



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 May 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels 2023-24 Annual Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Interim Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Humphreys, Head of Nursing for 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 overarching duty of the Nurse Staffing Levels (Wales) Act (NSLWA) 2016 is to ensure that Health Boards/Trusts have robust workforce plans, recruitment strategies, structures, and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into force in April 2017.

Section 25B and Section 25C of the Act requires Health Boards to calculate, and to take all reasonable steps to maintain, the nurse staffing levels in adult medical and surgical wards (since April 2018) and paediatric inpatient wards (since October 2021), using processes that were prescribed within the Act.

Section 25E of the Act requires that each Health Board submit a nurse staffing levels report to Welsh Government for each three year reporting period, within 30 days of the end of the three-year reporting period. The report must set out:

- The extent to which nurse staffing levels have been maintained
- The impact the Board or Trust considers that not maintaining nurse staffing levels has had on care provided to patients by nurses, with reference to:
 - errors in administering medication to patients;
 - patients falling;
 - patients developing hospital-acquired pressure ulcers;
 - infiltration/extravasation injuries (for paediatric patients); and
 - complaints

To facilitate the preparation of the statutory three-yearly report to Welsh Government, this Health Board has required that an annual assurance report be prepared to provide assurance to the Board that all statutory requirements are being met. This report introduces the 2023/24 Hywel Dda University Health Board (HDdUHB) NSLWA annual assurance report and covers the period 6 April 2023 – 5 April 2024.

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

The Board is asked to formally receive and take assurance from the attached 2023-2024 NSLWA annual assurance report.

Cefndir / Background

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. This is also referred to as (one of) the second duties of the NSLWA.
- 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 is presented to the Board outlining compliance with the NSLWA, any impact upon the quality of care where the nurse staffing level was not maintained, and the actions taken in response to this.

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

1. The Board receives an annual presentation of the Nurse Staffing Levels which have been calculated for all Section 25B wards (presented to Board in November).
2. The Board receives a (non-statutory) annual assurance report which is structured in a way to provide the basis of the statutory 3-year report to Welsh Government (WG) which the Health Board will be required to submit every third year (the first 3 year report covered the period 6 April 2018 to 5 April 2021). A caveated three year report; for the period 6 April 2021 to 5 April 2024; was presented to the Quality, Safety and Experience Committee in April 2024 prior to submission to Welsh Government. The final report will be presented to Board in September 2024, prior to submission to Welsh Government in October 2024.

To support Board agenda setting, to fit with other NHS Wales processes, and to ensure consistency across Wales, it has been agreed by NHS Wales Directors of Nursing that the

annual presentation to the Board of the calculated nurse staffing levels should take place in November of each year (to fit with Integrated Medium Term Plan (IMTP) planning cycles); and the annual assurance report should be presented to the Board in May of each year (to reflect convention in respect of timing for completion and submission of annual assurance reports).

Asesiad / Assessment

The attached report (Attachment 1), completed against a template agreed by the All Wales Nurse Staffing Group, sets out the way in which HDdUHB has met the various statutory requirements of the NSLWA during 2023-24.

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

Page(s)	Brief synopsis of the section
1	Introductory Sections
1-2	The process and methodology used to calculate the nurse staffing level
2-3	How the HDdUHB responsibilities to inform patients about nurse staffing levels are being met
3-4	The extent to which the nurse staffing (WTE establishments) have been maintained in Section 25B adult medical and surgical wards
5	The extent to which the nurse staffing (WTE establishments) have been maintained in Section 25B paediatric wards
5-6	The process for capturing the extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric inpatient wards
6-8	Extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric wards
8-9	The robustness of the systems and processes in place for ensuring that all reasonable steps to maintain the nurse staffing levels are taken
10-12	The impact on care quality as a result of not maintaining the nurse staffing levels in the adult medical and surgical wards
12-13	The impact on care quality as a result of not maintaining the nurse staffing levels in the paediatric wards
13	The actions taken when the nurse staffing level was not maintained in section 25B wards
13-14	Section 25A, which addresses the Health Board's/Trust's overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, in addition to the detailed requirements relating to adult medical and surgical wards
14-15	The conclusions from the Health Board's experience during the 2020-2021 period and recommendations for actions in the coming year
Appendix	

For ease of reference, key points to note from the detailed narrative contained within attachment 1 include:

- All of the adjustments to the agreed nurse staffing levels are judged to be required as a result of changes in the patient acuity, changes to the primary function of the ward changes in the commissioned bed numbers, changes due to service/pathway changes and/or changes in the proportion of long days being worked in the previous 6 months.

- The data includes the extent to which the planned roster has been maintained within both adult medical and surgical wards and paediatric wards collected via Allocate Safecare, which has now been rolled out to all wards where S25B applies.
- **Adult Medical & Surgical Inpatient wards:** During the 2023-24 reporting period there were NO reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e. level 4 and 5 incidents) or medication errors never events where the nurse staffing levels were not maintained and this was deemed to be a contributory factor. There were also NO complaints, which were wholly or partly about nursing care, received during the 2023-24 reporting period where the nurse staffing levels were not maintained and this was deemed to be a contributory factor.
- **Paediatrics inpatient wards.** During the 2023-24 reporting period there were NO reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e. level 4 and 5 incidents); medication errors never events; or infiltration/ extravasation injuries where the nurse staffing levels were not maintained and this was deemed to be a contributory factor. There were also NO complaints, which were wholly or partly about nursing care, received during the 2023-24 reporting period where the nurse staffing levels were not maintained and this was deemed to be a contributory factor.

The Health Board has faced significant challenges in maintain the nurse staffing levels (as evidenced by the extent to which the nurse staffing levels has been maintained data on page 3-5 of the report). However, it can be confirmed that the Health Board has remained compliant with its statutory responsibilities, as set out in the Act and the Statutory Guidance, ie:

- To have a 'Designated Person', who acts within the Health Board's governance framework, to calculate the nurse staffing levels (para 7);
- To calculate the nurse staffing levels, biannually (or more frequently if required) for those wards where S25B pertains (para 12), in accordance with the prescribed triangulated methodology set out in S25C of the Act (para. 32- 40);
- To take all reasonable steps to maintain the nurse staffing levels (para 13);
- To formally present the nurse staffing levels for each ward where S25B to S25E pertains to the Board on an annual basis and to present written updates where a change in use/service has resulted in a change in the nurse staffing levels (para 12); and
- Make arrangements to inform patients of the nurse staffing levels through the presentation to the Board and the availability of bilingual information at ward level which sets out the nurse staffing levels for each ward and the date it was presented to the Board (para 20-25).

Argymhelliad / Recommendation

The Board is asked to receive the Annual Assurance report for 2023/24, as a source of assurance that the necessary processes and reviews have been enacted to enable the Health Board to remain compliant with its duties under the Nurse Staffing Levels (Wales) Act 2016.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Not Applicable

Parthau Ansawdd:
Domains of Quality
[Quality and Engagement Act](#)
([sharepoint.com](#))

1. Safe
3. Effective
6. Person-Centred

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	2c Workforce and OD strategy
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The evidence underpinning the assurance report has been articulated through the working papers of the all Wales Nurse Staffing Group published over the past two years
Rhestr Termiau: Glossary of Terms:	WGH – Worthybush General Hospital BGH – Bronglais General Hospital GGH – Glangwili General Hospital PPH – Prince Phillip Hospital WTE – whole time equivalent NSLWA – Nurse Staffing Levels (Wales) Act 2016 HDdUHB – Hywel Dda University Health Board WG – Welsh Government
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Acute Heads of Nursing across HDdUHB

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are financial and workforce implications associated with the outcome of the work described in this paper and relate to the ability to finance both registrants and (a range of) Support Workers required.
Ansawdd / Gofal Claf: Quality / Patient Care:	The intention underpinning the Act is to ensure safe, effective and quality patient care. One of the key requirements of the Act is to monitor the impact of nurse staffing levels on care quality and pages 15-18 of the report sets out the impact on care quality as a result of not maintaining the nurse staffing levels.

Gweithlu: Workforce:	This paper relates to adjustments to the staffing levels which have been calculated as being required across many of the acute adult medical/surgical wards and the inpatient paediatric wards of HDdUHB with pages 9-11 showing the change in WTE establishments required.
Risg: Risk:	There are financial and workforce risks associated with the outcome of the work described in this paper and they remain to be addressed within the planning cycle of the Health Board. The risks relate to the ability to both finance and recruit a sufficient workforce of both registrants and (a range of) Support Workers.
Cyfreithiol: Legal:	The legal risk associated with nurse staffing levels relates not to the issues described within this paper (which relate to the duty to calculate the nurse staffing levels) but rather to the potential of non-compliance with the second duty of the NSLWA i.e. the 'duty of maintaining the nurse staffing levels'. The 'duty to maintain the nurse staffing level' and the extent to which the planned rosters are maintained is set out in pages 12-13 of the report.
Enw Da: Reputational:	The reputation of the nursing services and the effectiveness of the collaboration within the Health Board is enhanced through the level of engagement shown between the operational and corporate teams in ensuring that the statutory requirements relating to the NSLWA are met.
Gyfrinachedd: Privacy:	Currently no impact in relation to privacy identifiable within this work.
Cydraddoldeb: Equality:	No negative EqIA impacts identified.

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report to Board/Delegated Committee			
Health board/trust	Hywel Dda University Health Board		
Date annual assurance report is presented to Board	Hywel Dda University Health Board 30 th May 2024 - period covered by the report 6 th April 2023 – 5 th April 2024 The period covered by this annual report is the 6 th April 2023 – 5 th April 2024 but this report forms part of the three-yearly assurance report due to be submitted to Welsh Government, for the 2021-2024 reporting period, in the autumn of 2024. A caveated report was presented to the Quality and Safety Committee in April 2024, prior to submission to Welsh Government. The final report will be presented to Board in September 2024, prior to submission to Welsh Government in October 2024.		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards where section 25B applies	18-22	12	2
	Please note the following: <ul style="list-style-type: none"> The reduction in the number of medical wards included for this period is due a reduction in the medical bed capacity in Withybush General Hospital as a result of the clinical risks associated with the presence of Reinforced Autoclaved Aerated Concrete (RAAC) planks. Ward 7 and Ward 8 were closed during the autumn 2023 cycle and the primary function of two other medical wards (Ward 11 and Ward 12) had temporarily changed; with S25B of the Act no longer applying to these two wards. 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. 		
During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	5	3	0
	The 'early review' was required due to concerns about the wards' quality indicator data; and/or to discuss the impact of the changes made during the Spring 2023 cycle. No changes were made to the rosters of these wards.		
The process and methodology used to calculate the nurse staffing level.	In accordance with the Nurse Staffing Levels (Wales) Act 2016 (NSLWA) - a systematic triangulated approach to reviewing and recalculating the nurse staffing levels on all 25B wards (Adult and Paediatric) has been applied, as stipulated in legislation. The triangulated methodology described in Section 25C of the Act has been implemented, as		

	<p>prescribed, for all Section 25B wards for both the Spring and Autumn 2023 cycles. The core information utilised and reviewed during this process included:</p> <ul style="list-style-type: none"> • Current ward bed numbers and speciality, including specific treatments or procedures and any proposed service and patient pathway changes. • Current nurse staff provision, including those members of the nursing team that are not included in the core roster (supernumerary senior sister/charge nurse, frailty/rehabilitation support workers, ward administrators). • Patient acuity data from the previous 12 months. Acuity is determined by utilizing the evidence based Welsh Levels of Care Tool. It consists of 5 levels of acuity ranging from level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis; to level 1 where the patient's condition is stable and predictable, requiring routine nursing care. • Care quality indicators data for the previous 12 months –consideration has been given to the pressure ulcers, falls and medication errors incidents in all wards (as well as infiltration/extravasation injuries in the paediatric wards). In addition, complaints about nursing care and serious incidents have also been discussed. <p>By the Autumn 2023 calculation cycle there was more stability across some of the wards with no changes required to the planned roster and required establishment for 11 of the adult medical /surgical wards and one paediatric ward (when compared to the Spring 2023 calculation cycle).</p> <p>Following the Autumn 2023 cycle, no changes were made to the required establishments on any of the wards because 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.</p> <p>The annual presentation to the board paper, presented to the Board in November 2023 (available on the following link: https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-30-november-20232/agenda-and-papers-30-november-2023/item-3-6-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-pdf/) noted the workforce and financial impact of the changes made to the service models on seven of the wards.</p> <p>The Spring 2023 and Autumn 2023 calculation cycles have continued to see teams introducing Band 4 Assistant Practitioner roles to support the RN workforce. It has also been evident that teams are exploring other roles as part of the 'team around the patient' model to support the RN and/or HCSW workforce e.g., pharmacy technician role, discharge coordinators.</p>
Informing patients	<p>The Health Board meets its statutory responsibilities to inform patients by presenting nurse staffing levels reports to the Board (i.e. the annual presentation of the nurse staffing levels for each S25B ward in November of each year and written updates to the Quality, Safety, and Experience Committee as required).</p>

In addition, there is an agreed national process in place to meet the statutory requirement to inform patients of the planned nurse staffing levels for all wards where Section 25B pertains. This process involves the display of a bilingual poster outside the ward entrance, together with a poster explaining the purpose of the Act and a Frequently Asked Questions leaflet (available in standard and easy read versions).

The updated informing patient templates are circulated to the S25B wards following each calculation cycle.

For the reporting period 2024-2027, it has been agreed on a national level, that data on compliance with displaying the agreed informing patient template and the availability of the frequently asked questions will be included in each health board/trust's report. A spot audit undertaken during the autumn 2023 calculation cycle showed that 88% of wards were displaying the most up to date 'informing patient template' and had the frequently asked questions leaflet available. The outstanding information was provided to the three wards that identified that they did not have the most up to date information displayed.

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

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

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u>		Period Covered 2023/2024		
		Number of wards:	RN (WTE)*	HCSW (WTE)*
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May)	33	581.15	617.59
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May) calculation cycle		576.85 ¹	603.60
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second cycle (Nov)	30	554.59 ²	573.41

¹ The variation in WTE required establishment calculated and funded in the above are linked to additional WTE required linked to workforce and financial impact of the changes made to the service models on seven of the wards (which are subject to business cases being submitted).

² The reduction in the required establishment 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 two medical ward (Ward 7 and Ward 8) 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.

	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov) cycle		536.66	538.70
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 30		
<p>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. There is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.</p> <p>A process by which the budgets for the S25B wards are reset, where required, following each cycle has been agreed so that the changes from each cycle can be realised in a timely manner both in terms of the finance and workforce adjustments required 'in-year', which will ensure both budgetary and rostering stability and allow local 'grip and control' at team level. This process has been reviewed and revised and along with presentation to the Board (and the Quality, Safety and Experience Committee), the outcome of each cycle was also presented to the Sustainable Resource Committee and Core Delivery Group.</p> <p>There was no change to the planned roster and required establishment for 11 of the adult medical/surgical wards and both paediatric wards, following the Autumn 2023-calculation cycle. The Core Delivery Group requested that for those wards where there had been a service change a review of the models of care on the seven wards should be undertaken to ensure that the models of care align with the Health Board's clinical strategy and are demonstrating improved patient outcomes.</p> <p>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.</p>				

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u> .	Period Covered 2023/2024		
	Number of wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)	2	57.68	22.55
WTE of required establishment of paediatric inpatient wards <u>funded</u> following first cycle (May)	2	57.68	22.55
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second cycle (Nov)	2	57.68	22.55
WTE of required establishment of paediatric inpatient wards <u>funded</u> following second cycle (Nov)	2	57.68	22.55
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 3 (2 Supernumerary Band 7 on one ward)		
<p>In accordance with the Act, paediatric wards have been included in the bi-annual calculations along with the adult acute medical and surgical wards since October 2021.</p> <p>In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. There is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.</p> <p>The same process by which the budgets for the S25B adult wards are reset, where required, following each cycle applies to S25B paediatric wards although the Women and Children Directorate are currently meeting the financial implications of the additional whole time equivalent required.</p>			
<p>Process & systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.</p>	<p>NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS Wales to implement a national informatics system to enable health boards to meet the reporting requirements of the Act and the Once for Wales approach to ensure consistency.</p> <p>Health boards/Trusts have, to date, been using the Health Care Monitoring system (HCMS) to capture the extent to which data, however, during 2022/2023 Health Boards/Trust rolled out the Allocate Safecare module, which is the nationally agreed informatics system referenced above. The Health Board's programme to roll out the Allocate Safecare Module to all the wards where S25B of the Act applies commenced in December 2022 and was completed by April 2023. The data included below is the data from Safecare (the reporting capability in Allocate is currently being</p>		

developed and therefore the Health Board informatics team have supported the Nursing Corporate Team with the below data).

Extent to which the planned roster has been maintained within adult acute medical and surgical wards

	2023/2024	
Data source	Safecare	
Total number of shifts	23679	
Data completeness	89.85%	
	Number of shifts	Percentage of the total
Shifts where planned roster met and appropriate	5115	21.06%
Shifts where planned roster met but not appropriate	2069	8.74%
Shifts where planned roster met but appropriateness not stated¹	1103	4.66%
Shifts where planned roster not met but appropriate	8705	36.76%
Shifts where planned roster not met and not appropriate	5386	22.75%
Shifts where planned roster not met but appropriateness not stated²	1301	5.49%

The above data for the adult inpatient wards shows:

- The percentage of shifts where the planned roster was met and deemed appropriate has decreased when compared to 2022/23 (42.47% in 2022/23 to 21.06% 2023/24), with night time shifts showing better compliance with planned roster than daytime shifts.
- The percentage of shifts where the planned roster was not met but deemed appropriate has increased from 12.40% in 2022/23 to 36.76% in 2023/24. This suggests that the registered nurses are using professional judgement appropriately vary the planned roster in response to the patients' dependency and acuity (paragraph 14 of the statutory guidance). The majority of the shifts were day shifts where the ability to deploy non-rostered staff to support the ward is greater for example, the supernumerary ward manager working clinically.

¹ The met data captured on the Allocate Safecare module is automatically populated (which wasn't the case when the data was captured on the previous system). The nurse in charge is required to enter data twice a day to state whether the number of staff on duty is appropriate or not appropriate to meet the needs of the patients on the ward at that time. The 'not stated' are shifts where planned roster was met but data on whether this was appropriate or not has not been entered.

² The not met data captured on the Allocate Safecare module is automatically populated (which wasn't the case when the data was captured on the previous system). The nurse in charge is required to enter data twice a day to state whether the number of staff on duty is appropriate or not appropriate to meet the needs of the patients on the ward at that time. The 'not stated' are shifts where planned roster was not met but data on whether this was appropriate or not has not been entered.

- The percentage of shifts where the planned roster was met but deemed not appropriate has seen an increase from 2.68% in 2022/23 to 8.74% in 2023/24. The narrative suggests that this is linked to those occasions when the patient acuity on the ward during those shifts required additional staff and although additional temporary staff was requested, it was unavailable. The night shifts saw the most shifts where the planned roster was met but not appropriate.
- The percentage of shifts which were not met and deemed not appropriate saw an increase between 2021/22 (25.38%) and 2022/23 (42.45%) but has decreased to 22.75% in 2023/24 (recognising that the data for 2023/24 presented in this report is for ten months). The ward teams would have taken 'all reasonable steps' to ensure that staffing levels were maintained including utilising temporary staff.

Extent to which the planned roster has been maintained within paediatric inpatient wards

	2023/2024	
Data source	Safecare	
Total number of shifts	1764	
Data completeness	95.24%	
	Number of shifts	Percentage of the total
Shifts where planned roster met and appropriate	707	40.08 %
Shifts where planned roster met but not appropriate	10	0.57%
Shifts where planned roster met but appropriateness not stated	26	1.47%
Shifts where planned roster not met but appropriate	883	50.06%
Shifts where planned roster not met and not appropriate	80	4.54%
Shifts where planned roster not met but appropriateness not stated	58	3.29%

The above data for the paediatric wards shows:

- The percentage of shifts where the planned roster was met and deemed appropriate has decreased from 82.39% in 2021/22, to 69.39% in 2022/23 to 40.08% in 2023/24 with night time shifts showing better compliance with planned roster than daytime shifts.
- The percentage of shifts where the planned roster was not met but deemed appropriate has increased over the same period 13.84% in 2021/22 to 27.51% in 2022/23 to 50.06% in 2023/24. This suggests that the registered nurses are using professional judgement appropriately vary the planned roster in response to the patients' dependency and acuity (paragraph 14 of the statutory guidance).
- The percentage of shifts where the planned roster was met but deemed not appropriate has seen a small increase over the reporting period (4 shifts in 2021/22, 2 shifts in 2022/23 and 10 shifts in 2023/24)
- The number of shifts which were not met and deemed not appropriate saw an increase from 24 shifts in 2021/22 to 46 shifts in 2022/23 to 80 shifts in 2023/24.

Process for maintaining the Nurse staffing level

There are established processes in place that demonstrate that operational teams are taking “all reasonable steps” to maintain the nurse staffing level as per the requirements of the Act. The daily reports, a detailed 24/7 report complete by the site management team, providing a continuous record of all staffing (and other operational) issues across each site and provide the evidence that operational teams are applying their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated.

Operational steps taken to maintain staffing levels:

- The 2-3 times a day staff planning and patient flow meetings during which plans are developed to ensuring appropriate staffing levels are in place, risk assessed and managed as required for the coming 24-48 hours with agree escalation processes around nurse staffing concerns.
- Clinical site management team and on call arrangements in place providing 24/7 management and leadership to all services.
- Systems in place whereby risk assessments are undertaken taking into account patients’ needs (including acuity and dependency) versus the available staff (both substantive and temporary), staff’s knowledge and skills and team stability.
- Safecare, which supports the decision-making process around the deployment of staff.
- Mechanisms in place to ensure deployment of staff to ensure appropriate clinical and/or leadership skills.
- Deployment of staff deemed as supernumerary/non-rostered for example, Senior Sister/Charge Nurse, frailty, and rehabilitation support workers to provide direct patients care. However, deploying non-rostered staff does come with consequences, for example, ward managers who must work clinically for significant periods are unable to undertake some of their ‘management’ activities in a timely manner.
- Utilisation of temporary staffing – bank / agency / excess hours / overtime / re-deployment from other areas within the organisation.

In addition to the above operational actions, some of the broader strategic/corporate actions are set out below. These further illustrate that ‘all reasonable steps’ have been explored and/or taken in order to maintain staffing levels, not only within Section 25B wards but across all services of the Health Board, recognising that each ward is only one part of a bigger system, and each part of that system impacts on the other parts.

- The implementation of a Nursing Workforce Stabilisation Programme with the aim of stabilising the nursing workforce across the acute sites.
- Internationally educated nurses (IEN) recruitment: 197 IENs are now working within the health board as registered nurses with further recruitment of internationally educated nurses planned for 2024/2025.
- Aberystwyth University: The first cohort of student nurses studying for their BSc Nursing (Adult) and BSc Nursing (Mental Health) in Aberystwyth University commenced in September 2022 and are due to become registrants in September 2025.

- Specific recruitment initiatives targeting the specific needs of individual wards and departments, led by Workforce and OD team.
- Development of a range of pathways into nursing including apprenticeship, 'grow your own' programme and Open University opportunities
- The establishment of the Nurse Retention Group
- The development of Band 4 Assistant Practitioner and Band 3 HCSW roles to support the registered nurse workforce: with these roles now featuring in the planned rosters for a number of wards.

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

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e., 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care ⁵
	TOTAL	TOTAL	TOTAL	TOTAL

³ The level of harm for the closed incidents is the post investigation level of harm.

⁴ The level of harm for the open incidents is the level of harm reported by the reporter and is subjected to change once the incident has been investigated.

⁵ Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR) whereby the senior nurse has reviewed the complaint and made a professional judgement as to whether the staffing levels have contributed to the complaint.

Number of <u>closed</u>³ incidents/complaints occurring during current year & those that were carried forward from the previous year.	3 avoidable, (with 11 unavoidable)	0	0	34 (32 rosters maintained, 2 rosters not maintained)
Total number of incidents/ complaints not closed⁴ and to be reported on/during the next year	3 (reported in March 2024)	0	0	11
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	1 (unavoidable)	0	0	2
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	0	0	0	0

The data set out in the following table shows the number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor for the 2023/24, 2022/23 and 2021-22 reporting period:

Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor				
	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e., 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care
2021-22	1	2	0	4
2022-23	0	0	0	0
2023-24	0	0	0	0

For information:

Based on a review of the health boards/trusts first three-yearly reports and feedback from operational leads on their experience completing the reports; a report was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 requesting a review of the current reporting process. A sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting

process; standardise reporting in line with the Duty of Candour set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020 and broaden the reporting scope of incidences of harm to provide more meaningful data.

The findings and recommendations of the Reporting Sub-Group were presented to the Executive Nurse Directors in August 2023 who approved the recommendations to take effect from the next reporting period i.e., 6th April 2024 – 5th April 2025. The agreed quality indicators for the adult acute medical and surgical inpatient wards from 6th April 2024 will be as follow.

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm, or death (i.e., level 3, 4 and 5 incidents).
- Medication errors resulting in moderate harm, severe harm, death & never events (i.e., level 3, 4, 5 and never events incidents).
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above from 6th April 2024 will be:

- Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
- Total number of incidents/ complaints not closed and to be reported on/during the next year
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Following the Executive Nurse Directors agreeing the recommendations in August 2023 it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would impact the reporting metrics within the annual assurance reports as previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. Therefore, to align with patient safety incident reporting to Welsh Government this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident. Consequently, the number of incidents reported within this, and subsequent, annual, and 3-year assurance reports is likely to be lower than those in previous years.

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

Incidents of patient harm with reference to quality indicators and complaints about nursing care	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e., 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	0	0	0	1	0
Total number of incidents/complaints not closed and to be reported on/during the next reporting period	0	0	0	0	3
Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained	0	0	0	0	0
Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor	0	0	0	0	0

The data set out below shows the number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor for 2023/24, 2022/23 and 2021-22 reporting period:

Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor					
	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Infiltration and extravasation injuries	Any complaints received about nursing care
Oct 2021- April 22	0	0	0	0	0
2022-23	0	0	0	0	0
2023-24	0	0	0	0	0

<p>The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards</p>	
<p>Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)</p>	
<p>Actions taken if the nurse staffing level was not maintained in wards where section 25B applies.</p>	<p>Adult Medical & Surgical Inpatient wards: During the 2023-24 reporting period there were no reportable avoidable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death or medication errors never events where the nurse staffing levels were not maintained, and this was deemed to be a contributory factor. There were also no complaints, which were wholly or partly about nursing care where it was deemed that not maintaining the nurse staffing levels was a contributory factor.</p> <p>Paediatrics inpatient wards. During the 2023-24 reporting period there were no reportable hospital acquired pressure damage (grade 3, 4 and unstageable); falls resulting in serious harm or death (i.e., level 4 and 5 incidents); medication errors never events; or infiltration/ extravasation injuries where nurse staffing was a contributed factor. There were also no complaints, which were wholly or partly about nursing care where it was deemed that not maintaining the nurse staffing levels was a contributory factor.</p>
<p>Section 25A: Duty to have regard to provide sufficient nurses</p>	
<p>Requirements of Section 25A</p> <p>(NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies)</p>	<p>The primary function of this report is to provide assurance around those wards where S25B of the Act applies. However, the HB has a statutory requirement under Section 25A of the Act i.e. this section states that the Health Board must have 'regard to providing sufficient nurses to allow nurses time to care sensitively for patients across all its services. The HB does not have a statutory requirement around reporting for areas where S25A applies, however this section aims to provide a summary of the wider work that has been undertaken in relation to selected S25A areas during 2023/24.</p> <p>Mental Health Inpatient Services – The outcome of the impact assessment undertaken in 2021/22, which assessed the workforce requirements of the six mental health inpatient wards (3 adult wards and 3 older adult wards) to meet the NHS Wales Interim Mental Health Nurse Staffing principles has been revisited during 2023/24. The scope of the work was extended to include the workforce requirements for PICU, LSU and the 136 provision. The review has been completed, with plans for the Directorate to take the outcome of the work to the Acute Leadership Group.</p> <p>All Unscheduled care areas (which fall under Section 25A of the Act) – The work to review the unscheduled care areas including Emergency Departments, Minor Injuries Unit and Assessment Units e.g., ACU, CDU and AMAU has continued throughout 2023/24 with ongoing discussions around the realignments of the budgets to ensure that the nurse staffing is appropriate to meet the current level of activity and acuity. The core delivery group agreed to a phased approach to the additional workforce and financial requirements for the Emergency Department (ED) in GGH and the Acute Medical Admissions Unit (AMAU) in PPH with phase 1 being the funding of 12 additional Registered Nurses in ED, GGH and 5 additional Registered Nurses in AMAU, PPH.</p>

District Nursing – The work to assess the workforce and financial implications of aligning the district nursing workforce to the recently published National Specification for Community Nursing and the interim nurse staffing principles for district nursing has continued throughout 2023/24. It is anticipated that the review of the Carmarthenshire District Nursing teams will be concluded by the beginning of Q2 of 2024/25 with the Pembrokeshire and Ceredigion reviews to be undertaken thereafter.

Scheduled Care –

- **Critical Care** - a comprehensive review of the Critical Care staffing levels, which took into account the GPICS standards was undertaken in 2022/23 based on the critical care provision at the time. Further work is being undertaken to understand the critical care service model required going forward and a further review of the staffing requirements will be undertaken as part of this work.
- **Theatres** – a review of the staffing requirements for the Theatres across the Health Board has commenced (Q4 of 2023/24). Phase 1 of the work will be a review of the staffing levels required for the Theatres in BGH; with a review of the staffing requirements for the other sites following thereafter.
- **Rheumatology** – an area of priority for the scheduled care directorate is the review of the staffing requirements for the rheumatology service. This review is included in the work programme for 2024/25.

The S25A work programme for 2024/25 also includes reviewing the staffing requirements for our outpatients' departments and the Systemic Anti-Cancer Treatment Units (SACT).

In addition, a review of the staffing requirements for maternity services, based on the Birthrate Plus report (received by the Health Board in 2023) is also being planned for 2024/25. It is noted that Maternity Services do not fall under the Nurse Staffing Levels (Wales) Act 2016, but the staffing review will be undertaken using the same triangulated methodology principles that are applied to any nurse staffing review.

Conclusion & Recommendations

The data shows that despite the challenges in maintaining the planned rosters, there have been no incidents of patient harm or complaints where not maintaining the nurse staffing levels was deemed to be a contributory factor.

It is noted that the Duty of Candour (DoC), which came into force on 1st April 2023, is likely to have had an impact on the incidents reported in this report as it is likely that in previous years the severity of harm reported on was the actual harm sustained, as opposed to the severity of harm found to be resulting from an act or omission when in receipt of NHS Care. Therefore to align with patient safety incident reporting to Welsh Government all future reports will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident.

Below is an update against the recommendations set out in the 2022/23 Assurance Report:

Recommendation	Progress to date
<p>Work with operational teams to ensure that the operational and reporting capabilities of the Safecare module are fully utilised and consider whether there are benefits to rolling out Safecare to other clinical areas.</p>	<p>The Corporate Nursing team have worked with the informatics team to revise the nurse staffing report (available on IRIS) to include the Safecare data, The acuity data is now available on the nurse staffing report with the extent to which the planned roster is maintained data going live in May 2024.</p> <p>The extent to which the nurse staffing level is maintained Safecare data is now available on the Our Performance Dashboard.</p>
<p>Work with operational teams to ensure that any new measures agreed by the All-Wales Executive Directors of Nursing are embedded into existing scrutiny processes.</p>	<p>The EDoNs agreed the changes to the measures in August 2023 and they will come into effect in April 2024.</p> <p>Heads of Nursing have been advised of the changes and of the changes to the questions on Datix</p>
<p>Continue to work collaboratively in support of Workforce and OD colleagues to take forward the various new initiatives aimed at ensuring a supply of registered nurses into the Health Board is assured for the future.</p>	<p>197 IENs are now working within the health board as registered nurses with further recruitment of internationally educated nurses planned for 2024/2025.</p> <p>Working with the Future Workforce Programme Manager on the placement of apprentices.</p>

Based on the findings included in this, the 2023/24 assurance report, the recommendations for the coming 12 months are:

- Embedded the operational and reporting capabilities of Allocate Safecare into existing operational processes
- Consider whether there are benefits to rolling out Safecare to other clinical areas.
- Work with the operational teams to embed the new datix questions into their existing incident scrutiny processes
- Work with the complaints call handlers to ensure that the relevant nurse staffing information is provided for every complaints, which is wholly or partly about nursing care.
- Continue to contribute to the All Wales Nurse Staffing Programme of work

Appendix: Annual Assurance Report

Health board/trust:	Hywel Dda University Health Board
Period of the report	6 April 2023 - 5 April 2024
Adult acute medical wards	18-22

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 this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Medical Inpatient wards.

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made				Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale	
Dyflf BGH Medical	2	31.51	20.61	2	31.51	20.61	Yes	No						
Meurig BGH Medical	1	14.45	11.61	1	14.45	11.61	Yes	No	No change					
Ystwyth BGH Medical	1	20.61	18.83	1	20.61	18.83	Yes	No	In addition to the roster, Ward has 3 WTE Rehab Support Worker.change in porportion of LD RN/HCSW					
Y Banwy BGH Medical	1	11.61	11.61	1	11.61	11.61	Yes	No	No change					
Cadog GGH Medical	1	11.73	23.45	1	11.73	23.45	Yes	No	In additional to the roster ward has 3 WTE Frailty worker					
Dewi GGH Medical	1	14.45	19.9	1	14.45	19.9	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					
Gwenllan GGH Medical	1	17.17	22.62	1	17.17	22.62	Yes	No	Spring 2023 Change in the proportion of long days (HCSW and RN) Spring 2023 introduction of a AP role					
Padarn GGH Medical	1	17.17	17.17	1	17.17	17.17	Yes	No	In addition to the roster, ward has 3 WTE Rehab Support Worker Spring 2022 - Changed to Service Model - 19 beds respiratory patients with up to 4 CPAP patients and procedure room (cost pressure). In addition to the roster there is 1 WTE Band 4 AP to support the treatment room					
Steffan GGH Medical	1	14.45	16.4	1	14.45	16.4	Yes	No	No change - consideration given to increasing the HCSW on Night Duty but further evidence requested by Designated Person					
Towy GGH Medical	1	14.45	19.9	1	14.45	19.9	Yes	No	No change					
Ward 1 PPH Medical	1	18.95	17.17	1	18.95	22.62	Yes	Yes	Service change. ADDITIONAL HCSW 24/7 due to NIV/complex respiratory pathway change					
Ward 3 PPH Medical	1	18	20.73	1	18	20.73	Yes	No	Spring 2023 - change in proportion of long days (HCSW)					
Ward 4 PPH Medical	1	26.18	18	1	26.18	18	Yes	No	no change					
Ward 5 PPH Medical	1	20.73	27.44	1	20.73	27.44	Yes	No	In addition: 1 WTE Band 4					
Ward 9 PPH Medical	1	20.73	28.9	1	20.73	28.9	Yes	No	No change					
Ward 7 WGH Medical	1	19.9	19.9	Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC					
Ward 8/CCU WGH Medical	1	32.45	17.17	Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC	Ward Closed due to RACC					
Ward 9/CCU WGH Medical				1	23.45	11.73	Yes	Yes	Temporary relocation of CCU/Ward 8 Medical beds to Ward 9 footprint due to RACC (reduction of beds from 26 to 14).					
Ward 10 WGH Medical	1	11.73	20.73	1	11.73	14.45	Yes	Yes	Temporary reduction in HCSW as ward re-located to Pembrokehire Haematology Oncology Day Unit (PHODU) due to RACC work					
Ward 11 WGH Medical	1	17.17	15.28	1	6.28	12.55 +2.72 rehab assistant	Yes	Yes	ward closed with temporary relocation of 10 stroke rehabilitation beds to Sunderland due to RACC - S25B does not apply to these beds whilst on Sunderland.					
Ward 12 WGH Medical	1	11.73	11.73	1	18	26.18 + 5.45 frailty worker	Yes	Yes	Temporary relocation of the Ward 12 beds to Cleddau, South Pems. S25B of the Act does not apply to the ward as the primary function of the ward has changed and it is not longer an acute medical ward					
Ward 3 WGH Medical	1	17.17	19.9	1	28.9	23.45	Yes	Yes	Temporary change in the patient pathways to Ward 3 due to RACC including the Acute Stroke Pathway					
Total	22	382.34	399.05	21	360.55	388.15								
				Total excluding ward 11 +ward 12	19	336.27	350.25							

Appendix: Annual Assurance Report

Health board/trust:	Hywel Dda University Health Board
Period of the report	6 April 2023 - 5 April 2024
adult acute surgical wards	12

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 this appendix but further information can be found within the main body of the annual assurance report

Adult Acute Surgical Inpatient wards.

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the <u>start</u> of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the <u>end</u> of the period of this report (autumn calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
Ceredig BGH Surgery	1	21.67	22.39	1	21.67	22.39	Yes	No	Spring 2023 change in the proportion of long days (HCSW) Spring 2023 - additional HCSW on twilight agreed due to QI data				
Rhiannon BGH Surgery	1	11.61 + PACU 4.77	11.61 + PACU 4.77	1	11.61+ PACU 4.77	11.61+ PACU 4.77	Yes	No					
Telfi GGH Surgery	1	23.45	34.35	1	23.45	34.35	Yes	No	In additional to the roster, ward has 3 WTE Frailty worker Spring 2023 - change in proportion of long days (HCSW).				
Cleddau GGH Surgery	1	12.67	18	1	19.9	25.35	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 Denwen				
Denwen GGH Surgery	1	17.17 (additional b6 temp 0.4)	19.9	1	17.17	19.9(additional b6 temp 0.4)	Yes	No	In additional to the roster ward has 3 WTE Frailty worker to work across Denwen & Cleddau Spring 2023 0.4 band 6 additional for 3 months, autumn 2023 extended for additional 6 months				
Merlin GGH Surgery	1	14.45	11.73	1	20.73	11.73	Yes	Yes	Additional band 5 24/7. Noted that there are 2 WTE Band 4 non rostered on the ward				
Preveli GGH Surgery	1	11.73	15.72	1	11.73	12.99	Yes	Yes	AP role in future if more elective HCSW reduced due to current speciality	Yes		No	reviewed as the ward reopened in March 2023
Picton GGH Surgery	1	11.98	7.9	1	11.98	7.9	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.				
Ward 6 PPH Surgery	1	15.62	14.99	1	15.62	14.99	Yes	No	No change to 21 beds. Spring 2023 - change in proportion of long days worked				
Ward 7 PPH Surgery	1	14.45 ECU 10.9	15.72	1	14.45 ECU 10.9	15.72	Yes	No	no change. Spring 2023 - Change in the proportion of long days (HCSW)				
Ward 1 WGH Surgery	1	17.17	19.9	1	17.17	19.9	Yes	No	Spring 2023 - change in proportion of long days (RN)				
Ward 4 WGH Surgery	1	17.17	21.56	1	17.17	21.56	Yes	No					
Ward 9 WGH Surgery							Ward closed	Ward closed	It is noted that the ward as an elective surgical ward is currently closed with no confirmed date to reopen				
TOTAL	12	204.81	218.54	12	218.32	223.16							

Appendix: Annual Assurance Report

Health board/trust:	ywel Dda University Health Board
Period of the report	6 April 2023 - 5 April 2024
paediatric inpatient wards	2

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 this appendix but further information can be found within the main body of the annual assurance report

Paediatric Inpatient wards

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the <u>start</u> of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the <u>end</u> of the period of this report (autumn calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
Cilgerran/HDU GGH	2	35.41 (including 10.9 band 6) 10.9 (including 5.45 band 6)	10.12 PACU 8.17	2	35.41 (including 10.9 band 6) 10.9 (including 5.45 band 6)	10.12 PACU 8.17	Yes	No					
Angharad BGH	1	11.37 (including 5.69 WTE band 6)	4.26	1	11.37 (including 5.69 WTE band 6)	4.26	Yes	No					
Total	3	57.68	22.55	3	57.68	22.55							