Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 May 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nurse Staffing Levels 2024-25 Annual Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, 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 2024-25 Hywel Dda University Health Board (HB) Nurse Staffing Levels (Wales) Act annual assurance report and covers the period 6 April 2024 – 5 April 2025.

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 the attached 2024-25 Nurse Staffing Levels (Wales) Act annual assurance report and take assurance that the various statutory requirements of the Nurse Staffing Levels (Wales) Act has been met. The report sets out the way in which the Health Board has met the various statutory requirements of the NSLWA during 2024-25.

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 Act.

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 (one of the second duties of the Act.

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 Act 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 Act, 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 most recent three-year report covered the period 6 April 2021 to 5 April 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 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

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 section.
1-3	The process and methodology used to calculate the nurse staffing level.
3-4	Informing patients.
4-5	Extent to which the required establishment has been maintained within adult acute medical and surgical wards.
5	Extent to which the required establishment has been maintained within paediatric inpatient wards.
5-6	Process and systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.
6-9	Extent to which the planned roster has been maintained within adult acute medical and surgical wards.
9-11	Extent to which the planned roster has been maintained within paediatric inpatient wards.
11-12	Process for maintaining the Nurse staffing level.
12-16	Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards.
16-19	Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards.
19-20	Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate.
20-23	Section 25A: Duty to have regard to provide sufficient nurses.
23-24	Conclusion and Recommendations.

All 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 revisions; and/or
- Changes in the proportion of long days being worked in the previous 6 months.

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

The extent to which the nurse staffing levels have been maintained: 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. The data presented in the Health Board's previous reports to demonstrate the extent to which the planned roster has been maintained has been based on the planned hours and the actual hours worked as set in Allocate. However, the data presented in the 2024-25 report is based on the planned number of staff on duty (headcount) and the actual number of staff on duty (headcount) as set in Allocate. The rationale for the change is that the Nurse Staffing Levels report available in the Safecare module is based on headcount and to ensure consistency with how data is being reported by most other Health Boards.

The impact the Board considers that not maintaining nurse staffing levels has had on care provided to patients by nurses: Adult Medical and Surgical Inpatient wards: During the 2024-25 reporting period there:

- Were no hospital acquired pressure damage (grade 3, 4 and unstageable) that met the threshold for inclusion in this report.
- Were two falls resulting in moderate harm which met the threshold for inclusion in this report.
- Was one medication administration error incident which met the threshold for inclusion in this report.
- Was one complaint where not maintaining the nurse staffing levels (i.e. the planned roster was deemed to be a contributory factor to the complaint.

It is noted that some of the quality indicators linked to harm where the nurse staffing levels was a contributory factor have changed since April 2024 to meet the reporting requirements of the Duty of Candour. The three incidents referenced in the 2024-25 report would not have met the threshold for inclusion in previous reports.

Paediatrics inpatient wards**:** During the 2024-25 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 3, 4 and 5 incidents); medication administration errors (i.e. level 3, 4 and 5 harm or never events); or infiltration/ extravasation injuries where the nurse staffing levels were not maintained that met the threshold for inclusion in this report.
- NO complaints which met the threshold for inclusion in this report.

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 were 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 2024/25, 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 2. Timely
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:	1. Striving teams
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
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
Rhestr Termau: Glossary of Terms:	WGH – Withybush General Hospital BGH – Bronglais General Hospital GGH – Glangwili General Hospital PPH – Prince Phillip Hospital WTE – whole time equivalent The Act– Nurse Staffing Levels (Wales) Act 2016 WG – Welsh Government
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Heads of Nursing, Unscheduled Care across the Health Board

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	There are financial and workforce implications associated with the outcome of some 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 the report sets out the impact on care quality where the nurse staffing levels (met or not met) are deemed to be a contributory factor.
Gweithlu: **Workforce:**	This report includes information on the 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.
Risg: **Risk:**	There are financial and workforce risks associated with the outcome of the work described in this paper. The risks relate to the ability to both finance and recruit a sufficient workforce of both registrants and (a range of) Support Workers.
Cyfreithiol: **Legal:**	There is the potential risk 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 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 Act are met.
Gyfrinachedd: **Privacy:**	Currently no impact in relation to privacy identifiable within this work.
Cydraddoldeb: **Equality:**	No negative EqIA impacts identified.

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Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board/trust	Hywel Dda University Health Board		
Date annual assurance report is presented to Board	30th May 2025 This annual report refers only to the period 6th April 2024 to 5th April 2025. This report will form part of the three yearly assurance report that will be submitted to Welsh Government within 30 days of the end of the reporting period in 2027 (with the final report being submitted to Welsh Government in October 2027).		
	Adult acute medical inpatient wards	**Adult acute surgical inpatient wards**	**Paediatric inpatient wards**
During the last year, the lowest and highest number of wards	20	12	2
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	Not applicable	Not applicable	Not applicable
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 prescribed, for all Section 25B wards for both the Spring and Autumn 2024 cycles. The core information used and reviewed during this process included: • 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 have also been discussed.
- The data on the percentage of 'long day' shift pattern being worked is reviewed as part of each cycle to ensure that the required establishment reflects the working pattern of our staff. 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.

An internal audit report to review the arrangements to ensure compliance with the Nurse Staffing Levels (Wales) Act 2016 was published in April 2024 and concluded reasonable assurance, unchanged from 2021/22.

Assurance summary[1]

	Objectives	Assurance
1	Nurse staffing levels are calculated using the prescribed methodology and are reviewed twice annually	Reasonable
2	All reasonable steps are taken to enable wards to maintain nurse staffing at the calculated levels	Reasonable
3	Nurse Staffing Levels are reported to the Board and Welsh Government	Substantial

[1]The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

The audit findings noted:

- Objective 1: The audit team identified that the policy required updating and approval arrangements need to be strengthened to evidence the Designated Person's approval, However, the wards reviewed demonstrated thorough and consistent review with data/evidence supporting the rationale for proposed changes. The report also noted good practice with the enhancement of the nurse staffing review template since the previous review –from a basic (but adequate) word document to a slide deck clearly demonstrating application of the prescribed methodology and consideration of the factors influencing the required nurse staffing level with all supporting evidence embedded.
- Objective 2: the audit concluded that there were mechanisms in place to monitor and record the extent to which nurse staffing levels are maintained, and these are included within the annual assurance report to the Quality, Safety, and Experience Committee (QSEC) and Board. However, the action was for more frequent reporting to of *Extent to Which* data to QSEC. The audit team also identified instances where nurse staffing levels informing patient template was not displayed on wards.

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Objective 3: the audit team reviewed the annual assurance report presented to Board, the annual presentation to the Board report and the three yearly Welsh Government and took substantial assurance for this objective.
The three agreed actions in the report have been completed.
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<tr><td>Informing patients</td><td>
Informing patients of the nurse staffing levels: 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 QSEC as required.
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.
The internal audit report Nurse Staffing Levels (Wales) Act 2016 Compliance (report prepared April 2025) identified instances where nurse staffing levels informing patient template was not displayed on wards. This was actioned at the time. The audit undertaken during the Spring 2025 calculation cycle showed 100% of wards were displaying the most up to date‘ informing patient template’ and 88.57% had the frequently asked questions leaflet available; the leaflets have been sent to those wards who did not have the frequently asked questions leaflets available.
The All-Wales Nurse Staffing Level Reporting Group work programme for 2024/25 has included a review of national process to meet this statutory requirement. This work has taken account of the Senedd Health and Social Care Committee’s report published in 2024 which contained the following recommendation “R4. The Minister for Health and Social Services should write to us within 6 months of publication of this report to provide an update on progress by health boards in consistently displaying information about nurse staffing levels on wards where section 25B applies”.
The All-Wales Nurse Staffing Level Reporting Group recommended to the All-Wales Nurse Staffing Group and the Executive Directors of Nursing that each HB should have processes in place to ensure:
Routine updating of displays.
Regular standard audits.
Randomised spot checks.
The information included on the display template has also been reviewed and the following changes made:
The display is now entirely bilingual and compliant with Welsh Language Standards.
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	• Inclusion of easy-read style imagery of uniforms improving the accessibility of the display. • Superfluous explanatory text has been removed to reduce how cluttered the display appears. • The prominence of the required establishment and date presented to board has been diminished by moving lower on the page so that the planned roster is the first information displayed. • The inclusion of a QR code which directs patients/visitors to online versions of the Frequently Asked Question documents. **Informing patients of the actual roster:** although there is a statutory requirement to inform patients of the planned roster, there is not a requirement to display the actual roster, however, this would be seen as best practice. The All-Wales Nurse Staffing Reporting Group have developed a template for wards to display this information. All wards within the HB display their actual roster somewhere on the ward and a roll out plan will be developed to ensure consistency in the information that the wards display.

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

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

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.

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u> NB: First cycle: spring 2024 following January audit.		**Period Covered …………**		
		Number of Wards:	**RN (WTE)**	**HCSW (WTE)**
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May)	**32**	**580.75**	**608.73**
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May) calculation cycle.		**576.85**	**603.60**
	Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov)	**32**	**587.04**	**613.70**

Second cycle: autumn 2024: following June audit	**WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov) calculation cycle**		**584.90**	**601.21**
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE: 33 (2 supernumerary Band 7 on one ward)**		
	The variation in WTE required establishment calculated and funded in the above table are: • The additional WTE required due to the autumn 2024 cycle which have not been transacted into the budgets, and • The additional WTE required because of changes to the service models on two of the wards which are subject to business cases. See appendix 1 for details of the individual wards.			
Extent to which the required establishment has been maintained within <u>paediatric inpatient wards.</u> NB: First cycle: spring 2024 following January audit. Second cycle: autumn 2024: following June audit		**Period Covered …………**		
		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 (May) calculation cycle		**57.68**	**22.55**
	Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov)	**2**	**57.68**	**22.55**
	WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) calculation cycle		**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)**		
	No change to the required establishment and funded establishment of the two paediatric wards. See appendix 1 for details of the individual wards.			
Process & systems for capturing data on the	Extensive work has been undertaken across NHS Wales to implement a national informatics system: • To enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach that ensures consistency, and			

extent to which the planned roster has been maintained on wards where section 25B applies.	• 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. The Health Board has rolled out the Safecare module of RL Datix Allocate, the roster system used across Wales to all wards where Section 25B of the Act applies. Safecare, is the nationally agreed system by which every occasion when the number of nurses deployed varies from the planned roster can be recorded and review. The system also enables teams to capture the acuity data used to inform the nurse staffing calculations. The data presented in the following section is the Safecare data. The extent to which the planned roster has been maintained data is monitored by the Quality, Safety and Experience Committee, on behalf of the Board. **EXPLANTORY NOTE 1:** the data presented in the Health Board's previous reports to demonstrate the extent to which the planned roster has been maintained has been based on the planned hours and the actual hours worked as set in Allocate. However, the data presented in this report is based on the planned number of staff on duty (headcount) and the actual number of staff on duty (headcount) as set in Allocate. The rationale for the change is that the Nurse Staffing Levels report available in the Safecare module is based on headcount and to ensure consistency with what data is being reported by most other Health Boards, the data set out in this report is based on headcount. **EXPLANTORY NOTE 2**: the data presented in the Health Board's previous reports has included four measures, the number and percentage of shifts where the planned roster was met and appropriate, where the planned roster was met but not appropriate, where the planned roster was not met but appropriate and where the planned roster was not met and not appropriate. The data set out in this year's report has two additional measures – the number and percentage of shifts which were met or not met but the appropriateness was not stated i.e. the nurse in charge did not complete the relevant section on the Safecare module for that shift. The met/not met data captured on the Allocate Safecare module is automatically populated (which was not 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/not met but data on whether this was appropriate or not has not been entered.

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

Extent to which the planned roster has been maintained within adult acute medical and surgical wards – 6th April 2024-5th April 2025

Month	Total number of shifts	Shifts where planned roster met and appropriate		Shifts where planned roster met but not appropriate		Shifts where planned roster not met but appropriate		Shifts where planned roster not met and not appropriate		Data completeness	Shifts where planned roster met but no appropriateness recorded		Shifts where planned roster not met and no appropriateness recorded	
TOTAL	38370	45.84%	17589	19.04%	7306	19.47%	7471	8.39%	3220	92.74%	5.00%	1917	2.25%	865

Breakdown per Month

Month	Total number of shifts	Shifts where planned roster met and appropriate		Shifts where planned roster met but not appropriate		Shifts where planned roster not met but appropriate		Shifts where planned roster not met and not appropriate		Data completeness	Shifts where planned roster met but no appropriateness recorded		Shifts where planned roster not met and no appropriateness recorded	
Apr-24[1]	2403	42.16%	1013	22.47%	540	15.06%	362	11.36%	273	91.05%	5.62%	135	3.29%	79
May-24	2980	44.09%	1314	23.09%	688	17.21%	513	9.90%	295	94.30%	3.93%	117	1.78%	53
Jun-24	2883	42.14%	1215	24.14%	696	17.31%	499	10.09%	291	93.69%	4.65%	134	1.66%	48
Jul-24	2980	42.42%	1264	22.92%	683	17.01%	507	9.77%	291	92.11%	5.81%	173	2.08%	62
Aug-24	2981	47.20%	1407	19.76%	589	15.03%	448	9.90%	295	91.88%	6.07%	181	2.05%	61
Sep-24	2882	44.93%	1295	20.30%	585	19.71%	568	7.53%	217	92.47%	5.73%	165	1.80%	52
Oct-24	2981	45.76%	1364	20.30%	605	19.96%	595	6.91%	206	92.92%	5.07%	151	2.01%	60
Nov-24	2884	48.30%	1393	17.93%	517	19.11%	551	7.66%	221	93.00%	4.72%	136	2.29%	66
Dec-24	2981	41.13%	1226	21.67%	646	16.94%	505	12.51%	373	92.25%	5.07%	151	2.68%	80
Jan-25	2981	46.53%	1387	18.95%	565	18.05%	538	8.22%	245	91.75%	5.64%	168	2.62%	78
Feb-25	2692	44.58%	1200	20.91%	563	17.87%	481	8.28%	223	91.64%	5.61%	151	2.75%	74
Mar-25	2980	47.82%	1425	17.82%	531	18.83%	561	7.21%	215	91.68%	5.47%	163	2.85%	85
Apr-25[2]	480	56.67%	272	11.88%	57	12.50%	60	5.83%	28	100.00%	10.63%	51	2.50%	12
TOTAL	35088	44.96%	15775	20.71%	7265	17.64%	6188	9.04%	3173	92.34%	5.35%	1876	2.31%	810

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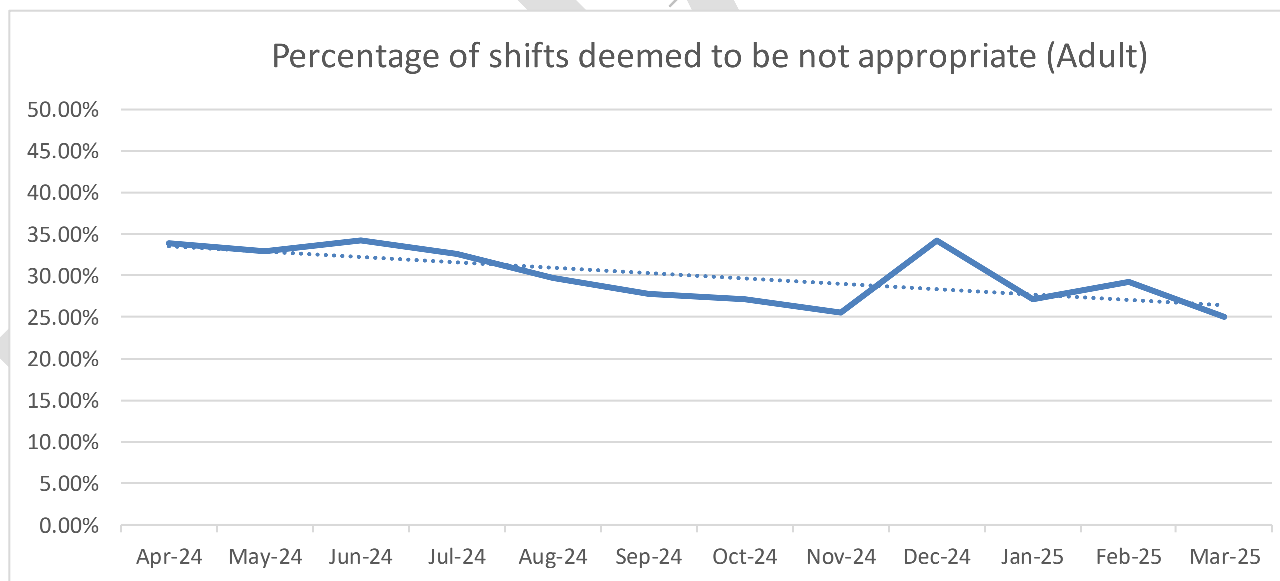
1. The data presented for April 2024 is not the data for the full calendar month but the data from 6th April 2024 which is the start date of the period of this report.
2. The data presented for April 2025 is not the data for the full calendar month but the data up to 5th April 2025 which is the end data of the period of this report.

Met/Not Met: It is not possible to make comparisons with the data included in our previous reports for the number and percentage of shifts met and not met as the data presented in this report is based on a different measure as explained above.

Appropriate/Not Appropriate: the data shows that there is an average of 29.75% of shifts where the nurse in charge deemed that the number of nurses on duty was not appropriate to meet the needs of the patients on the ward at the time irrespective of whether the roster was met or not met (a low of 25.03% in March 2025 to a high of 34.18% in December 2024). The percentage of shifts deemed not appropriate appears to be decreasing over time (April 2025 data excluded from the below graph as it only covers 5 days of the month)



An analysis of the narrative shows that:

	• The inability to secure additional staff to care for high acuity patients or patients requiring enhanced patient support are the main reasons why the number of staff on duty is deemed to be not appropriate. There are systems in place whereby risk assessments are undertaken, taking into consideration patients' needs (acuity) versus the available staff (both substantive and temporary), staff's knowledge and team. Work is ongoing to review how patients requiring enhanced patients support are managed and cared for. An All Wales enhanced patient care risk assessment is being developed and is awaiting Executive Directors of Nursing Peer Group sign off before being implemented within the HB. • The inability to secure additional staff when the ward is using surged beds is also a reason the number of staff on duty is deemed to be not appropriate. • Staff's understanding of professional judgement is variable and novice and less experienced RNs often make different professional judgment decisions than more experienced staff. Education and training are available to new users and to those requiring updates. Staff can raise a 'red flag' in the event of the number of nurses on duty not being appropriate to meet the needs of the patients on the ward at that time and evidence what actions were taken. Further work is required to embed the practice of raising a 'red flag' for these situations and suite of training sessions developed around Safecare includes a session on 'red flags.' All reasonable steps" are taken to maintain the nurse staffing levels as per the requirements of the Act and the nationally agreed adult ward operational guidance document. Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board's overarching duty of "providing sufficient nurses to allow the nurses time to care for patients sensitively."
Extent to which the planned roster has been maintained within paediatric inpatient wards.	The explanatory notes 1 and 2 set out on page 6 also applies to the paediatric data.

Extent to which the planned roster has been maintained within paediatric inpatient wards – 6th April 2024-5th April 2025

Month	Total number of shifts	Shifts where planned roster met and appropriate		Shifts where planned roster met but not appropriate		Shifts where planned roster not met but appropriate		Shifts where planned roster not met and not appropriate		Data completeness	Shifts where planned roster met but no appropriateness recorded		Shifts where planned roster not met and no appropriateness recorded	
TOTAL	3282	55.27%	1814	1.25%	41	39.09%	1283	1.43%	47	97.04%	1.25%	41	1.68%	55

Breakdown per month

Month	Total number of shifts	Shifts where planned roster met and appropriate		Shifts where planned roster met but not appropriate		Shifts where planned roster not met but appropriate		Shifts where planned roster not met and not appropriate		Data completeness	Shifts where planned roster met but no appropriateness recorded		Shifts where planned roster not met and no appropriateness recorded	
Apr-24[3]	260	57.69%	150	0.38%	1	36.92%	96	1.15%	3	96.15%	1.92%	5	1.92%	5
May-24	290	55.52%	161	2.41%	7	38.28%	111	2.07%	6	98.28%	1.03%	3	0.69%	2
Jun-24	260	53.85%	140	0.38%	1	39.62%	103	0.77%	2	94.62%	1.54%	4	3.85%	10
Jul-24	290	56.55%	164	0.34%	1	34.83%	101	3.45%	10	95.17%	2.07%	6	2.76%	8
Aug-24	290	55.52%	161	3.10%	9	36.90%	107	2.76%	8	98.28%	0.34%	1	1.38%	4
Sep-24	260	54.62%	142	1.15%	3	41.92%	109	0.38%	1	98.08%	0.00%	0	1.92%	5
Oct-24	290	53.45%	155	2.76%	8	36.21%	105	1.38%	4	93.79%	2.76%	8	3.45%	10
Nov-24	260	53.08%	138	1.54%	4	41.15%	107	2.31%	6	98.08%	1.15%	3	0.77%	2
Dec-24	290	56.90%	165	1.03%	3	38.28%	111	1.03%	3	97.24%	1.03%	3	1.72%	5
Jan-25	290	58.97%	171	0.00%	0	40.34%	117	0.69%	2	100.00%	0.00%	0	0.00%	0
Feb-25	224	54.02%	121	1.34%	3	41.96%	94	0.89%	2	98.21%	1.34%	3	0.45%	1
Mar-25	248	52.82%	131	0.40%	1	43.55%	108	0.00%	0	96.77%	2.02%	5	0.81%	2
Apr-25[4]	30	50.00%	15	0.00%	0	46.67%	14	0.00%	0	96.67%	0.00%	0	3.33%	1
TOTAL	3282	55.27%	1814	1.25%	41	39.09%	1283	1.43%	47	97.04%	1.25%	41	1.68%	55

3. The data presented for April 2024 is not the data for the full calendar month but the data from 6th April 2024 which is the start date of the period of this report.
4. The data presented for April 2025 is not the data for the full calendar month but the data up to 5th April 2025 which is the end data of the period of this report.

Met/Not Met: It is not possible to make comparisons with the data in previous reports for the number and percentage of shifts met and not met as the data presented in this report is based on a different measure as explained above.

Appropriate/Not Appropriate: the data shows that there is an average of 2.68% of shifts where the nurse in charge deemed that the number of nurses on duty was not appropriate to meet the needs of the patients on the

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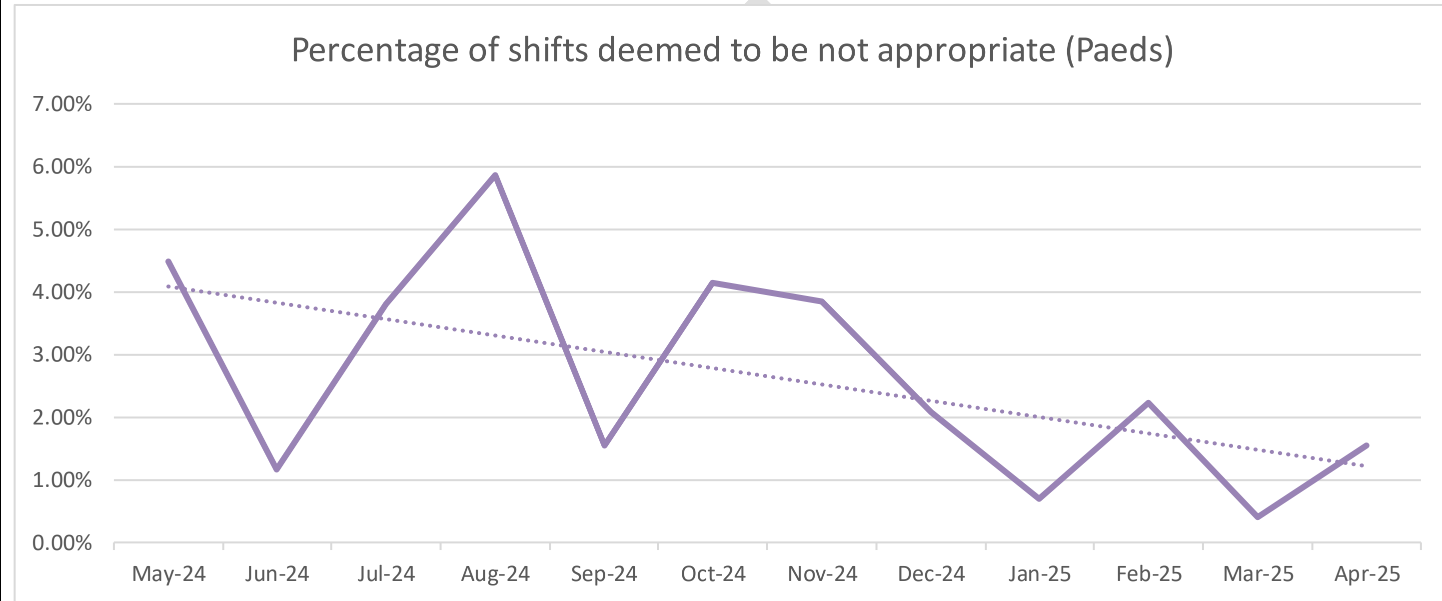
paediatric wards at the time irrespective of whether the roster was met or not met (0.40% in March 2025 to 5.86% in August 2024). The number of shifts ranges from a low of one March 2025) to a high of 17 in August 2024).



“All reasonable steps” taken to maintain the nurse staffing levels as per the requirements of the Act and the nationally agreed paediatric operational guidance document. Operational teams apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively.”
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<td>Process for maintaining the Nurse staffing level</td>
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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:
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- 2-3 times a day site safety 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 with 2024/25 seeing phase four of the stabilisation programme being implemented in Bronglais General Hospital.
- Internationally educated nurses (IEN) recruitment: 297 IENs are now working within the health board as registered nurses with further recruitment of internationally educated nurses planned for 2025/2026.
- 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 Nurse Retention Group
- The development of a Standard operating Procedure for the booking of temporary nursing staff (both RN and HCSW) which came into effect on 1st April 2025.

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- Policy 409 the Nurse Staffing Levels and Escalation Plan: Acute Services Policy has been reviewed and has become an appendix of Policy 1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework, which is now the overarching framework for all nursing services for:
  - Meeting the statutory and organisational responsibilities relating to the Nurse Staffing Levels (Wales) Act 2016
  - Calculating, maintaining, and reporting of nursing staffing levels in all clinical settings; and
  - The decisions and actions that need to be taken when reviewing, reporting, and escalating those occasions when the nurse staffing levels are, or are at risk of, not (being) maintained

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<tr><th colspan="2">Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards</th></tr>
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Please note the following explanatory notes:

EXPLANATORY NOTE 3: Based on a review of the Health Boards/Trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; an SBAR was presented to the Executive Nurse Directors and CNO in 2021, which included a series of recommendations to improve and refine the reporting process. Following this a sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process to standardise reporting and be in line with the Duty of Candour set out in the Quality & Engagement Act (2020), with the aim of broadening the scope of incidences of harm to provide more meaningful data, by including moderate risk falls and medication administration error incidents.

The work of the Reporting Sub-Group included a review of the measures for the adult medical and surgical inpatient wards, and these were presented to the Executive Nurse Directors in August 2023. The changes to the adult wards' measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

Since the EdoNs agreed the recommendations in August 2023 it became apparent that the way data is being captured on Datix to meet the reporting requirements of the Duty of Candour (DoC), which came into force in April 2023, may impact our data collection under the duties of the NSLWA.Previously, we anticipated that the changes in the reporting criteria to include moderate levels of harm would increase overall reporting, however, following this clarification this anticipated increase may not be seen.

It must be noted that previous NSLWA 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. To align with patient safety incident reporting to Welsh Government all future NSLWA reports, as from April 2024, will report on closed patient safety incidents which have been validated with a level of harm moderate or above (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident.

The quality indicators for the adults' in-patient wards will be as follows:

- 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).

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- Medication administration 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 will be:

- Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period
- 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.

EXPLANATORY NOTE 4: For the reporting period 2024-2027 the number of incidents/complaints will be based on those incidents/complaints closed within the period of the report. It is recognised that this will include incidents that will have been occurred outside of 6th April 2024 to 5th April 2025 period and the number of the total number of closed incidents reported which occurred within the reporting period is also included.

EXPLANATORY NOTE 5: In late 2024, it became apparent that there was significant variation in the types of complaints that are being reported within each organisation's nurse staffing report due to local interpretation of the Operational Guidance. As a result, the Reporting Group presented an SBAR that outlined a proposed criteria for standardised complaint reporting to the Deputy Directors of Nursing (DdoN) Forum in February 2025. The measure will be as follows: Complaints received that:

- Have been closed within this reporting period.
- Are being managed through PTR.
- Have identified a breach in the duty of care.
- Are relevant to nursing care (using the guidance document to support).

This criterion was agreed by the DdoN Forum on the basis that reports are reviewed later in 2025 to establish if the criteria is adequately sensitive and produces the right level of practically useful context as a quality indicator. The Reporting Group are overseeing the work required to enact this change which is likely to come into effect during 2025/26. We anticipated that the changes in the complaints reporting criteria will result in the number of complaints, closed during the current reporting period, which meet the criteria will be less that what has reported in the previous nurse staffing levels assurance reports.

In this report the complaints measure remains the measure used in previous reports.

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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 moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).	Medication administration 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))
	TOTAL	**TOTAL**	**TOTAL**	**TOTAL**
Number of incidents/complaints closed during the current reporting period . (Please note these may include incidents/complaints opened prior to this reporting period).	3 closed between 6th April 2024 and 5th April 2025 with the 3 being reported during the period of this report	7 closed between 6th April 2024 and 5th April 2025 with 6 being reported during the period of this report	1 closed between 6th April 2024 and 5th April 2025 but this incident was reported in 2023. There are no closed incidents reported during the period of this report. No 'never' events incident closed during the period of this report	41 complaints closed between 6th April 2024 and 5th April 2025 with fourteen of the complaints received during the period of this report.
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained.	1	3	1	16
Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor.	0	1	1	1
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained	2	4	0	25
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.	0	1	0	0

Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).

- Of the three incidents of avoidable pressure damage closed during the period of this report, there was no incidents when the nurse staffing level (i.e. planned roster) was not maintained and the failure to maintain the planned roster was a contributory factor and there were no incidents when the nurse staffing levels was deemed to be a contributing factor even when the planed roster had been maintained.

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Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).

- Of the 7 incidents closed during the period of this report, six were reported between 6th April 2024 and 5th April 2025. The post investigation level of harm was deemed 'moderate' for all seven incidents. there was one incident when the nurse staffing level (i.e. planned roster) was not maintained and the failure to maintain the planned roster was a contributory factor and there were one incident when the nurse staffing levels was deemed to be a contributing factor even when the planed roster had been maintained.
- It is not possible to make a comparison to the data reported for previous years as the falls measure reported in this report is different to the measure reported in previous reports. (see explanatory note 3 on page 12).

Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents):

- The one incident closed during the period of this report was reported in 2023. The post investigation level of harm was deemed to be moderate.
- No 'never' events incident closed during the period of this report.
- It is not possible to make a comparison to the data reported for previous years as the medication administration error measure reported in this report is different to the measure reported in previous reports. (see explanatory note 3 on page 12) .

Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)) –

- there was one complaint when the nurse staffing levels was not maintained and the failure to maintain the nurse staffing level was a contributory factor to the complaint.

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 2024/25,2023/24, 2022/23 and 2021-22 reporting period (it is noted that two of the measures have been amended for the 2024/25 reporting period so there is no comparable data from the previous reports). :

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).**	**Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).**	**Medication errors never events**	**Medication administration 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**
2021-22	1	2		0		4
2022-23	0	0		0		0
2023-24	0	0		0		0
2024-25	0		1		1	0

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards
In addition to the previous explanatory notes please note the following which is specific to the paediatric wards: **EXPLANATORY NOTE 6:** The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024. The quality indicators for the paediatric inpatient wards will be as follows: • 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 administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents). • Infiltration and extravasation injuries, which is a paediatric specific measure. • 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 will be: Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period). • 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

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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 moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	Infiltration and extravasation injuries	Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of incidents/complaints closed during the current reporting period . (Please note these may include incidents/complaints opened prior to this reporting period).	0	0	0	6 closed between 6th April 2024 and 5th April 2025 and all 6 were reported during the period of this report	0
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained.	0	0	0	0	0
Number of those 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
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained	0	0	0	6	0
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.	0	0	0	0	0

There were no incidents of 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) or medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents) on the paediatric wards closed during the period of this report.

There were six infiltration and extravasation injuries incidents closed on the paediatric wards during the period of this report. The nurse staffing levels was maintained during all six incidents and the investigators concluded that there were no incidents when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

There were no complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)) on the paediatric wards closed during the period of this report.

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 2024/25,2023/24, 2022/23 and 2021-22 reporting period (it is noted that two of the measure have been amended for the 2024/25 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).**	**Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).**	**Medication errors never events**	**Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).**	**Infiltration and extravasation injuries**	**Any complaints received about nursing care**
2021-22	0	0		0		0	0
2022-23	0	0		0		0	0
2023-24	0	0		0		0	0
2024-25	0		0		0	0	0

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)
Actions taken if the nurse staffing level was not maintained in wards where section 25B applies.	**Adult medical and surgical wards:** of the incidents included in this report when the nurse staffing levels (whether met or not) were a contributory factor to the incidents: • **Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).** ○ There was one incident where the nurse staffing level (i.e. the planned roster) was not maintained and it was deemed that the failure to maintain the planned roster had been a contributory factor to the incident. This incident was reported in August 2024 and closed during this reporting period. The investigation showed that there was a high acuity of patients on the ward at the time of the incident. The planned roster was not initially maintained (due to an existing deficit and staff

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	sickness), however, the actions taken included deploying staff from other areas within the hospital to work on the ward (including a clinical nurse specialist) and whilst the number of staff was as per the planned roster, there remained concerns about the skill mix. o There was one incident where the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained. This incident was reported in March 2024 and closed during the period of this report. The investigation showed that whilst the nurse staffing level had been maintained, there were concerns about the skill mix; with one experienced RN on duty along with a newly registered nurse and a bank worker. The acuity of the patients was deemed to be 'high' at the time of the incident. • **Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents):** o The one incident closed during the period of this report was reported in 2023. The post investigation level of harm was deemed to be moderate. The investigator concluded the staffing level (i.e. the planned roster) was not maintained and it was deemed on investigation that this had been a contributory factor to the incident occurring. The incident related to the administration of an intravenous infusion where the nurse did not follow the Health Board policy and as the nurse staffing level was not maintained there was a failure to provide the appropriate supervision that should have been provided by completing the two-nurse pump check at the bedside. In addition to the immediate actions taken to manage the patient and inform the patient's family; additional training was arranged for the two nurses involved. • **Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR):** o There was one complaint when the nurse staffing levels was not maintained and the failure to maintain the nurse staffing level was a contributory factor to the complaint. The nature of the complaint was linked to communication with a relative and one of the actions taken was to deploy a member of staff to the ward. **Paediatric inpatient wards**: there are no incidents or complaints that meet the threshold for inclusion in this report.
	Section 25A: Duty to have regard to provide sufficient nurses
Requirements of Section 25A (NB: Section 25A refers to the Health Boards/Trusts	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

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)	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 2024/25. **Calculating the nurse staffing levels:** The Senedd Health and Social Care Committee's report published in 2024 contained the following recommendation "R3. The Minister for Health and Social Services should bring forward clear operational guidance to support the consistent application of section 25A across health boards in Wales". A subgroup of the All-Wales Nurse Staffing Group has been set up with the aim of: • mapping available workforce planning tools and develop principles/guidelines to ensure a consistent approach to their application across Wales, and • to develop clear operational guidance to support consistent application of section 25A across NHS Wales organisations. The publication of any operational guidance for Section 25A areas may require changes to the process by which the nurse staffing levels are reviewed within the health board. Meanwhile, the triangulated methodology set out in the Act for those wards where S25B of the Act applies, forms the basis of the nurse staffing reviews for those areas where S25A of the Act applies, and includes: • Consideration of any available service specific patient acuity/workforce planning tool data. • Consideration of any available service specific quality indicator data (in addition to reviewing the data on falls, pressure damage, medication administration errors and complaints) and • The professional judgement of the nursing management structure of that service, Consideration is also given to any national recommendations/ standards or best practice recommendations that exists around the service/specialty. A timetable for the remaining 25A areas is currently being developed. The timetable will include: ○ Endoscopy units ○ Pre- assessment units ○ Same Day Emergency Care ○ Ophthalmology ○ Day surgery units ○ Medical Day Units ○ Outpatients' departments ○ Systemic Anti-Cancer Treatment Units ○ Health Visiting ○ Rheumatology ○ School Nursing ○ Community Mental Health Teams

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	- Learning Disabilities - Minor Injuries Unit in our community hospitals - Radiology - Teams that sit under primary care including managed practices - Specialist Nurses across all specialities Early discussions have been had regarding the nurse staffing levels 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 required. Below is a summary of the work undertaken during 2024/25. **S25A inpatient wards –** for those wards where Section 25A of the Act a nurse staffing review has been undertaken during 2024/25 for the following areas: CCU, GGH; Mynydd Mawr Rehabilitation Unit, Sunderland Ward, South Pembs. It is not a requirement to undertake six monthly reviews on these areas, but the nurse staffing levels are reviewed periodically to ensure that there are no quality indicator concerns that would indicate a need to change the staffing requirements. **Mental Health Inpatient Services** – the nurse staffing requirements for the six mental health inpatient wards (3 adult wards and 3 older adult wards) and the PICU, LSU and the 136 provision have been revisited during 2024/25 and the proposed rosters have been presented to the Director of Nursing, Quality and Patient Experience. The All-Wales Staffing Principles for Mental Health were used as a reference point for the reviews. The outcome of the baseline review of nurse staffing levels undertaken across Acute Mental Health Inpatient wards and the four phase plan to address critical areas which include improved safety, agency reduction, rostering effectiveness, workforce planning, essential to overall stabilisation of the workforce has been presented to the Value and Sustainability Committee and discussed by the Executive Team. . **All Unscheduled care areas** (which fall under Section 25A of the Act) –Over the last 12-18 months, we have undertaken a review of the staffing requirements of all these departments (including Emergency Departments, Minor Injuries Unit and Assessment Units e.g., ACDU, CDU and AMAU) ensuring that the staffing requirements reflect any national standards available. The reviews recognised that there were additional Registered Nurses and Health Care Support Workers required in these areas and over the last 12 months, we have been putting these changes to the registered nurse and Health Care Support Workers into effect. There is still work to do in some of the areas and meanwhile, these areas are using temporary staff to ensure they meet the required staffing levels.

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	Critical Care – a comprehensive review of the Critical Care staffing levels, which considered compliance with 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, however, the staffing requirements for the four critical care units has been revisited during 2024/25. The rosters will be presented to the Director of Nursing, Quality and Patient Experience during Q1 of 2025/26.Once signed off by the Director of Nursing. Once agreed by the Director of Nursing , the Care Group will need to submit a business case to the Value and Sustainability Committee regarding the funding requirements. **Theatres** – During 2024/25 a review of the staffing requirements for two theatre departments has been undertaken – BGH Theatres and GGH Theatres with the review of the remaining two to be undertaken during 2025/26. The rosters for BGH and GGH will be presented to the Executive Director of Nursing, Quality and Patient Experience during Q1 of 2025/26. Once agreed by the Executive Director of Nursing, the Care Group will need to submit a business case to the Value and Sustainability Committee regarding the funding requirements. **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 2024/25. It had been anticipated that the review of the Carmarthenshire District Nursing teams would have been concluded during 2024/25, but this has been delayed. A focussed piece of work will be required for the teams across the three counties during 2025/26. **Maintaining the nurse staffing levels:** 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 for S25B wards, but organisationally, we take these steps in all areas. The operational steps set out on page 11 of this report are the steps taken across all areas. Policy 1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework, is now the overarching framework for all nursing services and sets out the organisational responsibilities for S25A areas.

	Conclusion & Recommendations
	The Health Board has faced challenges in maintaining nurse staffing levels (as evidenced by the extent to which the nurse staffing levels has been maintained data), although the data does suggest that the percentage of shifts where the nurse in charge deemed that the number of nurses on duty was not appropriate to meet the needs of the patients on the ward at the time, irrespective of whether the roster was met or not met, is decreasing with an average of 29.75% of the shifts on the adult medical and surgical wards deemed not appropriate (a low of 25.03% in March 2025 to a high of 34.18% in December 2024). The data for the paediatric wards shows that there is an

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average of 2.68% of shifts where the nurse in charge deemed that the number of nurses on duty was not appropriate to meet the needs of the patients on the paediatric wards at the time irrespective of whether the roster was met or not met (0.40% in March 2025 to 5.86% in August 2024). The number of shifts ranges from a low of one March 2025) to a high of 17 in August 2024).

Safecare is the system being used to capture the extent to which the nurse staffing levels is maintained and whether the number of nurses is appropriate or not appropriate to meet the needs of the patients at that time for those areas where S25B of the Act applies. There are discussions taking place about rolling out Safecare to all applicable areas so that this data is available across S25A areas as well as S25B wards.

There is evidence that the operational teams are taking “all reasonable steps” to maintain the nurse staffing levels as per the requirements of the Act and apply their professional judgment to ensure that the staffing levels wherever possible, are maintained – and, where not possible, that risks are mitigated, whilst also having regard for the health board’s overarching duty of “providing sufficient nurses to allow the nurses time to care for patients sensitively”.

The data shows on the adult medical and surgical wards that there were two incidents which were closed during the reporting period (one fall moderate harm and one medication administration error) and one complaint where the nurse staffing levels not being maintained was deemed to be a contributory factor to the incident occurring. There was one incident (one fall – moderate harm) where the nurse staffing levels was maintained but it was deemed that despite this, the nurse staffing levels contributed to the incident.

The data shows that there were no incidents or complaints on the paediatric wards that met the threshold for inclusion in this report.

It is noted that measures linked to harm where the nurse staffing levels was a contributory factor have changed since April 2024 and the three incidents included in this report would not have met the threshold for inclusion in previous reports.

Skill mix was referenced in the investigation of two of the incidents included in this report and this requires further exploration over the coming 12 months.

There will be changes to the nursing workforce over the next 12-18months which will have an impact on nurse staffing levels. These include the current work around the Band 2 and Band 3 Health Care Support Worker job profiles, the development work around the Registered Nursing Associate Role and the review into the career progression pathways for Band 5 to Band 6 staff. Consideration will be given to the impact of these changes as they develop over the next 12-18 months.

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	Based on the findings included in this, the 2024/2025 assurance report, the recommendations for the coming 12 months are: o Enhance the use of the 'red flags' to raise a concern around nurse staffing and embed the red flag and professional judgement reports into existing operational processes. o Roll out Safecare to other clinical areas. o Develop a timetable for the review of the remaining S25A areas. o Continue to contribute to the All-Wales Nurse Staffing Programme of work.

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Appendix: Annual Assurance Report

Health board/trust:	Hywel Dda University Health Board
Period of the report	6 April 2024 - 5 April 2025
adult acute medical wards	

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

	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring 2024 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 2024 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			
Name of Ward		**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**
Dyfi 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					
Ystwyth BGH Medical	1	19.9	19.54	1	19.9	19.54	Yes	No	In addition to the roster, Ward has 3 WTE Rehab Support Worker				
Y Banwy BGH Medical	1	11.61	11.61	1	11.61	9	Yes	No					
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	20.73	1	14.45	20.73	Yes	No					
Gwenllian GGH Medical	1	17.17	22.62	1	17.17	22.62	Yes	No					
Padarn GGH Medical	1	14.45	14.45	1	14.45	17.17	Yes	No	In addition to the roster there is 1 WTE Band 4 AP to support the treatment room				
Steffan GGH Medical	1	14.45	19.95	1	14.45	19.95	Yes	No	additional hcsw night				
Towy GGH Medical	1	14.45	19.9	1	14.45	19.9	Yes	No					
Ward 1 PPH Medical	1	18.95	18	1	18.95	18	Yes	Yes	spring 2024 ADDITIONAL HCSW 24/7 due to acuity				
Ward 3 PPH Medical	1	18	21.56	1	18	21.56	Yes	No	spring 2024 ADDITIONAL HCSW 24/7 due to acuity (HCSW proportion of LD)				
Ward 4 PPH Medical	1	27	18	1	27	18	Yes	No					
Ward 5 PPH Medical	1	21.56	28.27	1	21.56	28.27	Yes	No	In addition: 1 WTE Band 4				
Ward 9 PPH Medical	1	20.73	28.9	1	20.73	28.9	Yes	No					
Ward 7 WGH Medical	1	17.17	20.73	1	20.73	20.73	Yes	No					
Ward 8/CCU WGH Medical	1	32.45	17.17	1	32.45	17.17	Yes	No					
Ward 10 WGH Medical	1	11.73	19.9	1	11.73	19.9	Yes	Yes					
Ward 11 WGH Medical	1	17.17	20.73	1	17.17	20.73	Yes	Yes	in addition 3.0wte rehab assistant				
Ward 12 WGH Medical	1	17.17	17.17	1	20.73	20.73	Yes	Yes	in addition 3.0wte rehab assistant				
Total	22	366.1	394.9	21	373.22	398.57							

Appendix: Annual Assurance Report

Health board/trust:	Hywel Dda University Health Board
Period of the report	6 April 2024 - 5 April 2025
adult acute surgical wards	

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

	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			
Name of Ward		**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	21.67	1	21.67	21.67	Yes	No					
Rhiannon BGH Surgery	1	16.38	16.38	1	16.38	16.38	Yes	No					
Teifi GGH Surgery	1	23.45	34.35	1	23.45	34.35	Yes	No					
Cleddau GGH Surgery	1	12.67	18	1	12.67	18	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				
Derwen GGH Surgery	1	17.17	19.9	1	17.17	19.9	Yes	No	In additional to the roster ward has 3 WTE Frailty worker to work across Derwen & Cleddau				
Merlin GGH Surgery	1	20.73	11.73	1	20.73	11.73	Yes	Yes					
Preseli GGH Surgery	1	11.73	11.73	1	11.73	11.73	Yes	Yes					
Picton GGH Surgery	1	11.98	7.9	1	11.98	9.2	Yes	No					
Ward 6 PPH Surgery	1	15.62	14.99	1	15.62	14.99	Yes	No					
Ward 7 PPH Surgery	1	25.35	15.72	1	25.35	15.72	Yes	No					
Ward 1 WGH Surgery	1	17.17	19.9	1	17.17	19.9	Yes	No					
Ward 4 WGH Surgery	1	20.73	21.56	1	20.73	21.56	Yes	No					
TOTAL	12	214.65	213.83	12	218.32	223.16							

ppendix: Annual Assurance Report

Health board/trust:	ywel Dda University Health Board
Period of the report	6 April 2024 - 5 April 2025
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

	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			
Name of Ward		**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 (inluding 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							