

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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 May 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Nurse Staffing Levels 2025-26 Annual Assurance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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**

This report presents the 2025–26 Nurse Staffing Levels (Wales) Act Annual Assurance Report for Hywel Dda UHB, covering the period 6 April 2025 – 5 April 2026.

It provides assurance to the Board that the Health Board has met its statutory duties under the Nurse Staffing Levels (Wales) Act 2016 and supports preparation of the three-yearly statutory report to Welsh Government.

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

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 2025-2026 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.

### Cefndir / Background

The Nurse Staffing Levels (Wales) Act 2016 requires Health Boards to:

- Calculate and maintain nurse staffing levels in adult medical/surgical and paediatric inpatient wards.
- Use a prescribed triangulated methodology.
- Monitor and report the impact of staffing levels on patient care.
- Provide formal assurance to the Board and Welsh Government
- An annual assurance report is presented to the Board each May, in line with NHS Wales agreement, to evidence compliance and support statutory reporting.

There are two key reporting requirements:

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 (next due 2027) (presented to the Board in May).

### 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	The process and methodology used to calculate the nurse staffing level.
2	Informing patients
2-3	Extent to which the required establishment has been maintained within adult acute medical and surgical wards.
3-4	Extent to which the required establishment has been maintained within paediatric inpatient wards.
4	Process & systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.
5-6	Extent to which the planned roster has been maintained within adult acute medical and surgical wards
6-7	Extent to which the planned roster has been maintained within paediatric inpatient wards.
7-8	Process for maintaining the Nurse staffing level
10-14	Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards
12	Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards

14	Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate)
14-16	Section 25A: Duty to have regard to provide sufficient nurses
17	Conclusion and Recommendations

The attached assurance report demonstrates that:

- Nurse staffing levels have been **calculated and reviewed in accordance with statutory methodology**.
- **Reasonable steps** have been taken to maintain staffing levels across all Section 25B wards.
- Variations to establishments reflect changes in acuity, ward function, bed base, or service configuration.
- Systems are in place to monitor roster maintenance and staffing impact using Allocate Safecare data.

#### Impact on Care:

**Adult Medical & Surgical Inpatient wards:** During the 2025-26 reporting period there were:

- Three falls resulting in moderate harm which met the threshold for inclusion in this report - it was deemed that the failure to maintain the planned roster had been a contributory factor in all three incidents. The investigations showed that there was a high acuity of patients on the three wards at the time of the incident. The planned roster was not maintained (due to an existing deficit and staff sickness), although “baywatch” (where a member of staff is always present in the bay) was in place during these periods. Concerns around the staffing deficits were escalated to the site manager.
- No hospital acquired pressure damage (grade 3, 4 and unstageable) that met the threshold for inclusion in this report.
- No medication administration error incident which met the threshold for inclusion in this report.
- No complaints which met the threshold for inclusion in this report.

**Paediatrics inpatient wards:** During the 2025-26 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 that met the threshold for inclusion in this report.
- No complaints, which met the threshold for inclusion in this report.

The Health Board remains compliant with all statutory requirements, including:

- Having a ‘Designated Person,’ who acts within the Health Board’s governance framework, to calculate the nurse staffing levels (para 7).
- Calculating 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).
- Taking all reasonable steps to maintain the nurse staffing levels (para 13).
- Formally presenting 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

- o Making 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 2025/26 Annual Assurance Report and **TAKE ASSURANCE** that Hywel Dda UHB remains 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 <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 3. Effective 6. Person-Centred 2. Timely
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	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: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	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 Termiau: Glossary of Terms:	WGH – Wthybush 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
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	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
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	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
<b>Gweithlu:</b> <b>Workforce:</b>	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.
<b>Risg:</b> <b>Risk:</b>	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
<b>Cyfreithiol:</b> <b>Legal:</b>	There is the potential risk of non-compliance with the second duty of the Act 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
<b>Enw Da:</b> <b>Reputational:</b>	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.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Currently no impact in relation to privacy identifiable within this work
<b>Cydraddoldeb:</b> <b>Equality:</b>	No negative EqIA impacts identified.

<b>Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee</b>			
<b>Health board/trust</b>	Hywel Dda University Health Board		
<b>Date annual assurance report is presented to Board</b>	28th May 2026  This annual report covers the period from 6 April 2025 to 5 April 2026. It will contribute to the three yearly assurance report to be submitted to the Welsh Government within 30 days of the reporting period ending in 2027, with the final submission due in October 2027.		
	<b>Adult acute <u>medical</u> inpatient wards</b>	<b>Adult acute <u>surgical</u> inpatient wards</b>	<b>Paediatric inpatient wards</b>
<b>During the last year, the lowest and highest number of wards</b>	18 wards in Autumn 2025 19 wards in Spring 2025	12	2
<b>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</b>	Not applicable	Not applicable	Not applicable
<b>The process and methodology used to calculate the nurse staffing level.</b>	<p>In accordance with the Nurse Staffing Levels (Wales) Act 2016 ('the Act') - a systematic triangulated review and recalculation of nurse staffing levels have been undertaken for all Section 25B wards (Adult and Paediatric) in line with legislative requirements. The methodology set out in Section 25C of the Act was applied for all relevant wards during the Spring and Autumn 2025 cycles.</p> <p>The reviews drew on the following core information:</p> <ul style="list-style-type: none"> <li>• Ward profiles, including bed numbers, specialty, treatments, or procedures undertaken, and any proposed service or patient pathway changes.</li> <li>• Current nursing establishment, including staff groups not included in the core roster (e.g. supernumerary senior sisters/charge nurses, frailty or rehabilitation support workers, and ward clerks and administrators).</li> <li>• Patient acuity data from the preceding 12 months, measured using the evidence-based Welsh Levels of Care Tool (Levels 1–5).</li> </ul>		

	<ul style="list-style-type: none"> <li>• Care quality indicators from the previous 12 months, including pressure ulcers, falls, medication errors, paediatric infiltration/extravasation injuries, and complaints relating to nursing care.</li> <li>• The proportion of 'long day' shifts worked, to ensure establishments accurately reflect staff working patterns. Financial arrangements remain sufficiently flexible to respond to changes in the balance between 'long day' and traditional early/late shifts, as determined by substantive staff preferences.</li> </ul> <p>The triangulated methodology ensures that nurse staffing levels are not determined by acuity data alone but are informed by a rounded assessment of patient need, workforce configuration, clinical risk, and professional judgement. This approach enables nurse staffing establishments to be both evidence-based and sufficiently flexible to respond to changes in patient acuity, service delivery models and staff working patterns.</p>
<p><b>Informing patients of the nurse staffing levels</b></p>	<p>The Health Board meets its statutory duty to inform patients of nurse staffing levels through formal reporting mechanisms, including an annual report to the Board for each Section 25B ward and written updates to the Quality, Safety and Experience Committee as required.</p> <p>A nationally agreed process is in place to inform patients of the planned nurse staffing levels on all Section 25B wards. This includes the display of bilingual information at ward entrances, comprising a nurse staffing poster, an explanation of the Nurse Staffing Levels (Wales) Act, and a Frequently Asked Questions leaflet available in standard and easy-read formats. Updated templates are issued to wards following each calculation cycle.</p> <p>Internal audit work undertaken in April 2025 identified instances where the required patient information was not consistently displayed across all wards. Immediate corrective actions were taken at ward level, supported by oversight from senior nursing leadership. A further audit during the Spring 2026 calculation cycle confirmed full compliance, with all Section 25B wards displaying the most up-to-date bilingual nurse staffing information.</p> <p>During 2025/26, the All-Wales Nurse Staffing Level Reporting Group reviewed the national informing-patients process in response to recommendations from the Senedd Health and Social Care Committee (2024). As a result, the display template was revised to improve clarity, accessibility, and compliance with Welsh Language Standards. Key enhancements included removal of unnecessary text, improved layout, use of easy-read imagery, and the addition of a QR code linking to online FAQs.</p>
<p align="center"><b>Section 25E (2a) Extent to which the nurse staffing level has been maintained.</b></p> <p>As nurse staffing levels under 'the Act' comprise both the planned roster and the required establishment, this section provides assurance on the extent to which planned rosters have been maintained and how required establishments for Section 25B wards have been achieved and sustained over the reporting period.</p>	

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

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards</u> .	Period Covered 2025/26		
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during first cycle (May) (Spring 2025)	30	535.98	571.78
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May) (Spring 2025) calculation cycle.		533.19	568.71
Required establishment (WTE) of adult acute medical and surgical wards <u>calculated</u> during second calculation cycle (Nov) (Autumn 2025)	30	533.20	576.50
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov) (Autumn 2025) calculation cycle		540.42	577.90
WTE Supernumerary band 7 Sister/Charge nurse (funded but excluded from planned roster) (Autumn 2025)	WTE: 30		
<p>The variation in WTE required establishment calculated and funded in the above table are:</p> <ul style="list-style-type: none"> <li>The additional WTE required because of changes to the service models on two of the wards which are subject to business cases.</li> </ul> <p>Following the Autumn 2025 cycle, the following changes were made:</p> <ul style="list-style-type: none"> <li>the twilight shift on Caredig ward in BGH was changed to a night shift (based on acuity data).</li> </ul>			

	<ul style="list-style-type: none"> <li>a reduction in the RN workforce on Ward 6, PPH (Based on changes in the pattern of activity).</li> </ul> <p>See appendix 1 for details of the individual wards.</p>		
<p><b>Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>.</b></p>	<b>Period Covered 2025/26</b>		
	<b>Number of Wards:</b>	<b>RN (WTE)</b>	<b>HCSW (WTE)</b>
	2	59.91	19.83
	Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May) (Spring 2025)		
	WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) (Spring 2025) calculation cycle	59.91	19.83
	Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov) (Autumn 2025)	59.93	19.83
	WTE of required establishment of paediatric inpatient wards <u>funded</u> following second (Nov) (Autumn 2025) calculation cycle	59.93	19.83
	WTE Supernumerary band 7 Sister/Charge nurse (funded but excluded from planned roster) (Autumn 2025)	WTE: 3 (2 supernumerary Band 7 on one ward)	
<p>The variation in WTE required establishment calculated and funded in the above table are:</p> <ul style="list-style-type: none"> <li>A change to the RN roster based on the proportion of long days worked on Angharad ward BGH as part of the Spring 2025 cycle.</li> <li>A change to the RN roster based on the proportion of long days worked on Cilgerran ward GGH as part of the Autumn 2025 cycle.</li> </ul> <p>See appendix 1 for details of the individual wards.</p>			

<p><b>Process &amp; systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.<sup>i</sup></b></p>	<p>Extensive work has been undertaken across NHS Wales to implement a national informatics system that supports compliance with the Act, aligns with the Once for Wales approach, and ensures consistent reporting. The system provides a central repository to evidence the extent to which nurse staffing levels have been maintained and to assure that all reasonable steps have been taken to meet required staffing levels. Safecare is the nationally agreed system for recording and reviewing any variance between deployed staffing and the planned roster, and for capturing the acuity data that informs nurse staffing calculations. The data presented in the following section for this reporting period is sourced from Safecare.</p> <p>Variability currently exists in how planned roster compliance is reported across Wales, with most Health Boards, including Hywel Dda University Health Board, using a headcount-based measure and one using an hours-based approach due to enhanced data access. Differences in shift patterns mean these methods can produce differing interpretations of compliance. Now that enhanced data access is available across Wales, the All-Wales Nurse Staffing Programme is progressing work to agree a single, standardised reporting metric ahead of the next reporting cycle.</p> <p>Information on the extent to which planned rosters have been maintained is monitored by the Quality, Safety and Experience Committee on behalf of the Board.</p>																		
<p><b>Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u><sup>1</sup></b></p>	<p><b>Extent to which the planned roster has been maintained within adult acute medical and surgical wards – 6<sup>th</sup> April 2025-5<sup>th</sup> April 2026</b></p> <p>It is important to note that the planned roster represents the expected deployment of staff based on the funded establishment and agreed staffing model. There are occasions where the planned roster may not be met due to short-term workforce fluctuations; however, the nurse in charge may determine that the staffing on duty remains appropriate to meet the care needs of patients at that time. Conversely, there may be occasions where the planned roster is met but staffing is assessed as not appropriate due to increased acuity or other mitigating factors. The application of professional judgement is therefore a critical component of nurse staffing assurance under the Act.</p> <table border="1" data-bbox="439 1042 2101 1262"> <thead> <tr> <th></th> <th>2021/2022</th> <th>2022/2023</th> <th>2023/2024</th> <th>2024/2025</th> <th>2025/2026</th> </tr> </thead> <tbody> <tr> <td><b>Data source</b></td> <td>Health Care Monitoring System (HCMS)</td> <td>Health Care Monitoring System (HCMS) and Safecare</td> <td>Safecare</td> <td>Safecare</td> <td>Safecare</td> </tr> <tr> <td><b>Total number of shifts</b></td> <td>23094</td> <td>23920</td> <td>23679</td> <td>23358</td> <td>21836</td> </tr> </tbody> </table>		2021/2022	2022/2023	2023/2024	2024/2025	2025/2026	<b>Data source</b>	Health Care Monitoring System (HCMS)	Health Care Monitoring System (HCMS) and Safecare	Safecare	Safecare	Safecare	<b>Total number of shifts</b>	23094	23920	23679	23358	21836
	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026														
<b>Data source</b>	Health Care Monitoring System (HCMS)	Health Care Monitoring System (HCMS) and Safecare	Safecare	Safecare	Safecare														
<b>Total number of shifts</b>	23094	23920	23679	23358	21836														

<sup>1</sup> 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.

<b>Data completeness</b>	97.03%	Not known	89.85%	92.09%	89.72%
<b>Shifts where planned roster met and appropriate</b>	14642 63.40%	10159 42.47%	5115 21.06%	11368 48.6%	10195 46.69%
<b>Shifts where planned roster met but not appropriate</b>	557 2.41%	641 2.68%	2069 8.74%	3724 15.94%	2323 10.64%
<b>Shifts where planned roster met but appropriateness not stated</b>	Not recorded in HCMS	Not recorded in HCMS	1103 4.66%	1386 5.93%	1476 6.76%
<b>Shifts where planned roster not met but appropriate</b>	2033 8.80%	2965 12.40	8705 36.76%	3347 14.33%	3787 17.34%
<b>Shifts where planned roster not met and not appropriate</b>	5862 25.38%	10155 42.45%	5386 22.75%	3072 13.15%	3286 15.05%
<b>Shifts where planned roster not met but appropriateness not stated</b>	Not recorded in HCMS	Not recorded in HCMS	1301 5.49%	461 1.97%	769 3.52%

- The data shows that the planned roster was met for 64.09% of the shifts.
- The nurse in charge determined that number of staff on duty (irrespective of whether the planned roster was met or not) was appropriate to meet the care needs of the patients on the ward at the time for 64.03% of the shifts (an increase of 1.1% on the 2024/25 position).
- The nurse in charge determined that the number of staff on duty (irrespective of whether the planned roster was met or not) was not appropriate to meet the care needs of the patients on the ward at the time for 26.14% of the shifts (a decrease of 2.95% on the 2024/25 position).
- There were 10.28% of the shifts where the nurse in charge did not state whether the number of staff on duty was appropriate or not (an increase of 2.38% on the 2024/25 position). This does not indicate that an assessment was not made; rather, it reflects a system limitation whereby appropriateness data entered outside of the defined census periods (0630-0830 and 1900-2100), is recorded as 'not stated'. Work is underway to address this through reinforcement of census-period recording requirements, targeted feedback to ward teams, and ongoing monitoring by ward managers. This will remain an area of focus during 2026/27 to further improve data completeness and strengthen assurance.

It is recognised that nurse staffing levels data has changed significantly since first reported in 2021/22, with the percentage of shifts reported as met and appropriate decreasing from 63.4% in 2021/22 to 46.69% in 2025/26. Several factors may have contributed to this change, including:

- A reduction in the number of wards included, from 35 in 2021/22 to 30 in 2025/26
- A change in systems, from the Health & Care Monitoring System—where the “met” status relied on manual input—to Safecare, which automatically calculates whether staffing requirements are met
- Level of appropriateness “not stated” recorded on Safecare which was not available via HCMS

- Differences in data entry, with 2021/22 data primarily entered by Ward Managers or Deputy Ward Managers, whereas in 2025/26 all appropriately trained Registered Nurses can input data into Safecare and the variation in whether the number of staff on duty is appropriate or not is based on the professional judgement of the Registered Nurse making the assessment.

**Extent to which the planned roster has been maintained within paediatric inpatient wards.<sup>2</sup>**

**Extent to which the planned roster has been maintained within paediatric inpatient wards – 6<sup>th</sup> April 2025-5<sup>th</sup> April 2026**

It is important to note that the planned roster represents the expected deployment of staff based on the funded establishment and agreed staffing model. There are occasions where the planned roster may not be met due to short-term workforce fluctuations; however, the nurse in charge may determine that the staffing on duty remains appropriate to meet the care needs of patients at that time. Conversely, there may be occasions where the planned roster is met but staffing is assessed as not appropriate due to increased acuity or other mitigating factors. The application of professional judgement is therefore a critical component of nurse staffing assurance under the Act.

	2021/2022	2022/2023	2023/2024	2024/2025	2025/2026
<b>Data source</b>	Health Care Monitoring System (HCMS)	Health Care Monitoring System (HCMS) and Safecare	Safecare	Safecare	Safecare
<b>Total number of shifts</b>	744	1552	1764	1460	1460
<b>Data completeness</b>	99.47%	Not known	95.24%	95.55%	94.73%
<b>Shifts where planned roster met and appropriate</b>	613 82.39	1077 69.39%	707 40.08 %	738 50.55%	757 51.85%
<b>Shifts where planned roster met but not appropriate</b>	4 0.54%	2 0.13%	10 0.57%	6 0.41%	6 0.41%
<b>Shifts where planned roster met but appropriateness not stated</b>	Not recorded in HCMS	Not recorded in HCMS	26 1.47%	42 2.88%	52 3.56%
<b>Shifts where planned roster not met but appropriate</b>	103 13.84%	427 27.51%	883 50.06%	629 43.08%	601 41.16%
<b>Shifts where planned roster not met and not appropriate</b>	24 3.23%	46 2.96%	80 4.54%	22 1.51%	19 1.30%
<b>Shifts where planned roster not met but appropriateness not stated</b>	Not recorded in HCMS	Not recorded in HCMS	58 3.29%	23 1.58%	25 1.30%

<sup>2</sup> 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.

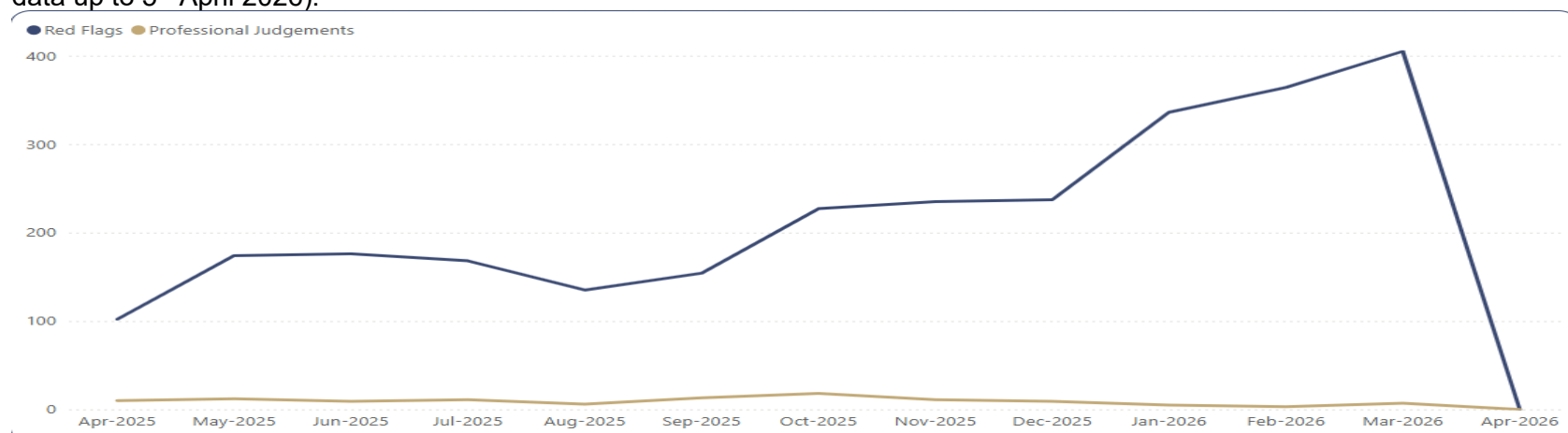
	<ul style="list-style-type: none"> <li>• The data shows that the planned roster was met for 55.82% of the shifts.</li> <li>• The nurse in charge determined that number of staff on duty (irrespective of whether the planned roster was met or not) was appropriate to meet the care needs of the patients on the ward at the time for 93.01% of the shifts (a decrease of 0.62% on the 2024/25 position).</li> <li>• The nurse in charge determined that the number of staff on duty ((irrespective of whether the planned roster was met or not) was not appropriate to meet the care needs of the patients on the ward at the time for 1.71% of the shifts (a decrease of 0.21% on the 2024/25 position). There were 4.86% of the shifts where the nurse in charge did not state whether the number of staff was appropriate or not (an increase of 0.4% on the 2024/25 position). As previously stated, this does not indicate that an assessment was not made; rather, it reflects a system limitation whereby appropriateness data entered outside of the defined census periods (0630-0830 and 1900-2100), is recorded as 'not stated'.</li> </ul> <p>“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.”</p> <p>It is recognised that nurse staffing levels data has changed significantly since first reported in 2021/22, with the percentage of shifts reported as met and appropriate decreasing from 82.39% in 2021/22 to 51.85% in 2025/26. Several factors may have contributed to this change, including:</p> <ul style="list-style-type: none"> <li>• The data for 2021/22 is for a six month period (October 2021 to April 2022) rather than the full reporting period as the Act was only extended to Paediatrics in October 2021 (Any data captured before October 2021 is not included).</li> <li>• A change in systems, from the Health &amp; Care Monitoring System (HCMS)—where the “met” status relied on manual input—to Safecare, which automatically calculates whether staffing requirements are met</li> <li>• Level of appropriateness “not stated” recorded on Safecare which was not available via HCMS</li> <li>• Differences in data entry, with 2021/22 data primarily entered by Ward Managers or Deputy Ward Managers, whereas in 2025/26 all appropriately trained Registered Nurses can input data into Safecare and the variation in whether the number of staff on duty is appropriate or not is based on the professional judgement of the Registered Nurse making the assessment.</li> </ul>
<p><b>Process for maintaining the Nurse staffing level</b></p>	<p>Where the nurse in charge determines that the number of staff on duty is not appropriate to meet patient needs, a ‘red flag’ is raised within Safecare. Red flags are events that prompt the requirement for an immediate response (i.e. to consider/take all reasonable steps to address the issue of concern and/or to escalate) by the registered nurse in charge of the ward and include unable to provide 1:1 care, ward manager not supernumerary, acuity not met by current nurse staffing levels, surge beds, or insufficient registered nurses or support workers on duty. The response may include allocating additional nursing staff to the ward, reducing workload or other appropriate reasonable steps as deemed appropriate by the nursing and senior management teams.</p>

In addition to Safecare system red flags, a RAG rating is applied based on the variance between actual nursing hours and the planned roster (for example, staffing levels 10% or more below plan are rated red). However, the nurse in charge's professional judgement ultimately determines whether staffing levels are appropriate, based on professional judgement. Where staffing is considered appropriate despite the roster not being met (resulting in an amber or red rating), the nurse in charge may amend the RAG rating accordingly in line with the agreed Safecare standard operating procedure. Conversely, the RAG rating may be downgraded from green to amber or red if the roster is met but staffing is deemed not appropriate. Reasons for professional judgement may include ward closures (e.g. infection prevention measures), surge beds, high use of temporary staff, or increased patient acuity.

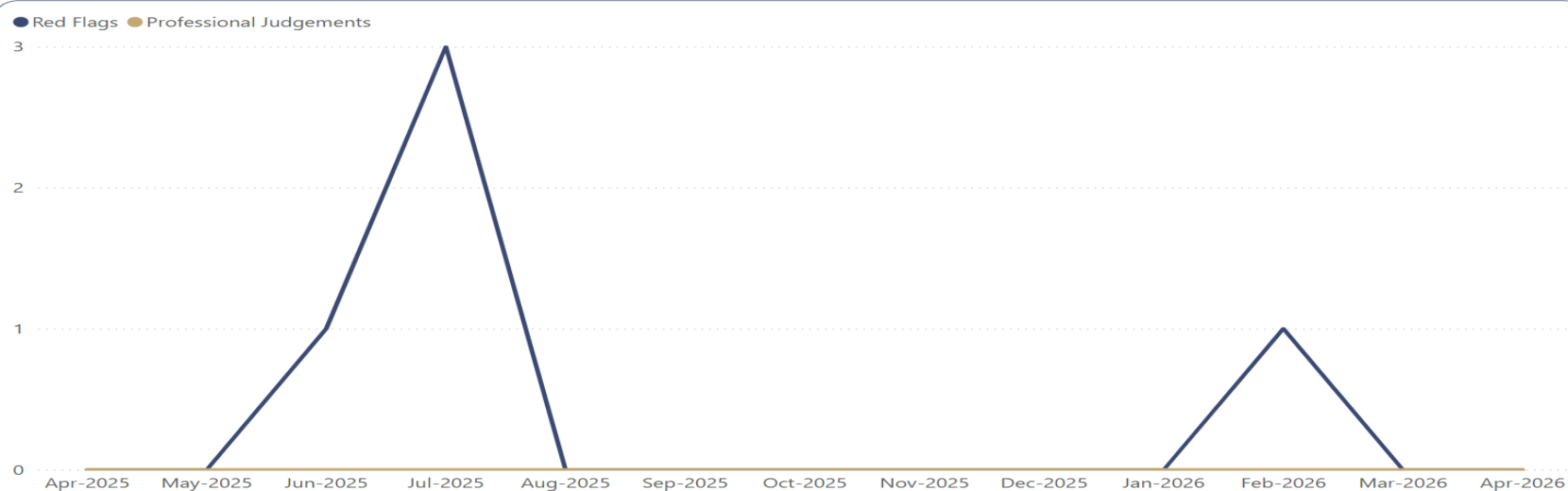
Red flags and professional judgement raised during the reporting period evidence the application of professional judgement by nursing and operational teams in response to fluctuations in patient acuity, dependency, and workforce availability. Actions taken included redeployment of staff, escalation to site management and on-call teams, deployment of supernumerary staff into clinical care, and use of temporary staffing where available.

Significant training and support have been provided to ward teams during this reporting period to strengthen understanding and use of red flags as a key assurance mechanism. The increase in red flags recorded during this reporting period, particularly within adult wards, is interpreted as evidence of improved reporting culture and appropriate escalation, rather than a deterioration in nurse staffing management. Red flags are now being used more consistently as an assurance mechanism to highlight risk at the point of care and prompt timely mitigating action. Further work is required on strengthening the use of professional judgement reasons, and this will be a focus for 2026/27.

**Adult Wards** – the below graph shows the number of Red Flags raised and amendments made based on Professional Judgement on the Adult Wards during this reporting period (it is noted that April 2025 is data from 6<sup>th</sup> April onwards and the data for April 2026 is data up to 5<sup>th</sup> April 2026).



**Paediatric Wards** – the below graph shows the number of Red Flags raised and amendments made based on Professional Judgement Paediatric Wards during this reporting period (it is noted that April 2025 is data from 6<sup>th</sup> April onwards and the data for April 2026 is data up to 5<sup>th</sup> April 2026).



Collectively, this data provides assurance that all reasonable steps have been taken to maintain nurse staffing levels in line with the Nurse Staffing Levels (Wales) Act 2016 and nationally agreed operational guidance, and that risks are actively identified, escalated, and mitigated when staffing shortfalls occur.

In addition to the operational actions outlined above, a range of broader strategic and corporate measures have been implemented to further demonstrate that *all reasonable steps* have been taken to maintain nurse staffing levels. These actions apply not only to Section 25B wards but across all Health Board services, recognising the interdependency of the wider system.

Key strategic measures include:

- Successful nurse stabilisation programme resulting in sustained improvements in recruitment and retention including:
  - Targeted recruitment initiatives led by Workforce and OD to address the specific needs of individual wards and departments.
  - Recruitment of internationally educated nurses
  - Multiple pathways into nursing, including apprenticeships, ‘grow your own’ programmes and Open University routes.

The nurse stabilisation programme has seen a 79.9% reduction in agency usage since January 2023.

**Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards<sup>ii</sup>**

Incidents of patient harm with reference to quality indicators and complaints about nursing care (note: for all rows, only incidents that have been closed are included)	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 which identify a breach in the duty of care <sup>3</sup>
	TOTAL	TOTAL	TOTAL	TOTAL
<b>Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).</b>	4 closed between 6th April 2025 and 5th April 2026 with 3 being reported during the period of this report.	16 closed between 6th April 2025 and 5th April 2026 7 reported during the period of this report.	There are no closed incidents reported during the period of this report.	0
<b>Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) had not been maintained.</b>	1	3	0	0
<b>Number of those closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor.</b>	0	3 <ul style="list-style-type: none"> <li>• 2 reported during this reporting period with the post investigation level of harm reported as moderate harm.</li> <li>• 1 reported in 2023 (but closed during this reporting period) with the post investigation level of harm reported as severe harm</li> </ul>	0	0
<b>Number of closed incidents/complaints occurring when the</b>	3	13	0	0

<sup>3</sup> Complaints received which have been closed during this reporting period, are being managed under NHS Wales complaints regulations (Putting things Right (PTR)), Have identified a breach in the duty of care and are relevant to nursing care.

nurse staffing level (planned roster) had been maintained				
Number of those closed 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

To note: Further to some work undertaken by the All-Wales Nursing Staffing Reporting group, the measure for complaints has been change to complaints received which have been closed during this reporting period, are being managed under NHS Wales complaints regulations (Putting things Right (PTR)), have identified a breach in the duty of care and are relevant to nursing care. Therefore, the number of complaints reported in this assurance report is significantly less than in previous assurance reports.

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 since “the Act” came into effect (it is noted that two of the measures were amended for the 2024/25 reporting period onwards and one for the 2025/26 reporting period so there is no comparable data from the previous reports for these measures).

	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).	All complaints received about nursing care	Complaints received about nursing care identify a breach in the duty of care
2020-21	0	1		0		0	
2021-22	1	2		0		4	
2022-23	0	0		0		0	
2023-24	0	0		0		0	
2024-25	0		1		1	0	
2025-26	0		3		0		0

**Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate \*) Adult medical and surgical wards:**

<b>Actions taken if the nurse staffing level was not maintained (or maintained but not appropriate) in wards where section 25B applies (adult)</b>	There were three falls (level 3, 4 and 5 incidents) closed during this reporting period 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. The investigations showed that there was a high acuity of patients on the three wards at the time of the incident. The planned roster was not maintained (due to an existing deficit and staff sickness), although “baywatch” (where a member of staff is always present in the bay) was in place during these periods. Concerns around the staffing deficits were escalated to the site manager. The investigators concluded that the staffing deficits were a contributory factor to the incidents.
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**Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards<sup>iii</sup>**

Incidents of patient harm with reference to quality indicators and complaints about nursing care (note: for all rows, only incidents that have been closed are included)	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, serious harm or 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 which identifies a breach in the duty of care <sup>4</sup>
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	0	1
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	0	0	0	0	0

<sup>4</sup> Complaints received which have been closed during this reporting period, are being managed under NHS Wales complaints regulations (Putting things Right (PTR)), have identified a breach in the duty of care and are relevant to nursing care.

<b>considered to have been a contributing factor</b>					
<b>Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained</b>	0	0	0	0	1
<b>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.</b>	0	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 since “the Act” came into effect on the paediatric wards in Oct 2021 (it is noted that two of the measures were amended for the 2024/25 reporting period onwards and one for the 2025/26 reporting period onwards so there is no comparable data for these measures from the previous reports).

<b>Number of closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor</b>								
	<b>Hospital acquired pressure damage (grade 3, 4 and unstageable)</b>	<b>Falls resulting in serious harm or death (i.e., 4 and 5 incidents).</b>	<b>Falls resulting in moderate harm, serious harm, or death (i.e. level 3, 4 and 5 incidents).</b>	<b>Medication errors never events</b>	<b>Medication administration errors resulting in moderate harm, severe harm, death &amp; never events (i.e. level 3, 4, 5 and never events incidents).</b>	<b>Infiltration and extravasation injuries</b>	<b>Any complaints received about nursing care</b>	<b>Complaints received about nursing care which identify a breach in the duty of care</b>
<b>2020-21</b>								
<b>2021-22</b>	0	0		0		0	0	
<b>2022-23</b>	0	0		0		0	0	
<b>2023-24</b>	0	0		0		0	0	

2024-25	0		0	0	0	0	0	
2025-26	0		0	0	0	0		0
		<b>Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *) – Paediatrics</b>						
<b>Actions taken if the nurse staffing level was not maintained (or maintained but not appropriate) in wards where section 25B applies (Paediatrics)</b>		There were no incidents during this reporting period for the two paediatric wards where the nurse staffing level (whether met or not met) was deemed to be a contributing factor.						
		<b>Section 25A: Duty to have regard to provide sufficient nurses</b>						
<b>Requirements of Section 25A</b>  (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>While the primary statutory reporting requirements relate to wards where Section 25B of the Act applies, the Board can take assurance that the Health Board is actively discharging its duty under Section 25A. A consistent, evidence-based and professionally led approach is being applied across all nursing services, with clear governance, escalation and review arrangements where potential risks to care quality are identified in line with Policy 1310 Calculating, Maintaining and Reporting Nurse Staffing Levels Policy Framework which sets out the organisational responsibilities for S25A areas.</p> <p>While there is no statutory reporting requirement for areas covered by Section 25A, this section provides a summary of key activity undertaken during 2025/26 in relation to selected Section 25A services. Collectively, these arrangements provide assurance that the Health Board is actively discharging its duty under Section 25A of the Act by applying a consistent, evidence-based and professionally led approach to reviewing and maintaining nurse staffing levels across all services, with clear escalation and governance where potential risks to care quality are identified.</p> <p><b>Calculating the nurse staffing levels:</b> 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:</p> <ul style="list-style-type: none"> <li>• mapping available workforce planning tools and develop principles/guidelines to ensure a consistent approach to their application across Wales, and</li> <li>• to develop clear operational guidance to support consistent application of section 25A across NHS Wales organisations.</li> </ul> <p>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:</p>						

- 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:

- Community Nursing including District Nursing teams.
- Endoscopy units (planned for 2026/27)
- Pre- assessment units
- Same Day Emergency Care
- Day surgery units
- Medical Day Units
- Outpatients' departments (Adults) (planned for 2026/27)
- Outpatients' departments (Paediatrics) (planned for 2026/27)
- Systemic Anti-Cancer Treatment Units (planned for 2026/27)
- Health Visiting
- Rheumatology
- School Nursing
- Community Mental Health Teams
- Learning Disabilities
- Minor Injuries Unit in our community hospitals
- Radiology
- Clinical Nurse Specialist Teams

Below is a summary of the work undertaken during 2025/26.

- **S25A inpatient wards (Community and Integrated Medicine)** – for those wards where Section 25A of the Act a nurse staffing review has been undertaken during 2025/26 for the following areas: Mynydd Mawr Rehabilitation Unit PPH, Ward 12 WGH, Acute Frailty Unit (AFU) WGH, Sunderland Ward, South Pems. It is not a requirement to undertake six monthly reviews on these wards, 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.
- **Cardiac Care Units (Community and Integrated Medicine)** – for those standalone cardiac care units (CCU GGH and CMU BGH) where Section 25B does not apply a nurse staffing review has been undertaken during 2025/26. 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.

- **Emergency and Urgent Care Centre, BGH (Community and Integrated Medicine)** – the outcome of the nurse staffing level review in EUCC, BGH was presented at the Formal Executive Team meeting on 12<sup>th</sup> November 2025, and it was agreed that the changes would be transacted in three phases, commencing as of Q4 2025/2026. Transacting the changes will mean:
  - The ED nursing requirements will reflect the standards set out in the Royal College of Emergency Medicine and Royal College Workforce Standards for Type 1 Emergency Departments (2020)
  - The recommendations linked to staffing set out by the NHS Executive Performance & Assurance Team following their visit in 2024 and the Peer review – Getting it Right First Time (GIRFT) Emergency Medicine report June 2024 would be addressed.
- **Mental Health inpatient wards (Mental Health & Learning Disabilities)**– the outcome of the nurse staffing review undertaken in 2024/25 has been transacted during 2025/26 with the recruitment of the additional nursing support workers which was identified as part of the review.
- **Theatres BGH and GGH (Planned & Specialist Care)** – the nurse staffing levels were presented to the Executive Director of Nursing during 2025/26, and it has been agreed that the additional requirements identified will be transacted during 2026/27.
- **Critical Care Units (Planned & Specialist Care)** – the nurse staffing reviews undertaken across the four units has been revisited during 2025/26 and the outcome presented to the Executive Director of Nursing during 2025/26. The workforce and financial implications of the review is being taken forward by the Clinical Care Group.

**Maintaining the nurse staffing levels:** while the statutory requirement to take “all reasonable steps” applies specifically to Section 25B wards, established organisational processes demonstrate that these principles are applied consistently across all services, including Section 25A areas.

### Conclusion & Recommendations

During 2025/26, the Health Board continued to face challenges in consistently maintaining nurse staffing levels on adult medical and surgical wards; however, the data demonstrates improving oversight, increased use of professional judgement, and effective escalation where staffing was not appropriate. Paediatric inpatient wards maintained a high level of staffing appropriateness throughout the year.

There is clear evidence that all reasonable steps are being taken to maintain nurse staffing levels in line with the Nurse Staffing Levels (Wales) Act 2016, with established operational and governance arrangements supporting risk identification, escalation, and mitigation.

The priorities identified for the coming 12 months are linked to the areas where assurance is currently partial and where further strengthening is required. Delivery against these priorities will be monitored through established governance arrangements and will continue to support the Board in discharging its statutory responsibilities under the Nurse Staffing Levels (Wales) Act 2016.

## **Appendix 2 – Explanatory notes.**

<sup>i</sup> 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/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency.

Each health board/trust committed to implementing RL Datix (formally Allocates) Safecare system, with each organisation having implemented this system to their section 25B wards.

<sup>ii</sup> 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 (EDoNs) and the Chief Nursing Officer for Wales 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 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).
- 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.

In late 2024, it became apparent that there is 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 DDoN Forum in February 2025. 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 useful context as a quality indicator.

The agreed criteria are as follows:

- Complaints received by 25B areas 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).

<sup>iii</sup> The work of the Reporting Sub-Group, mentioned above, 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

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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.

As of 2024/25, 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
- 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.

**Appendix: Annual Assurance Report**

Health board/trust:	Hywel Dda University Health Board
Period of the report	6 April 2025 - 5 April 2026
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**

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the <u>start</u> of this report (Spring 2025 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 2025 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	
Dyfi BGH Medical	1	14.45	17.06	1	14.45	17.06	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						
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	19.3	1	14.45	19.3	Yes	No	In addition to the roster, Ward has 3 WTE Rehab Support Worker					
Gwenllian GGH Medical	1	17.17	22.62	1	17.17	22.62	Yes	No	In addition to the roster, Ward has 3 WTE Rehab Support Worker					
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						
Towy GGH Medical	1	14.45	19.9	1	14.45	19.9	Yes	No						
Ward 1 PPH Medical	1	18.95	17.17	1	18.95	17.17	Yes	no						
Ward 3 PPH Medical	1	18	20.73	1	18	20.73	Yes	No						
Ward 4 PPH Medical	1	27	18	1	27	18	Yes	No						
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						
Ward 7 WGH Medical	1	20.73	20.73	1	19.9	19.9	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	no						
Ward 11 WGH Medical	1	17.17	20.73	1	17.17	20.73	Yes	no	in addition 3.0wte rehab assistant					
<b>Total</b>		18	322.99	358.65	18	322.16	360.54							

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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 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**

Name of Ward	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the <b>start</b> of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the <b>end</b> 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	21.67	1	21.67	22.5	Yes	yes	twilight changed to night ( HCSW)				
Rhiannon BGH Surgery	1	16.38	16.38	1	16.38	16.38	Yes	No					
Teifi GGH Surgery	1	22.62	34.35	1	22.62	34.35	Yes	No					
Cleddau GGH Surgery	1	12.67	18	1	12.67	18	Yes	No	rounded establishment is for 17 beds. Service change for the ward to work at 21 beds + 2 image				
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	19.9	11.73	1	19.9	11.73	Yes	no					
Preseli GGH Surgery	1	11.73	11.73	1	11.73	11.73	Yes	no					
Pictou GGH Surgery	1	11.98	9.2	1	11.98	9.2	Yes	yes	service change - additional HCSW changed from twilight to night				
Ward 6 PPH Surgery	1	15.62	14.99	1	13.67	14.99	Yes	yes	reduction of RN nights MON-FRI				
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	in addition to the roster ward had 3 WTE rehab support worker				
Ward 4 WGH Surgery	1	20.73	21.56	1	20.73	21.56	Yes	No					
<b>TOTAL</b>	<b>12</b>	<b>212.99</b>	<b>215.13</b>	<b>12</b>	<b>211.04</b>	<b>215.96</b>							

Appendix: Annual Assurance Report

Health board/trust:	Ywelydd 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

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	46.31 (including 16.34 band 6)	15.57	2	47.14	15.57	Yes	yes	RN LD reduced				
Angharad BGH	1	12.79 (including 5.69 WTE band 6)	4.26	1	12.79 (including 5.69 WTE band 6)	4.26	Yes	No					
Total	3	59.91	19.83	3	59.93	19.83							