p>WTE: 33</p>
<p>*Variation in WTE required establishment calculated and funded in the above are linked to additional WTE required linked to workforce and financial impact of the changes made to the service models on six of the wards (which are subject to business cases being submitted) and temporary changes to planned roster on one ward.</p> <p>The WTE required establishments and planned rosters following the Spring 2022 cycle were included in the report to the Health Board's Use of Resources committee in May 2022 and the WTE required establishments and planned rosters following the Autumn 2022 cycle were presented to the Board in November 2022.</p> <p>A process by which the budgets for the S25B wards are reset, where required, following each cycle has been agreed so that the changes from each cycle can be realised in a timely manner both in terms of the finance and workforce adjustments required 'in-year', which will ensure both budgetary and rostering stability and allow local 'grip and control' at team level. The changes required following the Autumn 2022 cycles have been enacted into the budgets for 26 of the wards. The remaining wards are subject to either a business case being submitted or are deemed to be temporary changes.</p> <p>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.</p>		

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>	Period Covered 2022/2023		
	No. of Wards	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May – Spring 2022)	2	47.17	15.80
WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May – Spring 2022) calculation cycle	2	47.17	15.80
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov – Autumn 2022)	2	57.29	23.19
WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov – Autumn 2022) calculation cycle	2	57.29	23.19
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 2 WTE		
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 3 WTE (One ward has 2 WTE supernumerary Band 7)		
<p>It is noted that the WTE for November 2022 includes the workforce requirements for PACU which was not included under in the figures for May 2022. As previously stated, this was because the paediatric ambulatory care units co-located on the two wards was included in the calculation for one ward but excluded from the other in the spring cycle. To ensure consistency across the HB, the nurse staffing calculation for both paediatric wards from autumn 2022 will include the co-located paediatric ambulatory care units.</p> <p>The WTE required establishments and planned rosters following the Spring 2022 cycle were included in the report to the HB's Use of Resources committee in May 2022 and the WTE required establishments and planned rosters following the Autumn 2022 cycle were presented to the Board in November 2022. The funding of the additional requirements for the paediatric wards is currently being met from within the Women and Children Directorate.</p>			

	<p>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.</p>
<p>Extent to which the planned roster has been maintained within <u>BOTH adult medical and surgical wards AND paediatric inpatient wards</u></p>	<p>When the second duty of the Nurse Staffing Levels (Wales) Act 2016 (the Act) came into force in April 2018, there was no consistent solution to extracting all of the data explicitly required under section 25E of the 2016 Act, and health boards/trust were using a variety of e-rostering and reporting systems. For the reporting periods April 2018 to April 2021 this health board - together with all other health boards/trusts in Wales - provided narrative to describe the extent to which the nurse staffing levels have been maintained in order to meet its statutory reporting requirements for this period.</p> <p>Since April 2021, the Health Board has utilised the Health Care Monitoring System (HCMS) as the temporary mechanism by which some quantitative data has been captured and used this system as the basis of the data capture for the information presented in the 2021/22 Nurse Staffing Levels Annual Assurance Report and, for the most part for this, the 2022/23 Nurse Staffing Levels Annual Assurance Report.</p> <p>However, NHS Wales has been committed to utilising a national informatics system that can be used as a central repository for entering and collating consistent data required for the Act. To that end, over the last 12 months, officers from this Health Board have contributed significantly to the extensive work which has been undertaken at a national level in order to inform the development of the Allocate 'Safecare' system so that it aligns with the requirements of the Act. The implementation of this national IT system will improve consistency in recording, reporting and updating data across organisations and support the 'Once for Wales' approach. Safecare will enable teams to:</p> <ul style="list-style-type: none"> • Capture acuity data at least twice a day • Identify areas of concern in relation to nurse staffing levels • Confirm all reasonable steps, detailed in the statutory guidance, have been taken; and • Document any movement of staff within the Healthroster system. <p>Each health board has been tasked with rolling out the 'Safecare' module to all wards where S25B of the Act applies, by November 2023. To that end, the Nursing Workforce Systems Project Nurse has worked with the e-rostering team to rollout Safecare to the 35 wards (33 adult and 2 paediatric wards) that this section of the Act pertains to; with the last site going 'live' as of the 31 March 2023. There is still work to do to ensure that the operational and reporting capabilities are fully utilised, but initial feedback from the</p>

	<p>teams has been positive. During the transition from HCMS to Safecare, there will be a period of time where the nurse staffing data is unavoidably incomplete.</p>																										
<p>Extent to which the planned roster has been maintained within <u>BOTH adult medical and surgical wards AND paediatric inpatient wards</u></p>	<p>The data included in this section of this report covers the period 6th April 2022- 5th April 2023 and is a combination of information generated from Safecare and the Health Care Monitoring System (HCMS). The HCMS data is taken from the health board’s internal ‘IRIS’ report – Information Reporting Intelligence System.</p> <table border="1" data-bbox="741 438 2121 839"> <thead> <tr> <th></th> <th>Total number of shifts</th> <th>Shifts where planned roster met and appropriate</th> <th>Shifts where planned roster met but not appropriate</th> <th>Shifts where planned roster not met but appropriate</th> <th>Shifts where planned roster not met and not appropriate</th> <th>Data completeness</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>23920</td> <td>10159 42.47%</td> <td>641 2.68%</td> <td>2965 12.40%</td> <td>10155 42.45%</td> <td rowspan="3">*</td> </tr> <tr> <td>Adult wards</td> <td>22368</td> <td>9082 40.60%</td> <td>639 2.86%</td> <td>2538 11.35%</td> <td>10109 45.19%</td> </tr> <tr> <td>Paediatric wards</td> <td>1552</td> <td>1077 69.39%</td> <td>2 0.13%</td> <td>427 27.51%</td> <td>46 2.96%</td> </tr> </tbody> </table> <p>*the data completeness data is not included in the above table as the teams have been using two different systems to capture the data (HCMS and more recently Safecare) which has changed the way teams capture this data, making the data completeness data unreliable. It is also noted that changing the system of data capture would result in a period of time where the nurse staffing data would be unavoidably incomplete.</p> <p>Adult medical and surgical inpatient wards: The data presented here shows that the planned roster was met and this was deemed appropriate 40.60% of the total shifts recorded (day and night day) (↓ when compared to the data for 2021/22) with night time shifts showing better compliance with planned roster than day time shifts. This is the pattern expected as the night-time shifts are the shifts of greatest risk and thus would be staffed as the priority operationally.</p> <p>There were 2.86% where the planned roster was met but it was deemed not appropriate (↑when compared to the data for 2021/22). The narrative accompanying the records for these shifts suggests that there were occasions when the patient acuity on the ward during those shifts required additional staff and although additional temporary staff was requested, it was unavailable.</p>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness	TOTAL	23920	10159 42.47%	641 2.68%	2965 12.40%	10155 42.45%	*	Adult wards	22368	9082 40.60%	639 2.86%	2538 11.35%	10109 45.19%	Paediatric wards	1552	1077 69.39%	2 0.13%	427 27.51%	46 2.96%
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	<p>There were 11.35% of the shifts (↑ when compared to the data for 2021/22) where the planned roster was not met, but using professional judgement, the staff on duty deemed that the staffing levels were nevertheless deemed appropriate so that the needs of the patients could be met with available staff. There were 45.19% (↑ when compared to the data for 2021/22) where the planned roster was not met and this was judged to be insufficient to meet all the care needs of the patient during that shift. Whilst the ward teams took ‘all reasonable steps’ to ensure that staffing levels were maintained, the data shows the challenges that the teams had in maintaining their rosters during this period. One of the factors affecting the data is the challenges of securing the additional staff required to maintain the higher levels of staffing required for wards with additional/surged beds open.</p> <p>Paediatric inpatient wards: The data presented here shows that 69.39% of the shifts for the paediatric wards were met and appropriate (↓ when compared to the 2021/22 data although the data presented previously was for a six-month period) with 27.51% of the remaining shifts not met but it was deemed that the roster was still appropriate to meet the care needs of the patient during that shift (↑ when compared to the 2021/22 data).</p> <p>There were 2 shifts where the roster was met but the staffing levels were deemed not appropriate to meet the care needs of the children on the ward at that time and there were 46 shifts where the roster was not met, and it was deemed not appropriate.</p>
<p>Process for maintaining the Nurse staffing level</p>	<p>The actions that have been taken, and are described throughout this report, demonstrate that operational teams are taking “all reasonable steps” to maintain the nurse staffing level as per the requirements of the Act and the nationally agreed operational guidance document issued, during 2022/23 and which provided greater detail as to the nature of what constitutes ‘all reasonable steps’. There is evidence found in daily reports relating to each acute site that operational teams are applying their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”.</p> <p>Specific examples of additional actions which have been taken at both strategic/corporate and operational levels are provided below and these further illustrate that ‘all reasonable steps’ have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board, recognising that each ward is only one part of a bigger system, and each part of that system impacts on the other parts.</p> <p>Strategic/corporate steps taken to maintain staffing levels:</p>

- Internationally educated nurses (IEN): The position as of March 2023, 114 IENs have now arrived within HDUHB. 74 have received their PIN and are now Band 5 Registered Nurses with a further 11 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.
- Specific recruitment initiatives targeting the specific needs of individual wards and departments, led by Workforce and OD team.
- Working with workforce and OD colleagues on the workforce stabilisation programme of work for specific sites.

Operational steps taken to maintain staffing levels:

- The 2-3 times a day staff planning and patient flow meetings during which plans are developed to ensuring appropriate staffing levels are in place, risk assessed and managed as required for the coming 24-48 hours with agree escalation processes around nurse staffing concerns.
- Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services.
- A detailed 24/7 report complete by the site management team providing a continuous record of all staffing (and other operational) issues across each site.
- Systems in place whereby risk assessments are undertaken taking into account patients' needs (including acuity and dependency) versus the available staff (both substantive and temporary), staff's knowledge and skills and team stability.
- Mechanisms in place to ensure deployment of staff to ensure appropriate clinical and/or leadership skills.
- Deployment of staff deemed as supernumerary/non-rostered for example, Senior Sister/Charge Nurse, frailty and rehabilitation support workers to provide direct patients care. It is noted that deploying non-rostered staff does come with consequences, for example, Ward Managers have had to work clinically for significant periods, resulting in them being unable to undertake some of their 'management' activities in a timely manner.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards (during period 2022/23)

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care
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	TOTAL	TOTAL	TOTAL	TOTAL
Number of <u>closed</u> incidents/complaints occurring during current year (2022/23) and those incidents that were open incidents at the time of the last report and have been carried forward from 2021/22	27 in total = 25 for the period 2022/2023 + 2 incidents carried forward from 2021/2022.	13 in total = 12 for the period 2022/2023 and 1 incident carried forward from 2021/22	0	55
Total number of incidents/ complaints <u>not closed</u> and to be reported on/during the next year	5 avoidable/unavoidable status to be determined post investigation	0	0	21
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	2	1 (carried forward from 2021/22)	0	4
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	0	0	0	0

(NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor:

The data set out below shows the number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor for 2022/23 compared to the 2021-22 reporting period:

Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor				
	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care
2021-22	1	2	0	4
2022-23	0	0	0	0

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	infiltration and extravasation injuries	Any complaints received about nursing care
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of <u>closed</u> incidents/complaints occurring during current year (2022/23) and those incidents that were open incidents at the time of the last report and have been carried forward from 2021/22	0	0	0	1	0
Total number of incidents/complaints <u>not closed</u> and to be reported on/during the next reporting period	0	0	0	3	2
Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) was <u>not maintained</u>	0	0	0	0	0
Number of closed incidents/complaints where	0	0	0	0	0

failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor					
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Based on a review of the Health Boards/Trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; an SBAR was presented to the Executive Nurse Directors and CNO which included a series of recommendations to improve and refine the reporting process. Following this a sub-group was set up to explore and review the proposed improvements to reporting. This was an opportunity to standardise reporting and ensure alignment with the Duty of Candour set out in the Quality & Engagement Act (2020) by including moderate risk falls and medication error incidents. To that end, the All-Wales Nurse Staffing Reporting sub-group has been tasked with this piece of work which is due to report back to the Executive Directors of Nursing group in April 2023.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards (during period 2022/23)

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR))

Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor

The data set out below shows the number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor for 2022/23 compared to the 2021-22 reporting period:

Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor

	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care
Oct 2021 -	0	0	0	0	0

April 22					
2022-	0	0	0	0	0

The All-Wales review of the reporting measures mentioned previously, has included the reporting measures for paediatrics.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)	
Actions taken if the nurse staffing level <u>was not</u> maintained in wards where section 25B applies	<p>Adult Medical & Surgical Inpatient wards: During the 2022-23 reporting period there were NO reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e. level 4 and 5 incidents) or medication errors never events where the nurse staffing levels were not maintained and this was deemed to be a contributory factor.</p> <p>There were also no complaints which were wholly or partly about nursing care received during the 2022-23 reporting period where the nurse staffing levels were not maintained, and this was deemed to be a contributory factor.</p> <p>Paediatrics inpatient wards. During the 2022-23 reporting period there were NO reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e. level 4 and 5 incidents); medication errors never events; or infiltration/ extravasation injuries where the nurse staffing levels were not maintained and this was deemed to be a contributory factor.</p> <p>There were also no complaints which were wholly or partly about nursing care received during the 2022-23 reporting period where the nurse staffing levels were not maintained, and this was deemed to be a contributory factor.</p> <p>Generally, in relation to actions taken when nurse staffing levels have not been able to be maintained, there is evidence that operational teams are taking 'all reasonable steps' to maintain the nurse staffing levels e.g. utilisation of temporary workforce. The impact on care quality has been carefully monitored operationally via the thrice- daily site staffing / patient flow meetings and through the care quality scrutiny processes implemented by each operational site Head of Nursing. The Heads of Nursing, in addition to being present at the majority of the site staffing/patient flow meetings also receive a daily report briefing them on the staffing position for both the past and the forthcoming 24 hours (as well as other aspects of operational concern), thus facilitating an early warning of any specific risks and enabling immediate action if needed.</p>

	<p>Nursing leaders apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible – the risks are mitigated.</p>
	<p>Section 25A: Duty to have regard to provide sufficient nurses</p>
<p>Requirements of Section 25A</p> <p>(NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)</p>	<p>Although the primary function of this report is to provide assurance around those wards where S25B of the Act applies, the HB also has a statutory requirement under Section 25A of the NSLWA i.e. this section states that the Health Board must have ‘regard to providing sufficient nurses to allow nurses time to care sensitively for patients across all its services’. This section will provide a summary of the wider work that has been undertaken in relation to selected S25A areas during 2022/23.</p> <p>Mental Health Inpatient Services – An Impact Assessment of this health board’s requirements to meet the NHS Wales Interim Mental Health Nurse Staffing principles (agreed by NHS Wales Chief Nursing Officer in November 2021 although not formally published) was undertaken during 2021-22. The outcome of which was confirmed by the Director of Nursing, Quality & Patient Experience. The actions to be taken in response to this assessment have been subject to further discussion and prioritisation during 2022/23 and is still ongoing. The All-Wales Nurse Staffing Programme - Mental Health Workstream has continued its work over the last year supporting the development of key documents, for example, the Welsh Levels of Care document for mental health which will provide the basis for capturing acuity data in mental health settings.</p> <p>Health Visiting Services – an impact assessment of this health board’s requirements to meet the NHS Wales Interim Health Visiting Nurse Staffing principles was undertaken in 2021-22 for both the generic and Flying Start teams and the outcome confirmed by the Director of Nursing, Quality & Patient Experience. The actions to be taken in response to this assessment have been subject to further discussion and prioritisation during 2022/23 and the priority areas have been discussed and agreed by the Director of Nursing, Quality & Patient Experience and will be taken forward by the service.</p> <p>All Unscheduled care areas (which fall under Section 25A of the NSLWA) including Emergency Departments, Minor Injuries Unit, Same Day Emergency Care, Assessment Units e.g. ACDU, CDU and AMAU -The adjustment proposed for the Emergency Departments and Front Door Services have been discussed throughout 2022-23 with ongoing discussions around the realignments of the budgets to ensure that the nurse staffing is appropriate to meet the current level of activity and acuity.</p> <p>Scheduled Care – Critical Care - a comprehensive review of the Critical Care staffing levels with the critical care nursing teams has been undertaken which has taken into account the GPICS standards. The adjustment to the finance and workforce required to meet the standards for the service model is currently being discussed by the Directorate with further work required to identify the priority areas.</p>

	<p>District Nursing – the nurse staffing levels for district nursing is currently being reviewed in line with the interim nurse staffing principles for district nursing. It is anticipated that this work will be concluded by Q2 of 2023-24. A further piece of work will need to be undertaken to assess the workforce and financial implications of aligning the district nursing workforce to the recently published National Specification for Community Nursing.</p>													
Conclusion & Recommendations														
	<p>Despite the current operational challenges, progress continues to be made around key nurse staffing priority areas.</p> <p>Below is an update against the outstanding recommendations set out in the 2021/22 Assurance Report:</p> <table border="1" data-bbox="741 512 2119 1401"> <thead> <tr> <th data-bbox="741 512 1435 544">Recommendation</th> <th data-bbox="1435 512 2119 544">Progress to date</th> </tr> </thead> <tbody> <tr> <td data-bbox="741 544 1435 683">Reset the nurse staffing levels for all Section 25B wards during the Autumn cycle</td> <td data-bbox="1435 544 2119 683">Partially completed: The resetting of the nurse staffing levels for 26 of the wards where section 25B applies was undertaken as part of the autumn 2022 calculation cycle.</td> </tr> <tr> <td data-bbox="741 683 1435 852">Maintain and develop wider opportunities to facilitate more flexible working patterns for, in particular, the registrant workforce, in order to seek to retain more registrants and be able to respond rapidly to pressures in system</td> <td data-bbox="1435 683 2119 852" rowspan="2">Completed action: The nursing teams have worked with the workforce and OD team to develop the guide to flexible working toolkit.</td> </tr> <tr> <td data-bbox="741 852 1435 991">Work collaboratively in support of Workforce and OD colleagues to take forward the staff well-being improvement programme to support staff recuperation and recovery</td> </tr> <tr> <td data-bbox="741 991 1435 1129">Refresh and take forward at pace a systematic plan to review and reset the nurse staffing level reviews of all Section 25A areas</td> <td data-bbox="1435 991 2119 1129">The work undertaken to support of those Section 25A clinical areas/service undertaken during 2022/23 have been included in this report.</td> </tr> <tr> <td data-bbox="741 1129 1435 1268">Continue to support the rollout the Allocate Health Roster and roll out the Safecare module across all Section 25B wards of the Health Board by November 2023</td> <td data-bbox="1435 1129 2119 1268">Completed Action: Allocate Health Roster has been rolled out to all S25B wards (achieved by May 2022) and Safecare has also now be rolled out (achieved by 31st March 2023)</td> </tr> <tr> <td data-bbox="741 1268 1435 1401">Work collaboratively in support of Workforce and OD colleagues to take forward the various new</td> <td data-bbox="1435 1268 2119 1401">Ongoing action: Nursing teams (both corporate and operational) continue to work with workforce and OD colleagues on a number of different work streams including the:</td> </tr> </tbody> </table>	Recommendation	Progress to date	Reset the nurse staffing levels for all Section 25B wards during the Autumn cycle	Partially completed: The resetting of the nurse staffing levels for 26 of the wards where section 25B applies was undertaken as part of the autumn 2022 calculation cycle.	Maintain and develop wider opportunities to facilitate more flexible working patterns for, in particular, the registrant workforce, in order to seek to retain more registrants and be able to respond rapidly to pressures in system	Completed action: The nursing teams have worked with the workforce and OD team to develop the guide to flexible working toolkit.	Work collaboratively in support of Workforce and OD colleagues to take forward the staff well-being improvement programme to support staff recuperation and recovery	Refresh and take forward at pace a systematic plan to review and reset the nurse staffing level reviews of all Section 25A areas	The work undertaken to support of those Section 25A clinical areas/service undertaken during 2022/23 have been included in this report.	Continue to support the rollout the Allocate Health Roster and roll out the Safecare module across all Section 25B wards of the Health Board by November 2023	Completed Action: Allocate Health Roster has been rolled out to all S25B wards (achieved by May 2022) and Safecare has also now be rolled out (achieved by 31 st March 2023)	Work collaboratively in support of Workforce and OD colleagues to take forward the various new	Ongoing action: Nursing teams (both corporate and operational) continue to work with workforce and OD colleagues on a number of different work streams including the:
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Refresh and take forward at pace a systematic plan to review and reset the nurse staffing level reviews of all Section 25A areas	The work undertaken to support of those Section 25A clinical areas/service undertaken during 2022/23 have been included in this report.													
Continue to support the rollout the Allocate Health Roster and roll out the Safecare module across all Section 25B wards of the Health Board by November 2023	Completed Action: Allocate Health Roster has been rolled out to all S25B wards (achieved by May 2022) and Safecare has also now be rolled out (achieved by 31 st March 2023)													
Work collaboratively in support of Workforce and OD colleagues to take forward the various new	Ongoing action: Nursing teams (both corporate and operational) continue to work with workforce and OD colleagues on a number of different work streams including the:													

	<p>initiative aimed at ensuring a supply of registered nurses into the Health Board is assured for the future:</p>	<ul style="list-style-type: none"> • Team around the patient model • The Grow Your Own Health Care Support Worker to Registrant pathways • the recruitment of internationally educated nurses • the placement of apprentices
	<p>Family Liaison Officers: The Spring 2022 cycle will explore the tasks undertaken by FLO's (which were previously the domain of clinical professionals) and will focus on any opportunities for establishing the funding streams for these posts which are proving hugely beneficial in improving patient experience in many clinical areas.</p>	<p>Completed Action: the role and the function of the FLOs considered as part of the Spring 2022 calculation cycle.</p>
	<p>Work collaboratively with finance and workforce colleagues to establish a nursing/finance/workforce process by which any required changes to nurse staffing establishments which have been calculated during each biannual cycle, are addressed in a timely manner</p>	<p>Completed action: The nurse staffing programme team work in partnership with finance colleagues to agree the process and the supporting documents required, by which changes to the nurse staffing establishments are addressed in a timely manner.</p>
	<p>Based on the findings included in this, the 2022/23 assurance report, the recommendations for the coming 12 months are:</p> <ul style="list-style-type: none"> • Work with operational teams to ensure that the operational and reporting capabilities of the Safecare module are fully utilised and consider whether there are benefits to rolling out Safecare to other clinical areas. • Work with operational teams to ensure that any new measures agreed by the All-Wales Executive Directors of Nursing are embedded into existing scrutiny processes. • Continue to work collaboratively in support of Workforce and OD colleagues to take forward the various new initiatives aimed at ensuring a supply of registered nurses into the Health Board is assured for the future. 	

Annual Assurance Report Appendix: Summary of Required Establishment

Health board/trust:	Hywel Dda UHB		
Period reviewed:	Start Date: 6 TH April 2022	End Date: 5 th April 2023	
Number of wards where section 25B applies:	Medical:	Surgical:	Paediatric:
	21-23	11-12	2

To be completed for EVERY ward where section 25B applies:

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the below required establishments.

***Please note the supernumerary ward sister/charge nurse is also NOT included in the required establishment below and there is 1 WTE supernumerary ward sister/charge nurse on each ward unless stated otherwise.**

Adult Acute Medical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022)		WTE Supernumerary Band 7	Required Establishment at the end of the reporting period (as of April 5 th 2023)		WTE supernumerary Band 7	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
GLANGWILI GENERAL HOSPITAL												
GGH Cadog Medical	14.45	20.73	1	11.73	23.45	1	Yes	Yes	skill mix change (additional Bd 4 AP. Reduction in RN),	No	No	No change
GGH Dewi Medical	14.45	20.73	1	15.28	20.73	1	Yes	Yes	No change to roster for medical ward - change in proportion of long days	Yes	No	July 2022 – reviewed to confirm the plans for the ward. Acuity and QI data reviewed – no change to planned roster. Review Autumn 2022
GGH Gwennlian Medical	19.90	19.90	1	19.90	19.90	1	Yes	No	No change	No	No	No change

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022)		WTE Supernumerary Band 7	Required Establishment at the end of the reporting period (as of April 5 th 2023)		WTE supernumerary Band 7	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
GGH Steffan Medical	14.45	16.40	1	14.45	16.40	1	Yes	No	No change	Yes	No	July 2022 – the surged beds position reviewed (including the acuity and QI data) – no change to planned roster. Review Autumn 2022
GGH Towy Medical	14.45	19.90	1	14.45	19.90	1	Yes	No	No change	No	No	No change
GGH Padarn Medical	15.72	14.45	1	17.17	17.17	1	Yes	Yes	Spring 2022 - Changed to Service Model - 19 beds respiratory patients with up to 4 CPAP patients and procedure room (cost pressure)	Yes	No	July 2022 – the NIV activity on the ward reviewed (including the acuity data) – no change to planned roster. Review Autumn 2022
PRINCE PHILIP GENERAL HOSPITAL												
PPH WARD 1 Medical	18.95	17.17	1	18.95	18.00	1	Yes	Yes	Change in proportion of long days	No	No	No change
PPH WARD 3 Medical	18.00	20.73	1	18.00	21.56	1	Yes	Yes	Change in proportion of long days	No	No	No change
PPH Ward 4 Medical	20.73	10.73	1	26.18	16.73	1	Yes	Yes	CCU co-located onto Ward 4	No	No	No change
PPH Ward 5 Medical	18.00	22.00	1	20.73	27.44	1	Yes	Yes	change due to increase in bed numbers to 26	No	No	No change
PPH Ward 9 Medical	24.28	26.18	1	20.73	28.90	1	Yes	Yes	Spring 2022 -Change to skill mix – introduction of Band 4 AP role (early/late) Autumn 2022- no change to roster but Band 4	No	No	No change

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022)		WTE Supernumerary Band 7	Required Establishment at the end of the reporting period (as of April 5 th 2023)		WTE supernumerary Band 7	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
									calculated on long day shift pattern rather than early/late			
BRONGLAIS GENERAL HOSPITAL												
BGH Meurig Medical	14.45	11.61	1	14.45	11.61	1	Yes	No	No change	No	No	No change
BGH Ystwyth Medical	22.64	19.54	1	20.61	18.83	1	Yes	Yes	Spring 2022 - 5 th RN M-F to support the covid pathway no longer required Autumn 2022 - Change in proportion of long days (HCSW)	No	No	No change
BGH Y Banwy Medical	11.61	9.00	1	11.61	11.61	1	Yes	Yes	Additional HCSW required ND (11 hours x 7) due to changes to respiratory patients pathway - service change	No	No	No change
BGH Dyfi Medical	31.51	20.61	2	32.22	19.90	2	Yes	Yes	Change to the proportion of long days. Additional 0.6 WTE Band 4 Cardiac tech role funded by site	No	No	No change
WITHYBUSH GENERAL HOSPITAL												
WGH Ward 7 Medical	19.90	19.90	1	20.73	20.73	1	Yes	Yes	Additional RN required due to NIV patients on the ward resulting in change to proportion of Long Days. Service change	Yes	No	July 2022 – followed up on the Band 4 AP role discussion.no change to roster. Review Autumn 2022
WGH Ward 8 Medical	31.62	18.00	1	32.71	17.17	1	Yes	Yes	Change to proportion of Long Days	No	No	No change
WGH Ward 10 Medical	15.28	17.17	1	11.73	19.90	1	Yes	Yes	Skill mix change (additional Band 4. Reduction in RN) &	No	No	No change

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022)		WTE Supernumerary Band 7	Required Establishment at the end of the reporting period (as of April 5 th 2023)		WTE supernumerary Band 7	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
									Change to proportion of Long Days			
WGH Ward 11 Medical	17.17	14.45	1	18.00	15.28	1	Yes	Yes	Changes in proportion of long days being worked (RN & HCSW)	No	No	No change
WGH Ward 12 Medical	11.73	18.00	1	11.73	17.17	1	Yes	Yes	Change to proportion of Long Days	No	No	No change
WGH Ward 3 Medical	17.17	20.73	1	17.17	19.90	1	Yes	Yes	Change to proportion of Long Days	No	No	No change
WGH ACDU Medical	18.00	18.00	1						ACDU's primary function between Dec 2021 and Sept 2022 was a medical ward where S25B of the Act applied. Sept 2022 the primary function reverted back to an Adult Clinical Decision Unit - and therefore the Unit was not included as part of the autumn 2022 cycle.	No	No	No change

Adult Acute Surgical inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022)		WTE Supernumerary Band 7	Required Establishment at the end of the reporting period (as of April 5 th 2023)		WTE Supernumerary Band 7	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
GLANGWILI GENERAL HOSPITAL												

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022)		WTE Supernumerary Band 7	Required Establishment at the end of the reporting period (as of April 5 th 2023)		WTE Supernumerary Band 7	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
GGH Teifi Surgical	25.35	31.62	1	23.45	33.52	1	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).	No	No	No change
GGH Cleddau surgical	12.67	9.83	1	12.67	18.00	1	Yes	Yes	Additional HCSW due to higher patient acuity - any additional requirements met from Preseli budget	Yes	No	July 2022 – review commissioned bed numbers with Preseli being closed – no change to planned roster. Review Autumn 2022
GGH Preseli Surgical									Ward Closed	Yes	No	July 2022 – ward remains closed
GGH Derwen Surgical	20.73	17.17	1	17.17	19.90	1	Yes	Yes	skill mix change (additional Bd 4 AP. Reduction of RN),	No	No	No change
GGH Merlin Surgical	14.45	11.73	Yes	14.45	11.73	Yes	Yes	No	No change	No	No	No change
WOMEN & CHILDREN DIRECTORATE (ADULT WARD) – GLANGWILI GENERAL HOSPITAL												
GGH Picton surgical	11.15	8.37	Yes	11.15	8.37	Yes	Yes	No	No change	No	No	No change
Prince Philip Hospital												
PPH Ward 6 surgical	20.73	15.28	Yes	16.21	14.16	Yes	Yes	Yes	Change to proportion of Long Days (RN LD reduced M-F)	No	No	No change
PPH Ward 7 Surgical	20.73	16.23	Yes	14.45 + 10.9 for	16.55	Yes	Yes	Yes	Introduction of a roster for the Enhanced Care	Yes	No	July 2022 – the position with the Band 4 AP role reviewed. No changes

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022)		WTE Supernumerary Band 7	Required Establishment at the end of the reporting period (as of April 5 th 2023)		WTE Supernumerary Band 7	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
				ECU					Unit Change in proportion of long days			to planned roster at this time. Review Autumn 2022
BRONGLAIS GENERAL HOSPITAL												
BGH Ceredig Surgical	21.67	20.61	1	21.67	19.90	1	Yes	Yes	Additional 1 WTE Band 4 - change to proportion of Long Days	No	No	No change
BGH Rhiannon Surgical	11.61+ 4.77 for PACU	11.61 + 4.77 for PACU	1	11.61+ 4.77 for PACU	11.61 + 4.77 for PACU	1	Yes	No	No change	No	No	No change
WITHYBUSH GENERAL HOSPITAL												
WGH Ward 1 Surgical	20.73	20.73	Yes	18.00	19.90	Yes	Yes	Yes	Spring 2022 Change in planned roster due to bed number decrease to 24. Autumn 2022 - Change to proportion of Long Days	No	No	No change
WGH Ward 4 surgical	21.56	21.56	Yes	18.00	20.73	Yes	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	No	No	No change
WGH Ward 9 surgical	11.73 + 4.01 for ECU	9.0 + 4.01 for ECU	1	NA	NA	NA	Yes	Yes	Ward established as 14 beds surgical wards.- operational between April 2022 and August 2022	Yes	No	July 2022 – followed up on the progress with the ECU. No change to roster. Review Autumn 2022

Paediatric inpatient wards

Ward	Required Establishment at the start of the reporting period (as at April 6 th 2022)		Required Establishment at the end of the reporting period (as of April 5 th 2023)		Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
	RN WTE	HCSW WTE	RN WTE	HCSW WTE	Completed	Changed	Rationale	Completed	Changed	Rationale
WOMEN & CHILDREN DIRECTORATE (PAEDIATRIC WARD) –										
GGH Cilgerran Paeds	35.80 (including 10.9 Band 6)	10.90	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 Reduction of RN roster on Sat & Sun Inclusion of PACU since Autumn 2022	No	No	No change
BGH Angharad Paeds	11.37 (including 5.69 WTE Band 6)	4.26	11.37 (including 5.69 WTE Band 6)	4.26	Yes	No	No change	No	No	No change