

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 November 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels (Wales) Act 2016: Annual Presentation of Nurse Staffing Levels
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Humphreys, Head of Nursing, Professional Standards and Regulation Catrin Jones, Nurse Staffing Programme Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The statutory guidance issued in support of the Nurse Staffing Levels (Wales) Act 2016 requires that there is an annual presentation of the nurse staffing levels to the respective Health Board, for all wards that S25B to S25E of the Act pertain i.e. adult acute medical and surgical inpatient wards and paediatric inpatient wards.

The All Wales Nurse Staffing Group has produced the report template and appendix template used as the basis of this presentation, to ensure consistency in the information presented to each Health Board/Trust 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

The Nurse Staffing Levels (Wales) Act 2016 (the Act) The Act 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 (since 2018) and paediatric in-patient wards (since October 2021). Health Boards/ Trust are also required to inform patients of the nurse staffing level.

- 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 (since 2018) and paediatric in-patient wards (since October 2021). This is referred to as the second duty of the NSLWA.
- 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 for the paediatric in-patient wards in 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. To achieve this three-year report, the Health Board has required that an annual report be presented to the Board outlining compliance with the Act, 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 2016 Act are to:

- Identify a Designated Person (or provide a description of such a person). The Designated Person should be registered with the Nursing and Midwifery Council, and it was agreed by the Chief Nursing Officer of Wales and the Executive Directors of Nursing (EDON) across Wales that the Designated Person in each organisation would be the Executive Director of Nursing, who is responsible for calculating the nurse staffing levels on behalf of the Chief Executive Officer of the Health Board/Trust.
- 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.
- Agree the operating framework which will 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 specify the arrangements for informing patients of the nurse staffing.
- Make arrangements to inform patients of the nurse staffing level.

There are two key reporting requirements under the Act and/or the statutory guidance which 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 (which this report pertains to).
2. Every third year, the Board provides a three yearly 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 three yearly report, which covers the period 6 April 2021 – 5 April 2024 was submitted in 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, and aligning 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).

Informing patients. Section 25B(1)(c) provides that LHBs and Trusts must make arrangements to inform patients of the nurse staffing level by ensuring that:

- The LHB's (or Trust's) public Board papers should annually include the nurse staffing level of each individual ward to which sections 25B to 25E of the Act pertain. In addition, the LHB (or Trust) should receive a written update from the designated person of the nurse staffing level of each of those wards when there is a change of use/service that has resulted in a changed nurse staffing level, or if the designated person deems it necessary (paragraph 21).
- Patients must be informed of the nurse staffing level on each ward to which sections 25B to 25E of the Act pertain and should also be informed of the date the nurse staffing level was presented to the Board of each LHB (or Trust). This should be easily visible to anyone attending the ward (paragraph 22).
- Patients should have easy access to 'frequently asked questions' on the nurse staffing levels (Wales) Act 2016 and associated regulations. This should include how to raise concerns about nurse staffing levels (paragraph 23).
- The information should be set out in an easily accessible format that patients can understand (paragraph 24).
- Each LHB (or Trust) must comply with any relevant obligations to which they are subject under the Welsh Language Standards for the provision of this information (paragraph 25).

Asesiad / Assessment

The annual presentation of the nurse staffing levels report sets out the detail of the process, output, conclusions, and further actions to be undertaken arising from the recent (Autumn 2024) 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 Interim Executive 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 Act, 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.

It is noted that the table below includes the financial and workforce impact of both the spring 2024 and autumn 2024 calculation cycles, as the outcome of the spring 2024 cycle has not yet been transacted into the budget or into the rosters. The outcome of the spring 2024 cycle was presented to the Quality, Safety and Experience Committee (as the delegated committee which received the nurse staffing levels updates on behalf of the Board) in October 2024.

	Additional requirements £	RN £	HCSW & Other £	RN WTE	HCSW & Other WTE
1. Adult inpatient wards (BGH, GGH, PPH)	380,030	21,667	358,363	0.32	9.27
1b. Adult inpatient wards WGH	0	0	0	0	0
1c. Service change: Picton – HCSW Padarn Band 4 role Y Banwy – ward clerk	174,110	-31	174,141	0.00	4.72

1d. Adult inpatient wards – Enhanced Care Unit/Rhiannon BGH	70,102	2,948	67,154	0.05	1.77
3. Paediatric inpatient wards	433,348	(144,020)	577,368	(2.53)	13.43

The financial and workforce outcomes of both the spring 2024 and autumn 2024 calculation cycles were discussed at the Business Executive Team meeting on 13 November 2024, with the outcome set out in the following section.

1. Adult inpatient wards

1a. Adult inpatient wards (BGH, GGH, PPH) - For those adult inpatient wards where the uplift requirements is via the ‘nurse staffing funding’ allocation (i.e. BGH, GGH and PPH this cycle), an additional **£380,030** (an **additional £276,760** required due to the spring 2024 calculation cycle and **£103,270** due to the autumn 2024 calculation cycle).

- Additional 0.32wte Band 5 (+£21,667) due to changes to the proportion of registered nurses working the long day shift pattern.
- Additional 9.27wte HCSW

Spring 2024 cycle	<ul style="list-style-type: none"> • 2.72wte HCSW (Steffan) (costed as £97,738 following the spring 2024 cycle, however following the autumn cycle the cost has increased to £103,270 due to the 2024/25 pay award). The additional HCSW is required due to patient acuity (the need for an additional HCSW on night duty has been discussed as part of the last three calculation cycles and the ward is currently utilising bank HCSW to cover this)
Autumn 2024 cycle	<ul style="list-style-type: none"> • 2.72wte HCSW (Padarn) (£103,270) - due to patient acuity (the need for an additional HCSW on night duty has been discussed as part of the last four calculation cycles and the ward is currently utilising bank HCSW to cover this).

The remaining additional HCSW requirement (3.83wte) (£151,823) is because of changes to the proportion of HCSWs working the long day shift pattern following the spring 2024 cycle.

- As part of the Spring 2024 cycle, consideration was given to additional HCSW on two adult inpatient wards, however, the Designated Person (EDON) requested additional information to support the request and the two wards were reviewed as part of the autumn cycle, with no additional staff required.
- As part of the autumn 2024 cycle, consideration was given to additional HCSW on one adult inpatient ward however, the Designated Person (EDON) requested additional information to support the request, and this ward will be for an ‘early review’ in February 2025.

There are established processes in place whereby 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:

- 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 knowledge and skills and team stability.
- Deployment of staff from other areas within the organisation.

- Utilisation of temporary staffing – bank / agency / additional hours / overtime.

The risks of not transacting the additional requirements into the budget and rosters would be:

- Patient care: The intention underpinning the Act is to ensure safe, effective, and quality patient care. There are two wards (Steffan and Padarn wards) which required an uplift to their HCSW 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.
- There are financial and workforce risks associated with the outcome of the work described in this report. The risks relate to the ability to both finance and recruit a sufficient workforce of HCSWs. Both Steffan and Padarn are incurring variable pay using bank HCSWs.
- The 'duty to maintain the nurse staffing level' requires the financial and the workforce required to be transacted, and this poses a more significant challenge than the duty to calculate described in this report.

At the Business Executive Team meeting on 13 November 2024, it was agreed that the changes would not be transacted into the budgets or the rosters pending the outcome of a ward modelling review in Glangwili General Hospital assessed against the domains of the Duty of Quality as set out in the Health & Social Care (Quality and Engagement) (Wales) Act 2020, to ensure provision of a safe, timely, effective, efficient, equitable, person centred model of care to our patients.

The Health Board has a duty under Section 25B(1)(b) of the Act to take all reasonable steps to maintain the nurse staffing level and, although this should be met with permanent staff, temporary workers can be deployed if required (paragraph 13, Statutory Guidance). Therefore, at the Business Executive Team meeting, it was agreed that pending the above review, Steffan and Padarn wards can continue to use bank staff to ensure that the nurse staffing levels calculated to meet the needs of the patients on the two wards can be maintained.

1b. Adult inpatient wards, WGH: The changes required to the rosters/required establishments for the acute adult inpatient wards in WGH have been met through the realignment of budgets, and deployment of the workforce, due to the planned changes to the services in Unscheduled Care, WGH. The changes have been transacted into the funded establishment for each ward.

1c: Service Change: there is an additional £174,110 required across three wards linked to service change. Any adjustments required due to operational decisions (e.g. increase bed numbers, provide a new service, change in patient pathway) will be subject to a separate business case and approval process (via the Operational Acute Leadership Group):

- 2.72wte HCSW on Picton ward, GGH which was because of changes to the emergency gynaecology pathway put into place during the COVID pandemic, but which now needs to be made permanent.
- 1wte Band 4 on Padarn ward, GGH required to support the respiratory procedure room activity put into place during the COVID pandemic, to support the respiratory pathway.
- 1wte ward clerk on Y Banwy ward, BGH

1d: **Enhanced Care Unit (PACU) Rhiannon Ward, BGH:** Since the spring 2024 cycle, operational drivers funding has been added to the funded establishment for the Enhanced Care Unit, Rhiannon Ward to substantiate 4.72wte RN and 3wte HCSW. An additional £70,102 is required to fund the remaining 0.05wte RN and the 1.77wte HCSW.

2. Paediatric inpatient wards

The funding of the additional requirements for the paediatric wards **£433,348** 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 in 2021/22, by finance, workforce and nursing, on how the finance and workforce implications for those wards where S25B of the Act pertains are managed. It is anticipated that the additional requirements for the paediatric wards will reduce by 2.72wte HCSW as of December 2024 to £330,079.

3. Informing Patients

Under paragraph 21 of the statutory guidance, the LHB’s (or Trust’s) public Board papers should annually include the nurse staffing level of each individual ward to which sections 25B to 25E of the Act pertain. The annual presentation of the Nurse Staffing Levels report to the Board ensures that the Health Board meets this statutory requirement.

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.
- HDdUHB is meeting its statutory duty under paragraph 21 of the statutory guidance to inform patients of the nurse staffing levels. For each individual ward to which S25B to S25E of the Act pertain.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA
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 Termau: 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
Partion / 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. Outcome of the Spring 2024 calculation cycle presented to QSEC October 2024 and provided to FCSG for information

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The financial impact of the Spring 2024 and Autumn 2024 calculation cycle is set out in the Report and Appendix 1

<p>Ansawdd / Gofal Claf: Quality / Patient Care:</p>	<p>The intention underpinning the Act is to ensure safe, effective, and quality patient care.</p> <p>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 refers 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'.</p> <p>There are two wards (Steffan and Padarn wards) which required an uplift to their HCSW 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.</p>
<p>Gweithlu: Workforce:</p>	<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>
<p>Risg: Risk:</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 HCSWs.</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>
<p>Cyfreithiol: Legal:</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 calculating the 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:	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 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	28 th of November 2024					
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 the Autumn 2023 and Autumn 2024 cycles.					
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 Act between the Autumn 2023 and Autumn 2024 cycles.					
	Adult acute <u>medical</u> inpatient wards		Adult acute <u>surgical</u> inpatient wards		Paediatric inpatient wards	
	20		12		2	
	Please note the following:					
	<ul style="list-style-type: none"> The number of medical wards included in the annual presentation of the nurse staffing levels report presented to the Board in November 2023 was reduced due to the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks at WGH which resulted in the closure of one ward and temporary change in the primary function of two other wards. The number of medical wards included in this year's annual presentation report has returned to a pre RAAC position. 					
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.						
Table 1						
	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Number of Wards	20		12		2	
	RN (WTE)	HCSW (WTE)	RN (WTE)	HCSW (WTE)	RN (WTE)	HCSW (WTE)
Required establishment (WTE) <u>calculated</u> Autumn 2023 calculation cycle	357.83*	346.7*	211.09	214.55	57.68	22.55
WTE of required establishment <u>funded</u> following Autumn 2023 calculation cycle	330.34	331.19	206.32	207.51	57.68	22.55
Required establishment (WTE) <u>calculated</u> during Spring 2024 calculation cycle	366.1	394.9	214.65	213.83	57.68	22.55

WTE of required establishment funded following Spring 2024 calculation cycle	376.41	391.71	200.44	211.89	57.68	22.55
Required establishment (WTE) calculated during Autumn 2024 calculation cycle	373.22	398.57	213.82	215.13	57.68	22.55
WTE of required establishment funded following Autumn 2024 calculation cycle	373.85	387.25	211.05	213.96	57.68	22.55
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)(Autumn 2024 cycle)	21 (2 Supernumerary Band 7 on 1 ward)		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 and the temporary change in the primary function of two medical wards in WGH 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 due to the autumn 2024 cycle, and
- The additional WTE required as a result of changes to the service models on three 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 2024 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 data has been reviewed.
- Ward based initiatives, improvement programmes or action plans for remedial work to specific areas, where concerns have been identified.
- Infection prevention and control data.
- Finance/workforce-related data - expenditure/utilisation of permanent/temporary staff.

	<ul style="list-style-type: none"> • 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 1st of October 2024 and 1st of November 2024 (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 2024 nurse staffing calculation cycle.</p>
Name of Designated Person:	Sharon Daniel , Interim 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 2024 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 30 of the adult medical/surgical wards and both paediatric wards, following the Autumn 2024 calculation cycle (when compared to the planned rosters/required establishments agreed during the Spring 2024 calculation cycle).</p> <p>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 and the required establishment amended accordingly. There were eight wards (one surgical ward in BGH and seven medical wards - four PPH and three GGH) which required an amendment to the required establishment as a result of the proportion of long days' work following the Spring 2024 cycle and one ward (surgical ward in GGH) following the Autumn 2024 calculation cycle. 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>
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The Autumn 2024 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.

It is noted that the table below includes the financial and workforce impact of both the spring 2024 and autumn 2024 calculation cycles as the outcome of the spring 2024 cycle has not yet been transacted into the budget or into the rosters.

	Additional requirements £	RN £	HCSW & Other £	RN WTE	HCSW & Other WTE
1. Adult inpatient wards (BGH, GGH, PPH)	380,030	21,667	358,363	0.32	9.27
1b. Adult inpatient wards WGH	0	0	0	0	0
1c. Service change:	174,110	-31	174,141	0.00	4.72
1d. Adult inpatient wards – Enhanced Care Unit, Rhiannon BGH	70,102	2,948	67,154	0.05	1.77
2. Paediatric inpatient wards	433,348	(144,020)	577,368	(2.53)	13.43

Adults inpatient wards

1a. Adult inpatient wards (BGH, GGH, PPH) - For those adult inpatient wards where the uplift requirements is via the 'nurse staffing funding' allocation (i.e. BGH, GGH and PPH this cycle) of and additional **£380,030** (an **additional £276,760** required due to the spring 2024 calculation cycle and **£103,270** due to the autumn 2024 calculation cycle).

- Additional 0.32wte Band 5 (+£21,667) due to changes to the proportion of registered nurses working the long day shift pattern.
- Additional 9.27wte HCSW

Spring 2024 cycle	<ul style="list-style-type: none"> • 2.72wte HCSW (Steffan) (costed as £97,738 following the spring 2024 cycle, however following the autumn cycle the cost has increased to £103,270 due to the 2024/25 pay award). The additional HCSW is required due to patient acuity (the need for an additional HCSW on night duty has been discussed as part of the last three calculation cycles and the ward is currently utilising bank HCSW to cover this)
Autumn 2024 cycle	<ul style="list-style-type: none"> • 2.72wte HCSW (Padarn) (£103,270) - due to patient acuity (the need for an additional HCSW on night duty has been discussed as part of the last four calculation cycles and the ward is currently utilising bank HCSW to cover this).

The remaining additional HCSW requirement (3.83wte)(£151,823) is as a result of changes to the proportion of HCSWs working the long day shift pattern following the spring 2024 cycle.

- As part of the Spring 2024 cycle, consideration was given to additional HCSW on two adult inpatient wards, however, the Designated Person requested additional information to support the request and the two wards were reviewed as part of the autumn cycle, with no additional staff required.

	<ul style="list-style-type: none"> As part of the autumn 2024 cycle, consideration was given to additional HCSW on one adult inpatient ward however, the Designated Person requested additional information to support the request and this ward will be for an 'early review' in February 2025. <p>1b. Adult inpatient wards, WGH: The changes required to the rosters/required establishments for the acute adult inpatient wards in WGH have been met through the realignment of budgets, and deployment of the workforce, due to the planned changes to the services in Unscheduled Care, WGH, The changes have been transacted into the funded establishment for each ward.</p> <p>1c: Service Change: there is an additional £174,110 required across three wards linked to service change.</p> <ul style="list-style-type: none"> 2.72wte HCSW on Picton ward, GGH due to changes to the emergency gynaecology pathway put into place during the covid pandemic but which now needs to be made permanent. 1wte Band 4 on Padarn ward, GGH required to support the respiratory procedure room activity 1wte ward clerk on Y Banwy ward, BGH <p>1d: Enhanced Care Unit (PACU) Rhiannon Ward, BGH: Since the spring 2024 cycle, operational drivers funding has been added to the funded establishment for the Enhanced Care Unit, Rhiannon Ward to substantiate 4.72wte RN and 3wte HCSW. An additional £70,102 is required to fund the remaining 0.05wte RN and the 1.77wte HCSW.</p> <p>Paediatric inpatient wards</p> <p>2. The funding of the additional requirements for the paediatric wards £433,348 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. It is anticipated that the additional requirements for the paediatric wards will reduce by 2.72wte HCSW as of December 2024 to £330.079.</p>
Conclusion & recommendations	<p>The Board is requested to take assurance that:</p> <ul style="list-style-type: none"> 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. By presenting this report to Board, HDdUHB is meeting its statutory duty to provide an annual presentation to the Board of the detail of the nurse staffing levels By presenting this report to Board, HDdUHB is meeting its statutory duty under paragraph 21 of the statutory guidance to inform patients of the nurse staffing levels. For each individual ward to which S25B to S25E of the Act pertain.

Date summary presented to Business Executive Team Meeting	13/11/2024
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 2023)				Required Establishment as stated within the annual presentation to the Board report (in November 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 - Spring 2024				Required Establishment as stated within the annual presentation to the Board report (Spring 2024) 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 2024				Required Establishment as stated within the annual presentation to the Board report (autumn 2024) 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																													
Cligemaw/HDU/PACU CGH	E				35.41 (including 10.9 Band 6)	18.29	2	E				46.31 (including 16.34 Band 6)	18.29	2	E				46.31 (including 16.34 Band 6)	18.29	2	15.10.24	Yes	No	no change but the information for the Spring 2024 includes PACU roster				
	L							L							L														
	LD	7M-W 8T&F 6S&S		2				LD	9M-W 10T&F 6S&S	1	2				LD	9M-W 10T&F 6S&S	1	2											
	TW							TW			1				TW			1											
N	8		2	N	8	1	2 (1S&S)	N	8	1	2 (1S&S)																		
Angharad Ward, BGH	E				11.37 (including 5.69 WTE Band 6)	4.26	1	E				11.37 (including 5.69 WTE Band 6)	4.26	1	E				11.37 (including 5.69 WTE Band 6)	4.26	1	15.10.24	Yes	No					
	L							L							L														
	LD	2		1				LD	2		1				LD	2		1											
	TW							TW							TW														
	N	2		1				N	2		1				N	2		1											

Total	57.68	22.55	3
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Total	57.68	22.55	3
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total	57.68	22.55	3
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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 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 2024 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 2023)				Required Establishment as stated within the annual presentation to the Board report (in November 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 - Spring 2024				Required Establishment as stated within the annual presentation to the Board report (Spring 2024) 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 2024				Required Establishment as stated within the annual presentation to the Board report (autumn 2024) 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
Dyfi BGH Medical	E	2		2	31.51	20.61	2	E	2		2	31.51	20.61	2	E	2		2	31.51	20.61	2	1.10.24	Yes	no						
	L	2		2				L	2		2				L	2		2				L	2		2					
	LD	4		2				LD	4		2				LD	4		2				LD	4		2					
	TW							TW							TW							TW								
	N	5		3				N	5		3				N	5		3				N	5		3					
Meurig BGH Medical	E	1		1	14.45	11.61	1	E	1		1	14.45	11.61	1	E	1		1	14.45	11.61	1	1.10.24	Yes	no						
	L	1		1				L	1		1				L	1		1				L	1		1					
	LD	2		1				LD	2		1				LD	2		1				LD	2		1					
	TW							TW							TW							TW								
	N	2		2				N	2		2				N	2		2				N	2		2					
Ystwyth BGH Medical	E	2		1	20.61	18.83	1	E	1		2	19.9	19.54	1	E	1		2	19.9	19.54	1	1.10.24	Yes	no	Spring 2024 - change to proportion of long days					
	L	2		1				L	1		2				L	1		2				L	1		2					
	LD	2		2				LD	3		1				LD	3		1				LD	3		1					
	TW			1				TW			1				TW			1				TW			1					
	N	3		3				N	3		3				N	3		3				N	3		3					
Y Banwy BGH Medical	E	1		1	11.61	11.61	1	E	1		1	11.61	11.61	1	E	1		1	11.61	9	1	1.10.24	Yes	no	Autumn 2024 -HCSW on night duty reverted back to funded establishment					
	L	1		1				L	1		1				L	1		1				L	1		1					
	LD	1		1				LD	1		1				LD	1		1				LD	1		1					
	TW							TW							TW							TW								
	N	2		2				N	2		2				N	2		2				N	2		2					
Cadog GGH Medical	E	1		2	11.73	23.45	1	E	1		2	11.73	23.45	1	E	1		2	11.73	23.45	1	21.10.24 (Assistant Director of Nursing on behalf of the Designated Person)	Yes	no	In additional to the roster ward has 3 WTE Frailty worker					
	L	1		2				L	1		2				L	1		2				L	1		2					
	LD	1		2				LD	1		2				LD	1		2				LD	1		2					
	TW							TW							TW							TW								
	N	2		3				N	2		3				N	2		3				N	2		3					
Dewi GGH Medical	E	1		1	14.45	19.9	1	E	1		2	14.45	20.73	1	E	1		2	14.45	20.73	1	21.10.24 (Assistant Director of Nursing on behalf of the Designated Person)	Yes	no	Spring 2024 - change in proportion of long days In additional to the roster ward has 3 WTE Frailty worker					
	L	1		1				L	1		2				L	1		2				L	1		2					
	LD	2		3				LD	2		2				LD	2		2				LD	2		2					
	TW							TW							TW							TW								
	N	2		3				N	2		3				N	2		3				N	2		3					
Gwenllian GGH Medical	E	1		1	17.17	22.62	1	E	1		1	17.17	22.62	1	E	1		1	17.17	22.62	1	21.10.24 (Assistant Director of Nursing on behalf of the Designated Person)	Yes	no	In addition to the roster, ward has 3 WTE Rehab Support Worker					
	L	1		1				L	1		1				L	1		1				L	1		1					
	LD	2		3				LD	2		3				LD	2		3				LD	2		3					
	TW							TW							TW							TW								
	N	3		3				N	3		3				N	3		3				N	3		3					
Padarn GGH Medical	E	1		1	14.45	14.45	1	E	1		1	14.45	14.45	1	E	1		1	14.45	17.17	1	18.10.24	Yes	yes	Autumn - additional HCSW on nights In addition to the roster there is 1 WTE Band 4 AP to support the treatment room					
	L	1		1				L	1		1				L	1		1				L	1		1					
	LD	2		2				LD	2		2				LD	2		2				LD	2		2					
	TW							TW							TW							TW								
	N	2		2				N	2		2				N	2		2				N	2		2					
Steffan GGH Medical	E	1		1	14.45	16.4	1	E	1		2	14.45	19.95	1	E	1		2	14.45	19.95	1	21.10.24 (Assistant Director of Nursing on behalf of the Designated Person)	Yes	no	Spring 2024 additional HCSW on nights due to acuity and change in proportion of long days					
	L	1		1				L	1		2				L	1		2				L	1		2					
	LD	2		3 (1S&S)				LD	2		2 (1 S&S)				LD	2		2 (1 S&S)				LD	2		2 (1 S&S)					
	TW							TW							TW							TW								
	N	2		2				N	2		2				N	2		2				N	2		2					

Towy GGH Medical	N	2	2	14.45	19.9	1	N	2	3	14.45	19.9	1	N	2	3	14.45	19.9	1	21.10.24 (Assistant Director of Nursing on behalf of the Designated Person)	Yes	no				
	E	1	1				E	1	1				E	1	1										
	L	1	1				L	1	1				L	1	1										
	LD	2	3				LD	2	3				LD	2	3										
TW			TW			TW																			
N	2	3	N	2	3	N	2	3																	
E	2	1	E	2	2	E	2	2																	
L	1	1	L	1	2	L	1	2																	
LD	2	3	LD	2	1	LD	2	1																	
TW			TW			TW																			
N	3	3	N	3	3	N	3	3																	
E	2	2	E	2	3	E	2	3																	
L	2	2	L	2	3	L	2	3																	
LD	1	2	LD	1	1	LD	1	1																	
TW			TW			TW																			
N	3	3	N	3	3	N	3	3																	
E	2	2	E	3	2	E	3	2																	
L	2	2	L	3	2	L	3	2																	
LD	3	1	LD	2	1	LD	2	1																	
TW			TW			TW																			
N	4	3	N	4	3	N	4	3																	
E	2	1-m-f	2	E	3	1-m-f	3	E	3	1-m-f	3														
L	2	2	L	3	3	L	3	3																	
LD	2	3	LD	1	2	LD	1	2																	
TW			TW			TW																			
N	3	4	N	3	4	N	3	4																	
E	2	3	E	2	3	E	2	3																	
L	2	1	L	2	1	L	2	1																	
LD	2	1	3	LD	2	1	3	LD	2	1	3														
TW			TW			TW																			
N	3	4	N	3	4	N	3	4																	
E			E	1	2	E	2	2																	
L			L	1	2	L	2	2																	
LD			LD	2	2	LD	2	2																	
TW			TW			TW																			
N			N	3	3	N	3	3																	
E			E	3	1	E	3	1																	
L			L	3	1	L	3	1																	
LD			LD	3	2	LD	3	2																	
TW			TW			TW																			
N			N	5	3	N	5	3																	
E	2	1	E			E																			
L	2	1	L			L																			
LD	2	1	LD			LD																			
TW			TW			TW																			
N	4	2	N			N																			
E	1	1	E	1	1	E	1	1																	
L	1	1	L	1	1	L	1	1																	
LD	1	1	1	LD	1	1	2	LD	1	1	2														
TW			TW			TW																			
N	2	2	N	2	3	N	2	3																	
E	1	2	E	1	2	E	1	2																	
L	1	2	L	1	2	L	1	2																	
LD			LD	2	2	LD	2	2																	
TW			TW			TW																			
N	1	2	N	3	3	N	3	3																	
E	2	2	E	1	1	E	2	2																	
L	2	2	L	1	1	L	2	2																	
LD	1	2	LD	2	2	LD	2	2																	
TW			TW			TW																			
N	3	5	N	3	3	N	3	3																	
E	2	2	E			E																			
L	2	2	L			L																			
LD	3	2	LD			LD																			
TW			TW			TW																			
N	5	4	N			N																			

Total 357.83 346.7 21

Total 366.1 394.9 21

Total 373.22 398.57 21

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 2024 cycle)

Name of Ward	Planned roster as stated within the annual presentation to the Board report (in November 2023)				Required Establishment as stated within the annual presentation to the Board report (in November 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 - Spring 2024				Required Establishment as stated within the annual presentation to the Board report (Spring 2024) 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 2024				Required Establishment as stated within the annual presentation to the Board report (autumn 2024) 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 (bands 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
Ceredig BGH Surgery	E	1		2	21.67	22.39	1	E	1		1	21.67	21.67	1	E	1		1	21.67	21.67	1	1.10.24	Yes	no	Spring 2024 change to proportion of long days				
	L	2		2				L	2		1				L	2		1											
	LD	3		2				LD	3		3				LD	3		3											
	TW		1	1				TW		1					TW		1												
	N	3		3				N	3		3				N	3		3											
Rhiannon BGH Surgery	E	1		1	11.61	11.61	1	E	1		1	11.61	11.61	1	E	1		1	11.61	11.61	1	1.10.24	Yes	no					
	L	1		1				L	1		1				L	1		1											
	LD	1		1				LD	1		1				LD	1		1											
	TW							TW							TW														
	N	2		2				N	2		2				N	2		2											
Telfi GGH Surgery	E	2		2	23.45	34.35	1	E	2		2	23.45	34.35	1	E	2		2	23.45	34.35	1	18.10.24	Yes	no	In addition to the roster, ward has 3 WTE Rehab Support Worker				
	L	2		2				L	2		2				L	2		2											
	LD	2	1	4				LD	2	1	4				LD	2	1	4											
	TW							TW							TW														
	N	4		5				N	4		5				N	4		5											
Cledau GGH Surgery	E	1	1	1	12.67	18	1	E	1	1	1	12.67	18	1	E	1	1	1	12.67	18	1	18.10.24	Yes	no	Ward operates 4 surged beds				
	L		1	1				L		1	1				L		1	1											
	LD	2		2				LD	2		2				LD	2		2											
	TW							TW							TW														
	N	2		2				N	2		2				N	2		2											
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	1.11.24	Yes	no					
	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	2		1	20.73	11.73	1	E	2		1	20.73	11.73	1	E	1		1	19.9	11.73	1	18.10.24	yes	yes	Autumn 2024 - change to proportion of long days				
	L	2		1				L	2		1				L	1		1											
	LD	2		1				LD	2		1				LD	3		1											
	TW							TW							TW														
	N	3		2				N	3		2				N	3		2											
Preseli GGH Surgery	E	1		1	11.73	11.73	1	E	1		1	11.73	11.73	1	E	1		1	11.73	11.73	1	18.10.24	Yes	no					
	L	1		1				L	1		1				L	1		1											
	LD	1		1				LD	1		1				LD	1		1											
	TW							TW							TW														
	N	2		2				N	2		2				N	2		2											
Picton GGH Surgery	E	1		1+(1x9-5 Thu)	11.98	7.9	1	E	1		1+(1x9-5 Thu)	11.98	7.9	1	E	1		1+(1x9-5 Thu)	11.98	9.2	1	30.10.24 (Assistant Director of Nursing on behalf of the Designated Person)	Yes	yes	SERVICE CHANGE - additional HCSW changed from twilight to night				
	L	1		1				L	1		1				L	1		1											
	LD	1		1				LD	1		1				LD	1		1											
	TW	1x 9-5 Thu		1				TW	1x 9-5 Thu		1				TW	1x 9-5 Thu		1											
	N	2		0				N	2		0				N	2		1											
E	1	1 M-F	2				E	1	1 M-F	2				E	1	1 M-F	2												

Ward 6 PPH Surgery	L	1		2	15.62	14.99	1	L	1		2	15.62	14.99	1	L	1		2	15.62	14.99	1	8.10.24	Yes					
	LD	2		1 M-F				LD	2		1 M-F				LD	2		1 M-F										
	TW							TW							TW													
	N	3 N-F 2S-S		2 M-F 1 S-S				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	1	14.45 ECU 10.9	15.72	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	28.10.24	Yes					
	L	1		1				L	1		1				L	1		1										
	LD	2		2				LD	2		2				LD	2		2										
	TW							TW							TW													
N	2		2	N	2		2	N	2		2																	
Ward 1 WGH 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	28.10.24	Yes	no	In addition to the roster, ward has 3 WTE Rehab Support Worker			
	L	1		1				L	1		1				L	1		1										
	LD	2		3				LD	2		3				LD	2		3										
	TW							TW							TW													
N	3		3	N	3		3	N	3		3																	
Ward 4 WGH Surgery	E	1		3	17.17	21.56	1	E	1		3	20.73	21.56	1	E	2		3	20.73	21.56	1	28.10.24	Yes	yes	re in WGH post RAAC - 22 surgical be			
	L	1		3				L	1		3				L	2		3										
	LD	2		1				LD	2		1				LD	2		1										
	TW							TW							TW													
N	3		3	N	3		3	N	3		3																	
Total					211.09	214.55	12	Total					214.65	213.83	12	Total					213.82	215.13	12					