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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



Meeting Date	26 November 2020		Agenda Item	2.4
Report Title	Annual Presentation of Nurse Staffing Levels for wards covered under section 25B of the Nurse Staffing Levels (Wales) Act 2016			
Report Author	Helen Griffiths, Corporate Head of Nursing			
Report Sponsor	Christine Williams, Interim Executive Director of Nursing and Patient Experience Cathy Dowling, Assistant Director of Nursing and Patient Experience Kathryn Jones, Interim Executive Director of Workforce & Organisational Development Samantha Lewis, Deputy Director of Finance			
Presented by	Christine Williams, Interim Executive Director of Nursing and Patient Experience			
Freedom of Information	Open			
Purpose of the Report	The Mandatory presentation provides the Board with the nurse staffing level calculations on all Acute Medical & Surgical inpatient wards, under section 25B. The report also provides a further overview of the actions taken to ensure appropriate staffing levels have been maintained during the COVID-19 pandemic.			
Key Issues	Nurse Staffing Levels (Wales) Act 2016 re-calculation of establishment reviews of section 25B wards. Provide assurance that there remains ongoing monitoring in place with the Nurse staffing levels during the COVID-19 pandemic			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to</p> <ul style="list-style-type: none"> <li>• <b>AGREE</b> and <b>NOTE</b> the changes to the funded establishments with no financial implication, to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act.</li> <li>• <b>RECEIVE</b> the report as assurance that the statutory requirements relating to Section 25B wards have been completed.</li> <li>• <b>NOTE</b> the ongoing reasonable steps taken to monitor &amp; as far as possible maintain the Nurse</li> </ul>			

	<p>Staffing levels (Wales) 2016 during the COVID-19 pandemic and the unprecedented pressures.</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Health Boards Risk Register increase to 25.</li> </ul>
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## NURSE STAFFING LEVELS (WALES) ACT 2016

### 1. INTRODUCTION

The Nurse Staffing Levels (Wales) Act 2016 referred to as the Act became law on 21st March 2016 with the final sections of the Act coming into effect in April 2018.

The Nurse Staffing Levels (Wales) Act requires health service bodies to make provision for appropriate nurse staffing levels. This report highlights the results of the most recent bi-annual nurse establishment reviews, conducted throughout all acute medical & surgical inpatient wards (25B) within Swansea Bay University Health Board.

The paper also provides ongoing assurances on the approach, mechanisms, ongoing monitoring and management of risks to Nurse Staffing during the COVID-19 pandemic emergency outbreak.

Regular updates have been provided to the Board and key Committees since July 2016 on steps being taken to enable the Health Board to meet its requirements, the Act was fully commenced in April 2018.

The annual report to Board due in May 2020 was delayed following agreement by the Executive Nurse Directors due to the COVID-19 pandemic emergency outbreak. As a result of COVID-19 the Chief Nursing Officer issued a letter on the 24<sup>th</sup> March 2020 to Health Boards. The letter offered the flexibility to decide when to undertake the bi-annual calculations of nurse staffing levels and whether to present their annual report to Board as planned in May 2020. In line with the agreement by the Executive Nurse Director an exception paper, COVID –19 Disruption to the Nurse Staffing Levels (Wales) Act 2016 was brought to board on 25<sup>th</sup> May 2020 this paper followed ‘the ‘Once for Wales approach’ and provided a summary of the staffing required for the patients within that area.

The approach took into account the significant challenges associated with ensuring appropriate staffing levels during a period when capacity needs to be increased the workforce is under considerable pressure and resources limited. May’s Board paper outlined a number of options, which included new ways of working, greater reliance on health care support workers and members of the multi-disciplinary team to support the nursing workforce and ensure that all areas are staffed appropriately.

The bi-annual calculation for the January 2020 audit scrutiny panel which was postponed in March 2020 and was later undertaken in July 2020. The outcome of this review was presented to the Board in September, there was no further uplift required.

The Chief Nursing Officer & The Executive Nurse Directors agreed to undertake the bi-annual acuity audit in July 2020 this year instead of June due to COVID-19. The Chief Nursing Officer issued a further letter on the 15<sup>th</sup> October 2020 clarifying the position around section 25B wards and the impact of COVID-19, this letter has been taken into consideration as outlined below when confirming the section 25B wards.

## **2. BACKGROUND**

### **IMPACT OF COVID-19 AND WINTER PRESSURES ON SECTION 25B WARDS**

COVID-19 has had an impact on all wards/departments, a number of wards were closed to enable the creation of dedicated COVID-19 positive wards/critical care beds and high dependency respiratory beds and other medical and surgical wards were repurposed to enable the registered nurses and non-registrant nursing workforce to be temporarily deployed in line with the Health Board's Deployment policy.

Off ward, nurses have also been supporting the clinical areas, as well as Allied Health Professionals, Student Nurse & Medical Students in repurposed roles.

Adapted models of care have also been considered with the involvement of Multidisciplinary teams/Allied Health Professionals and a wider range of support workers.

Staff and services remain under significant and unprecedented pressure, as COVID-19 has become an established and significant pandemic across the UK, including NHS Wales'. Welsh Government is fully aware that any sense of "*business-as-usual*" is becoming increasingly untenable.

The situation continues to change at pace and the Health Board is experiencing significant and unprecedented challenges which are impacting upon the delivery of services throughout the organisation.

The Health Board also has a duty under section 25A of the Act to provide sufficient nurses to allow nurses time to care for patients sensitively. Significant work had also been undertaken in relation to other specialist areas. This includes Critical Care, Community Services, Health Visiting, Paediatrics, Neonatal, Mental Health & Learning Disabilities, Maternity Services and Field Hospitals.

The Health Board continues to monitor the changing situation and has a number of processes in place, this includes the re-establishment of the Silver Workforce Nurse Staffing Logistics Cell to monitor and manage risks in line with the Act. The logistics cell will focus on any key issues (hot spots) regarding Nurse Staffing levels across all Delivery Groups and support any immediate measures and solutions required. It is recognised that the Nurse Staffing Levels at times of escalation could mean significantly different levels than previously agreed. These levels would only be adopted after mitigating the risks and once all creative considerations have been explored and agreed by the 'Designated person' or nominated chair.

Risk assessments in relation to Nurse Staffing have been updated regularly over the past twelve months within the Delivery Groups to reflect the impact of COVID-19 on Nurse Staffing. The Health Boards risk register has now been updated from 20 to a score of 25 and outlines the control measures in place.

The Health Board is asked to formally receive and note the information contained within the Nurse Staffing levels (Wales) 2016 Act Annual presentation which has been produced using the All Wales reporting template as outlined below.

Annual Presentation of Nurse Staffing Levels to the Board	
Health board	Swansea Bay University Health Board
Date of annual presentation of Nurse Staffing Levels to Board	26 <sup>th</sup> November 2020
Period covered	31 <sup>st</sup> October 2019 to 1 <sup>st</sup> October 2020
<p>Number and identity of section 25B wards during the reporting period.</p> <ul style="list-style-type: none"> <li>• Adult acute <u>medical</u> inpatient wards</li> <li>• Adult acute <u>surgical</u> inpatient wards</li> </ul> <p>(Ref: paragraph 26-30)</p>	<p>The Chief Nursing Officer (CNO) has written a second letter dated the 15<sup>th</sup> October 20. Further clarifying the position around section 25B wards and the impact of COVID-19. Outlining the following;</p> <p><i>The most concise way to answer this is to refer back to the Statutory Guidance of the Act where the definitions of adult medical and surgical wards apply “according to the primary purpose of the ward”. If the primary purpose of a ward remains the treatment of patients for medical or surgical conditions, and the Welsh Levels of Care tool is still applicable to that setting, then in my view those wards would remain under the auspices of 25B of the Act. Conversely, if a ward was legitimately repurposed to treat those critically unwell Covid19 patients - as we expected in March to be a more common occurrence – my view would remain that those wards would be considered exclusions with an expectation you would follow national advice on staffing critical care areas.</i></p> <p>Taking into account the CNO letter dated 15<sup>th</sup> October 2020 as of the 1<sup>st</sup> October 2020 section 25 B applies to 28 wards across Swansea Bay University Health Board (SBUHB). This paper includes all 25B acute medical/surgical inpatient wards within the Health Board. These wards had been consistent since the Act was introduced, however during COVID-19 there have been many changes to the wards as outlined below;</p>

	2019	2020
<b>Number of adult acute <u>medical</u> inpatient wards Under section 25B</b>	15	16
<b>Number of adult acute <u>surgical</u> inpatient wards Under section 25B</b>	14	12

The situation this year has been extremely dynamic and constantly changing, in relation to wards being repurposed and also capacity and demand. The establishments relating to section 25B wards are outlined below, and attached in the All Wales appendix which provides a brief overview of the key changes in relation to section 25B wards since November 2019, including planned roster and required establishments for each ward and evidences the rationale, purpose and outcome of recalculations undertaken both within and outside the bi-annual calculation cycle.

Where changes have occurred due to a change in case mix/acuity/bed numbers, which has resulted in wards being included or excluded during the reporting period.

### **Singleton Delivery Group**

Singleton now has eight section 25B wards (previously 7)

- Ward 1 & ward 2 previously had a combined establishment. Following the bi-annual calculation review and discussion as part of the scrutiny process it was agreed that ward 1 would be re-configured into a 9 bedded inpatient emergency surgical ward. (the band 7 ward sister/charge nurse will manage both areas). This will be monitored closely and reviewed as part of the next bi-annual calculation or earlier if necessary, acuity audits are being undertaken daily.
- Other wards within Singleton have been re-purposed and following scrutiny panel judged to meet the criteria for section 25B wards specified within the statutory guidance.

#### Singleton 25 B Adult acute medical inpatient wards

Swansea Bay UHB		Nov 2019		May 2020		Oct 2020	
Unit	Ward	RN	HCSW	RN	HCSW	RN	HCSW
Singleton	Ward 3	22.32	26.77	22.32	26.77	22.32	26.77
Singleton	Ward 4	19.71	26.77	19.71	26.77	19.71	26.77
Singleton	Ward 6	22.32	19.54	22.32	19.54	22.32	19.54
Singleton	Ward 8	22.32	16.94	22.32	16.94	22.32	16.94
Singleton	Ward 9	20.54	11.61	20.54	11.61	20.54	11.61
Singleton	Ward 12	34.64	24.87	34.64	24.87	34.64	24.87

There are no changes in establishments for acute medical wards as outlined above

#### Singleton 25B adult acute surgical inpatient wards

Swansea Bay UHB		Nov 2019		May 2020		Oct 2020	
Unit	Ward	RN	HCSW	RN	HCSW	RN	HCSW
Singleton	Ward 2	28.66	16.68	28.66	16.68	17.01	13.4
Singleton	Ward 1	-	-	-	-	11.61	5.58

Ward 1&2 have split their establishment

#### Morrison Delivery Group

Morrison currently has 19 Section 25 B wards (previously 21).

- Ward G has closed the staff have been deployed into vacancies within other surgical areas.
- Clydach ward closed, re-purposed and following discussion at scrutiny panel has been judged to no longer meet the criteria for section 25B ward under the statutory guidance.
- Ward W closed and has been re-purposed, following scrutiny panel has been judged to no longer meet the inclusion criteria for section 25B wards specified within the statutory guidance.

- AMAU has not previously met the inclusion criteria for section 25B wards specified within the statutory guidance following scrutiny panel has been judged to meet the criteria as the length of stay currently does not meet that of an assessment unit. This will be closely monitored over the next six months.
- Other wards within Morriston have been re-purposed and following scrutiny panel judged to meet the criteria for section 25B wards specified within the statutory guidance.

The changes in establishment are due to wards being re-purposed, case-mix changes, and shift changes within the rosters. These have been discussed at length in scrutiny panel and agreed. The situation will be closely monitored over the next six months and reviews will be undertaken as required.

#### Morriston 25 B Adult acute medical inpatient wards

Swansea Bay UHB		Nov 2019		May 2020		Oct 2020	
Unit	Ward	RN	HCSW	RN	HCSW	RN	HCSW
Morriston	Ward J (Previously Anglesey)	29.90	19.90	29.90	19.90	29.90	19.90
Morriston	Ward R	-	-	-	-	23.62	22.62
Morriston	Ward C	25.72	15.21	25.72	15.99	26.35	17.17
Morriston	Ward D	20.9	26.18	20.9	26.18	20.90	25.35
Morriston	Ward F	24.45	22.62	24.45	22.62	23.62	23.89
Morriston	Ward S	21.73	19.92	21.73	19.90	21.73	19.90
Morriston	Cardigan	21.73	18.95	21.73	18.95	22.42	19.07
Morriston	Dan Danino	15.77	11.59	16.23	11.59	17.01	11.45
Morriston	Gowers	21.73	21.67	21.73	21.67	20.90	22.62
Morriston	AMAU			22.83	15.41	25.99	19.07



### Morrison 25 B Adult acute surgical inpatient wards

Swansea Bay UHB		Nov 2019		May 2020		Oct 2020	
Unit	Ward	RN	HCSW	RN	HCSW	RN	HCSW
Morrison	Pembroke	-	-	-	-	26.35	17.17
Morrison	Cyril Evans	23.25	14.77	23.25	14.77	24.67	14.67
Morrison	Ward A	23.5	19.9	23.5	19.9	23.62	19.90
Morrison	Ward B	22.67	18.95	22.67	18.95	23.62	19.34
Morrison	Ward H	23.5	17.17	23.5	17.17	26.35	19.90
Morrison	Ward T	28.00	19.9	28.00	19.9	29.07	19.90
Morrison	Ward V	28.00	20.73	28.00	20.73	28.00	20.73
Morrison	Powys	12.73	3.55	12.73	3.55	12.73	3.55
Morrison	Anglesey (Previously Pembroke)	27.18	9.00	27.18	9.00	27.18	9.00

### Neath Port Talbot (NPT) Delivery Group

NPT has one ward under section 25B of the Act (previously 1)

- Ward A Surgery was closed in March 20 and remains closed.
- Ward B has been re-purposed as an elective surgical ward (different case-mix) and following discussions at scrutiny panel has been judged to meet the inclusion criteria under section 25B of the statutory guidance.

Swansea Bay UHB		Nov 2019		May 2020		OCT 2020	
Unit	Ward	RN	HCSW	RN	HCSW	RN	HCSW
NPT	Ward B New	-	-	-	-	11.90	10.90

	See Appendix 1&2 All Wales templates for further information.
<p><b>Using the triangulated approach to calculate the nurse staffing level on section 25B wards</b></p> <p>(Ref: paragraph 31-45)</p>	<div data-bbox="985 344 1523 638" data-label="Diagram"> </div> <p>The triangulated approach to calculate the nurse staffing levels for each ward has become embedded as a routine 6 monthly cycle that is undertaken for acute medical &amp; surgical wards under section 25B of the Nurse Staffing Levels (Wales) Act.</p> <p><b>Supernumerary status:</b> Ward sisters in accordance with statutory guidance and reflected within establishments have the Supernumerary (supervisory) status within their funded establishment. As discussed above ward 1 &amp; 2 Singleton Hospital share the band 7 sister/ charge nurse who has supernumery status. This has been agreed at scrutiny panel and supported professionally due to the size of ward 1(9 beds)</p> <p><b>Evidence of 26.9% 'uplift':</b> All wards have the 26.9% uplift built into the funded establishment.</p>

	<p><b>Evidence of use of the triangulated approach-acuity tool (Welsh Levels of Care) quality indicators and professional judgement:</b></p> <p>The triangulated methodology prescribed in the Act is used to calculate the Nurse Staffing Levels in each acute medical &amp; surgical (25B) ward and is undertaken routinely on a 6 monthly cycle as outlined below;</p> <ul style="list-style-type: none"><li>• An acuity audit was undertaken from 1<sup>st</sup> July until 31<sup>st</sup> July 2020 (deferred from June).</li><li>• A review of the quality indicators were undertaken (falls, pressure ulcers, medication errors, complaints).</li><li>• Professional judgement evidenced as part of the scrutiny process and ward templates.</li><li>• Planned roster submissions completed using the All Wales templates.</li><li>• Whole Time Equivalent (WTE's) calculations undertaken including 26.9% headroom &amp; one WTE Ward Manager/Sister/ Charge Nurse.</li><li>• The Scrutiny process provides assurance that the calculations are correct for deploying the right amount of staff. Ward Managers, Matrons, Senior Matrons, Heads of Nursing, Unit Nurse Directors, &amp; Service Delivery Group Finance representatives reviewed each ward template as part of the scrutiny process. Rosters were also reviewed for efficiencies.</li><li>• The Interim Executive Director of Nursing &amp; Patient Experience held a series of panels and invited the interim Executive Director of Workforce &amp; Organisational Development, the Deputy Director of Finance, Unit Nurse Directors, Heads of Nursing and Service Delivery Group Finance representatives. In line with the requirements of the Act, the Designated Person (Interim Director of Nursing &amp; Patient Experience) has scrutinised and signed off the establishment review calculations.</li></ul>
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### **Transforming Programme & Plan**

The Nurse Staffing Act places a duty on Health Boards to calculate, maintain and report the agreed staffing level. High Value Opportunity work streams were developed during 2019/20. Several work streams were interlinked which had a direct impact on the ability to accurately calculate and report on our staffing levels, as well as supporting the design and development of new nursing services. Below are a few examples of achievements;

- Development of the Enhanced Observation and Support Framework
- Refreshing of the Nurse Rostering Policy
- Development of Band 3 & Band 4 nursing roles.

Work was ongoing on all three work streams and good progress was being made until February 2020 when the project was placed on hold due to the lack of capacity as staff were reallocated to assist with the COVID-19 response. In September 2020 the Nursing Transformation Project management team began working on all streams and restarting some of the work. Three work streams have been repurposed and each led by a Unit Nurse Director with the oversight of the Interim Director of Nursing & Deputy Director of Nursing & patient Experience these include the following;

- Grip & Control Efficiency
- Modernising Nursing
- Valuing Nursing

The programmes aim is to transform, modernise the nursing workforce, making use of tools and resources available, to produce value and efficiencies, utilising agile working models, and implement a professional leadership framework, and a successful drive for recruitment and retention.

<b>Finance and workforce implications</b>	<b>Key Changes in Whole Time Equivalent and Financial implications</b>  <p>There have been numerous changes to the wards function, Nurse Staffing Act status and capacity during this bi-annual calculation and scrutiny process, which has resulted in changes to establishments, as outlined above and also in the attached All Wales template.</p> <p>The changes overall are cost neutral and therefore no financial implication.</p>
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<b>Conclusion &amp; Recommendations</b>
<p>2020 has been a significant year with the impact of COVID-19 there has been many changes to the section 25B ward functions. Wards have been re-purposed, closed, new wards re-opened with a different case mix. Covid-19 specific wards set up. At times reductions in beds, alternative models of care have also been used.</p> <p>Staff and services have been under significant and unprecedented pressure, as COVID-19 has become an established pandemic. The situation is ongoing and there will be continues change for many more months. The Health Board has responded at pace taking swift action to deal with the unpredictable and constantly evolving situation, whilst maintaining a consistent approach to risk assess and monitor the situation.</p> <p>Members are asked to</p> <ul style="list-style-type: none"> <li>• <b>AGREE</b> and <b>NOTE</b> the changes to the funded establishments with no financial implication, to ensure the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act.</li> <li>• <b>RECEIVE</b> the report as assurance that the statutory requirements relating to Section 25B wards have been completed.</li> <li>• <b>NOTE</b> the ongoing reasonable steps taken to monitor &amp; as far as possible maintain the Nurse Staffing levels (Wales) 2016 during the COVID-19 pandemic and the unprecedented pressures.</li> <li>• <b>NOTE</b> the Health Boards Risk Register increase to 25.</li> </ul>

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> (please choose)	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
<p>The Nurse Staffing levels (Wales) Act requires Health Boards and NHS Trusts to calculate and take all reasonable steps to maintain nurse staffing levels and inform patients of the level. The required amount of nursing staff needed within our adult acute medical and surgical wards by the use of the triangulated method, Quality outcomes, patient acuity and professional judgement.</p>		
<b>Financial Implications</b>		
<p>There is no financial impact for this cycle as the changes to establishments are overall cost neutral.</p>		
<b>Legal Implications (including equality and diversity assessment)</b>		
<p>Legal requirement to fulfil the requirements of the Act.</p>		
<b>Staffing Implications</b>		
<p>Establishment budgets represent full compliance with the Act.</p>		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<ul style="list-style-type: none"> <li>The Health Board risk register and the COVID-19 risk register sets out a framework for how SBUHB will make an assessment of existing and future risks, and how it will plan to manage and prepare for those risks.</li> </ul>		
<b>Report History</b>	Nurse Staffing Act Steering Group, November 2020	
<b>Appendices</b>	<p>Appendix 1 and 2</p> <p>Summary of Nurse Staffing Levels for wards where Section 25B applies</p>	



## Appendix: Summary of Nurse Staffing Levels for wards where Section 25B applies

<b>Health Board/Trust:</b>	Name: Swansea Bay UHB	
<b>Period being reported on :</b>	Start date: Oct 1 <sup>st</sup> 2019	End Date: Sept 30 <sup>th</sup> 2020
<b>Number of wards where section 25B has applied during the period:</b>	<b>Medical:16</b>	<b>Surgical: 12</b>

**To be completed for EVERY wards where section 25B has applied**

\*Supernumerary i.e. 1 WTE supernumerary ward sister/charge nurse included in the establishment

### Surgical

Wards	Planned Roster			Required Establishment at the start of the reporting period (October 2019)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Singleton	E	6 (3)	3 (1)	28.66	16.68	Yes	E	2 (1)	2 (1)	17.01	13.4	Yes	Yes	Yes	The original establishment covered ward 1&2 . following recalculation Ward 2 reconfigured a 15 bedded 'clean' screened surgical ward. Band 7 Sister covers 1&2	Yes	No	3.04.20 Repurposed for admission of covid-19 patients. Roster reviewed daily to ensure staffed to meet the needs of the covid-19 patients.
Ward 2 reduces Sun, Sat	L	5 (3)	3 (1)				L	2 (1)	2 (1)									
	LD	1	1				LD	1	1									
	TW						TW											
	N	3	2				N	2	2 (1)									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				



## Appendix: Summary of Nurse Staffing Levels for wards where Section 25B applies

Ward 1  Budget split Sept	E			Within Ward 2 Budget	Within Ward 2 Budget	Yes	E	1	1	11.61	5.58	Yes	Yes	Yes	Ward reconfigured from TAU/DOSA into 9 bedded inpatient emergency surgery 7 non screened patients.	NA	NA	
	L						L	1	1									
	LD						LD	1	1 (0)									
	TW						TW											
	N						N	2	0									
NPT Ward B  previously A	E	0	0	13.84	5.04	Yes	E			Closed	Closed	Yes	NA	NA		NA	NA	28.03.20 Closed
	L	0	0				L											
	LD	3 (2)	3 (2)				LD											
	TW						TW											
	N	2	0				N											
NPT Ward B	E			New Ward	New Ward	Yes	E			11.90	10.90	Yes	Yes	NA		NA	NA	
	L						L											
	LD						LD	2	2									
	TW						TW											
	N						N	2	2									
Morr Ward A	E	3	1	23.5	19.9	Yes	E	1	1	23.62	19.9	Yes	Yes	Yes	Following recalculation of data Slight change of case mix with 1 less Orthopaedic ward. Changes to roster increase in long days.	Yes	No	5 Covid orthopaedic beds made available if clinically required. Staffing monitored daily
	L	2	1				L	1	1									
	LD	2	3				LD	4	3									
	TW						TW											
	N	3	3				N	3	3									
Morr Ward B	E	2	2	22.67	18.95	Yes	E	1	2	23.62	19.34	Yes	Yes	Yes	Change as there are now only 2 Orthopaedic wards taking direct admissions	Yes	No	Staffing reviewed daily.
	L	1	1				L	1	1									
	LD	3	2				LD	4	2									
	TW						TW											
	N	3	3				N	3	3									
Morr Ward G	E	2	1	27.18	17.17	Yes	E			Closed	Closed	Yes	No	NA	Closed currently	NA	NA	Closed Feb 2020
	L	2	1				L											
	LD	3	3				LD											
	TW						TW											
	N	4	2				N											
Morr Ward H	E	3	1	23.50	17.17	Yes	E	1	1	26.35	19.90	Yes	Yes	Yes	Change of case mix. Of surgical specialties	Yes	No	COVID Positive The number of beds flexed depending on need. Staffing reviewed daily
	L	2	1				L	1	1									
	LD	2	2				LD	4	3									
	TW						TW											
	N	3	3				N	4	3									

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

## Appendix: Summary of Nurse Staffing Levels for wards where Section 25B applies

Morr Ward T	E	3	1	28.0	19.90	Yes	E	1	1	29.07	19.90	Yes	Yes	Yes	Change of case mix of surgical specialties	Yes	No	Change in Surgical case mix. rosters staffing
	L	3	1				L	1	1									
	LD	2	3				LD	4	3									
	TW						TW											
	N	4	3				N	5	3									
Morr Ward V	E	3	2	28.0	20.73	Yes	E	3	2	28.0	20.73	Yes	Yes	Yes	Change of Case Mix of surgical specialties	Yes	No	6.04.20 Surgical suspected covid-19 ward. Staffing reviewed daily
	L	3	2				L	3	2									
	LD	2	2				LD	2	2									
	TW						TW											
	N	4	3				N	4										
Cyril Evans  Sun & Sat in brackets	E	2	2	23.25	14.77	Yes	E	2	1	24.67	14.67	Yes	Yes	Yes	Change of case mix now receiving unscheduled Cardiothoracic & cardiology specialties	Yes	No	Ward closed.20.4.20 Reopened 16 beds on 06.05.2020 as Cardiology - repurposed. Staffing monitored daily
	L	2	1				L	3 (2)	0									
	LD	2	1				LD	2	2									
	TW						TW											
	N	3	2				N	3	2									
Pembroke	E	3	1	27.18	9.0	Yes				Closed	Closed		No	No	Pembroke ward was closed 3/4/20 Staff re-deployed. Pembroke ward has been moved to Anglesey ward since July 2020..	NA	NA	
	L	1	1															
	LD	3	1															
	TW																	
Powys	E	1	1	12.73	3.55	Yes	E	1	1	12.73	3.55	Yes	Yes	Yes	No Change	No	NA	
	L	1	1				L	1	1									
	LD	1	0				LD	1	0									
	TW						TW											
	N	2	0				N	2	0									
Clydach	E	2	1	21.73	14.45	Yes	E					Yes	No	No	Clydach has been closed	NA	NA	
	L	2	1				L											
	LD	2	2				LD											
	TW						TW											
	N	3	2				N	3	2									
Pembroke Repurposed	E					No	E	1	1	26.35	17.17	Yes	NA	NA	Pembroke Ward is a new initiative during COVID to allow high risk patients to undergo their surgery	NA	NA	
	L						L	1	1									
	LD						LD	4	2									
	TW						TW											
	N						N	3	3									

E = Early shift

L = Late shift

TW = Twilight shift

LD = Long Day

N = Night duty

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

**Appendix: Summary of Nurse Staffing Levels for wards where Section 25B applies**

E = Early shift	L = Late shift	TW = Twilight shift	LD = Long Day	N = Night duty
The number of staff per shift needs to be entered. The information should reflect the information on the informing patient template.				

## Appendix: Summary of Nurse Staffing Levels for wards where Section 25B applies

<b>Health Board/Trust:</b>	Name: Swansea Bay UHB	
<b>Period being reported on :</b>	Start date: Oct 1 <sup>st</sup> 2019	End Date: Sept 30 <sup>th</sup> 2020
<b>Number of wards where section 25B has applied during the period:</b>	<b>Medical: 16</b>	<b>Surgical: 12</b>

**To be completed for EVERY wards where section 25B has applied**

\*Supernumerary i.e. 1 WTE supernumerary ward sister/charge nurse included in the establishment

### Medical

Wards	Planned Roster			Required Establishment at the start of the reporting period (October 2019)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the start of the reporting period?*	Planned Roster			Required Establishment at the end of the reporting period (Sept 2020)		Is the Senior Sister/Charge Nurse supernumerary to the required establishment at the end of the reporting period?*	Biannual calculation cycle reviews, and reasons for any changes made			Any reviews outside of biannual calculation, if yes, reasons for any changes made		
		RN	HCSW	RN WTE	HCSW WTE			RN	HCSW	RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
Singleton Ward 3	E	3	3	22.32	26.77	Yes	E	3	3	22.32	26.77	Yes	Yes	No	Following recalculation of data no change required.	Yes	No	Closed on the 31.03.20. Re-opened on the 9/04/20 as Covid ward. Utilising deployed staff to mitigate risk on a daily basis.
	L	3	3				L	3	3									
	LD	1	2				LD	1	2									
	TW						TW											
	N	3	4				N	3	4									
Ward 4	E	3	3	19.71	26.77	Yes	E	3	3	19.71	26.77	Yes	Yes	No	Following recalculation of data no change required.	Yes	No	Covid recovery. Roster reviewed due to change in cohort and number of patients, skill mix change. Staffing reviewed daily and uplifted depending on patient numbers and acuity.
	L	3	4				L	3	3									
	LD	1	1				LD	1	2									
	TW						TW											
	N	2	4				N	2	4									

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## Appendix: Summary of Nurse Staffing Levels for wards where Section 25B applies

Ward 6	E	3	3	22.32	19.54	Yes	E	3	3	22.32	19.54	Yes	Yes	No	Following recalculation of data no change required.	Yes	No	Closed on the 6/04/20. staff deployed to support Covid-19 Wards. Reopened on the 13/05/20 reduced bed occupancy. Rosters reviewed daily.
	L	3	2				L	3	2									
	LD	1	1				LD	1	1									
	TW						TW											
	N	3	3				N	3	3									
Ward 8	E	3	3	22.32	16.94	Yes	E	3	3	22.32	16.94	Yes	Yes	No	Following recalculation of data no change required.	Yes	No	Change in case mix combining Ward 6 & 8 rosters reviewed daily.
	L	3	2				L	3	2									
	LD	1	1				LD	1	1									
	TW						TW											
	N	3	2				N	3	2									
Ward 9	E	3	1	20.54	11.61	Yes	E	3	1	20.54	11.61	Yes	Yes	No	Following recalculation of data no change required.	Yes	No	Change in case mix combining specialities. Rosters reviewed daily
	L	2	1				L	2	1									
	LD	1	1				LD	1	1									
	TW						TW											
	N	3	2				N	3	2									
Ward 12	E	5	4	34.64	24.87	Yes	E	5	4	34.64	24.87	Yes	Yes	No	Following recalculation of data no change required.	Yes	No	Ward closed due to cluster outbreak of Covid-19 amongst staff and patients. 21.04.20 reopened for elective chemotherapy and the nursing roster reflected proportionally the acuity and number of patients on the ward.
	L	5	4				L	5	4									
	LD	1	1				LD	1	1									
	TW						TW											
	N	5	3				N	5	3									
Morr Ward C	E	2	1	25.72	15.99	Yes	E	1	1	26.35	17.17	Yes	Yes	Yes	Following recalculation of data additional band 5 required on a late shift & HCSW on a late	Yes	No	Reduced to 24 beds to provide cardiac assessment bay. Staffing monitored daily
	L	2	0				L	1	1									
	LD	1	3				LD	4	3									
	TW						TW											
	N	4	2				N	4	2									
Morr Ward D	E	1	2	20.90	26.18	Yes	E	1	1	20.90	25.35	Yes	Yes	Yes	Following recalculation of data Change of shift pattern. 2 beds reduced	Yes	No	Following review no change establishment. Staffing monitored daily
	L	1	2				L	1	1									
	LD	3	3				LD	3	4									
	TW						TW											
	N	3	4				N	3	4									
Morr Ward F	E	2	1	24.45	22.62	Yes	E	1	1	23.62	23.89	Yes	Yes	Yes	Following recalculation of data change of skill mix?	Yes	No	Reduced beds to accommodate a Respiratory Assessment Unit. Staffing monitored daily
	L	2	1				L	1	1									
	LD	2	3				LD	3	3									
	TW						TW											
	N	4	4				N	4	4									

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## Appendix: Summary of Nurse Staffing Levels for wards where Section 25B applies

Morr Ward R	E	3	2	28.0	21.67	Yes	E	1	1	23.62	22.62	Yes	Yes	Yes	Following recalculation of data case mix change ward is now Medicine not surgery	Yes	No	Change of case mix. Staffing monitored daily
	L	3	1				L	1	1									
	LD	2	3				LD	3	3									
	TW						TW											
	N	4	3				N	4	4									
Morr Ward S	E	2	1	21.73	19.90	Yes	E	2	1	21.73	19.90	Yes	Yes	No	Following recalculation of data no change required.	Yes	No	23/04/20 repurposed to a COVID-19 ward Rosters were increased by 2 qualified and 3 HCSW with deployed staff on every shift to allow for donning and doffing and acuity.
	L	2	1				L	2	1									
	LD	2	3				LD	2	3									
	TW						TW											
	N	3	3				N	3	3									

Morr Cardigan	E	2	2	21.73	18.95	Yes	E	1	0	22.42	19.07	Yes	Yes	Yes	Following recalculation of data adjustments made to shift pattern.	NA	NA	Covid-19 renal beds were made available if clinically required. Staffing reviewed daily
	L	2	1				L	1	0									
	LD	2	2				LD	3	4									
	TW						TW											
	N	3	3				N	3	3									
Morr Dan Danino	E	1	1	16.23 1 extra RN Wed LD	11.59 1 extra HCSW Thurs E	Yes	E	1	1	17.01 1 extra RN Mon & Wed LD	11.45 1 extra HCSW Tue & Thurs E	Yes	Yes	Yes	Following recalculation of data increase in staffing to support TAVI work on key days	NA	NA	22.03.20. Ward was closed. Staff were deployed to support other areas
	L	1	1				L	1	1									
	LD	2(3)	1				LD	2(3)	1									
	TW						TW											
	N	2	2				N	2	2									
Morr Gower	E	2	2	21.73	21.67	Yes	E	1	1	20.90	22.62	Yes	Yes	Yes	Following recalculation data beds increased to 30 & change of shift pattern to increase long days.	Yes	No	High acuity during covid-19. Staffing increased on roster to accommodate acuity. Monitored daily
	L	2	1				L	1	1									
	LD	2	2				LD	3	3									
	TW						TW											
	N	3	4				N	3	4									
Morr Ward J  Previously Anglesey	E	2	1	29.90	19.90	Yes	E	2	1	29.90	19.90	Yes	Yes	No	Following recalculation of data no change required.	Yes	No	Ward initially closed & staff deployed Anglesey then moved to ward J
	L	2	1				L	2	1									
	LD	3	3				LD	3	3									
	TW						TW											
	N	5	3				N	5	3									

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## Appendix: Summary of Nurse Staffing Levels for wards where Section 25B applies

Clydach	E	2	1	21.73	14.45	Yes	E			Closed		Yes	NA	NA		NA	NA	Closed 30.03.20. Staff deployed to support vacancies and increased rosters.
	L	2	1				L											
	LD	2	2				LD											
	TW						TW											
	N	3	2				N											
Ward W	E	3	1	15.33	5.33	Yes	E			No longer section 25 B		Yes	NA	NA		Yes	No	Ward re-purposed and closed
	L	2	2				L											
	LD	0	0				LD											
	TW						TW											
	N	2	0				N											
Anglesey  Previously Pembroke	E	3	1	27.18	9.00	Yes	E	3	1	27.18	9.00	Yes	NA	NA	Following recalculation of data no change required.	Yes	NA	Closed 3.04.20. Staff deployed to support vacancies and sickness
	L	1	1				L	1	1									
	LD	3	1				LD	3	1									
	TW						TW											
	N	4	1				N	4	4									

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