

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

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 30 November 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Nurse Staffing Levels (Wales) Act 2016: 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, Head of Nursing, Professional Standards and Regulation |

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 the Report and Appendix 1, 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 1 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 6 April 2018 – 5 April 2021. The second of the 3 year reports, which covers the period 6 April 2021 – 5 April 2024 will need to be submitted by October 2024.

To support the accuracy of this report, the Board has agreed to receive an annual assurance report, using the nationally agreed template. 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; 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 sets out the detail of the process, output, conclusions and further actions to be undertaken arising from the recent (Autumn 2023) 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.

The workforce and financial implications of the Autumn 2023 calculation cycle are as follows:

| | Additional requirements £ | RN £ | HCSW & Other £ | RN WTE | HCSW & Other WTE |
|--|----------------------------------|-------------|---------------------------|---------------|-----------------------------|
| 1. Adult inpatient wards (BGH, GGH, PPH) | 143,670 | 274,298 | - 130,628 | 6.26 | - 3.56 |
| 2. Adult inpatient wards – service change (BGH, GGH, PPH, Picton Ward) | 1,686,928 | 652,850 | 1,034,078 | 13.23 | 28.29 |
| 3. Paediatric inpatient wards | 406,121 | (79,720) | 485,841 | (1.55) | 12.53 |

- 1. Adult inpatient wards:** For those adult inpatient wards where the uplift requirements is via the ‘nurse staffing funding’ allocation, there is an **additional £143,670** required following the Autumn 2023 cycle. The additional RN requirement is linked to the changing acuity of patients on one surgical ward in GGH (GGH Merlin).

As noted in the report, the uplift requirements for the adult inpatient wards in WGH are not included in the above table although the rosters and required establishments for the wards’ current functions have been discussed with the Designated Person and are included in Appendix 1. Due to the reduction in the medical bed capacity due to the ongoing RAAC work, the assessment against the Spring 2023 calculation cycle suggests that the uplift requirements for WGH is **a reduction of £451,310** (-£400,028 for the medical wards and -£51,283 on the surgical wards). However, due to the developing situation in WGH, the outcome of the Autumn 2023 cycle should be viewed with some caution and the rosters for the wards in WGH will be revisited as part of the Spring 2024 cycle (or sooner if required).

- 2. Adult inpatient service change:** The main driver for adult inpatient wards requiring additional RN and/or HCSW is historical changes to the service models/pathways on seven wards (GGH Padarn, GGH Dewi, GGH Cleddau, GGH Picton, BGH Rhiannon, BGH Y Banwy and following the Autumn 2023 cycle, PPH Ward 1), requiring a financial uplift of an **additional £1,686,928**. The finance and workforce implications of these service changes have been discussed by the Core Delivery Group (October 2023), with an action that a review of the models of care on the seven wards will be undertaken to

ensure that the models of care align with the Health Board’s clinical strategy, and are demonstrating improved patient outcomes.

3. Paediatric inpatient wards: The funding of the additional requirements for the paediatric wards (**an additional £406,121**) is currently being met from within the Women and Children’s 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.

Argymhelliad / Recommendation

The Board is requested to take assurance that:

- 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
- HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels
- 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: | Not Applicable |
| Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com) | 1. Safe 3. Effective 4. Efficient 6. Person-Centred |
| Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com) | 1. Leadership 2. Culture and valuing people 3. Data to knowledge |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio Planning Objectives | 1a Recruitment plan 2a Staff health and wellbeing 2c Workforce and OD strategy |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022 | 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential |

| Gwybodaeth Ychwanegol: Further Information: | |
|---|--|
| Ar sail tystiolaeth: Evidence Base: | The evidence underpinning the triangulated approach to calculating the nurse staffing levels has been articulated through the working papers of the all Wales Nurse Staffing Group |
| Rhestr Termiau: Glossary of Terms: | NSLWA – Nurse Staffing Levels (Wales) Act 2016 S25B – Section 25B of the Nurse Staffing Levels (Wales) Act 2016 WGH – Worthybush General Hospital BGH – Bronglais General Hospital GGH – Glangwili General Hospital PPH – Prince Phillip Hospital CCU – Coronary Care Unit WTE – whole time equivalent HDdUHB – Hywel Dda University Health Board WG – Welsh Government NIV – Non-invasive ventilation RAAC – Reinforced Autoclaved Aerated Concrete HCSW – Health Care Support Worker AP – Assistant Practitioner RN – Registered Nurse ECU – Enhanced Care Unit PACU – Paediatric Ambulatory Care Unit QI data – quality indicator data |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: | Sisters/Charge Nurses, Senior Nurse Managers and Heads/Deputy Heads of Nursing of each S25B. |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|--|
| Ariannol / Gwerth am Arian: Financial / Service: | See also Integrated Impact Assessment The financial impact of the Autumn 2023 calculation cycle is set out in the Report and Appendix 1 |
| Ansawdd / Gofal Claf: Quality / Patient Care: | See also Integrated Impact Assessment 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. Page 2-3 of the report makes reference to the information reviewed as part of the triangulated methodology set out in the Act and which is used when implementing the 'duty to calculate'. There is one ward which required an uplift to their RN establishment and there may be a negative impact on care quality if the outcome of the calculation cycle is not responded to operationally which could result in limiting in-patient numbers to the available staffing. |

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|------------------------------------|--|
| Gweithlu: Workforce: | <p>This paper relates to adjustments to the staffing levels which have been calculated as being required across the acute adult medical and surgical wards and paediatric inpatient wards. The potential impact on the workforce of the calculations referenced within this paper are detailed in Appendix 1.</p> <p>It is anticipated that the Act will enable a positive impact on staff well-being</p> |
| Risg: Risk: | <p>See also Integrated Impact Assessment</p> <p>There are financial and workforce risks associated with the outcome of the work described in this paper. The risks relate to the ability to both finance and recruit a sufficient workforce of both registrants and (a range of) Support Workers.</p> <p>Alternatively, there is a risk of providing insufficient inpatient 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> |
| Cyfreithiol: Legal: | <p>See also Integrated Impact Assessment</p> <p>The Act sets out the Board's overarching responsibilities and the Designated Person's specific responsibilities to calculate and maintain nurse staffing levels in S25B wards,</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'.</p> <p>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>See also Integrated Impact Assessment</p> <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.</p> |
| Gyfrinachedd: Privacy: | <p>See also Integrated Impact Assessment</p> <p>Currently no impact in relation to privacy identifiable within this work.</p> |
| Cydraddoldeb: Equality: | <p>See also Integrated Impact Assessment</p> <p>No negative EqIA impacts identified.</p> |

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 | 30 th November 2023 | | | | | |
| Period being reported on: | This report covers the changes that have been made to nurse staffing levels for wards covered by Section 25B (S25B) of the Nurse Staffing Levels (Wales) Act 2016 between Autumn 2022 and Autumn 2023. | | | | | |
| Number and identity of section 25B wards during the reporting period. | Appendix 1 of this report lists the nurse staffing levels for all wards that have been included under S25B of the NSLWA between the Autumn 2022 and Autumn 2023 | | | | | |
| | Adult acute <u>medical</u> inpatient wards | | Adult acute <u>surgical</u> inpatient wards | | Paediatric inpatient wards | |
| | 18-21 | | 12 | | 2 | |
| | Please note the following: | | | | | |
| | <ul style="list-style-type: none"> • As a result of the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks at WGH, one of the medical wards (Ward 7) noted above has been temporarily closed and the primary function of two other medical wards (Ward 11 and Ward 12) has temporarily changed; with S25B of the Act no longer applying to these two wards. The three wards were included in the Autumn 2022 and Spring 2023 calculation cycles and whilst S25B of the Act no longer applies to Ward 11 and Ward 12, the rosters and required establishments for both wards' current functions have been discussed with the Designated Person and are included in Appendix 1. S25B of the Act continues to apply to the remaining three medical wards in WGH (Ward 3, Ward 10, CCU/Ward 9) although the patient groups cared for on some of these wards are different to what they would have been previously. • Ward 9, WGH as an elective surgical ward has been closed since July 2022 as a result of the need for essential fire improvement and theatre ventilation repair works in WGH. The ward was scheduled to reopen in May 2023 but this was delayed due to the emerging RAAC related position. The ward reopened in October 2023 as a medical ward with the CCU co-located on the ward. | | | | | |
| 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. | | | | | | |
| | Adult acute medical inpatient wards | | Adult acute surgical inpatient wards | | Paediatric inpatient wards | |
| Number of Wards | 21 | | 12 | | 2 | |
| | RN (WTE) | HCSW (WTE) | RN (WTE) | HCSW (WTE) | RN (WTE) | HCSW (WTE) |
| Required establishment (WTE) <u>calculated</u> Autumn 2022) calculation cycle | 388.76 | 406.2 | 210.24 | 211.44 | 57.29 | 22.55 |

| | | | | | | |
|--|---------|---------|--------|--------|--------------------------------------|-------|
| WTE of required establishment funded following Autumn 2022 calculation cycle | 377.55 | 390.50 | 207.33 | 195.75 | 57.29 | 22.55 |
| Required establishment (WTE) calculated during Spring 2023 calculation cycle | 382.34 | 399.05 | 204.81 | 218.54 | 57.68 | 22.55 |
| WTE of required establishment funded following Spring 2023 calculation cycle | 376.41 | 391.71 | 200.44 | 211.89 | 57.68 | 22.55 |
| Required establishment (WTE) calculated during Autumn 2023 calculation cycle | 336.27* | 350.25* | 218.32 | 223.16 | 57.68 | 22.55 |
| WTE of required establishment funded following Autumn 2023 calculation cycle (provisional) | 330.34 | 331.19 | 206.32 | 207.51 | 57.68 | 22.55 |
| WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)(Autumn 2023 cycle) | 18 | | 12 | | 3 (2 Supernumerary Band 7 on 1 ward) | |

*The reduction in the required establishment for the adult medical inpatient wards during the Autumn 2023 calculation cycle is due to the reduction in medical bed capacity in WGH due to the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks and the temporary closure of one medical ward (Ward 7) and the temporary change in the primary function of two medical wards in WGH (Ward 11 and Ward 12); which means that S25B of the Act no longer applies to these two wards.

The variation in WTE required establishment calculated and funded in the above table are the additional WTE required as a result of changes to the service models on seven of the wards (further detail is provided on page 4 of this report).

Using the triangulated approach to calculate the nurse staffing level on section 25B wards

For each inpatient ward (both adult and paediatric) where S25B applies (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.

As with previous cycles, the Autumn 2023 process has included detailed professional discussions with the nursing management structure (Senior Sister/Charge Nurse, Senior Nurse Manager and Head/Deputy 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 roster or required establishment. The core information discussed included:

- Current ward bed numbers and speciality, including any proposed service and/or patient pathway changes.
- Current nurse staff provision, including those that are not included in the core roster (e.g. supervisory ward manager, frailty/rehabilitation support workers, ward administrators etc.).
- Patient acuity data for the previous 6 months. Since March 2023, all S25B wards within the health board are now using the SafeCare module of the rostering system to capture the acuity data (SafeCare is the nationally agreed system for capturing this data).
- Care quality indicator data for the previous 12 months – consideration has been given to the pressure ulcers, medication errors and falls incidents in all wards as well as infiltration/extravasation injuries in the paediatric wards. In addition, complaints and positive patient experience data were reviewed.

| | |
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| | <ul style="list-style-type: none"> • Ward based initiatives, improvement programmes or action plans for remedial work to specific areas, where concerns have been identified. • Infection prevention and control data. • Effective rostering, including time balances. • Finance/workforce-related data - expenditure/utilisation of permanent/temporary staff. • 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. • The extent to which the planned rosters have been met over the previous 6 months <p>Workforce data relating to the proportion of staff working the ‘long day’ shift pattern is reviewed each calculation cycle as this impacts on the total establishment required against the planned roster and this, together with the 26.9% uplift required to manage absences related to annual leave, sickness and study leave, has been factored into the financial and workforce calculations required.</p> <p>Discussions with Designated Person: A summary for each ward was presented by the Ward Manager, supported by the relevant Senior Nurse Manager and Head/Deputy Head of Nursing to the Designated Person, the Director of Nursing, Quality and Patient Experience (or nominated deputy) to ensure that the calculation made by the Designated Person was informed by the registered nurses within the ward and the nursing management structure where the nurse staffing level applies.</p> <p>The discussions with the designated person took place between 3rd October 2023 and 1st November 2023 (the specific date of each discussion is noted in the table in Appendix 1).</p> <p>The planned rosters set out in Appendix 1 are those agreed with the Designated Person as part of the Autumn 2023 nurse staffing calculation cycle.</p> |
| Name of Designated Person: | Mandy Rayani, Director of Nursing, Quality and Patient Experience |
| Signature: | |
| Date: | |

| | |
|---|---|
| Finance and workforce implications | <p>The Corporate Nursing Directorate facilitate the nurse staffing levels calculation process for S25B 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 2023 calculation cycle are set out in this report.</p> <p>It is noted that there was no change to the planned roster and required establishment for 11 of the adult medical/surgical wards and both paediatric ward, following the Autumn 2023 calculation cycle (when compared to the planned rosters/required establishments agreed during the Spring 2023 calculation cycle).</p> <p>The Autumn 2023 calculation cycle has identified the following financial and workforce uplift requirements. The figures set out below includes both the uplift required to deliver the roster as well the establishment for non-rostered staff who support the delivery of care e.g. e.g. supervisory ward manager, frailty/rehabilitation support workers, ward clerks.</p> |
|---|---|

| | Additional requirements £ | RN £ | HCSW & Other £ | RN WTE | HCSW & Other WTE |
|--|----------------------------------|-------------|---------------------------|---------------|-----------------------------|
| 1. Adult inpatient wards (BGH, GGH, PPH) | 143,670 | 274,298 | - 130,628 | 6.26 | - 3.56 |
| 2. Adult inpatient wards – service change (BGH, GGH, PPH, Picton Ward) | 1,686,928 | 652,850 | 1,034,078 | 13.23 | 28.29 |
| 3. Paediatric inpatient wards | 406,121 | (79,720) | 485,841 | (1.55) | 12.53 |

Adults inpatient wards

1. For those adult inpatient wards where the uplift requirements is via the ‘nurse staffing funding’ allocation, there is an **additional £143,670** required following the Autumn 2023 cycle. The additional RN requirement is linked to the changing acuity of patients on one surgical ward in GGH (GGH Merlin).

The uplift requirements for the adult inpatient wards in WGH are not included in the above table, although the rosters and required establishments for the wards’ current functions have been discussed with the Designated Person and are included in Appendix 1. Due to the reduction in the medical bed capacity due to the ongoing RAAC work, the assessment against the Spring 2023 calculation cycle suggests that the uplift requirements for WGH is a **reduction of £451,310** (-£400,028 for the medical wards and -£51,283 on the surgical wards). However, due to the developing situation in WGH, the outcome of the Autumn 2023 cycle should be viewed with some caution and the rosters for the wards in WGH will be revisited as part of the Spring 2024 cycle (or sooner if required).

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.

- There were 11 wards which required an amendment to the required establishment as a result of the proportion of long days’ work following the Spring 2023 calculation cycle.
- Following the Autumn 2023 cycle, no changes have been made to the required establishments on any of the wards as a result of the proportion of long days worked (the first cycle where no changes have needed to be made).

However, 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.

2. The main driver for those adult inpatient wards requiring additional RN and/or HCSW is historical changes to the service models/pathways on seven wards (GGH Padarn, GGH Dewi, GGH Cleddau, GGH Picton, BGH Rhiannon, BGH Y Banwy and following the Autumn 2023 cycle, PPH Ward 1), requiring an **additional £1,686,928**. The finance and workforce implications of these service changes have been discussed by the Core Delivery Group (October 2023), with an action that a review of the models of care on the seven wards will be undertaken to ensure that the models of care align with the Health Board’s clinical strategy, and are demonstrating improved patient outcomes.

There was one ward in WGH identified as having a historical change to the service model/pathway requiring additional resources (Ward 7, WGH) but this ward is currently closed. The financial and workforce requirements for this ward will be revisited as part of the Spring 2024 cycle (or sooner if required).

Paediatric inpatient wards

3. The funding of the additional requirements for the paediatric wards (£406,121) is currently being met from within the Women and Children’s 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.

Conclusion & recommendations

Update on ongoing work included as part of previous formal presentations to the Board:

| Area of work | Current position |
|---------------------------|--|
| Complaints | A number of teams identified that staff had either attended or were due to attend the Making the Difference Study days and for those wards where staff had not already attended, the Designated Person requested that each team nominate staff to attend, including admin and clerical staff. |
| Commissioned beds: | A significant challenge for some of the operational teams continues to be the issue of surged beds although the number of S25B wards operating surged beds has decreased (from eight to three wards) due to the reduction in medical bed capacity in WGH as a result of RAAC. 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. |

Autumn 2023 calculation Cycle: Set out below are some of the broad themes that emerged during the Autumn 2023 NSL calculation cycle which are worthy of note and, where appropriate, will be the focus of action during the coming months ahead of the next calculation cycle in Spring 2024:

- **End of Life Care:** a theme from a number of the discussions with the Designated Person was end of life care, this featured in some of the incidents reviewed and in some of the complaints received.
 - **Hand Hygiene and Bare Below the Elbow** – infection prevention and control data formed part of the discussion that the Designated Person had with each Sister/Charge Nurse and a theme from the discussions was the challenges of ensuring all staff groups wash their hands and adhere to the bare below the elbow principles. The escalation process for ongoing concerns was discussed as part of this discussion.
 - **Changes to the Models of Care/Pathways:** as previously noted, the historical service/pathway changes on the seven wards references in this paper, will be reviewed to ensure that the pathways align to the health board’s clinical strategy and are demonstrating improved patient outcomes. The outcome of this work will be reported back to the Core Delivery Group.
- WGH nurse staffing levels** – as noted in this paper, the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks at WGH has meant that different nurse staffing levels have had to be discussed and agreed with the Designated Person for every medical ward in WGH. The rosters for the wards in WGH will be revisited as part of the Spring 2024 cycle (or sooner if required).

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| Date summary presented to Core Delivery Group | |
| Date Summary presented to Sustainable Resource Committee | |
| Date of annual presentation to the Board | |

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

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. Further information is provided within the annual assurance report [INSERT HYPERLINK] on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Paediatric inpatient wards

The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation cycle (autumn 2023 cycle)

| Name of Ward | Planned roster as stated within the annual presentation to the Board report (in November 2022) | | | | Required Establishment as stated within the annual presentation to the Board report (in November 2022) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Planned roster as stated within the annual presentation to the Board report - Spring 2023 | | | | Required Establishment as stated within the annual presentation to the Board report (Spring 2023) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Planned roster as stated within the annual presentation to the Board report - Autumn 2023 | | | | Required Establishment as stated within the annual presentation to the Board report (Autumn 2023) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Date designated person calculated the nurse staffing level | Biannual calculation cycle reviews, and reasons for any changes made | | | Any reviews outside of the biannual calculation cycle, and reasons for any changes made | | | |
|--------------|--|----------------|-------------|-------------|---|-------------------------------|---|---|-------------|-------------|---------------------------|--|-------|---|---|-------------|---------------------------|-------------------------------|--|---------|---|--|--|------|---------|---|--|--|--|
| | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | Completed | changed | rationale | | Completed (Yes/No) | Date | Changed | Rationale | | | |

WOMEN AND CHILDREN – PAEDIATRIC WARDS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------|----|----------|---|-------|---|-----------------------|---|---|----|----------------------|---|---|-----------------------|---|---|---|----|----------------------|---|-----------------------|---|----------|-----|----|-----------|----|--|--|---|
| Cilgerman / HDU CGH | E | | | | 35.02 <small>(including 10.9 Band 6)</small> | 10.12 PACU 8.17 | 2 | E | | | | 35.41 <small>(including 10.9 Band 6)</small> | 10.12 PACU 8.17 | 2 | E | | | | 35.41 <small>(including 10.9 Band 6)</small> | 10.12 PACU 8.17 | 2 | 30.10.23 | yes | no | no change | NA | | | |
| | L | | | | | | | L | | | | | | | L | | | | | | | | | | | | | | |
| | LD | 7 M-F | 6 | | | | | 2 | LD | 7M-W 8T&F 6S&S | | | | | | 2 | LD | 7M-W 8T&F 6S&S | | | | | | | | | | | 2 |
| | TW | | | | | | | | TW | | | | | | | | TW | | | | | | | | | | | | |
| N | 6 | | | 2 M-F | 10.9 <small>(including 5.45 Band 6)</small> | | | N | 6 | | | 2 | N | 6 | | | 2 | N | 6 | | | 2 | | | | | | | |
| Angharad Ward, BGH | E | | | | 11.37 <small>(including 5.69 WTE Band 6)</small> | 4.26 | 1 | E | | | | 11.37 <small>(including 5.69 WTE Band 6)</small> | 4.26 | 1 | E | | | | 11.37 <small>(including 5.69 WTE Band 6)</small> | 4.26 | 1 | 30.10.23 | yes | no | no change | NA | | | |
| | L | | | | | | | L | | | | | | | L | | | | | | | | | | | | | | |
| | LD | 2 | | | | | | 1 | LD | 2 | | | | | | 1 | LD | 2 | | | | | | | | | | | 1 |
| | TW | | | | | | | | TW | | | | | | | | TW | | | | | | | | | | | | |
| N | 2 | | | 1 | | N | 2 | | | 1 | N | 2 | | | 1 | N | 2 | | | 1 | | | | | | | | | |

Total 57.29 22.55 3

Total 57.68 22.55 3

total 57.68 22.55 3

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

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. Further information is provided within the annual assurance report [INSERT HYPERLINK] on the additional multi-professional staff that contribute to the

Adult inpatient Medical wards

The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation cycle (autumn 2023 cycle)

The wards highlighted in grey have seen a temporary change to their planned roster and/or required establishment due to the RACC work in WGH

| Name of Ward | Planned roster as stated within the annual presentation to the Board report (in November 2022) | | | | Required Establishment as stated within the annual presentation to the Board report (in November 2022) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Planned roster as stated within the annual presentation to the Board report - Spring 2023 | | | | Required Establishment as stated within the annual presentation to the Board report (Spring 2023) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Planned roster as stated within the annual presentation to the Board report - Autumn 2023 | | | | Required Establishment as stated within the annual presentation to the Board report (autumn 2023) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Date Designated Person calculated the nurse staffing level | Biannual calculation cycle reviews, and reasons for any changes made | | | Any reviews outside of the biannual calculation cycle, and reasons for any changes made | | | |
|-----------------------|--|----------------|-------------|-------------|---|-------------------------------|---|---|----------------|-------------|-------------|--|-------------------------------|---|---|----------------|-------------|-------------|--|-------------------------------|---|--|--|---------|---|---|------|---------|---|
| | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | | | Completed | changed | rationale | Completed (Yes/No) | Date | Changed | Rationale |
| Dyfi BGH Medical | E | 3 | | 1 | 32.22 | 19.9 | 2 | E | 2 | | 2 | 31.51 | 20.61 | 2 | E | 2 | | 2 | 31.51 | 20.61 | 2 | 23.10.23 | Yes | No | Spring 2023 - Change in the proportion of long days (RN and HCSW) | | | | |
| | L | 3 | | 1 | | | | L | 2 | | 2 | | | | L | 2 | | 2 | | | | | | | | | | | |
| | LD | 3 | | 3 | | | | LD | 4 | | 3 | | | | LD | 4 | | 2 | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| Meurig BGH Medical | N | 5 | | 3 | 14.45 | 11.61 | 1 | N | 5 | | 3 | 14.45 | 11.61 | 1 | N | 5 | | 3 | 14.45 | 11.61 | 1 | 23.10.23 | Yes | No | No change | | | | |
| | E | 1 | | 1 | | | | E | 1 | | 1 | | | | E | 1 | | 1 | | | | | | | | | | | |
| | L | 1 | | 1 | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | |
| | LD | 2 | | 1 | | | | LD | 2 | | 1 | | | | LD | 2 | | 1 | | | | | | | | | | | |
| Ystwyth BGH Medical | TW | | | | 20.61 | 18.83 | 1 | TW | | | | 20.61 | 18.83 | 1 | TW | | | | 20.61 | 18.83 | 1 | 23.10.23 | Yes | No | In addition to the roster, Ward has 3 WTE Rehab Support Worker | | | | |
| | N | 2 | | 2 | | | | N | 2 | | 2 | | | | N | 2 | | 2 | | | | | | | | | | | |
| | E | 2 | | 1 | | | | E | 2 | | 1 | | | | E | 2 | | 1 | | | | | | | | | | | |
| | L | 2 | | 2 | | | | L | 2 | | 2 | | | | L | 2 | | 1 | | | | | | | | | | | |
| Y Barwy BGH Medical | LD | 2 | | 1 | 11.61 | 11.61 | 1 | LD | 2 | | 1 | 11.61 | 11.61 | 1 | LD | 2 | | 2 | 11.61 | 11.61 | 1 | 23.10.23 | Yes | No | No change | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| | N | 3 | | 3 | | | | N | 3 | | 3 | | | | N | 3 | | 3 | | | | | | | | | | | |
| | E | 1 | | 1 | | | | E | 1 | | 1 | | | | E | 1 | | 1 | | | | | | | | | | | |
| Cadog GGH Medical | L | 1 | | 2 | 11.73 | 23.45 | 1 | L | 1 | | 2 | 11.73 | 23.45 | 1 | L | 1 | | 2 | 11.73 | 23.45 | 1 | 9.10.23 | Yes | No | In additional to the roster ward has 3 WTE Frailty worker | Yes | | No | no change - QI data and EPS data reviewed |
| | LD | 1 | 1 | 2 | | | | LD | 1 | 1 | 2 | | | | LD | 1 | 1 | 2 | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| | N | 2 | | 3 | | | | N | 2 | | 3 | | | | N | 2 | | 3 | | | | | | | | | | | |
| Dewi GGH Medical | E | 2 | | 2 | 15.28 | 20.73 | 1 | E | 1 | | 1 | 14.45 | 19.9 | 1 | E | 1 | | 1 | 14.45 | 19.9 | 1 | 12.10.23 | 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 additional to the roster ward has 3 WTE Frailty worker Spring 2023 Change in the proportion of long days (HCSW and RN) | | | | |
| | L | 2 | | 2 | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | |
| | LD | 1 | | 2 | | | | LD | 2 | | 3 | | | | LD | 2 | | 3 | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| Gwenllian GGH Medical | N | 2 | | 3 | 19.3 | 19.9 | 1 | N | 2 | | 3 | 17.17 | 22.62 | 1 | N | 2 | | 3 | 17.17 | 22.62 | 1 | 09.10.23 | Yes | No | Spring 2023 introduction of a AP role In addition to the roster, ward has 3 WTE Rehab Support Worker | | | | |
| | E | 1 | | 1 | | | | E | 1 | | 1 | | | | E | 1 | | 1 | | | | | | | | | | | |
| | L | 1 | | 1 | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | |
| | LD | 3 | | 3 | | | | LD | 2 | 1 | 3 | | | | LD | 2 | 1 | 3 | | | | | | | | | | | |
| Padarn GGH Medical | TW | | | | 18 | 17.17 | 1 | TW | | | | 17.17 | 17.17 | 1 | TW | | | | 17.17 | 17.17 | 1 | 09.10.23 | Yes | No | Spring 2022 - Changed to Service Model - 19 beds respiratory patients with up to 4 CPAP patients and procedure room (cost pressure) | | | | |
| | N | 3 | | 3 | | | | N | 3 | | 3 | | | | N | 3 | | 3 | | | | | | | | | | | |
| | E | 2 | | 1 | | | | E | 1 | | 1 | | | | E | 1 | | 1 | | | | | | | | | | | |
| | L | | | | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | |
| Padarn GGH Medical | LD | 1 | | 2 | 18 | 17.17 | 1 | LD | 2 | | 2 | 17.17 | 17.17 | 1 | LD | 2 | | 2 | 17.17 | 17.17 | 1 | 09.10.23 | Yes | No | Spring 2022 - Changed to Service Model - 19 beds respiratory patients with up to 4 CPAP patients and procedure room (cost pressure) | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Ward | Roster | | | | WTE | FTE | Staff | Roster | | | | WTE | FTE | Staff | WTE | FTE | Staff | Date | Notes | Yes | No | Comments | Yes | No | Change | | |
|------------------------|--------|---|-------|-------|-------|-------|-------|--------|----|---|----|-----|-------|-------|------------|----------|------------|------|---|--|----|----------|-----|---|------------------------------|----|---|
| | TW | N | L | LD | | | | TW | N | L | LD | | | | | | | | | | | | | | | TW | N |
| Steffan GGH Medical | | | | | | 14.45 | 16.4 | 1 | | | | | | 14.45 | 16.4 | 1 | 17.10.23 | Yes | No | In addition to the roster there is 1 WTE Band 4 AP to support the treatment room | | | | | | | |
| | E | 1 | | 1 | | | | | E | 1 | | 1 | | | | | | | | | | | | | | | |
| | L | | | 1 | | | | | L | 1 | | 1 | | | | | | | | | | | | | | | |
| | LD | | | 3 m-f | | | | | LD | 2 | | 3 | | | | | | | | | | | | | | | |
| | N | 2 | | 3 | | | | | N | 2 | | 3 | | | | | | | | | | | | | | | |
| Towy GGH Medical | | | | | 14.45 | 19.9 | 1 | | | | | | 14.45 | 19.9 | 1 | 9.10.23 | Yes | No | No change | Yes | No | | | No | no change - QI data reviewed | | |
| | E | 1 | | 1 | | | | | E | 1 | | 1 | | | | | | | | | | | | | | | |
| | L | 1 | | 1 | | | | | L | 1 | | 1 | | | | | | | | | | | | | | | |
| | LD | 2 | | 3 | | | | | LD | 2 | | 3 | | | | | | | | | | | | | | | |
| | N | 2 | | 3 | | | | | N | 2 | | 3 | | | | | | | | | | | | | | | |
| Ward 1 PPH Medical | | | | | 18.95 | 18 | 1 | | | | | | 18.95 | 17.17 | 1 | 23.10.23 | Yes | Yes | Service change. ADDITIONAL HCSW 24/7 due to NIV/complex respiratory pathway change | Yes | | | No | no change - EPS data reviewed | | | |
| | E | 2 | | 2 | | | | | E | 2 | | 1 | | | | | | | | | | | | | | | |
| | L | 1 | | 2 | | | | | L | 2 | | 1 | | | | | | | | | | | | | | | |
| | LD | 2 | | 1 | | | | | LD | 2 | | 2 | | | | | | | | | | | | | | | |
| | N | 3 | | 3 | | | | | N | 3 | | 3 | | | | | | | | | | | | | | | |
| Ward 3 PPH Medical | | | | | 18 | 21.56 | 1 | | | | | | 18 | 20.73 | 1 | 16.10.23 | Yes | No | Spring 2023 - change in proportion of long days (HCSW) | | | | | | | | |
| | E | 2 | | 3 | | | | | E | 2 | | 2 | | | | | | | | | | | | | | | |
| | L | 2 | | 3 | | | | | L | 2 | | 2 | | | | | | | | | | | | | | | |
| | LD | 1 | | 1 | | | | | LD | 1 | | 2 | | | | | | | | | | | | | | | |
| | N | 3 | | 3 | | | | | N | 3 | | 3 | | | | | | | | | | | | | | | |
| Ward 4 PPH Medical | | | | | 26.18 | 18 | 1 | | | | | | 26.18 | 18 | 1 | 16.10.23 | Yes | No | Autumn 2022 – change in roster due to merger of Ward 4 and CCU | Yes | | | No | no change - review impact of change to gastro pathway | | | |
| | E | 2 | | 2 | | | | | E | 2 | | 2 | | | | | | | | | | | | | | | |
| | L | 2 | | 2 | | | | | L | 2 | | 2 | | | | | | | | | | | | | | | |
| | LD | 3 | | 1 | | | | | LD | 3 | | 1 | | | | | | | | | | | | | | | |
| | N | 4 | | 3 | | | | | N | 4 | | 3 | | | | | | | | | | | | | | | |
| Ward 5 PPH Medical | | | 1 M-F | 2 | 20.73 | 27.44 | 1 | | | | | | 20.73 | 27.44 | 1 | 16.10.23 | Yes | No | In addition: 1 WTE Band 4 | Yes | | | No | no change - review impact of change to gastro pathway | | | |
| | E | 2 | | 2 | | | | | E | 2 | | 2 | | | | | | | | | | | | | | | |
| | L | 2 | | 2 | | | | | L | 2 | | 2 | | | | | | | | | | | | | | | |
| | LD | 2 | | 3 | | | | | LD | 2 | | 3 | | | | | | | | | | | | | | | |
| | N | 3 | | 4 | | | | | N | 3 | | 4 | | | | | | | | | | | | | | | |
| Ward 9 PPH Medical | | | | | 20.73 | 29.73 | 1 | | | | | | 20.73 | 28.9 | 1 | 16.10.23 | Yes | No | No change | | | | | | | | |
| | E | 2 | | 3 | | | | | E | 2 | | 3 | | | | | | | | | | | | | | | |
| | L | 2 | | 1 | | | | | L | 2 | | 1 | | | | | | | | | | | | | | | |
| | LD | 2 | | 3 | | | | | LD | 2 | | 3 | | | | | | | | | | | | | | | |
| | N | 3 | | 4 | | | | | N | 3 | | 4 | | | | | | | | | | | | | | | |
| Ward 7 WGH Medical | | | | | 20.73 | 20.73 | 1 | | | | | | 19.9 | 19.9 | 1 | | | | | | | | | | | | |
| | E | 2 | | 2 | | | | | E | 1 | | 1 | | | | | | | | | | | | | | | |
| | L | 2 | | 2 | | | | | L | 1 | | 1 | | | | | | | | | | | | | | | |
| | LD | 2 | | 2 | | | | | LD | 3 | | 3 | | | | | | | | | | | | | | | |
| | N | 3 | | 3 | | | | | N | 3 | | 3 | | | | | | | | | | | | | | | |
| Ward 8/CCU WGH Medical | | | | | 32.71 | 17.17 | 1 | | | | | | 32.45 | 17.17 | 1 | | | | | | | | | | | | |
| | E | 3 | | 1 | | | | | E | 3 | | 1 | | | | | | | | | | | | | | | |
| | L | 3 | | 1 | | | | | L | 3 | | 1 | | | | | | | | | | | | | | | |
| | LD | 3 | | 2 | | | | | LD | 3 | | 2 | | | | | | | | | | | | | | | |
| | N | 5 | | 3 | | | | | N | 5 | | 3 | | | | | | | | | | | | | | | |
| Ward 9/CCU WGH Medical | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | E | | | | | | | | E | 2 | | 1 | | | | | | | | | | | | | | | |
| | L | | | | | | | | L | 2 | | 1 | | | | | | | | | | | | | | | |
| | LD | | | | | | | | LD | 2 | | 1 | | 23.45 | 11.73 | 1 | 01.11.2023 | Yes | Yes | Temporary relocation of CCU/Ward 9 Medical beds to Ward 9 footprint due to RACC (reduction of beds from 26 to 14). | | | | | | | |
| | N | | | | | | | | N | 4 | | 2 | | | | | | | | | | | | | | | |
| Ward 10 WGH Medical | | | | | 11.73 | 21.72 | 1 | | | | | | 11.73 | 20.73 | 1 | 19.09.23 | Yes | Yes | temporary reduction in HCSW as ward re-located to Pembrokeshire Haematology Oncology Day Unit (PHODU) due to RACC work | | | | | | | | |
| | E | 1 | | 1 | | | | | E | 1 | | 2 | | | | | | | | | | | | | | | |
| | L | 1 | | 1 | | | | | L | 1 | | 2 | | | | | | | | | | | | | | | |
| | LD | 1 | | 2 | | | | | LD | 1 | | 1 | | | | | | | | | | | | | | | |
| | N | 2 | | 3 | | | | | N | 2 | | 3 | | | | | | | | | | | | | | | |
| Ward 11 WGH Medical | | | | | 18 | 15.28 | 1 | | | | | | 17.17 | 15.28 | 1 | 19.09.23 | Yes | Yes | Temporary relocation of 10 stroke rehabilitation beds to Sunderland due to RACC - S25B does not apply to these beds whilst on | | | | | | | | |
| | E | 2 | | 2 | | | | | E | 1 | | 2 | | | | | | | | | | | | | | | |
| | L | 2 | | 2 | | | | | L | 1 | | 2 | | | | | | | | | | | | | | | |
| | LD | 1 | | 1 | | | | | LD | 2 | | 1 | | 6.28 | + 2.72 WTE | 1 | | | | | | | | | | | |

The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.

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. Further information is provided within the annual assurance report [INSERT HYPERLINK] on the additional multi-professional staff that contribute to the coordination and delivery of patient care.

Adult inpatient surgical wards

The wards highlighted in yellow have seen a change to either their planned roster and/or required establishment during this calculation cycle (Autumn 2023 cycle)

| Name of Ward | Planned roster as stated within the annual presentation to the Board report (in November 2022) | | | | Required Establishment as stated within the annual presentation to the Board report (in November 2022) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Planned roster as stated within the annual presentation to the Board report - Spring 2023 | | | | Required Establishment as stated within the annual presentation to the Board report (Spring 2023) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Planned roster as stated within the annual presentation to the Board report - Autumn 2023 | | | | Required Establishment as stated within the annual presentation to the Board report (autumn 2023) including uplift 26.9% | | TOTAL WTE Band 7 supernumerary ward sister/Charge nurse | Date Designated Person calculated the nurse staffing level | Biannual calculation cycle reviews, and reasons for any changes made | | | Any reviews outside of the biannual calculation cycle, and reasons for any changes made | | | |
|----------------------|--|----------------|-------------|-------------|---|-------------------------------|---|---|-------------|-------------|---------------------------|--|-------|---|---|-------------|---------------------------|-------------------------------|--|---------|---|--|--|------|---|---|-----------|---------|--------------------------------------|
| | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | Shift | RN (band 5 &6) | HCSW Band 4 | HCSW Band 2 | TOTAL WTE RN (bands 5 &6) | TOTAL WTE HCSW (bands 2,3 &4) | Completed | Changed | rationale | | Completed (Yes/No) | Date | Changed | Rationale | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | Completed | Changed | rationale |
| Ceredig BGH Surgery | E | 1 | | 1 | 21.67 | 19.9 | 1 | E | 1 | | 2 | 21.67 | 22.39 | 1 | E | 1 | | 2 | 21.67 | 22.39 | 1 | 23.10.23 | Yes | No | Spring 2023 change in the proportion of long days (HCSW) Spring 2023 - additional HCSW on twilight agreed due to QI data | | | | |
| | L | 2 | | 1 | | | | L | 2 | | 2 | | | | L | 2 | | 2 | | | | | | | | | | | |
| | LD | 3 | | 3 | | | | LD | 3 | | 2 | | | | LD | 3 | | 2 | | | | | | | | | | | |
| | TW | | | | | | | TW | | 1 | 1 | | | | TW | | 1 | 1 | | | | | | | | | | | |
| | N | 3 | | 3 | | | | N | 3 | | 3 | | | | N | 3 | | 3 | | | | | | | | | | | |
| Rhiannon BGH Surgery | E | 1 | | 0 | 11.61 | 10.9 | 1 | E | 1 | | 1 | 11.61 | 11.61 | 1 | E | 1 | | 1 | 11.61 | 11.61 | 1 | 23.10.23 | Yes | No | | | | | |
| | L | 1 | | 0 | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | |
| | LD | 1 | | 2 | | | | LD | 1 | | 1 | | | | LD | 1 | | 1 | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| Tairfi GGH Surgery | E | | | 1 | 23.45 | 33.52 | 1 | E | 2 | | 2 | 23.45 | 34.35 | 1 | E | 2 | | 2 | 23.45 | 34.35 | 1 | 9.10.23 | Yes | No | In additional to the roster, ward has 3 WTE Frailty worker Spring 2023 - change in proportion of long days (HCSW). | Yes | | No | No change - QI data reviewed |
| | L | | | 1 | | | | L | 2 | | 2 | | | | L | 2 | | 2 | | | | | | | | | | | |
| | LD | | 1 | 5 | | | | LD | 2 | 1 | 4 | | | | LD | 2 | 1 | 4 | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| Cleddau GGH Surgery | E | 1 | 1 | 1 | 12.67 | 18 | 1 | E | 1 | 1 | 1 | 12.67 | 18 | 1 | E | 1 | 1 | 1 | 19.9 | 25.35 | 1 | 9.10.23 | Yes | No | funded establishment is for 17 beds. Service Change for the ward to work at 21 beds + 2 triage spaces. Total WTE includes 3.55 WTE Band 4 See below comment entered for Derwen | | | | |
| | L | | 1 | 1 | | | | L | | 1 | 1 | | | | L | 1 | 1 | 1 | | | | | | | | | | | |
| | LD | 2 | | 2 | | | | LD | 2 | | 2 | | | | LD | 3 | | 3 | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| | N | 2 | | 2 | | | | N | 2 | | 1 | | | | N | 3 | | 3 | | | | | | | | | | | |
| Derwen GGH Surgery | E | 1 | | 1 | 17.17 | 19.9 | 1 | E | 1 | | 1 | 17.17 | 19.9 | 1 | E | 1 | | 1 | 17.17 | 19.9 | 1 | 9.10.23 | Yes | No | 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) Spring 2023 0.4 band 6 additional for 3 months, autumn 2023 extended for additional 6 months | Yes | | No | No change - Band 6 position reviewed |
| | L | 1 | | 1 | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | |
| | LD | 2 | 1 | 2 | | | | LD | 2 | 1 | 2 | | | | LD | 2 | 1 | 2 | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| | N | 3 | | 3 | | | | N | 3 | | 3 | | | | N | 3 | | 3 | | | | | | | | | | | |
| Merlin GGH Surgery | E | 1 | | 1 | 14.45 | 11.73 | 1 | E | 1 | | 1 | 14.45 | 11.73 | 1 | E | 2 | | 1 | 20.73 | 11.73 | 1 | 9.10.23 | Yes | Yes | Additional band 5 24/7. Noted that there are 2 WTE Band 4 non rostered on the ward | | | | |
| | L | 1 | | 1 | | | | L | 1 | | 1 | | | | L | 2 | | 1 | | | | | | | | | | | |
| | LD | 2 | | 1 | | | | LD | 2 | | 1 | | | | LD | 2 | | 1 | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | |
| | N | 2 | | 2 | | | | N | 2 | | 2 | | | | N | 3 | | 2 | | | | | | | | | | | |
| Preseli GGH Surgery | E | | | | Ward Closed | Ward Closed | Ward Closed | E | 1 | 1 | 1 | 11.73 | 15.72 | 1 | E | 1 | 1 | 1 | 11.73 | 12.99 | 1 | 17.10.23 | Yes | Yes | AP role in future if more elective HCSW reduced due to current | Yes | | No | reviewed as the ward reopened in |
| | L | | | | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | |
| | LD | | | | | | | LD | 1 | | 2 | | | | LD | 1 | | 1 | | | | | | | | | | | |

| | TW | | | | | | | | TW | | | | | | | | | | TW | | | | | | | | | | | speciality | | | | | March 2023 |
|--------------------|----|---|-------|---|-------------------|---------------|---|----|------------|-------|---------------|-------------------|-------------|-------------|----|------------|-------|---------------|-------------------|-------------|-------------|--|-------------|-------------|--|---|--|--|--|------------|--|--|--|--|------------|
| | N | | | | | | | | N | 2 | | 2 | | | | | | | N | 2 | | 2 | | | | | | | | | | | | | |
| Picton GGH Surgery | E | 0 | | 0 | 11.15 | 8.37 | 1 | E | 1 | | 1+(1x9 5 Thu) | 11.98 | 7.9 | 1 | E | 1 | | 1+(1x9 5 Thu) | 11.98 | 7.9 | 1 | 30.10.23 | Yes | No | No change following autumn cycle- noted that HCSW on night duty changed to twilight shift in Spring 2023 (change to the emergency gynae pathway). Noted that required establishment includes 1 RN and 1 HCSW on Thursday to support clinic activity. | | | | | | | | | | |
| | L | 0 | | 0 | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | | | | | | | |
| | LD | 2 | | 2 | | | | LD | 1 | | 1 | | | | LD | 1 | | 1 | | | | | | | | | | | | | | | | | |
| | TW | | | | | | | TW | 1x9-5 Thu | | 1 | | | | TW | 1x9-5 Thu | | 1 | | | | | | | | | | | | | | | | | |
| | N | 2 | | 1 | | | | N | 2 | | 0 | | | | N | 2 | | 0 | | | | | | | | | | | | | | | | | |
| Ward 6 PPH Surgery | E | 2 | 1 | 1 | 16.21 | 14.16 | 1 | E | 1 | 1 M-F | 2 | 15.62 | 14.99 | 1 | E | 1 | 1 M-F | 2 | 15.62 | 14.99 | 1 | 16.10.23(Deputy Director of Nursing on behalf of the Designated Person) | Yes | No | No change to 21 beds. Change to skill mix autumn 2022- introduction of Band 4 AP role. Spring 2023 - change in proportion of long days worked | | | | | | | | | | |
| | L | 2 | | 1 | | | | L | 1 | | 2 | | | | L | 1 | | 2 | | | | | | | | | | | | | | | | | |
| | LD | 1 | | 2 | | | | LD | 2 | | 1 M-F | | | | LD | 2 | | 1 M-F | | | | | | | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | | | | | | | |
| | N | 3 | | 2 | | | | N | 3 N-F 2S-S | | 2 M-F 1 S-S | | | | N | 3 N-F 2S-S | | 2 M-F 1 S-S | | | | | | | | | | | | | | | | | |
| Ward 7 PPH Surgery | E | 1 | 1 M-F | 2 | 14.45 ECU 10.9 | 16.55 | 1 | E | 1 | 1 M-F | 1 | 14.45 ECU 10.9 | 15.72 | 1 | E | 1 | 1 M-F | 1 | 14.45 ECU 10.9 | 15.72 | 1 | 16.10.23 (Deputy Director of Nursing on behalf of the Designated Person) | Yes | No | no change. Spring 2023 - Change in the proportion of long days (HCSW) | | | | | | | | | | |
| | L | 1 | | 2 | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | | | | | | | |
| | LD | 2 | | 1 | | | | LD | 2 | | 2 | | | | LD | 2 | | 2 | | | | | | | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | | | | | | | |
| | N | 2 | | 2 | | | | N | 2 | | 2 | | | | N | 2 | | 2 | | | | | | | | | | | | | | | | | |
| Ward 1 WGH Surgery | E | 2 | | 1 | 18 | 19.9 | 1 | E | 1 | | 1 | 17.17 | 19.9 | 1 | E | 1 | | 1 | 17.17 | 19.9 | 1 | 2.10.23 | Yes | No | Spring 2023 - change in proportion of long days (RN) | | | | | | | | | | |
| | L | 2 | | 1 | | | | L | 1 | | 1 | | | | L | 1 | | 1 | | | | | | | | | | | | | | | | | |
| | LD | 1 | | 3 | | | | LD | 2 | | 3 | | | | LD | 2 | | 3 | | | | | | | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | | | | | | | |
| | N | 3 | | 3 | | | | N | 3 | | 3 | | | | N | 3 | | 3 | | | | | | | | | | | | | | | | | |
| Ward 4 WGH Surgery | E | 2 | | 2 | 18 | 20.73 | 1 | E | 1 | | 3 | 17.17 | 21.56 | 1 | E | 1 | | 3 | 17.17 | 21.56 | 1 | 2.10.23 | Yes | No | no change | | | | | | | | | | |
| | L | 2 | | 2 | | | | L | 1 | | 3 | | | | L | 1 | | 3 | | | | | | | | | | | | | | | | | |
| | LD | 1 | | 2 | | | | LD | 2 | | 1 | | | | LD | 2 | | 1 | | | | | | | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | | | | | | | |
| | N | 3 | | 3 | | | | N | 3 | | 3 | | | | N | 3 | | 3 | | | | | | | | | | | | | | | | | |
| Ward 9 WGH Surgery | E | 1 | | 1 | 11.73 ECU 4.01 | 9 ECU 4.01 | 1 | E | | | | Ward Closed | Ward Closed | Ward Closed | E | | | | Ward Closed | Ward Closed | Ward Closed | Ward Closed | Ward Closed | Ward Closed | Ward Closed | It is noted that the ward as an elective surgical ward is currently closed with no confirmed date to reopen | | | | | | | | | |
| | L | 1 | | 1 | | | | L | | | | | | | L | | | | | | | | | | | | | | | | | | | | |
| | LD | 1 | | | | | | LD | | | | | | | LD | | | | | | | | | | | | | | | | | | | | |
| | TW | | | | | | | TW | | | | | | | TW | | | | | | | | | | | | | | | | | | | | |
| | N | 2 | | 2 | | | | N | | | | | | | N | | | | | | | | | | | | | | | | | | | | |

Total 210.24 211.44 12

Total 204.81 218.54 12

Total 218.32 223.16 12

| Integrated Impact Assessment Tool | Y/N | Evidence & Further Information | Completed By | Evidence (Insert) | | | | | | | | |
|--|---------------------------|---|-----------------|---------------------------|--|---------|--|-----------|-------------------------------|---------|-----------------|--------------------------------|
| Financial/Service Impacts | | | | | | | | | | | | |
| 1. Has the new proposal/service model been costed? If so, by whom? | Yes | <p>Corporate finance colleagues, support the corporate nursing directorate with calculating the workforce and financial impact of each nurse staffing calculation cycle.</p> <p>the financial impact of the autumn 2023 cycle is set out below:</p> <table border="1" data-bbox="996 635 1576 868"> <thead> <tr> <th></th> <th>Additional requirements £</th> </tr> </thead> <tbody> <tr> <td>1. Adult inpatient wards (BGH, GGH, PPH)</td> <td>143,670</td> </tr> <tr> <td>2. Adult inpatient wards – service change (BGH, GGH, PPH, Picton Ward)</td> <td>1,686,928</td> </tr> <tr> <td>3. Paediatric inpatient wards</td> <td>406,121</td> </tr> </tbody> </table> | | Additional requirements £ | 1. Adult inpatient wards (BGH, GGH, PPH) | 143,670 | 2. Adult inpatient wards – service change (BGH, GGH, PPH, Picton Ward) | 1,686,928 | 3. Paediatric inpatient wards | 406,121 | Helen Humphreys | Attached report and appendix 1 |
| | Additional requirements £ | | | | | | | | | | | |
| 1. Adult inpatient wards (BGH, GGH, PPH) | 143,670 | | | | | | | | | | | |
| 2. Adult inpatient wards – service change (BGH, GGH, PPH, Picton Ward) | 1,686,928 | | | | | | | | | | | |
| 3. Paediatric inpatient wards | 406,121 | | | | | | | | | | | |
| 2. Does the budget holder have the resources to pay for the new proposal/service model? Otherwise how will this be supported - where will the resources/money come from i.e. specify budget code or indicate if external funding, etc? | Yes | <p>there is an agreed process in place for those wards which fall under the nurse staffing allocation funding</p> <p>For those wards which require a change in the roster/establishment due to service change, there are ongoing discussions with the Core Delivery Group/Financial Control Group around the funding of these wards</p> | Helen Humphreys | | | | | | | | | |
| 3. Is the new proposal/service model affordable from within existing budgets? | Yes/No | Some of the changes are achievable within existing budgets e.g. where a band 4 Assistant Practitioner Role is being introduced to support the RN workforce. However, some of the changes require an increase in the budgets | Helen Humphreys | | | | | | | | | |

| | | | | |
|---|----|--|-----------------|--|
| 4. Is there an impact on pay or non pay e.g. drugs, equipment, etc? | NA | | Helen Humphreys | |
| 5. Is this a spend to save initiative? If so, what is the anticipated payback schedule? | NA | | Helen Humphreys | |
| 6. What is the financial or efficiency payback (prudency), if any? | | | Helen Humphreys | |
| 7. Are there risks if the new proposal/service model is not put into effect? | NA | The majority of wards are working to the rosters agreed by the Designated Person i.e. Director of Nursing, Quality and Patient Experience and are using temporary staff (including on contract agency) to maintain the rosters and not aligning the funded establishment to the Spring 2023 calculation will mean that teams can't recruit substantively into these posts (and reduce the reliance on temporary staff) | Helen Humphreys | |
| 8. Are there any recognised or unintended consequences of changes on other parts of the system (i.e. impact on current service, impact of changes in secondary care provision on primary care services and capacity or vice versa, or other statutory services e.g. Local Authorities?) | NA | | Helen Humphreys | |
| 9. Is there a need for negotiation/lead in times i.e. short term, medium term, long term? If so, with whom e.g. staff, current providers, external funders, etc? | NA | | Helen Humphreys | |
| 10. Are capital requirements identified or funded? | NA | | Helen Humphreys | |
| 11. Will capital projects need to be completed in time to support any service change proposed? | NA | | Helen Humphreys | |

| | | | | |
|--|-----|---|-----------------|--|
| 12. Has a Project Board been identified to manage the implementation? | NA | | Helen Humphreys | |
| 13. Is there an implementation plan with timescales to performance manage the process and risks? | NA | | Helen Humphreys | |
| 14. Is there a post project evaluation planed for the new proposal/service model? | Yes | the impact of any changes to the rosters/establishments will be reviewed as part of the nurse staffing calculation cycles, undertaken for these wards on a six monthly basis | Helen Humphreys | |
| 15. Are there any other constraints which would prevent progress to implementation? | Yes | If agreed, a recruitment plan would need to be put into place | Helen Humphreys | |
| Quality/Patient Care Impacts | | | | |
| 16. Could there be an impact on patient outcome/care? | Yes | Incidents of falls, pressure damage and medication errors are routinely monitored as part of the six monthly calculation cycle and it would be anticipated that aligning the rosters to the spring calculation cycle would have a positive impact on these patient outcomes | Helen Humphreys | |
| 17. Is there any potential for inequity of provision for individual patient groups or communities? E.g. rurality, transport. | NA | | Helen Humphreys | |
| 18. Is there any potential for inconsistency in approach across the Health Board? | No | the triangulated methodology used to calculate the nurse staffing level is applied consistency across all wards within the HB | Helen Humphreys | |
| 19. Is there are potential for postcode lottery/commissioning? | NA | | Helen Humphreys | |
| 20. Is there a need to consider exceptional circumstances? | NA | | Helen Humphreys | |

| | | | | |
|--|-----|---|-----------------|-----------------------------|
| 21. Are there clinical and other consequences of providing or delaying/denying treatment (i.e. improved patient outcomes, chronic pain, physical and mental deterioration, more intensive procedures eventually required?) | No | Incidents of falls, pressure damage and medication errors are routinely monitored as part of the six monthly calculation cycle and it would be anticipated that aligning the rosters to the spring calculation cycle would have a positive impact on these patient outcomes | Helen Humphreys | |
| 22. Are there any Royal College standards, NICE guidance or other evidence bases, etc, applicable? | Yes | Any relevant national standards are considered and applied to the nurse staffing calculations where available e.g. the stroke standards for the stroke wards. | Helen Humphreys | |
| 23. Can clinical engagement be evidenced in the design of the new proposal/service model? | Yes | the ward manager, senior nurse manager and Deputy Head/Head of Nursing are engaged in the nurse staffing discussion and all are invited to a meeting with the Designated Person to discuss the ward roster during each cycle | Helen Humphreys | |
| 24. Are there any population health impacts? | NA | | Helen Humphreys | |
| Workforce Impact | | | | |
| 25. Has the impact on the existing staff/WTE been determined? | Yes | | | |
| | | | RN WTE | HCSW & Other WTE |
| | | 1. Adult inpatient wards (BGH, GGH, PPH) | 6.26 | - 3.56 |
| | | 2. Adult inpatient wards – service change (BGH, GGH, PPH, Picton Ward) | 13.23 | 28.29 |
| | | 3. Paediatric inpatient wards | (1.55) | 12.53 |
| 26. Is it deliverable without the need for premium workforce? | Yes | If the autumn 2023 calculation cycle is transacted into the budgets, then teams will be | | |

| | | | | |
|---|-----|--|-----------------|--|
| | | able to recruit substantively into the posts, although if | | |
| 27. Is there the potential for staff disengagement if there is no clinical/'reasonable' rationale for the action? | Yes | The level of engagement shown by the operational teams in ensuring that the statutory requirements relating to the NSLWA are met could be impacted | Helen Humphreys | |
| 28. Is there potential for professional body/college/union involvement? | Yes | The Royal College of Nursing (Wales) have an interest in how the Nurse Staffing Levels (Wales) Act is implemented in each Health Board | Helen Humphreys | |
| 29. Could there be any perceived interference with clinical freedom? | NA | | Helen Humphreys | |
| 30. Is there potential for front line staff conflict with the public? | NA | | Helen Humphreys | |
| 31. Could there be challenge from the 'industries' involved? | NA | | Helen Humphreys | |
| 32. Is there a communication plan to inform staff of the new arrangements? | Yes | this would be via the operational nursing structure | Helen Humphreys | |
| 33. Has the Organisational Change Policy been followed, including engagement/consultation in accordance with guidance? | NA | | Helen Humphreys | |
| 34. Have training requirements been identified and will this be complete in time to support the new proposal/service model? | NA | | Helen Humphreys | |
| Risk Impact | | | | |
| 32. Has a risk assessment been completed? | NA | | Helen Humphreys | |
| 33. Is there a plan to mitigate the risks identified? | NA | | Helen Humphreys | |

| Legal Impact | | | | |
|--|-----|---|-----------------|--|
| 34. Has legal compliance been considered e.g. Welsh Language: is there any specific legislation or regulations that should be considered before a decision is made? | Yes | <p>The Board and the Designated Person have specific duties under the NSLWA for calculating and maintaining the nurse staffing levels.</p> <p>In addition, Paragraph 11 of the Statutory Guidance published to support the implementation of the Act states “The maintenance of the nurse staffing level should be funded from the LHB’s (or Trust’s) revenue allocation, taking into account the actual salary points of staff employed on its wards.”</p> | Helen Humphreys | |
| 35. Is there a likelihood of legal challenge? | No | to date, the Health Board is able to provide assurance that we are complying with the requirements set out in the Act | Helen Humphreys | Annual presentation of the NSL to the Board in November and Assurance Report to the Board in May |
| 36. Is there any existing legal guidance that could be perceived to be compromised i.e. Independent Provider Contracts, statutory guidance re: Continuing Healthcare, Welsh Government Policy etc? | Yes | Nurse Staffing Level (Wales) Act Nurse Staffing Levels (Wales) Act 2016 (legislation.gov.uk) and supporting statutory guidance Nurse Staffing Levels (Wales) Act 2016: statutory guidance (version 2) GOV.WALES | Helen Humphreys | |
| 37. Is there any existing contract and/or notice periods? | NA | | Helen Humphreys | |

| | | | | |
|---|----|--|-----------------|--|
| Reputational Impact | | | | |
| 38. Is there a likelihood of public/patient opposition? | No | | Helen Humphreys | |
| 39. Is there a likelihood of political activity? | No | | Helen Humphreys | |
| 40. Is there a likelihood of media interest? | No | | Helen Humphreys | |
| 41. Is there the potential for an adverse effect on recruitment? | No | | Helen Humphreys | |
| 42. Is there the likelihood of an adverse effect on staff morale? | No | | Helen Humphreys | |
| 43. Potential for judicial review? | No | | Helen Humphreys | |
| Privacy Impact | | | | |
| 44. Have the Information Governance Team been contacted about the project to assess whether a Data Protection Impact Assessment (DPIA) needs to undertaken? | NA | | Helen Humphreys | |
| 45. Has a full DPIA been undertaken – Please contact Information.Governance3@wales.nhs.uk for the template. | NA | | Helen Humphreys | |
| Equality Impact (unless otherwise completed as part of the accompanying SBAR) | | | | |
| 46. Has Equality Impact Assessment (EqIA) screening been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com) | NA | | Helen Humphreys | |
| 47. Has a full EqIA been undertaken – follow link below? Equality, diversity and inclusion (sharepoint.com) | NA | | Helen Humphreys | |
| 48. Have any negative/positive impacts been identified in the EqIA documentation? | NA | | Helen Humphreys | |