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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	14 June 2022	Agenda Item	6.2
Report Title	Nursing & Midwifery Update		
Report Author	Helen Griffiths Corporate Head of Nursing Lynne Jones Head of Nursing Education		
Report Sponsor	Gareth Howells, Executive Director Nursing		
Presented by	Gareth Howells, Executive Director Nursing		
Freedom of Information	Open		
Purpose of the Report	To update the Workforce & OD committee on key relevant nursing matters		
Key Issues	• Dementia Friendly Hospital Inpatient Charter • Developing and supporting the implementation of Advance Practice Framework within Swansea Bay University Health Board (SBUHB). • Nurse Education Funding Spend • Updated Policy Referring Registrants to the Nursing Midwifery Council • Ockenden Final Report Briefing • RCN Progress and Challenge in Delivering Safe and Effective Care 2022: <i>How NHS Wales has implemented the Nurse Staffing Levels (Wales) Act 2016</i> • Welsh Government 3 Year Report On The Nurse Staffing Levels (Wales) Act 2016		
Specific Action Required <i>(please choose one only)</i>	Information ☒	Discussion ☐	Assurance ☐
Recommendations	Members of the Workforce and OD Committee are asked to • NOTE the report		

Nursing and Midwifery Board Update Report

1. INTRODUCTION

To update the Workforce & OD Committee on key relevant nursing matters.

2. BACKGROUND

The Nursing & Midwifery Board meets on a monthly basis and is chaired by the Acting Director of Nursing & Patient Experience. This report provides updates to the Workforce & OD Committee on key nursing matters of relevance as outlined below

3. GOVERNANCE AND RISK ISSUES

The information outlined below provides an update on key relevant Nursing Matters that have been discussed in Nursing & Midwifery Board, as well as the Health Boards Nurse staffing Act Steering Group.

3.1 Dementia Friendly Hospital Charter

The Launch of the All Wales Dementia Charter took place on the 6th April. The Charter (Appendix 1) will enable the Health Board to improve the service-user experience of accessing health care people with dementia and their carers/relatives. The Dementia Friendly Hospital Charter will also engage multidisciplinary professions in promoting and sharing best practice in dementia care and will promote effective partnerships with key organisations including, Public Health Wales, Improvement Cymru, and the West Glamorgan Regional Partnership. The attached paper was presented to Nursing Midwifery Board and provides an update of the current status of the launch and implementation of the Charter across the Health Board (Appendix 2). Seven clinical areas across the Service groups have been identified to trial the Charter.

3.2 Developing and supporting the implementation of Advance Practice Framework within Swansea Bay University Health Board (SBUHB)

Nursing Midwifery Board supported a proposed development of a planned strategy to implement the Advanced Practice Framework within the Health Board as outlined below;

- The Board supported the following:
 - Develop and publish a SBUHB Nursing and Midwifery Strategy for advanced practice.
 - Develop a succinct and user friendly SOP to take practitioners, clinical and operational leaders through the process of establishing, training, supporting, accrediting and developing the Advanced practice workforce within SBUHB.
 - Work is needed to establish the metrics needed to be collected and reported to demonstrate the value and impact on patient care of these posts.
 - Develop the outline for advanced practice forums within SBUHB to meet ongoing revalidation, educational and professional needs e.g. Independent and Supplementary Prescribing and reflective practice.

3.3 Nurse Education Funding Spend

The attached report (Appendix 3) provides a summary in respect of spending against Education Funds allocated and HEIW funding to support the ongoing education of registered and non-registered staff. The paper reports on the utilisation of educational funds available to registrants for post registration education and development, and for the development of non-registered staff.

3.4 Referring registrants to the Nursing Midwifery Council

The policy has been updated on COIN to include when considering whether a referral to the NMC is required it is useful to consider the NMC guidance on using the Just Culture tool (Promote a just culture - The Nursing and Midwifery Council (nmc.org.uk))

3.5 Ockenden Final Report

The Ockenden report is now live in relation to the midwifery issues in Shrewsbury & Telford Hospital NHS Trust. The attached 7-minute briefing (Appendix 4) outlines the findings and learning from the independent review of Maternity Services and has been shared within the Health Board.

3.6 RCN Progress and Challenge in delivering safe and effective care 2022: How NHS Wales has implemented the Nurse Staffing Levels (Wales) Act 2016'

The Royal College of Nursing have published this report in relation to their views on how NHS Wales has implemented the Nurse Staffing Levels (Wales) Act '2016'. The report outlines their findings and overall recommendations as well as specific recommendations to each Health Board/ Trust and Welsh Government. (Appendix 5 & 6)

3.7 Report: Nurse Staffing Levels (Wales) Act 2016 – Statutory summary of nurse staffing level reports 2018-2021

The link below outlines the first 3-year Welsh Government report which provides the overall statutory summary of the nurse staffing level report 2018-2021.

[nurse-staffing-levels-wales-act-2016-statutory-summary-of-nurse-staffing-level-reports-2018-2021.pdf \(gov.wales\)](#)

4. FINANCIAL IMPLICATIONS

Where appropriate financial implications have been discussed in relevant Boards/Committees.

5. RECOMMENDATION

Workforce & OD Committee are asked to:

- **NOTE** the report

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☐
	Timely Care	☒
	Individual Care	☐
	Staff and Resources	☒
Quality, Safety and Patient Experience		
All areas discussed relate to a focus on improved quality patient and safety experience..		
Financial Implications		
Financial implications have been discussed in relevant Boards/Committees where appropriate.		
Legal Implications (including equality and diversity assessment)		
To meet the Nursing & Midwifery council requirements.		
Staffing Implications		
Staffing implications are outlined as part of the report.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Long Term Implications have been considered.		
Report History	Elements of the report have been discussed in Nursing Midwifery Board March & May 2022	
Appendices	Appendix 1 to 6.	



Dementia Friendly Hospital Charter for Wales

An overview of the charter and its purpose



Dementia Friendly Hospital Charter for Wales

An overview of the charter and its purpose

Introduction

The Dementia Friendly Hospital Charter for Wales (the Charter) outlines the principles that a dementia friendly hospital should achieve over time. This should fully support the Dementia Action Plan for Wales 2018-22, where the vision is to:

‘Create a society without stigma... Where people living with dementia continue to go about their lives and are understood by the wider public who know how to provide support’.

Purpose of the Dementia Friendly Hospital Charter for Wales

The purpose of the Charter is to enable hospitals to create a dementia friendly care experience and environments that meet the needs of people with dementia, their families, carers and supporters in Wales.

The Charter will...

- Act as a clear statement of the key principles that contribute to a dementia friendly hospital.
- Provide a set of principles and indicators that focus on the needs of people with dementia and their families, carers and supporters.
- Inform people of what to expect when they receive care / visit a dementia friendly hospital.
- Build on the foundation offered by the Royal College of Nursing's SPACE-VG principles. This includes the latest developments and resources that hospitals can use to provide dementia care and support.
- Offer an improvement guide to assist hospitals in their self-assessment against the dementia friendly principles

Vision Statement

‘Dementia is a priority in all Welsh hospitals and the Charter outlines the national and regional shared values and principles to achieve this. The values and principles are for all staff in hospital, community and other care settings and explain to people with dementia and their carers what to expect when they come into hospital’.

All Wales Shared Values

- Organisations and hospital staff are committed to listening, learning, enabling, being kind and caring. Staff at all levels alongside people living with dementia and carers can make a positive difference together in achieving good care.
- There is strong partnership working between the person, hospital staff, the person's carers, family and supporters. This should also include community settings such as care homes and other organisations involved in the person's care.

SPACE-VG principles:

SPACE-VG is a set of principles that form a shared commitment to improving care for people with dementia and their families. They are:

Staffing	Care is provided by staff who have appropriate knowledge and skills in line with the Good Work Framework. Staff at all levels are given permission and encouragement to make a difference to shape good care.
Partnership	It is important that people with dementia, families, care agencies, care home facilities and professionals work together for the best outcome. All people should be equally recognised as partners in providing care.
Assessment	Assessments are always centered around the person and seek to identify strengths to enable care and support to be built around their needs.
Care	Care is kind, enabling, responsive and where possible, promotes self-care and individual strengths, skills and abilities. Care supports and enables the person to maintain their sense of self and relationships with loved ones.
Environment	The environment is comfortable and promotes independence. It should also encourage mobility, activity and social interaction.
Volunteering	Volunteers have learning and development opportunities to support people with dementia and their families. Volunteers complement paid staff and are not a substitute for them.
Governance	Systems are in place to support continuous improvement in the quality of care for people with dementia and their carers whilst in hospital.

WITH THANKS TO

There are many partners involved in the creation of the Dementia Friendly Hospital Charter for Wales and they will be included in the main document.



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Meeting Date	24th March 2022		Agenda Item	6.1
Report Title	Dementia Friendly Hospital Charter Launch and Implementation			
Report Author	Demelza Hayer: Corporate Practice Development Nurse			
Report Sponsor	Helen Griffiths: Head of Corporate Nursing			
Presented by	Stephen Jones Group Nurse Director MH & LD Helen Griffiths: Head of Corporate Nursing			
Freedom of Information	Open			
Purpose of the Report	Provide an update on the launch and implementation of the Dementia Friendly Hospital Charter across the Health Board.			
Key Issues	Launch of Dementia Friendly Hospital Charter on 6th April 2022. Launch and implementation of the Dementia Friendly Hospital Charter will enable the Health Board to improve the service-user experience of accessing health care for people with dementia and their carers / relatives. The Dementia Friendly Hospital Charter will also engage multidisciplinary professions in promoting and sharing best practice in dementia care and will promote effective partnerships with key organisations including, Public Health Wales, Improvement Cymru, and the West Glamorgan Regional Partnership.			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓	✓		
Recommendations	Nursing and Midwifery Board members are asked to note the paper and current position, and agree the proposed actions.			

DEMENTIA FRIENDLY HOSPITAL CHARTER LAUNCH AND IMPLEMENTATION

1. INTRODUCTION

This report will inform the Nursing and Midwifery Board of the current status of the launch and implementation of the Dementia Friendly Hospital Charter across the Health Board.

2. BACKGROUND

Standard 11 of the [All Wales Dementia Care Pathway of Standards \(Improvement Cymru, 2021\)](#) states, 'Wales will adopt the Dementia Friendly Hospital Charter with a regular review of implementation and outcomes'. The standards for dementia care have been scoped over the past 2 years with over 1800 people ranging from people living with dementia to voluntary sector organisations to practitioners across Wales and the UK. This work has been led by Improvement Cymru as part of the Dementia Care Programme and directed by the requirements of the [Dementia Action Plan for Wales 2018-2022](#), overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIG).

Principles for practice in the Dementia Friendly Hospital Charter reflect the aspirations in the Dementia Action Plan for Wales 2018-2022. These cover a number of person centred, rights-based approaches including:

- Providing choice around meal times;
- Letting people sleep and wake at their own pace;
- Allowing flexible visiting times;
- Ensuring that care and treatment is culturally sensitive and that, where Welsh is a person's first language, care and treatment is provided in Welsh;
- Facilitating families and carers to continue to support a person with dementia whilst they are in hospital if they wish;
- Adapting environments so they are more 'dementia supportive' such as considering the layout and signage.

3. GOVERNANCE, IMPLEMENTATION AND RISK ISSUES

A Dementia Friendly Hospital Charter pre-assessment has been commenced (Appendix A) in readiness for the proposed launch on 6th April 2022. Pre-assessment also identified existing Health Board dementia friendly initiatives including: Adapted Abbey pain scale; Dementia in Primary Care Training package; Dementia Care Training Team; Dementia Champions; and, the Dementia Butterfly Scheme.

The formal launch of the Dementia Friendly Hospital Charter will be on 6th April 2022. During this virtual event, Health Boards including Swansea Bay, have been invited to showcase dementia care innovation and improvement via a presentation and submission of a poster. A poster has been designed (Appendix B) and the Neath Port Talbot and Singleton Service Group Head of Nursing (Adult Services) has volunteered to present findings of the Memory Impairment Advise Team (MIAT) pilot.

Seven clinical areas across the Service Groups have been identified to trial the Dementia Friendly Hospital Charter these are:

Hospital	Clinical Area	Manager	Public Health Wales Link
Morrison	Ward G	Heather Britton	Ian Dovaston
Morrison	Ward W	Hilary Thorne	Ian Dovaston
Singleton	Ward 2	Tamara Inglis	Ian Dovaston
Neath Port Talbot	Minor Injuries Unit	Lisa Thomson	Rebecca Hanmer
Gorseinon	West Ward	Gillian Dunn	Rebecca Hanmer
Tonna	Suite 2	Sharon Pontin	Michaela Morris
Cefn Coed	Derwen Ward	Deborah Morgan	Michaela Morris

Within the seven pilot areas, work will focus on implementing care around VIPS: Values; Individuals; Perspectives; and Social. The Service Groups leads are:

- Primary, Community and Therapies: Debra McNeil – Matron Gorseinon Hospital West Ward, OPD and RDU
- Mental Health and Learning Disabilities: Donna Sharp – Lead Nurse Older Persons' Mental Health
- Morrison Hospital: Claire Morris – Morrison Hospital Matron Medicine
- Neath Port Talbot Hospital and Singleton Hospital: Sharron Price - Neath Port Talbot and Singleton Service Group Head of Nursing (Adult Services)

Public Health Wales will liaise with Service Group leads to set up meetings to go through pilots.

Further information and supporting resources for the launch and implementation of the Dementia Friendly Hospital Charter can be found on the [Wales Dementia Friendly Hospital Charter Padlet](#).

The launch and implementation of the Dementia Friendly Hospital Charter will be publicised for Health Board staff via the Swansea Bay University Health Board intranet in a staff bulletin. SBUHB Communications Team have relayed that a pre-election period begins after March 18th 2022; therefore, to prevent the Health Board appearing to be promoting services / investments etc, they are unable to run any communications featuring local authorities or the Welsh Government etc. As the charter is linked to Welsh Government policy, the SBUHB Communication Team have advised to wait to publicise a press release until May 2022.

4. FINANCIAL IMPLICATIONS

No financial implications identified at this stage.

5. RECOMMENDATIONS

Nursing and Midwifery Board are asked to:

- Note the contents of the paper.

Governance and Assurance										
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Securing a fully engaged skilled workforce		Embedding effective governance and partnerships	
			✓				✓		✓	
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources			
		✓	✓	✓		✓	✓			
Quality, Safety and Patient Experience										
Launch and implementation of the Dementia Friendly Hospital Charter will enable the Health Board to improve the service-user experience of accessing health care for people with dementia and their care partners. The Dementia Friendly Hospital Charter will also engage multidisciplinary professions in promoting and sharing best practice in dementia care.										
Financial Implications										
No expenditure currently required.										
Legal Implications (including equality and diversity assessment)										
No legal implications identified at this stage.										
Staffing Implications										
Nominated staff will be required to support the Implementation.										
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)										
Implementation of the Dementia Friendly Hospital Charter will provide evidence of Health Board compliance with the Well-being of Future Generations (Wales) Act 2015 in the provision of the well-being goals ‘a healthier Wales’ and ‘a more equal Wales’. The Dementia Friendly Hospital Charter will facilitate a society in which people’s physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood, and a society that enables people to fulfil their potential no matter what their background or circumstances.										
Report History		No previous reports regarding the Dementia Friendly Hospital Charter.								
Appendices		Appendix A Dementia Friendly Hospital Charter Pre-Assessment Appendix B MIAT Poster.pptx								



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Meeting Date	19th May 2022		Agenda Item	
Meeting	Nursing & Midwifery Board			
Report Title	CPD Funding expenditure report.			
Report Author	Miranda Williams Senior Nurse Education			
Report Sponsor	Lynne Jones - Head of Nursing Education Christine Williams- Deputy Director of Nursing			
Presented by	Miranda Williams - Senior Nurse Education			
Freedom of Information	Open			
Purpose of the Report	This report provides the Nursing & Midwifery Board with a summary in respect of spending against Education Funds allocated to the Health Board from Swansea University and HEIW for Registrants and nursing HCSWs.			
Key Issues	Ensuring transparency of utilisation of contract allocation and HEIW funding to support the ongoing education of registered and non-registered staff.			
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	The Board is asked to note for information and assurance.			

This paper reports on the utilisation of educational funds available to registrants for post registration education and development, and for the development of non-registered staff.

Individuals are eligible for funding for programmes and modules that are relevant to their job role and identified in their PADR after discussion with their manager. Each Service Group will undertake a Training Needs Analysis to ensure there is oversight and ownership of workforce development.

Explanation of funding options:

Swansea University: The post registration nurse education contract with Swansea University has a contract value of £265,000. Contract money can be used for modules and programmes provided by the School of Health and Social Care. Following the merger of the previous College of Human and Health Sciences and the Medical school I have received confirmation that programmes and modules previously provided under the Medical School can now be funded out of this contract.

A proportion of the contract is allocated to each Service Group (SG) by the Head of Nursing Education and Senior Nurse Education, based on headcount and previous year's usage. Designated signatories in each SG are able to allocate funding to individuals. The Senior Nurse Education has an overall view of the contract and will reallocate contract if required. HB Corporate Nursing allocation will support HB



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wide study days and courses, new developments/ initiatives, and any nurses that fall outside of the Delivery Group structure.

Table to show Service Group utilisation 2021/22:

Delivery Group	2021/22 usage (%)
Morriston	76%
Singleton & Neath (Including Children's & Maternity Services)	103%
Mental Health & Learning Disability	93%
Primary & Community Care	166%
Corporate	136%

Health Education & Improvement Wales (HEIW): Funding from HEIW can be split into four main areas:

- Advanced/Enhanced Practice for Priority Healthcare settings (e.g. unscheduled care/eye health/cancer services/diagnostics)
- Advanced/Enhanced practice for Community settings
- Non-medical prescribing.
- HCSW funding

All funding is shared with our Allied Health Professional colleagues. The HCSW funding for 2022/23 is available to all HCSW roles Bands 1 – 4 (clinical and non-clinical).

Advanced/Enhanced Practice funding: This funding is to ensure that the HB can support individuals to address the educational requirements identified in our IMTP. Any registered non-medical health professional (apart from Pharmacy Technicians) are eligible to access this funding. It can be used for programmes and modules in any Welsh university as well as courses outside of Wales if not available in Wales.

Non-Medical Prescribing (NMP) places: This is funding for stand-alone non-medical prescribing programmes. Last year this only included full independent prescribing (NMP) and limited prescribing. It does not include community staff wanting to undertake the V150 or staff opting to undertake the NMP as the third year of their Advanced Practice MSc, there is separate funding for this.

Community HEIW funds (held by Swansea University): This funding is managed by the University. It covers any programme or module that is specifically for Community based registrants.

HCSW funding: This funding is for the development of clinical HCSWs in Bands 2-4 in hospitals, community and primary care. The purpose of the funding is primarily to support the implementation of the NHS Wales Skills and Career Framework for HCSWs and the development of a joint Induction Programme for Health and Social Care. The funding is also used to fund salaries of the HCSW



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Development Team. However HEIW have made it clear that funding for the Band 7 and Band 6 will need to be provided by the HB for the next financial year. They will not fund any admin posts out of the allocation.

Overview of utilisation of education funds 2020/21

Funding Stream	Value of allocation	Total Usage	Percentage Usage
Swansea University Contract	£265k	£262,183.50	99%
HEIW: Advanced/Enhanced Practice money: Priority Healthcare Setting	£88,861.24	£82,817.53	93%
HEIW: Advanced/Enhanced Practice money: Community Setting	£88,861.24	£75,718.00	85%
HEIW: NMP places	20	20 (18 Swansea 2 Cardiff)	100%
HCSW funding	£291,225	£290,671	99%

Education Funds available for 2022/23

Funding Stream	Value of allocation
Swansea University Contract	£265,000
HEIW: Advanced/Enhanced Practice money: Priority Healthcare Setting	£101,423.22
HEIW: Advanced/Enhanced Practice money: Community Setting	£101,432.22
HEIW Post graduate education specifically for registrants working in Mental Health services to include: •CBT level 1 and level 2- CU Cognitive and Behavioural Therapies (PgCert) (part time) (1 year) - Study - Cardiff University Cognitive and Behavioural Therapies (Pg. Dip) (part time) (2 years) - Study - Cardiff University •Dialectical Behaviour Therapy (DBT) Bangor University	£20,000



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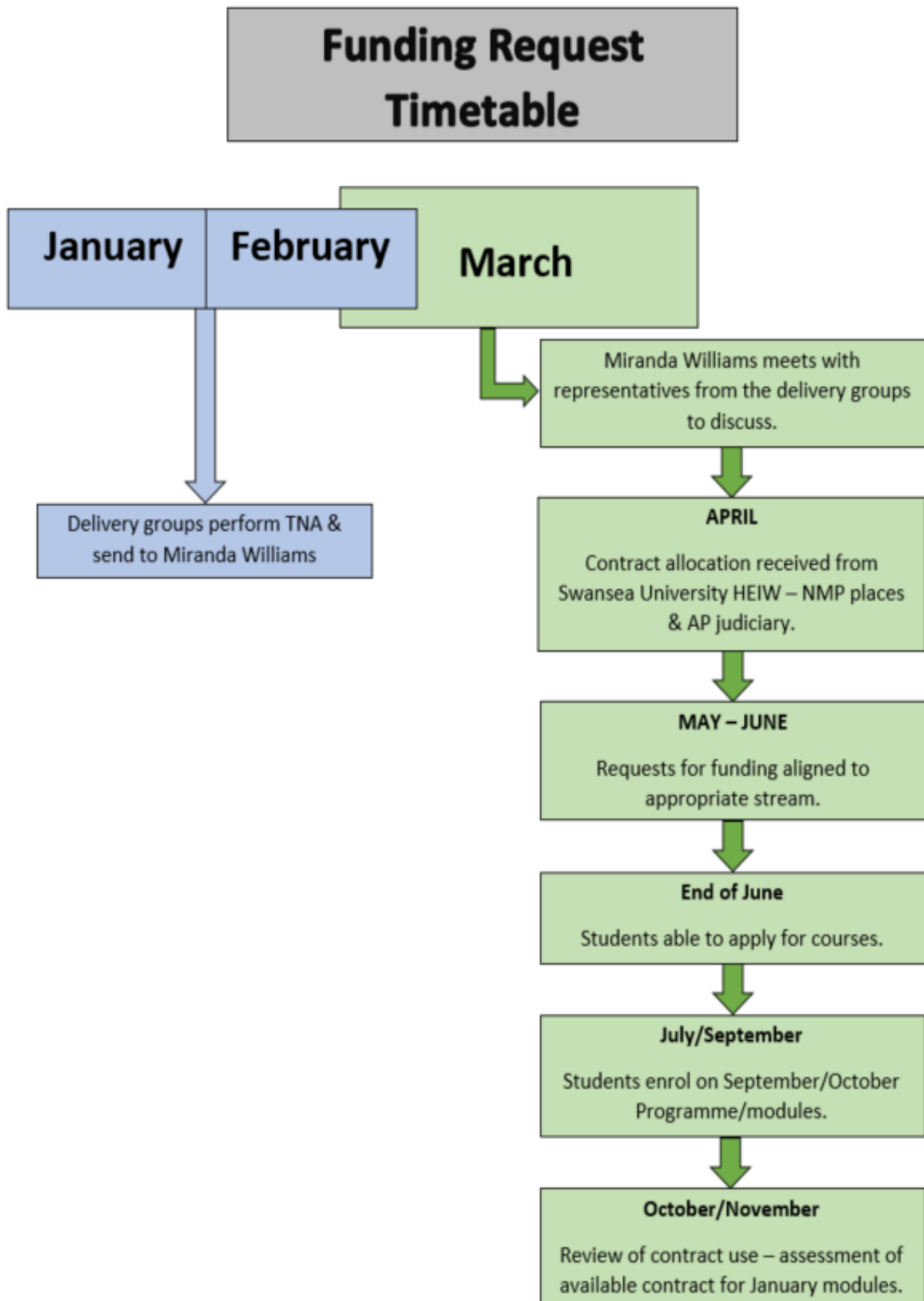
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•Cognitive analytic programme South Wales 2022 course advert.pdf	
HEIW: NMP places	21
HEIW: Practice specific	
Critical Care Level 7 Course (across 4 HEI's)	30 places
Module NHS-4377: Child/Adolescent Mental Health at Bangor	5 places
PG Cert/Dip (60/120 credits) Medical Ultrasound @ University West of England	2 places
PG Cert (60 credits) Reporting Radiography @ Cardiff University	2 places
HCSW funding	£173,635.80
HCSW – HE Cert. funding	£176,000

There are of course other options locally for individuals such as endowment funds. This paper does not report on this avenue of funding.

Appendix 1 shows an 'infographic' which provides a timetable for funding requests.

Appendix 1



Independent review of SaTH
Maternity services 7 Minute Briefing

1) What is the Final report

The Independent Maternity Review of Maternity services at SaTH reported to the Secretary of State for Health and Social Care (England) on 30th March 2022 on a NHS Maternity services that failed

- Failed to Investigate
- Failed to Learn
- Failed to Improve.

This second (final) report when commenced was of 23 families but grew to nearly 1,500 families whose experiences predominately occurred between 2000 and 2019

In the first report there were Local Actions for Learning (LAfL) and Essential Actions (IEAs) to be implemented at SaTH and across the wider systems in England

The final report identifies a number of new themes to be shared as a matter of urgency to bring about positive and essential change.

7) What next?

The size and scale of this review is unprecedented in NHS history.

The Ockenden intention of that Maternity services will be safer, will hear families better and be more accountable.

It is the report's belief that there is a requirement for a "Whole System" approach underpinning maternity systems to commit to the LAfL and IEAs

60 local actions for learning have been identified specifically for SaTH and the review team are encouraged by recent improvements from the December 2020 initial report

It is recognised that many of the issues highlighted in the report are not unique to SaTH and have been highlighted in other local and national reports in recent years.

Only with well-staffed and trained workforce will we be able to ensure delivery of safe, and compassionate, maternity care locally and across England.

The pain and suffering of the families had been worsened by having to fight for answers, we owe it to families to work together across NHS bodies and other professional organisations to ensure lessons are learned from these tragic failings.

[Consensus statement](#) on collectively working together for proportionate, deliverable and reflects the needs of all those working within and receiving care from Maternity and Neonatal services

2) What are the findings, conclusions and essential actions

The findings and recommendations include.

- Failure in Governance and Leadership
- Investigatory processes were not followed to an expected standard- often cursory, not multidisciplinary and did not identify underlying systematic failings
- Significant staffing and training gaps in both midwifery and medical workforce
- Urgent need for robust and funded maternity wide workforce plan starting right now, without delay and continuing over multiple years
- Neonatal services operating beyond it's designated scope, concerns for capacity which were rejected by the neonatal network
- Overly confident in ability to manage complex pregnancy
- Every newly qualified midwife should have a robust induction training programme.
- Poor culture and leadership must be addressed if we are to make our maternity services the safest place to give birth



6) Supporting the families

- ✓ The voices of the families are central to this review
- ✓ Close working with support agencies to ensure listening, counselling, and psychological help has been available for those in need

The families expressed that they had two key wishes for the review

1. They want answers so they can understand what happened during the care they received and why
2. They want the systems to learn

The report goes some way in identifying and explaining the factors that contributed to systemic failures which led to the harm that the families experienced.

For all the Families who contributed to the review, there needs to be visible, measurable and sustainable changes at SaTH and across the wider Maternity systems in England.

3) Investigations

Critical need for timely and **independent** reviews (independent Chair) of serious maternity incidents to ensure lessons are learned and changed implemented effectively

England is creating the "Special Health Authority" to oversee Maternity investigations taking over the work of HSIB

This will ensure independent, **standardised** and **family focused** investigations of maternity cases that provide families with answers.

It is expected that learning and service change from Maternity incidents occur within 6 months

4) Examples for Learning and Improvement

Improving midwifery leadership is a key factor in improving safety in maternity services

Midwifery leaders need the right level of influence, resources, staffing to be effective

Midwives responsible for coordinating labour ward attend recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.

Follow the latest RCOG guidance on managements of locums

Individuals leading maternity governance teams are trained in human factors, causal analysis and family engagement

5) Hearing the Voices of Staff

The **voices** of the **staff** at SaTH have been important to assist with the understanding of events.

Staff cited suboptimal staffing levels and unsafe inpatient staffing ratios which often led them to be fearful and stressed at work due to poor staffing levels.

Evidence of staff being unsupported and on occasions unsafe clinical practice which was not addressed or challenged.

Lack of Psychological safety in the workplace which limited the ability of the service to make positive change.

A culture of "them and us" between midwifery and obstetric colleagues which engendered fear amongst midwives to escalate concerns to consultants

Poor working relationships witnessed by families

PROGRESS AND CHALLENGE IN DELIVERING SAFE AND EFFECTIVE CARE 2022:

HOW NHS WALES HAS
IMPLEMENTED THE
NURSE STAFFING LEVELS
(WALES) ACT 2016

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RECOMMENDATIONS

- 1 The Welsh Government must, in this parliamentary term, extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards.
- 2 The Welsh Government must develop a national international nursing recruitment strategy to attract registered nurses to Wales and support them through this process.
- 3 The Welsh Government and Health Education and Improvement Wales (HEIW) must develop a national retention strategy
- 4 The Welsh Government and NHS Wales need to place value on the importance of the ward manager being supernumerary, demonstrating the importance to members of the public and within the NHS. The Welsh Government should evaluate the success of Free to Lead, Free to Care and put forwarded updated recommendations on how to empower the ward manager.

Each health board report contains key questions which we have identified as needing to be answered by health boards. The Royal College of Nursing (RCN) will be raising this directly with the Chief Executives of the health boards. **We hope Members of the Senedd (MS) will help us to improve patient care by asking these questions too.**

We have also made recommendations for what needs to be done next by the Welsh Government. **We hope MS will help us to improve patient care by encouraging the Welsh Government to commit to these actions.**

Safe nurse staffing levels are not just needed on certain hospital wards; they are needed across all health settings to ensure safe and effective patient care. The so-called 'shortage of nurses' is too often used as an excuse for not doing more. In 2021, there were 21,120 applications to study nursing in Wales: 1,810 were accepted.¹ For every nursing student place offered by a university there are over eight applicants! There is NO shortage of people wanting to become nurses. The Welsh Government was the first in the UK to protect patients by enshrining the principle of safe and effective care in law. This radical pragmatic approach of prioritising the most important concern in health care must continue.

¹ <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-releases/applicant-releases-2021/2021-cycle-applicant-figures-january-deadline>

FINDINGS

The key findings of this report are:

- 1** The Nurse Staffing Levels (Wales) Act 2016 has improved patient care, with less patient falls and hospital acquired pressure ulcers being reported as a result of a failure to maintain nurse staffing levels.
- 2** The Nurse Staffing Levels (Wales) Act 2016 has increased the number of nursing on wards covered by Section 25B.
- 3** The Nurse Staffing Levels (Wales) Act has increased awareness amongst senior health board members of the role of the ward manager and the value/importance of professional nursing judgement. However, supernumerary status did fluctuate across health boards and overtime.
- 4** Health boards were challenged by the NHS ICT infrastructure as it was insufficient to record if nurse staffing levels were maintained on a shift by shift basis. However, significant progress has been made.
- 5** The biggest challenge to the Nurse Staffing Levels (Wales) Act 2016 is the sustainability of the nursing workforce: there are far more nurses leaving the NHS than can be matched by newly qualified nurses or internationally recruited nurses. Regrettably, there has been no action by the Welsh Government since our last report in 2019 to address nursing retention issues.
- 6** The majority of health boards are reliant on international recruitment to maintain a safe and effective level of nursing.
- 7** The level of patient acuity has increased since 2019 meaning Wales needs more registered nurses and health care support workers (HCSW) to care for patients.
- 8** COVID-19 was a huge challenge for health boards. Increased numbers of high dependency patients met a decreased level of nursing (due to sickness). As the numbers of nursing staff available fluctuated, the set of nursing skills, knowledge and experience available for deployment also fluctuated. The experience of COVID-19 has highlighted the critical significance of the professional judgement of the ward manager in minimising the risk to patient safety. We have found, however, that the actions taken by health boards, such as establishing groups to monitor staffing levels daily during the COVID-19 pandemic are well documented. This is laudable in that this allows for public scrutiny and increases public confidence.
- 9** All health boards were prepared for the extension of Section 25B of the Nurse Staffing Levels Act to paediatric inpatient wards on 1 October 2021.
- 10** All health boards show support for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to the community as every health board is actively implementing and reporting on the interim district nurse staffing guidance principles.

METHODOLOGY

This report has been published by the RCN Wales. It is the second report examining the implementation of the Nurse Staffing Levels (Wales) Act 2016. Our first report was published in November 2019.²

To compile this report, the RCN examined health board papers published from May 2019 to November 2021 to find evidence of how the Nurse Staffing Levels (Wales) Act 2016 is being implemented across Wales.

Helen Whyley, RCN Wales Director, wrote to all health boards in May 2021 to ask how they were progressing in implementing the Nurse Staffing Levels (Wales) Act 2016. Health boards' responses are noted in the reports.

We hope this report will:

- Provide an overview of how the implementation is progressing based on each health board's own assessment
- Recognise and encourage good progress
- Show what still needs to be done to implement the Act consistently and effectively to protect patient care.

² Royal College of Nursing Wales, 2019. *Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016*.

WHAT IS THE NURSE STAFFING LEVELS (WALES) ACT 2016?

The Nurse Staffing Levels (Wales) Act became law in March 2016. The key provisions of the Nurse Staffing Levels (Wales) Act 2016 are:

Section 25A	an overarching responsibility placed on health boards and trusts to provide sufficient nurse staffing levels in all settings, 'to allow time to care for patients sensitively.'
Section 25B	requires health boards to calculate and take reasonable steps to maintain the nurse staffing level in all acute adult medical and surgical wards. Health boards are also required to inform patients of the nurse staffing level.
Section 25C	requires health boards to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards. From 1 October 2021 this was extended to include children's inpatient wards.
Section 25D	the Welsh Government must issue guidance regarding the duties under Section 25B and 25C, and health boards and trusts must follow this guidance.
Section 25E	requires health boards to report their compliance in maintaining the nurse staffing level for wards covered under Section 25B.

At a health board level, the requirements of the Act are reported through a nationally devised template, which allows health boards to critically analyse their activities, progress and challenges. This reporting process is to ensure that health boards are publicly confirming how they comply with the legislation.

Why is this so important?

The Nurse Staffing Levels (Wales) Act 2016 protects patients. Safe staffing levels save lives. Research has shown low nurse staffing levels increased patient mortality by up to 26% compared to better staffed wards.³ Safe and effective nurse staffing levels have also been shown to reduce readmissions, health care associated infection rates, medication errors, falls and pressure ulcers. Safe and effective nurse staffing levels mean better hydration and nutrition for patients and better communication with patients.⁴

A 2021 study by Akine et al. of hospitals found that patients in hospitals where nurses had a high patient ratio compared to hospitals where nurses had a lower patient ratio were more likely to experience adverse conditions including a 41% higher chance of dying, 20% higher chance of being readmitted and 41% chance of staying longer.⁵

As well as ensuring there are enough nurses, the right skill mix of nursing staff is also important. Every 10% increase in the number of degree educated nurses within a hospital is associated with a 7% decline in patient mortality.⁶ A mix of registered nurses and healthcare support workers are needed to ensure an effective working team.

The RCN Wales campaigned for the Nurse Staffing Levels (Wales) Act 2016 in order to protect patient care and continues to champion this approach.

³ Rafferty, A.M., Clarke, S.P., Coles, J., Ball, J. James, P., McKee, M. and Aiken, L.H. 2006. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', *PubMed*. Available at: <https://pubmed.ncbi.nlm.nih.gov/17064706/>. Accessed 11 October 2021.

⁴ Rafferty et al. 2006. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', *PubMed*. Available at: <https://pubmed.ncbi.nlm.nih.gov/17064706/>. Accessed 11 October 2021.

⁵ Akine, L.H., Simonetti, M., Sloane, D.M., Cerón, C., Soto, P., Bravo, D., Galiano, A., Behrman, J.R., Smith, H.L., McHugh, M.D. and Lake, E.T. 2021, 'Hospital nurse staffing and patient outcomes in Chile: a multilevel cross-sectional study', *The Lancet Global Health*. Available at: <https://pubmed.ncbi.nlm.nih.gov/34224669/>. Accessed 11 October 2021.

⁶ Griffiths, P. and Rafferty, A. 2014. 'Degree educated nurse can reduce hospital death'. *University of Southampton*. Available at: Degree educated nurses can reduce hospital deaths | University of Southampton. Accessed 11 October 2021.

SECTION 1 NATIONAL THEMES

ICT systems

In accordance with Section 25E of the Nurse Staffing Levels (Wales) Act 2016 the Welsh Government published a summary of the findings of health boards' three-yearly reports on their compliance with Section 25B. The reports can be found in the Appendix.

One of the main challenges the Welsh Government noted in their report was the insufficient ICT infrastructure within the NHS, which complicated the health boards' abilities to record if nurse staffing levels had been maintained on a shift by shift basis. It also challenged their ability to record quantitative data on what actions were taken when nurse staffing levels were not maintained.

"The real world experiences over the past three and a half years of implementing the legislation into practice would suggest a far greater level of scrutiny and forethought was required on this point, and failure to do so has effectively made it impossible for health boards to report on the extent to which the planned rosters have been maintained within the first reporting period."⁷

The RCN is disappointed that the ICT infrastructure of the NHS has posed an early challenge to recording maintained nurse staffing levels. However, work has been ongoing to provide a solution.

All health boards state in their three-yearly reports that during the reporting period 2019/2020 all health boards and trusts worked as part of the:

"All Wales Nurse Staffing Programme to develop a consistent approach to capturing quantitative data on a daily basis (in lieu of a single ICT solution) to enable each organisation to demonstrate the extent of nurse staffing levels across the Health Board."⁸

The NHS Wales Shared Services Partnership consolidated an All Wales e-rostering contract with *Allocate*, meaning all health boards would finally be using the same system.⁹ The implementation project commence on 1 July 2021.

Importantly *Allocate* has a ward management module called *Safecare* that could be used to record all data required under the Nurse Staffing Levels (Wales) Act 2016, following required modifications. This will greatly improve the gathering of data and the consistency of data across the health boards for the reporting period of 2021/2024.

However, the health boards are at various stages of implementing the *Allocate* system due to a number of reasons. Firstly, certain health boards (such as Betsi Cadwaladr) have been running *Allocate* and *Safecare* for a number of years; however, others were using *Roster-Pro* (Cardiff and the Vale) and, therefore, are not as far along in implementing *Allocate*. In addition, health boards have expressed challenges relating to the COVID-19 pandemic and limited capacity within their local informatics teams that are leading on the roll out.¹⁰

Despite early challenges, significant work has been ongoing to improve the ICT infrastructure within the NHS in the period 2019/2021. The agreement on a single e-rostering system and ongoing work to capture quantitative data regarding nurse staffing levels is significant.

⁷ <https://gov.wales/sites/default/files/publications/2021-12/nurse-staffing-levels-wales-act-2016-statutory-summary-of-nurse-staffing-level-reports-2018-2021.pdf>

⁸ <https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-board-20-5-21-v2-0-english-reduced-filesize-pdf/>

⁹ <https://nwssp.nhs.wales/nwssp-latest-news-items/new-health-roster-system-in-nwssp/>

¹⁰ <https://gov.wales/sites/default/files/publications/2021-12/nurse-staffing-levels-wales-act-2016-statutory-summary-of-nurse-staffing-level-reports-2018-2021.pdf>

What was the impact of COVID-19 on safe and effective care?

The COVID-19 pandemic presented unprecedented challenges for the health and social care sector. The leadership and professionalism shown by nursing staff during the COVID-19 pandemic is testament to their commitment to patient safety. The nursing profession has been at the forefront of the response to the pandemic, leading innovation and quality of treatment and care.

Nursing is the largest profession within the NHS, and registered nurses represent a significant proportion of this. Professional nursing advice is essential to ensuring effective patient outcomes. The Welsh Government should always seek advice from a range of key stakeholders to inform decisions, especially those requiring clinical knowledge and expertise. It is important that nursing advice is involved at all levels of decision-making, including but not limited to the Welsh Government, NHS Wales, Public Health Wales, health boards, hospital wards, community teams, care homes and other sectors.

Infection prevention and control (IPC) nursing advice is essential for ensuring patient and health care workers' safety as the COVID-19 pandemic has highlighted. IPC nursing advice is multifaceted, diverse and fundamental to safe systems of work and care delivery. Advice provided by IPC nurses varies ranging from hand hygiene; laboratory analysis and decontamination; the sustainable procurement of personal protective equipment; individual case management and outbreak prevention and control; to crisis planning and surveillance. Additionally, IPC advice extends to the built environment to mitigate risks associated with air, water and engineering systems. This area of specialist nursing practice is unique in its breadth of practice and responsibility, as it encompasses health and care systems and the wider delivery of services. The value and necessity of IPC nursing advice should be reflected in all health and social care structures in Wales.

Health boards were challenged with maintaining nurse staffing levels as a result of an increase in patients and patient acuity and an increase in staff absence (due to having COVID-19 and/or the need to self-isolate).

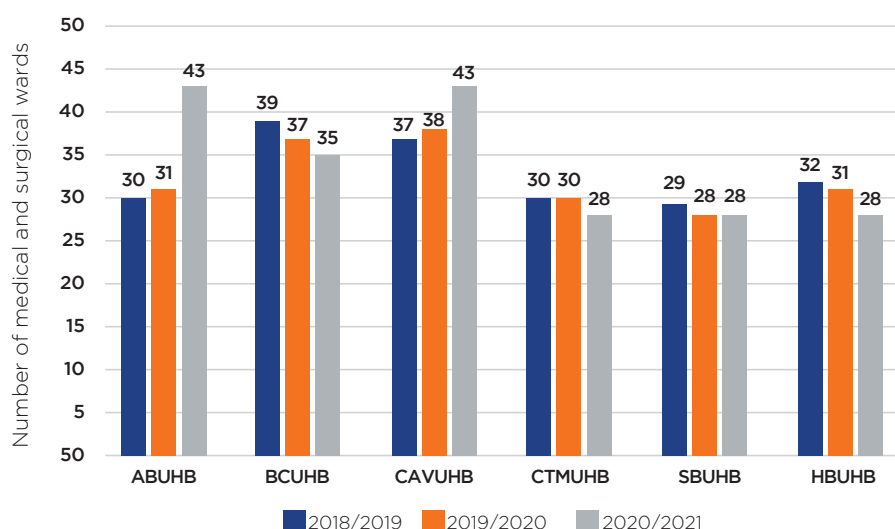
During the first wave of the COVID-19 pandemic, normal ways of working were suspended or altered to ensure the health and social care sector could respond to the pandemic; this meant nurses were redeployed to areas experiencing significant staffing shortages and high patient demand and acuity. For more information regarding the impact of COVID-19 on nursing, see the RCN Wales COVID-19 paper (2021).

As a result of COVID-19, the Chief Nursing Officer (CNO) issued two letters (24 March 2020, 15 October 2020) to health boards and trusts with guidance on the pressures of COVID-19 in relation to the Nurse Staffing Levels (Wales) Act 2016. In the CNO's October 2020 letter it was noted that if the primary purpose of a ward remained the treatment of patients for medical or surgical conditions than the Welsh Levels of Care tool was still applicable. However, if a ward was repurposed to care for critically unwell COVID-19 patients than the ward should follow the national guidance for staffing critical care areas and be excluded from Section 25B of the Nurse Staffing Levels (Wales) Act 2016.

During the COVID-19 pandemic, many wards were understandably repurposed to care for COVID-19 patients. This means the number of wards covered by Section 25B changed more so in 2020/2021 than in previous years. Certain health boards did record the highest and lowest number of wards covered by Section 25B during this time. However, this was not a consistent approach across Wales as it wasn't a necessary requirement for health boards.

Health boards are required to report the number of Section 25B wards at the **end** of the reporting period, and the number of occasions where the nurse staffing levels were recalculated in addition to the biannual calculation for all wards subject to Section 25B of the Nurse Staffing Levels (Wales) Act 2016. However, this does not provide information on whether the ward has been recalculated to be included in Section 25B, taken out of Section 25B, or whether the number of nurses has changed during the reporting period. The figure below displays the **highest** number of wards covered by Section 25B of the Nurse Staffing Levels (Wales) Act 2016 for 2020/2021.

Wards covered by Section 25B, per health board 2018/2021



The reality of how wards were managed during the peaks of the COVID-19 pandemic is highly complex and multifaceted. One action many health boards decided on was to establish a group to monitor staffing levels daily; Swansea Bay University Health Board had a Nurse Staffing Silver Logistics Cell, Cardiff and the Vale University Health Board monitored staffing levels four times a day through the COVID-19 Local Control Centres, Betsi Cadwaladr University Health Board had daily meetings.

Staffing levels were strained and at times health boards were unable to maintain nurse staffing levels in accordance with the Nurse Staffing Levels (Wales) Act 2016. The consequences of increased risk to patient safety and the inevitable actual sub-optimal outcomes for some patients must be acknowledged, however distressing this is. Nursing is a safety critical profession.

Increase in patient acuity

A potential side effect of the COVID-19 pandemic is an increase in acuity of patients on wards covered by Section 25B over the last year; this has become evident in health boards' recalculation of nursing establishments (number of nursing staff needed) in November 2021.

The nursing workforce uses the Welsh Levels of Care (five levels) to assign a patient into the right level of care by providing descriptions of the type of typical patient at each level. These descriptions are broken down into categories, lay, clinical and nursing. The Lay descriptors describe in simple terms the typical conditions of the patient and types of care. It is expected that for most patients, most of the time, the Lay descriptors will be sufficient to assign an accurate level of care.¹¹

The Lay descriptors are summarised as follows:

Level 5	One to One Care - The patient requires at least one to one continuous nursing supervision and observation for 24 hours a day
Level 4	Urgent Care - The patient is in a highly unstable and unpredictable condition either related to their primary problem or an exacerbation of other related factors.
Level 3	Complex Care - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment
Level 2	Care Pathways - The patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided.
Level 1	Routine Care - The patient has a clearly identified problem, with minimal other complicating factors.

A percentage of the increase in acuity across health boards has been attributed to the COVID-19 pandemic and would not require permanent changes to the number of nursing staff. However, there are sustained changes in the pattern of patient acuity potentially driven by the late presentation of chronic illness, deterioration of chronic illness, breakdown of support at home for cognitively impaired individuals or due to clinical instability.¹² These drivers are not anticipated to decrease, therefore the level of acuity will be permanent and require a change in nursing establishments.

The majority of health boards disclosed in November 2021 that there has been an increase in acuity of patients resulting in a recalculation of the nursing staff needed. This is further explained in Section 2.

¹¹ <https://heiw.nhs.wales/files/all-wales-nurse-staffing-programme/welsh-levels-of-care-edition-1/#:~:text=The%20Welsh%20Levels%20of%20Care,predictable%2C%20requiring%20routine%20nursing%20care.>

¹² <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

The safety critical role of the ward manager

The experience of COVID-19 has highlighted the critical significance of the professional judgement of the ward manager (also known as the ward sister or charge nurse) in minimising the risk to patient safety as the available skills, knowledge, experience and numbers of nursing staff available were assessed and deployed to minimise risk. This complex and demanding decision-making with critical outcomes for patient safety needs to be appropriately recognised and rewarded.

In the Nurse Staffing Levels (Wales) Act 2016 statutory guidance it clearly states that ward managers should be 'supernumerary'. This means that the role should be regarded as separate from a staff nurse role providing direct patient care. A ward manager is extremely knowledgeable and experienced with a high level of clinical skills and expertise. Supernumerary status ensures that they can use their knowledge and expertise to monitor the ward and patient care requirements, ensure appropriate staffing levels and provide support and guidance for all staff on their ward. However, supernumerary status is not always provided; this is especially true in challenging times including the COVID-19 pandemic. During these times, ward managers are taken out of their supernumerary status and placed on the wards to provide direct patient care.

During the reporting period of April 2020 to April 2021 Cardiff and the Vale reported that out of their 43 wards, five wards did not have a ward manager with supernumerary status by the end of the period. During the same period Aneurin Bevan reported that out of their 43 wards, one ward did not have a supernumerary ward manager.

Betsi Cadwaladr University Health Board noted that from April 2020 to May 2021, the health board had achieved supernumerary status for ward managers in every ward from the beginning to the end of the period; however, between December 2020 to March 2021 the ward manager was taken out of their supervisory role.

WARD MANAGER'S SUPERNUMERARY STATUS BY HEALTH BOARD

(April 2021 on wards covered by Section 25B only)

Aneurin Bevan UHB	NO (1 ward manager is not supernumerary)
Betsi Cadwaladr UHB	YES
Cwm Taf Morgannwg UHB	YES
Cardiff & Vale UHB	NO (5 ward managers are not supernumerary)
Hywel Dda UHB	YES
Swansea Bay UHB	YES

The RCN has recently published (2022) a report regarding the importance of ward managers.¹³ The report demonstrates the value of having a supernumerary ward manager.

¹³ RCN Cymru, 2022. *The importance of being supernumerary*

Registered nurse vacancies in NHS Wales

RCN Wales estimates there is a minimum of 1,719 full time equivalent (FTE) registered nurse vacancies in NHS Wales.

The Welsh Government is the only nation in the UK not to publish the data for nurse vacancies in the NHS at a national level. There is not even a nationally agreed definition of 'vacancy'. For example, some of the health boards will insist on a 'review' process that can take up to six months before declaring an 'official vacancy'. This creates inconsistency in the data and acts to hide the reality of the situation. Since the Welsh Government commissions the number of nursing student places at a national level this absence of vacancy data means there is no effective workforce planning at a national level.

Therefore, in order to arrive at an estimate RCN Wales has examined health board reports to find their individual vacancy rates. However, Betsi Cadwaladr refers to **only** Band 5 vacancies and Cwm Taf Morgannwg has only published registered nurse vacancies data from two of their hospitals, Prince Charles and Royal George. The data we found is from May 2021 with the exception of Powys' vacancy rates where the last known data provided was from December 2019 and Cardiff and the Vale which is from September 2021.

Beyond this, the estimates only account for vacant posts that have been advertised. The estimates illustrate both how difficult it is at present to scope the nurse vacancy rate in Wales, and secondly, the significant impact vacancies are having on patient care and the pressure experienced by our nurses in the NHS.

The sustainability of the workforce is essential for ensuring high quality patient care but the Welsh Government fails to publish national statistics for nursing vacancies. The registered nurse vacancy rate is a critical indicator of the pressure health boards or disciplines are under. Every health board recognises the need for an increase in registered nurses.

REGISTERED NURSE VACANCIES (FTE) BY HEALTH BOARD

(May 2021)

Aneurin Bevan UHB	165	
Betsi Cadwaladr UHB	541	(Band 5 nursing and midwifery only)
Cwm Taf Morgannwg UHB	98	(covers PCH and RGH only)
Cardiff & Vale UHB	155	
Hywel Dda UHB	408	
Swansea Bay UHB	264	
Powys TUHB	88	(nursing and midwifery December 2019)
Total	1,719	

Agency spending

There will always be a need for some element of temporary nursing in the NHS to cover short-term sickness and maternity. However, agency nursing is expensive to an organisation as there is a higher cost to cover profit to the agency. It is also not ideal as a permanent or long-term option for an organisation as agency nurses will be less familiar with ward layout, policies and equipment and less able to provide continuity of care.

Over the last five years NHS Wales has spent £358.7m on agency nursing, midwifery, and nursing assistants. The use of agency nursing has also increased over the years rising from £52.4m in 2017, to £59.1m in 2018, to £69m in 2019.¹⁴ In 2019, £69.04 million was spent on agency nursing: this would pay for the salaries of 2,691 newly qualified nurses.

Agency spending drastically increased during the peaks of the COVID-19 pandemic. Aneurin Bevan saw the biggest increase in overall agency costs in 2020 to 2021 rising from £26.7m to £40.6m.¹⁵

Agencies that are not part of the nationally agreed framework contract are referred to as off-contract agencies. These agencies generally have a higher hourly charge than on-contract agencies. The average cost per hour is £54.54 compared to 'on' contract of £37.43 per hour.¹⁶

It is astonishing from the perspective of public scrutiny that off-contract agency spend is not consistently reported across Wales. The health boards that do report their spend noted a considerable rise in 2020/2021. Swansea Bay University Health Board noted it had employed 78.5 FTE non-contract agency registered nurses in December 2020, 69.4 more the previous year. Aneurin Bevan University Health Board report their monthly off-contract agency spend as £1.5m in April 2021.

Spend on agency nursing should be available without organisations or MS needing to use Freedom of Information requests. How public money is spent should be a matter of public scrutiny.

Moreover, agency spending data clearly illustrates the need health boards have for nursing staff that they cannot supply from their own workforce. This information is critical for workforce planning needs and should be available to inform the commissioning of nursing student places.

Retention

According to Nursing and Midwifery Council (NMC) data, between April 2020 and March 2021, 1,458 registered nurses joined the permanent register in Wales. In comparison 1,243 people left the register.¹⁷

The Welsh Government has increased the number of nursing student places in Wales every year for the last 10 years, with the exception of 2019/2020 when the number remained static. The increase is extremely welcome. Unfortunately, the exodus of nurses leaving the NHS shows no sign of slowing down and, indeed, may be increasing as many nurses are leaving the profession earlier in their careers.

¹⁴ Smith, M. 2020. 'The staggering amount spent on agency nurses to keep the Welsh NHS running'. *Wales Online*. Available at: [The staggering amount spent on agency nurses to keep the Welsh NHS running - Wales Online](#). Accessed 11 October 2021.

¹⁵ Lewis, A. 2021. 'The huge amount of money spent on agency staff in Wales to fill the gaps in the NHS Workforce' *Wales Online*. Available at: <https://www.walesonline.co.uk/news/health/huge-amount-money-spent-agency-21199623>. Accessed 11 October 2021.

¹⁶ Aneurin Bevan University Health Board, 2021. Board papers. Available at <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/abuhb-public-board-wednesday-28th-july-2021-pdf/>. Accessed 11 October 2021.

¹⁷ RCN Wales estimates that approximately 20% of NMC registered nurses registered in Wales commute to work in England. Note also that some nurses will be NMC registered but not clinically working (e.g. lecturing or retired).

Between June 2020 and June 2021 the nursing, healthcare support worker and midwifery workforce employed by NHS Wales increased by just 33 people, that equates to a 0.1% rise.¹⁸ While there was a minuscule increase in overall workforce and expansion in certain areas, for example the number of nurse consultants grew by 5.1 (FTE), this was offset by a devastating decline in other areas of nursing. The number of modern matrons fell by 12.7 (FTE), health visitors fell by 21 (FTE), and DNs fell by 41.2 (FTE), that equates to 6% of the district nursing workforce leaving in one year.¹⁹

This is despite successful recruitment campaigns across health boards such as Cwm Taf Morgannwg and Aneurin Bevan. This demonstrates the extent of the numbers leaving the NHS, and with them their expertise and years of experience.

In an RCN 2020 survey of 2,011 RCN Wales members, we asked members “thinking back to the end of 2019, how did you feel about staying in or leaving the nursing profession?” In response, 26.9% said they were either thinking about or strongly thinking about leaving the profession. We then asked, “what would best describe how you expect to feel about staying in or leaving the profession at the end of 2020?” In response, 36.7% said they expected to be considering leaving or strongly considering leaving the profession. The sharp rise in nurses considering leaving the profession is worrying and shows the significant impact of COVID-19 and chronic workforce pressures.

In order to provide a health care service for the public and to provide *safe and effective* nursing care NHS Wales and the Welsh Government need to seriously address the issue of how to keep nurses working in the NHS.

Four health boards have included the inability to retain nursing staff on their corporate risk register for a number of years: Cwm Taf Morgannwg (January 2016), Powys (January 2017), Aneurin Bevan (March 2017) and Betsi Cadwaladr (December 2017). However Swansea Bay, Hywel Dda and Cardiff and the Vale do not have retention listed on their corporate risk register while simultaneously recognising in papers to their board that nursing retention is a serious challenge. These three health boards instead list a failure to *recruit* appropriate numbers of nurses on their risk registers – this illustrates a significant failure of strategic understanding. Mitigating actions to improve recruitment will not solve retention issues.

In reviewing the board papers of health boards acknowledging the nursing retention issue the absence of a national strategy is very clear. There is very little acknowledgement or understanding demonstrated of *why* nurses are leaving and hardly any initiatives undertaken to persuade nurses to stay. It appears that NHS Wales has little to no knowledge of appropriate and effective, evidence-based approaches to take to persuade people to stay. Moreover, there appears to be no apparent incentive or performance management from the Welsh Government to do so.

¹⁸ Staff directly employed by the NHS: as at 30 June 2021 | GOV.WALES

¹⁹ Nursing, midwifery and health visiting staff, by grade and area of work (gov.wales)

To assist with COVID-19 a number of nurses returned temporarily to the NHS workforce in Wales. This illustrates the potential pool of nurses readily available in Wales – yet the opportunity was not taken by the Welsh Government to ask this group of nurses what would encourage them stay in the NHS.

With no national retention strategy for nursing, health boards have taken little or no action to address this serious issue.

Swansea Bay University Health Board planned a ‘fabulous fifties’ nurse retention survey for March 2020, for nursing staff aged 50 and above to understand their retirement plans and whether they would consider alternative career options prior to retirement. The health board published a report titled Nursing Workforce Analysis, Recruitment and Retention in April 2021 with a recommendation to develop a nursing recruitment and retention strategy.

Hywel Dda University Health Board acknowledge that offering flexible working hours would appear to be an essential strategy to retain experienced and skilled staff who might otherwise retire or leave the professional completely. However, it is unclear if any action has been taken on this point.

International recruitment

International recruitment is an essential part of ensuring enough nurses are working in NHS Wales to provide care. Every health board is recruiting internationally, but certain health boards are more reliant, or successful, in international recruitment than others.

In June 2019, Aneurin Bevan University Health Board had 350 FTE registered nurse vacancies. In May 2021, the health board had only 165 and expected this to decrease further to 121 by August 2021. This success is largely due to a successful international recruitment campaign. The health board extensively engages with overseas recruitment companies and since September 2019 the health board has appointed 160 FTE overseas nurses.

Cwm Taf Morgannwg University Health board has also been extremely successful attracting international nurses to the health board. The health board commenced an overseas recruitment campaign for nurses in June 2019 and has since recruited 213 FTE nurses, primarily from India.²⁰

There is currently no national approach to international recruitment, and therefore no standardised approach to recruiting overseas nurses. The RCN strongly believes there should be a national, All Wales approach to international recruitment. In June 2018, the RCN Wales hosted an ‘International Recruitment – Learning from Experience’ event. This event was attended by health boards, universities, Welsh Government officials and the independent sector. During the evaluation of the event an overwhelming number of comments received (11 out of 20) expressed that an All Wales approach should be adopted.

²⁰ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/2-2-14b-appendix-a-annual-assurance-report-on-compliance-on-the-nurse-staffing-levels-wales-act-2019-2020-1-pdf/>

An All Wales national approach would need to ensure consistency in assessing needs, developing effective procurement initiatives, supporting international nurses during the process and preparing them for work in the health and social care sector in Wales. By establishing a national approach this would allow international recruitment to be looked at on an All Wales level and provide a clear dataset of how many overseas nurses work and live in Wales, and where they are from.

In addition to providing a national approach to recruiting overseas nurses there needs to be a recognition that we want them to stay in Wales. HEIW and Social Care Wales are currently developing delivery plans for the 10-year workforce strategy; any plans going forward must recognise the need to keep overseas nurses working and living in Wales.

In Wales it is projected that by 2038 one in four of the population will be over 65.²¹ The population aged over 75 in Wales is also projected to increase from 9.3% of the population in 2018 to 13.7% in 2038.²² Therefore, there may not be enough working age people in Wales to provide suitable social care in the near future. Hence, while we completely support an increase in pay for social care staff, this cannot be the only answer as despite a rise in pay there may not be enough people in Wales to provide this care.

The Welsh Government must take note of immigration law and the lasting effects of Brexit. As demonstrated, Wales is reliant on international recruitment in both the health and social care setting. The Welsh Government must ensure the present and future immigration system accommodates the difference in demand of Wales compared to Scotland, Northern Ireland and England. The RCN called for a formal mechanism for Wales similar to the existing Scottish Shortage Occupation List. This recommendation was made by the Migration Advisory Committee to the Home Office and accepted. Upon review of the Shortage of Occupation List, the Migration Advisory Committee recommended health professionals (2219) should be added to the *Wales only* Shortage of Occupation list to ensure the needs of the health and social care sector in Wales are met. The Welsh Government must monitor the success of international recruitment and ensure the immigration system is fit for Wales.

The extension of Section 25B

When the Nurse Staffing Levels (Wales) Act was passed there was a shared ambition across political parties to extend Section 25B to all nursing areas. This ambition was shared by the RCN.

The All Wales Nurse Staffing Programme was established to fulfil the requirements of the Act and establish workstreams to extend Section 25B to specific areas of nursing. The workstreams are as follows:

- Adult acute medical and surgical
- Paediatric
- District nursing
- Health visiting
- Mental health

²¹ https://gov.wales/sites/default/files/consultations/2020-12/consultation-document_0.pdf

²² Office of National Statistics, 2019, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2018based>

This report looks at the implementation of the Nurse Staffing Levels (Wales) Act 2016 up to November 2021. Section 25B of the Act was extended to inpatient paediatric wards on 1 October 2021. Therefore there has not been an opportunity to evaluate the implementation of Section 25B on paediatric wards, but it is understood that to prepare for the extension Section 25B many health boards presented papers to their boards to highlight the need for additional resources and increases in the budget for paediatric wards and staffing.

In 2019 the previous report of the RCN found that on every ward in Wales covered by Section 25B of the Nurse Staffing Levels (Wales) Act 2016 there had been an increase of nursing staff. The extension of Section 25B to paediatric wards again illustrates, that by making patient safety a legal obligation on health boards, organisational action is then taken. The change in the law establishing clear statutory accountability changes organisational behaviour resulting in safer care for vulnerable patients.

District nursing

In contrast to the paediatric workstream it is notable that only Aneurin Bevan Health Board commented on its progress in both the mental health and district nursing workstreams in its three-yearly report. No other health board mentioned either workstream in the context of progress or future plans. Health boards do sporadically mention the workstreams in their annual assurance reports. For example in 2019/2020 Cwm Taf Morgannwg only commented on the district nursing workstream, whereas in 2020/2021 it provided information on both. Powys Teaching Health Board does provide an overview of activity of the workstreams in its May 2021 board paper.

As a measure and to support health boards in readiness for the extension of Section 25B, the CNO published interim guiding principles for nurse staffing levels in the community in 2019. A biannual report is produced by health boards for the CNO regarding compliance with the interim district nursing staffing principles and the number of vacancies for registered nurse and healthcare support workers in the community.

Many health boards have made significant progress in ensuring they are ready for a possible extension of the Act. For example:

- Hywel Dda Health Board reported in their April 2021 board papers that despite the challenges of 2020, progress has been made during 2020/2021 in achieving greater compliance with the NHS Wales interim district nursing staffing principles.²³
- Aneurin Bevan Health Board reported that it was compliant with six out of eight principles in May 2020 and has successfully recruited nurses to the district nursing teams, evidenced by a 5.2% vacancy factor against a previously reported 8.9%.²⁴ A year on, Aneurin Bevan Health Board noted that it was pleased to have made even further progress against the core principles, placing the health board in a very strong position. The health board demonstrated full compliance against four principles and over 90% performance against another.²⁵

²³ <https://hduhb.nhs.wales/about-us/governance-arrangements/statutory-committees/quality-safety-and-experience-assurance-committee-qseac/qseac/quality-safety-and-experience-assurance-committee-meeting-13-april-2021/item-3-2-1-nurse-staffing-levels-wales-act-draft-annual-report-2020/>

²⁴ 2020-12-16 Public Board Meeting 16 December 2020.pdf (sharepoint.com)

²⁵ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

- Cwm Taf Morgannwg reported similar findings to Aneurin Bevan, having achieved full compliance against three principles as of May 2021, with a further three principles being over 90% compliant.²⁶
- Cardiff and the Vale did recognise that COVID-19 had tested the district nursing principles, but confirmed that the workforce modelling of the teams proved effective as district nursing teams were deployed effectively to work in collaboration with care homes, hospice and hospital discharges.²⁷

Health boards have demonstrated their compliance and willingness to achieve the interim nurse staffing principles despite the lack of a coming-into-force date of Section 25B from the Welsh Government. Following the success of the health boards, the RCN is calling on the Welsh Government to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing in this Senedd term.

Mental health inpatient wards

Individuals on mental health wards are often some of the most vulnerable in society and nursing staff need enough time to provide sensitive care. The RCN believes this area of clinical care should be a priority for the extension of Section 25B. The findings of the Tawel Fan report in September 2014 demonstrated the horrific impact on patient care that results when lack of funding, lack of sufficient staff, lack of skills in the workforce and lack of leadership all combine and yet are left unaddressed by management.

The All Wales Nurse Staffing Programme has a mental health inpatient workstream. A mental health project lead was appointed in November 2020 and draft interim staffing principles are being devised to inform and guide workforce plans as an interim measure until Section 25B is extended. However, information on the progress of the individual health boards is limited and, in some cases, non-existent within their three-yearly and annual assurance reports.

²⁶ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/2-2-14e-appendix-d-annual-assurance-report-ctm-2020-2021-pdf/>

²⁷ 2020-11-26 Agenda and Papers.pdf (sharepoint.com)

SECTION 2 HEALTH BOARD REPORTS

This section of the report looks in more detail at the progress and challenges experienced by the health boards in complying with the requirements of the Nurse Staffing Levels (Wales) Act 2016 by examining health board papers.

Aneurin Bevan University Health Board

Questions to ask Aneurin Bevan Health Board

1.

How will you measure the success of your new general framework on nursing retention?
2.

How easy is flexible working for nurses?
3.

How many of your Section 25B wards have fully supernumerary ward managers?
What about all wards?
4.

Are you ready to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards?

Progress in implementation

In November 2019, the health board noted that many acute wards did not have the necessary number of registered nurses to meet the required nurse staffing levels. The action the health board took to address this was the introduction of a new ‘Core Care Team Model’ in 2019. The model focused on emphasising appropriate and safe delegation practises, thus reducing the pressure on the registered nurse workforce, and mitigating the risks associated with the registered nurse deficit.

The Core Care Team Model included the introduction of three roles: Band 4 assistant practitioner, Band 3 roster creator and Band 2 ward assistant. By May 2021, 44.5 FTE Band 4 assistant practitioners had been employed on Section 25B wards.²⁸ The implementation of the Core Care Team Model was evaluated in 2021 with a presentation to the executive team and deemed ‘resoundingly positive’.²⁹

Section 25B wards	2018/2019	2019/2020	2020/2021
Medical wards			
Highest	16	17	29
Lowest	15	15	21
Surgical wards			
Highest	14	14	14
Lowest	14	14	7

Healthcare support workers (HCSW) are a valuable part of the nursing team and making sure these roles, including Band 4 assistant practitioners, exist, are appointed to, and supported at a sufficiently advanced level is very important. However, HCSWs are not a substitute for a registered nurse. The evidence is very clear that the professional knowledge, skills and judgement of the

²⁸ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

²⁹ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

registered nurse in a supervisory position make the critical difference to patient outcomes.

The number of Section 25B wards can change due to a ward being repurposed, closed or their primary function re-evaluated. In 2019 and 2020 the number of Section 25B wards in Aneurin Bevan remained relatively stable. In 2021 the difference between the highest amount of Section 25B wards and lowest was 8 (medical) and 7 (surgical). This was primarily due to the need to care for COVID-19 patients and the early opening of the Grange hospital further added to the increase.

Any recorded incident relating to hospital acquired pressure damage, falls resulting in serious harm or death, medication-related never events, or complaints about nursing care are recorded. Such incidents resulting in patient harm receive a root analysis to determine causation. A failure to maintain appropriate nurse staffing levels can be considered a contributory factor to an incident. Aneurin Bevan did not record any hospital acquired pressure damage, falls or medication-related never events where insufficient nurse staffing levels were considered a contributory factor in 2019/2020 or 2020/2021. In 2019/2020 there were no complaints where a failure to maintain nurse staffing levels was regarded as an attributing factor. However in 2020/2021 there were four.

COVID-19 impact

Aneurin Bevan was the first health board in Wales to experience severe pressure as a result of COVID-19. Non-compliance with the Nurse Staffing Levels (Wales) Act 2016 was added to the COVID-19 risk register in May 2020.³⁰

During the COVID-19 pandemic the health board widely adopted the Core Care Team Model. Despite acknowledging the strong evidence base for high registered nurse ratios and their impact on positive patient outcomes, the health board has stated the revised model was “rooted in the reality of workforce availability and demand and capacity during the pandemic”.³¹ The model sought to minimise the risk of the registered nurse deficit at a time of high demand. The RCN would recommend that Aneurin Bevan University Health Board takes extreme caution when reducing the numbers of registered nurses and ensures only appropriate tasks are delegated to the wider nursing workforce. Research has proven it is the presence of the registered nurse that reduces patient mortality and adverse patient outcomes.

Sustainability of the workforce

In November 2019, the overall registered nurse vacancy rate was 361 FTE with the two acute divisions within the health board experiencing the highest vacancy rate.³²

	2019	2020	2021
RN Vacancy Rate (FTE)	361	249	165

³⁰ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/board-papers-20th-may-2020-v2-pdf/>

³¹ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

³² <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

The health board acknowledges the registered nurse vacancy rate compounded by COVID-19 was the biggest risk to the successful implementation of the Nurse Staffing Levels (Wales) Act 2016.³³

The health board was reliant on agency and bank staff to maintain nurse staffing levels. This continued into 2020 and 2021 as agency spending increased due to the pressures of COVID-19, highlighted by the financial assessment of the annual compliance report in a number of reports including November 2021.³⁴ The health board commented that there remains a:

“substantial reliance on temporary staffing and this carries a high risk by way of patient quality and safety and service delivery. This has become ever more evident in many of the complaints and concerns received and reviewed by the Health Board in regards the care provided by agency workers. It also considerably increases the job demands placed on already exhausted substantive staff. Those unfamiliar with the Health Boards policies, procedures and processes may at times be considered a distraction to permanent staff due to the need to ‘manage’ them in various ways, this can have an impact on service quality by causing delays and interruptions. The use of temporary staff can also be unreliable and affect perceptions of fairness and have an impact on permanent staff morale.”³⁵

Various strategies were deployed to address the vacancy rate, such as pay incentives, advertising on the RCN job website, targeted promotions on social media, recruitment events, and international recruitment.

By May 2021 the health board had recruited 160 FTE overseas nurses. In May 2021, the board reported that the biggest risk to the implementation of the Act was no longer related to the registered nurse vacancy rate, rather, it was now the risk of a new and inexperienced nursing workforce – although no account of how this risk was being mitigated was included.

The decrease in the number of registered nurse vacancies shows the impressive corporate commitment the health board has to ensuring safe and effective care, complying with the Nurse Staffing Levels (Wales) Act 2016 and easing pressure off the current workforce. However, in November 2021 the biggest risk had reverted back to the registered nurse vacancies, specifically associated with the opening of the Grange University Hospital, compounded by the COVID-19 pandemic.³⁶

In August 2020, the health board launched a general workforce retention framework and since the COVID-19 pandemic Aneurin Bevan University Health Board has developed additional integrated capacity with the Employee Wellbeing Service to offer ‘on the ground’ support. It is the health board’s ambition to establish a Wellbeing and Education Centre at the Grange University Hospital.³⁷ The retention framework alongside the additional support provided through the Employee Wellbeing Service recognises that: “the experience of [the health board’s] staff shapes the experience of patients and that these are important aspects of ensuring we provide safe, high quality care for patients and local communities”.³⁸

³³ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-16-december-2020-pdf/>

³⁴ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-24th-november-2021-pdf/>

³⁵ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-24th-november-2021-pdf/>

³⁶ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-24th-november-2021-pdf/>

³⁷ [ABUHB 3 Year Welsh Government Assurance Report - April 2021.pdf \(sharepoint.com\)](#)

³⁸ [ABUHB 3 Year Welsh Government Assurance Report - April 2021.pdf \(sharepoint.com\)](#)

Betsi Cadwaladr University Health Board

Questions to ask Betsi Cadwaladr University Health Board

1. Have your “innovative nurse recruitment campaigns” addressed the vacancy rate?
2. Are you recruiting nurses internationally?
3. Do you have a nurse retention strategy?
4. How many of your Section 25B wards have fully supernumerary ward managers?
What about all wards?
5. Are you ready to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards?

Progress in implementation

In 2018/2019 Betsi Cadwaladr reported five patient falls that resulted in serious harm or death where a failure to maintain nurse staffing levels was considered a contributory factor. However, in 2019/2020 the health board didn't experience any falls where a failure to maintain nurse staffing levels was considered a contributory factor. For 2020/2021 Betsi Cadwaladr did not record any complaints about nursing care where a failure to maintain nurse staffing levels was considered an attributing factor.

There has been an increase in patient acuity since the end of 2019 and this was recorded in Betsi Cadwaladr's board papers in November 2021.³⁹ Betsi Cadwaladr University Health Board has commented that this could be due to the late presentation of a chronic illness, deterioration of chronic illness, breakdown of support at home for cognitively impaired individuals or due to clinical instability. The health board does not anticipate that the patient needs at Welsh Levels of Care 3 and 4 are likely to reduce.

Furthermore, as a result of the biannual recalculations an increasing dependency of patients within the health board's care was identified as some wards raised concerns in relation to the care quality indicators, some of which require adjustments to their staffing levels.⁴⁰ The health board matter-of-factly comments that “it is clear that there may be a negative impact on care quality if the outcome of the calculation cycle is not responded to operationally”.⁴¹

³⁹ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

⁴⁰ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

⁴¹ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

COVID-19 impact

Section 25B wards	2018/2019	2019/2020	2020/2021
Medical Wards	21	24	24
Surgical Wards	17	13	11

In light of the pandemic, the Betsi Cadwaladr Health Board prepared surge plans which identified wards that would be repurposed and highlighted additional suitable capacity provisions. During the height of the pandemic this was accompanied by supporting nurse staffing plans and daily staffing deployment meetings.

The health board acknowledged that the registered nurse vacancy deficit cannot be underestimated: one of the most significant challenges of the Covid 19 pandemic was/is making sure there are enough nurses to deliver care sensitively.

Between March 2020 and January 2021 26 wards were repurposed. In 2019/2020 nurse staffing levels were recalculated 16 times, and in 2020/2021 staffing levels were recalculated a further 19 times. This demonstrates the rapidly changing nature of the pandemic and the need to respond.

Ward managers provide expertise, guidance and support for staff on their ward. They also produce the rotas and have administrative responsibilities, and as a result they are meant to be supernumerary. However, Betsi Cadwaladr explained that ward managers (Band 7) were included in care delivery numbers due to increased capacity needs, and sickness/absence cover related to the COVID 19 pandemic.⁴² The health board should ensure this does not continue and ward managers are rightfully returned to their supernumerary status.

Furthermore, in November 2021, it was noted that escalation/surge capacity remains unfunded and is not supported by nurse staffing levels. Therefore, if escalation/surge capacity is needed it will not be in compliance with the Nurse Staffing Levels (Wales) Act 2016.

Sustainability of the workforce

The most substantial challenge to the Nurse Staffing Levels (Wales) Act 2016 according to Betsi Cadwaladr Health Board is an extremely high level of registered nurse vacancies, particularly in the context of the COVID-19 pandemic.⁴³

In November 2020 the health board noted it had 541 FTE Band 5 nursing and midwifery vacancies. In November 2021 the health board noted their overall nursing and midwifery vacancy rate was 636.4 FTE. This is the highest reported number across all health boards, but Betsi Cadwaladr is also the biggest employer.

⁴² <https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-18-11-21-public-v3-0-pdf/>

⁴³ Bundle Quality, Safety & Experience Committee 4 May 2021 (nhs.wales)

Across 2019 the overall growth in the nursing and midwifery workforce was only 18.5 FTE, while the budget increased for 67 FTE. In 2019, to address the significant nurse vacancy rate the Quality, Safety and Experience Committee papers (November 2019) noted there had been an expansion of posts across all sites.⁴⁴ This is a very dangerous approach to tackling nurse vacancies. While HCSW are a valuable part of the nursing team they are not a substitute for registered nurses. Band 4 HCSW are operating at an advanced level and these roles need to be clinically supervised by registered nurses. The evidence is very clear that it is the professional knowledge, skills and judgement of the registered nurse in a supervisory position that make the critical difference to patient outcomes.

In March 2020 the health board noted the ward staffing fill rate for nursing staff had deteriorated and this had the potential to impact on the quality of care delivered to patients.⁴⁵ As a result, the health board streamlined fast track recruitment for internal staff, centralised its recruitment team to support campaigns for nurse recruitment supported by senior nursing leadership, and partnered with universities to maximise opportunities for recruitment and innovation. According to the latest Nurse Staffing Levels (Wales) Act 2016 report, May 2021 the health board is planning innovative nurse recruitment campaigns both locally, nationally and internationally.

The health board has a Nursing Recruitment and Retention Group that meets monthly. However the majority of what's discussed refers to recruitment, or analyses workforce data including staff unavailability (due to sickness, annual leave, COVID-19, training) and temporary staff requirements. The group does not explore new initiatives. Despite repeatedly mentioning the importance of retention, very little is recorded in health board papers on new initiatives and ideas for improving retention.⁴⁶

⁴⁴ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-19-11-19-public-v2-0/>

⁴⁵ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

⁴⁶ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

Cwm Taf Morgannwg University Health Board

Questions to ask Cwm Taf Morgannwg University Health Board

1. What success have you had with your nursing retention strategy?
2. How many registered nurse vacancies are there in your health board?
3. How many of your Section 25B wards have fully supernumerary ward managers?
What about all wards?
4. Are you ready to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards?

Progress in implementation

Cwm Taf Morgannwg was established on 1 April 2019. This health board combined the area of Cwm Taff with responsibility for services in Bridgend, including the Prince of Wales hospital. This increased the number of Section 25B wards (on that date) by 10.

In 2019, Cwm Taf Morgannwg introduced a new operating model which was embedded in April 2020. The model comprised of Integrated Locality Groups (ILG). These groups were delegated responsibility for services within their locality. ILG Nurse Directors hold workforce efficiency meetings with the Heads of Nursing, during which actions are agreed to ensure wards/areas have the appropriate levels of nursing staff, considering potential retirement and estimated turnover.

The health board did not report any hospital acquired pressure damage or complaints about nursing care where a failure to maintain nurse staffing levels was an attributing factor during this period. The health board recorded one fall where a failure to maintain nurse staffing levels is being reviewed as a possible contributory factor during 2020/2021.

COVID-19 impact

Section 25B wards	2018/2019	2019/2020	2020/2021
Medical wards			
Highest	14	15	17
Lowest	9	15	15
Surgical wards			
Highest	16	15	11
Lowest	11	7	11

Similar to every health board, the COVID-19 pandemic placed unprecedented pressure on Cwm Taf Morgannwg with an increase in patient acuity, high levels of staff absenteeism due to sickness, shielding, isolation and the redeployment of staff, while also facing the continued challenges of a high registered nurse deficit.

In total, 21 Section 25B wards were included in the COVID-19 Red Amber Green (RAG) rating. Between June 2020 and September 2020, 22 of the 29 Section 25B wards had changed their function, been reorganised and/or changed location within the hospital. Eight wards have been completely repurposed and defined as purely COVID-19 wards. This highlights the extent to which COVID-19 challenged the health board and the workforce.

During the first wave of the COVID-19 pandemic 411 second- and third-year nurse and midwifery students were employed as HCSW.⁴⁷

Sustainability of the workforce

Cwm Taf Morgannwg Health Board has reported that one of the most significant challenges to the delivery of high quality patient care is the difficulty in recruiting and retaining sufficient numbers of registered nurses and midwives.⁴⁸ However, the nursing vacancy rate is not consistently reported to their board. In June 2019, there were 55.54 FTE registered nurse vacancies on Section 25B wards. In May 2021, the health board recorded 88 FTE registered nurse vacancies across the wards in Prince Charles Hospital and Royal George Hospital and 38.59 healthcare support worker vacancies.⁴⁹

Cwm Taf Morgannwg began a large overseas recruitment campaign for nurses in June 2019 and recruited 215 FTE nurses. In May 2021 the health board started phase two of the overseas recruitment campaign to recruit a further 150 nurses; this includes an uplift of practice development nurses to support the programme.⁵⁰

This significant international recruitment effort shows the corporate commitment the health board has to ensuring safe and effective care, complying with the Nurse Staffing Levels (Wales) Act 2016 and easing pressure on the current nursing workforce.

The board papers note a difficulty in recruiting and retaining staff. This risk has been on Cwm Taf Morgannwg's organisational risk register since 1 January 2016.⁵¹ However, there is no information in the health board's annual assurance reports, three-yearly report or risk register on what the health board is doing to reduce the risk of burnout and losing experienced staff.

⁴⁷ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/2-2-14e-appendix-d-annual-assurance-report-ctm-2020-2021-pdf/>

⁴⁸ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/25-march-2021/6-1b-appendix-1-organisational-risk-register-risks-rated-15-and-abo-pdf/>

⁴⁹ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/agenda-bundle-health-board-meeting-27-may-2021/>

⁵⁰ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/2-2-14e-appendix-d-annual-assurance-report-ctm-2020-2021-pdf/>

⁵¹ DatixWeb Excel export (nhs.wales)

Cardiff and the Vale University Health Board

Questions to ask Cardiff and the Vale University Health Board

1. Are you compliant with Section 25A of the Nurse Staffing Levels (Wales) Act 2016 for mental health wards?
2. What's being done to ensure nurses on mental health wards are being supported?
3. Do you have a nurse retention strategy?
4. How many of your Section 25B wards have fully supernumerary ward managers? What about all wards?
5. Are you ready to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards?

Progress in implementation

Section 25B wards	2018/2019	2019/2020	2020/2021
Medical Wards	20	20	23
Surgical Wards	18	18	20

The number of Section 25B wards has fluctuated during 2020/2021 as these wards were repurposed to care for COVID-19 positive patients. In April 2021 it was recorded that there were 23 medical and 20 surgical wards. In May 2021 it was recorded that there were 18 medical wards and 11

surgical wards.

In 2019 and 2020 Cardiff and the Vale Health Board was non-compliant with Section 25A of the Nurse Staffing Levels (Wales) Act 2016 as the Executive Nurse Director was not able to "sign off all the nursing establishments for these areas as they remain non-compliant with Section 25(a) of the Act as the professional and service requirements do not meet the financial envelope."⁵² This is extremely concerning as this issue was also flagged as an area of concern in our previous November 2019 report.

The Nurse Director for Cardiff and the Vale made the health board aware of this, having brought it the board's attention repeatedly. In 2021 the Mental Health Clinical Board management team was asked to address gaps in nurse staffing and financial allocation on mental health inpatient wards within their Integrated Medium Term Plan (IMTP) through 2021/2022.

In November 2021 the biannual calculation report noted:

"the Executive Nurse Director has been able to sign off the nursing establishments for all areas as the working establishments required to care for patients sensitively. In order to be fully compliant with 25A of the Act, all wards should ensure that the service and professional requirement are aligned to the financial envelope."⁵³

⁵² <https://cavuhb.nhs.wales/files/board-and-committees/board-2020-21/26-11-2020-board-public-meeting-pdf/>

⁵³ <https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v9-pdf1/>

However the report later acknowledges meeting the ‘financial envelope’ remains a challenge for 12 mental health wards and “the Health Board will require further work to meet the funded establishment”.⁵⁴

RCN Wales is concerned about staffing levels on mental health inpatient wards and the effect this may have on current staff. Helen Whyley, RCN Wales Director, wrote to the CEO of Cardiff and the Vale in July 2021 to express concern and ask for information on how the health board sought to ensure its compliance.

In both 2018/2019 and 2019/2020 Cardiff and the Vale recorded one incident of a hospital acquired pressure damage, and one incident of a fall resulting in serious harm or patient death. The health board recorded two incidents of falls resulting in serious harm or patient death in 2020/2021, but no hospital acquired pressure damage, where a failure to maintain nurse staffing levels was considered an attributing factor.

COVID-19 impact

COVID-19 challenged the health board’s ability to maintain nurse staffing levels. Several wards were repurposed, physically moved, or closed. Exception papers were presented to the board in May and September 2020 with information regarding the changes to nurse staffing. Staffing levels were monitored through the COVID-19 Local Control Centres four times a day during the height of the pandemic.

The health board commented on the strain of COVID-19 on nurse staffing and noted it had undertaken new ways of working, a greater multidisciplinary approach, increased recruitment, and nurses returning to practice, among others to ensure wards were staffed appropriately. However, it did note that due to a high nurse vacancy rate and the sustained impact of COVID-19, there had been a significant reliance on temporary staffing.⁵⁵

Cardiff and the Vale Health Board implemented a revised approach to maintaining the scrutiny of nurse staffing that included the formation of the Nurse Staffing Hub, which has a Director of nursing overseeing staffing and staff requests. There was also an enhancement to the senior nurse on call rota between 16:00 to 20:00 to cover the transition from day to night.

Sustainability of the workforce

Cardiff and the Vale, like many other health boards, acknowledges a significant challenge to achieving the Nurse Staffing Levels (Wales) Act 2016 is its inability to recruit and retain sufficient nursing staff. This is apparent when looking at the corporate risk register. The “risk of patient and/or staff harm due to non-compliance with All Wales Staffing Act” was recorded on the risk register in March 2020. The “risk to patient safety causing serious incidents due to patients not being admitted to Critical Care Department in a timely manner due to insufficient nursing workforce” was also recorded in November 2020 and was still listed as of July 2021.

⁵⁴ <https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v9-pdf1/>

⁵⁵ <https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v8-pdf/>

The board papers of the organisation do not regularly report the level of registered nurse vacancies. In September 2021, Cardiff and the Vale reported an overall registered nurse deficit across the health board of 155 FTE. It was noted that this is having a negative impact on staff health and wellbeing.

During 2020/2021 the University Health Board Workforce Hub was able to recruit 100 registered nurses and 290 HCSW to the bank. This ensures a greater supply of temporary nursing staff at less cost than agency or off-contract agency nursing; however, it is not a long-term solution to the need for increased numbers of permanent nursing staff. Cardiff and the Vale are actively recruiting locally, nationally and internationally. Thirty international nurses have been recruited in the last year.

Similar to Cwm Taf Morgannwg, despite listing retention as a matter of concern there is very little information regarding what the health board is currently doing to tackle retention beyond a broad commitment to various retention strategies. There is no information in the board papers on what is included in these strategies and there is no information on whether these strategies have been successful.

Hywel Dda University Health Board

Questions to ask Hywel Dda University Health Board

1. Has your evaluation of nursing support roles looked at their impact on the effectiveness of registered nurses?
2. Have your nursing retention initiatives been evaluated?
3. How many of your Section 25B wards have fully supernumerary ward managers? What about all wards?
4. Are you ready to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards?

Progress in implementation

Section 25B wards	2018/2019	2019/2020	2020/2021
Medical wards			
Highest	19	19	17
Lowest	19	18	14
Surgical wards			
Highest	13	12	11
Lowest	12	12	5

The number of Section 25B wards can fluctuate due to a ward being repurposed. In 2018/2019 and 2019/2020 the number of Section 25B wards was stable with very little change. During 2020/2021 the effects of COVID-19 can be seen by the fluctuating number of wards.

Hywel Dda reported one fall resulting in patient harm or death in 2019/2020 where the inability to maintain nurse staffing levels was considered an attributing factor. In 2020/2021 the health board recorded one hospital acquired pressure damage, four falls resulting in patient harm or death and eight complaints about nursing care where a failure to maintain nurse staffing levels was an attributing factor. The rise in the number of incidents reported in 2020/2021 shows both the significant pressure the health board was under in maintaining nurse staffing levels and the very real harm that results due to low nurse staffing levels.

All Section 25B wards who care for 18 or more patients have a second (Band 6) charge nurse/ward manager. This has significantly increased leadership capacity within each Section 25B ward. The number of ward managers has consequently risen from 46.6 FTE (2018) to 62.7 (2020). The focus on clinical leadership is extremely welcomed. Clinical nurse leadership is vital to supporting nursing teams, managing a ward, and ensuring appropriate nurse staffing levels. The experience of Hywel Dda should be shared with other health boards.

Similar to findings from all other health boards, Hywel Dda reported in November 2021 that there had been an increase in patient acuity following the biannual Section 25B calculations. Since 2019 there has been a reduction in patients receiving routine care and care pathway care, and an increase in patients receiving complex, urgent or one to one care.⁵⁶

⁵⁶ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-4-4-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-of-the-nurse-staffing>

As a result of the rise in patient acuity and decrease in substantive staff working long shifts the nursing establishments have shifted. The health board detailed that there has been a reduction of 10.91 FTE registered nurses on adult acute medical and surgical wards and 1.49 on paediatric wards. This has been met with an increase of HCSWs: 48.44 FTE on medical and surgical wards and 10.43 FTE on paediatric wards. This has cost the health board in excess of £1.3m. This information will be submitted and considered as part of the Integrated Medium Term Plan/financial planning process for 2022/23.⁵⁷

The RCN appreciates the tremendously challenging period nursing staff have experienced over the last two years, and the reduction of nurses wanting to work long shifts is not surprising. However, with the increase of patient acuity, it should be noted that registered nurses cannot be replaced with HCSWs; the health board should ensure it provides sufficient workforce planning to allow nurses to reduce their shifts to 'shorter shifts' while also providing enough nurses to deliver safe and effective care.

COVID-19 impact

Hywel Dda has commented that during the COVID-19 pandemic "the professional judgement of nursing leaders across [the health board] has been relied on significantly in the constantly evolving operational situations that have been encountered".⁵⁸

Between March 2020 and June 2020 12 wards covered under Section 25B were repurposed as novel COVID-19 wards.⁵⁹ A further three wards were repurposed during the second wave (November 2020 to February 2021), with an additional two repurposed for 'some' of the second wave.⁶⁰ In total, 17 wards were repurposed as novel COVID-19 wards during the pandemic.

Similar to actions taken by Aneurin Bevan, Betsi Cadwaladr and Cwm Taf Morgannwg, Hywel Dda sought to reduce the pressure on registered nurses through the delegation of appropriate work to other roles, specifically assistant practitioners. In addition, roles such as ward support workers, family liaison officers, administrative support workers and pharmacy assistance were all heightened during the COVID-19 pandemic and are currently being evaluated. This type of multidisciplinary support for the nursing team is warmly welcomed by the RCN. Nursing is a highly specialised role. It makes organisational sense to ensure that registered nurses are carrying out nursing roles that only they can do. With this kind of support in place nurses can achieve much more and it will be interesting to see in any evaluation if there is an impact on job satisfaction and even retention among registered nurses.

levels-wales-act/

⁵⁷ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-4-4-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-of-the-nurse-staffing-levels-wales-act/>

⁵⁸ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-27th-may-2021/27th-may-2021-documents/item-3-10-nurse-staffing-levels-wales-act-annual-assurance-report-2020-21/>

⁵⁹ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-27th-may-2021/27th-may-2021-documents/item-3-10-nurse-staffing-levels-wales-act-annual-assurance-report-2020-21/>

⁶⁰ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

Hywel Dda University Health Board has commented that assistant practitioners have been identified as a necessity within the health board to ensure an adequate and sustainable nursing workforce over the last 12 months. As of September 2021, there were 50 assistant practitioners working within the health board.⁶¹ Assistant practitioners are a vital part of the nursing family and provide support to registered nurses; however, these roles need to be clinically supervised by registered nurses. HCSW are not a substitute for registered nurses. The evidence is very clear that it is the professional knowledge, skills and judgement of the registered nurse in a supervisory position that make a critical difference to patient outcomes.

Sustainability of the workforce

The health board is reliant on a temporary workforce in order to ensure appropriate staffing levels with a “significant utilisation (an average of 374 FTE on a weekly basis across the health board) of temporary registered nursing staff, mainly bank and agency, with some additional hours and overtime.”⁶²

Most of the Section 25B wards have a significant long-term registered nurse vacancy rate and therefore the health board makes ‘block bookings’ of registered nurses supplied by All Wales contract agencies.⁶³ This has been a long-standing strategy to maintain nurse staffing levels. The registered nurse vacancy rate currently stands at 408 FTE.⁶⁴ The reliance on a temporary nursing workforce is not sustainable and very costly. Hywel Dda is addressing the vacancy rate via a dedicated recruitment team but acknowledges that despite efforts made by this team the position has not improved over the past three years.⁶⁵

It is very pleasing to report that unlike other health boards, Hywel Dda has a clear focus on nursing retention. The health board offers a preceptorship programme for newly qualified nurses, commenced in 2020/2021.⁶⁶ The First Five Year programme also offers a pathway for registered nurses to develop a strong foundation to their careers. It has also been acknowledged during the last 12 months “that thinking alternatives about flexible working hours would appear essential if Hywel Dda wish to retain experienced and skilled staff”.⁶⁷ Hywel Dda is also focused on enhancing leadership within the nursing profession as a means of retention. In 2019 the health board established a clinical leadership programme named STAR. The programme is currently in its third intake, and former participants have commented that the impact of the programme has been ‘excellent’. It will be useful to know in future if these initiatives show evidence of making a difference to nursing retention rates.

⁶¹ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶² <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶³ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶⁴ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶⁵ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶⁶ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶⁷ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

Swansea Bay University Health Board

Questions to ask Swansea Bay University Health Board

1. How many of your Section 25B wards have fully supernumerary ward managers? What about all wards?
2. What has been the impact on retention of your Pathway to Professionalism programme? What other retention initiatives do you have and what has been their impact?
3. Are you ready to extend Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing and mental health inpatient wards?

Progress in implementation

Section 25B wards	2018/2019	2019/2020	2020/2021
Medical wards			
Highest	18	16	17
Lowest	12	15	15
Surgical wards			
Highest	21	14	12
Lowest	17	12	11

Swansea Bay University Health Board came into existence in April 2019. This reduced the number of Section 25B wards with Swansea Bay and consequently increased the number of Section 25B wards in Cwm Taf Morgannwg. This explains why in 2018 Swansea Bay had 21 surgical wards covered under 25B whereas the following year it had 14.

In November 2019 Swansea Bay reported the results of the 'Family and Friends' survey on wards included under Section 25B in the Act. The level of improvement since the Act's implementation had increased from 83% to 96% with many respondents using phrases such as 'caring', 'friendly' and 'respect'.

Swansea Bay had 11 incidents of falls resulting in serious harm or death where a failure to maintain nurse staffing levels was considered a factor (2018/2019). In 2019/2020 there were two falls reported. In 2020/2021 the health board did not report any falls where a failure to maintain nurse staffing levels was considered a factor.

The health board experienced one complaint where a failure to maintain nurse staffing levels was an attributing factor in 2019/2020. The following year (2020/2021) the health board reported two complaints where a failure to maintain nurse staffing levels was an attributing factor.

COVID-19 impact

In response to the COVID-19 pandemic a paper was presented to the board in May 2020, titled 'COVID19-Disruption to the Nurse Staffing Levels (Wales) Act 2016'. It detailed new models of care were being considered focusing on the involvement of "multidisciplinary teams/allied health professionals and a wider range of support workers".⁶⁸ However, it is unclear whether 'support workers' refers to HCSW generally, or qualified Band 4 assistants or administrators such

⁶⁸ <https://sbuhb.nhs.wales/about-us/key-documents-folder/board-papers/may-2020-health-board/2-6-nurse-staffing-levels-wales-act-2016-and-appendices-pdf/>

as ward clerks. HCSWs are a valuable part of the nursing team and making sure these roles, including Band 4 assistant practitioners, exist, are appointed to, and supported at sufficiently advanced level is very important. However, HCSWs are not a substitute for a registered nurse. The evidence is very clear that it is the professional knowledge, skills and judgement of the registered nurse in a supervisory position that make the critical difference to patient outcomes.

Eight wards were specifically designated COVID-19 wards accepting COVID-19 patients within their speciality of medical or surgical. Several Section 25B wards were repurposed during the pandemic. At the height of both the first and second waves, the Director of Nursing and Patient Experience set up a daily Nurse Staffing Silver Logistics Cell Meeting to risk assess, support and monitor nurse staffing levels across all areas within the health board.

A Corporate Training and Education Hub was also introduced in March 2021.⁶⁹ This sought to upskill nurses in readiness for redeployment, support registered nurses returning to practice, recruit second- and third-year students to health care support worker roles and streamline the induction process.

Sustainability of the workforce

One of the greatest challenges to the Nurse Staffing Levels (Wales) Act 2016 according to Swansea Bay is the registered nurse deficit. The health board currently has 261 FTE vacancies, an improvement over the last three to five years but, nonetheless, still significant. In response to this a key priority for 2021/22 is the development of a recruitment and retention strategy with a focus on new registrants and the future development of an HCSW career pathway.

In March 2020, the health board commenced a successful two-year international recruitment programme to recruit 120 overseas nurses. As a requirement of joining the permanent NMC register, overseas nurses are required to complete the Objective Structured Clinical Examination (OSCE) programme. All 120 nurse recruited by Swansea Bay have passed the programme.

Swansea Bay recognise the need to retain skilled and experienced staff. The health board offers internal management and leadership programmes and formal educational qualifications at Swansea University via a post-registration education contract. Funding has also been secured from HEIW to develop advanced practitioners. The health board offers flexible retirement opportunities to encourage skilled and experienced nurses to continue making a valuable contribution to nursing at Swansea Bay.

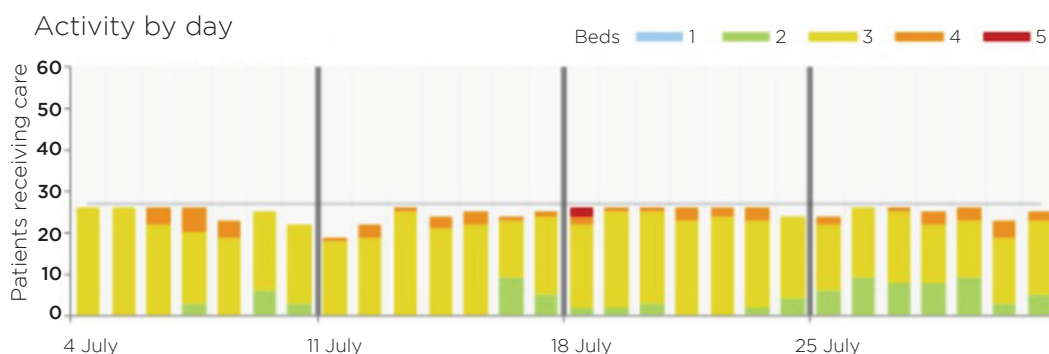
To encourage newly qualified nurses to stay with the organisation Swansea Bay have established a 'Pathway to Professionalism', where they are supported by a preceptorship and clinical supervision for the first 12 months. It has also allowed rotational posts for newly qualified nurses. The focus on retention of nurses at all stages of their careers within the health board is extremely welcome to the RCN. Retaining the skills and knowledge of the workforce is essential to delivering safe and effective care.

⁶⁹ <https://sbuhb.nhs.wales/about-us/key-documents-folder/audit-committee-papers/audit-committee-may-2021/3-2-appendix-1-swansea-bay-hbrr-board-apr-2021-final-pdf/>

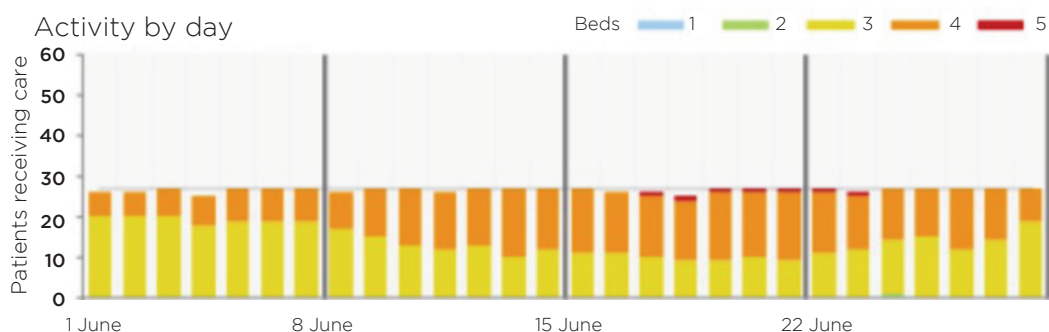
As exhibited in Hywel Dda, Betsi Cadwaladr and Aneurin Bevan, Swansea Bay also experienced an increase in patient acuity. The graph below highlights the increase of patient acuity on one ward (Ward A). The graph highlights that the number of patients needing urgent care (orange) has significantly increased, while the number of patients needing care pathways (green) has reduced. This mirrors the findings in Hywel Dda.

Swansea Bay noted that during this time period, Ward A had an increase in nursing staff of 4.45 registered nurse (RN) FTE and 5.45 HCSW FTE.

July 2020
Acuity
Audit



June 2021
Acuity
Audit



As a result of the increase in acuity, the number of registered nurses and HCSWs needed to provide care has increased. The nursing establishments (number of nursing staff needed) has risen from 617.41 FTE registered nurses on Section 25B wards across Singleton and Morriston, to 651.1 (November 2021). The number of HCSWs has also risen from 466.2 (October 2021) to 531.5 (November 2021).⁷⁰

The health board noted that these changes are needed to ensure it remains fully compliant with the Nurse Staffing Levels (Wales) Act 2016.⁷¹

⁷⁰ <https://sbuhb.nhs.wales/about-us/key-documents-folder/board-papers/board-papers-november-2021/2-6-nurse-staffing-act-pdf/>

⁷¹ <https://sbuhb.nhs.wales/about-us/key-documents-folder/board-papers/board-papers-november-2021/2-6-nurse-staffing-act-pdf/>

Powys Teaching Health Board

Questions to ask Powys Teaching Health Board

1. What has been the effect of establishing a Nurse Staffing Act Group?
2. Do you have a nurse retention strategy?
3. How many registered nurse vacancies are there in your health board?
4. How many of your Section 25B wards have fully supernumerary ward managers?
What about all wards?
5. How could the Welsh Government support you in preparing for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to community nursing?

Progress in implementation

Powys Teaching Health Board covers a rural, sparsely populated community. As a result the majority of services are provided locally through primary and community care. Powys does not have a District General Hospital (DGH), rather, the health board commissions neighbouring hospitals in both England and Wales to provide hospital services for residents of Powys.

As a result of not having a DGH, Powys Teaching Health Board does not have any wards covered by Section 25B. However, the health board does need to comply with Section 25A of the Act which places an overarching responsibility on health boards and trusts to provide sufficient nurse staffing levels in all settings, “to allow time to care for patients sensitively”.

Powys currently commissions services from eight NHS England trusts. Powys does monitor nurse staffing levels in all eight NHS English trusts. All eight have developed safe care systems which are utilised in all inpatient areas to assess and record patient acuity, dependency levels and flex staffing accordingly.⁷²

In 2020, a Nurse Staffing Act Group was established within the health board.⁷³ The aim was “greater coordination and oversight focussing on commissioned services in Wales, commissioned services in England, generating data and intelligence that assists in demonstrating the level of compliance within directly provided services and extension of the Act”.⁷⁴ This will prove to be a useful asset in terms of complying with Section 25A of the Act and in readiness of an extension of Section 25B to community services. Powys Health Board provides the majority of services in the community. By establishing a Nurse Staffing Group to gather data and intelligence this will better prepare Powys for the requirements of Section 25B as the health board will understand the extent of patient need and workforce requirements.

⁷² <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-29-september-2021/board-agenda-pack-29-september-2021/>

⁷³ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

⁷⁴ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

Powys Teaching Health Board is undertaking a number of activities to monitor progress with Section 25A for both commissioned services and direct services. This includes ensuring strong, consistent, and visible nurse leadership and regularly reviewing staffing levels using professional judgement triangulated with nursing metrics. Nursing sensitive quality indicators are also regularly reported to the Experience Quality and Safety Committee; this includes information on hospital acquired pressure damage, falls resulting in serious harm or death, medication-related never events and complaints about nursing care resulting in patient harm.⁷⁵ No incidents were recorded in community hospitals in Powys between April 2020 and March 2021, where not maintaining nurse staffing levels was considered a contributory factor.

COVID-19 Impact

During the pandemic Powys Teaching Health Board reviewed all registered nursing staff with specialised skills, such as critical care, permitting these to be redeployed to neighbouring district general hospitals. However, this approach did create significant challenges associated with ensuring appropriate staffing levels within Powys. Different ways of working to support district general hospitals were explored, which included “improving rehabilitation transfers; securing Continuing Health Care funding to be able to discharge Powys patients to their own residences or care homes and the involvement of multidisciplinary team/allied health professionals and a wider range of support workers.”⁷⁶

Powys Health Board further explained that during the pandemic it had the ability to upskill the nursing workforce to be able to undertake specialised care within residents’ homes, care homes and community hospitals. This helped to reduce pressure on district general hospitals.⁷⁷

⁷⁵ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

⁷⁶ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

⁷⁷ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

Sustainability of the workforce

Powys Teaching Health Board has included the risk of being unable to sustain an adequate workforce since January 2017, a key reason for this is because of the rurality of the health board.

The health board continues to experience recruitment challenges in respect to the nursing workforce, having commented that there is a 33% vacancy deficit of registered nurses across wards (as of 31 August 2021), a rise of 13% since January 2021.⁷⁸ The health board is relying on the use of agency and bank nursing as a means to secure the safe care levels in inpatient settings. The temporary staffing unit on average fills 28.7 FTE ward registered nurse requests and 32.6 FTE HCSWs a month (April to August 2021).⁷⁹ This is a very costly option for the health board.

The health board explained that it is working as part of the National Nurse Staffing Group to maximise the development of Band 4 roles as a way to encourage opportunities for growing and retaining staff within the Powys area. As detailed within the response to Aneurin Bevan and Betsi Cadwaladr, the expansion of Band 4 roles should not replace active recruitment of registered nurses. Band 4 HCSWs operate at an advanced level and are a great assist to the nursing team but these roles need to be clinically supervised by registered nurses. HCSWs are not a substitute for registered nurses. The evidence is very clear that it is the professional knowledge, skills and judgement of the registered nurse in a supervisory position that make the critical difference to patient outcomes.

The health board has also streamlined recruitment processes for registered nurses, open-ended adverts and automatic invites to interview if the candidate provides NMC registration documentation.⁸⁰

There is no obvious information within Powys Teaching Health Board's board papers on what it is doing to increase the retention of registered nurses within the health board.

⁷⁸ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-24-november-2021/board-24-november-2021-agenda-pack/>

⁷⁹ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-24-november-2021/board-24-november-2021-agenda-pack/>

⁸⁰ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-24-november-2021/board-24-november-2021-agenda-pack/>

LIST OF ABBREVIATIONS

CNO	Chief Nursing Officer
DGH	District General Hospital
DN	District nurses
FTE	Full time equivalent
HCSW	Health care support workers
HEIW	Health Education and Improvement Wales
IMTP	Integrated Medium Term Plan
ILG	Integrated Locality Groups
IPC	Infection prevention and control
MS	Members of the Senedd
NMC	Nursing and Midwifery Council
OSCE	Objective Structured Clinical Examination
RCN	Royal College of Nursing
WTE	Whole time equivalent
ABUHB	Aneurin Bevan University Health Board
BCUHB	Betsi Cadwaladr University Health Board
CAVUHB	Cardiff and the Vale University Health Board
CTMUHB	Cwm Taf Morgannwg University Health Board
HDUHB	Hywel Dda University Health Board
PTUHB	Powys Teaching Health Board
SBUHB	Swansea Bay University Health Board

APPENDIX

Welsh Government

Welsh Government, December 2021, Nurse Staffing Levels Wales Act 2016 Statutory Summary of Nurse Staffing Levels Report, <https://gov.wales/sites/default/files/publications/2021-12/nurse-staffing-levels-wales-act-2016-statutory-summary-of-nurse-staffing-level-reports-2018-2021.pdf>

Aneurin Bevan University Health Board

ABUHB, Annual Presentation of Nurse Staffing Levels to the Board, May 2019, <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-pdf-board-book-22-may-19/>

ABUHB, Annual Presentation of Nurse Staffing Levels to the Board, November 2019, <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/board-book-2711209-version-3-pdf>

ABUHB, master Covid-19 risk register, May 2020, <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/board-papers-20th-may-2020-v2-pdf/>

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ABUHB, Annual Presentation of Nurse Staffing Levels to the Board, December 2020, <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-16-december-2020-pdf/>

ABUHB, Corporate Risk Register, March 2021, <https://abuhb.nhs.wales/files/key-documents/governance-and-assurance/copy-of-risk-register-up-to-mar-2021-pdf/>

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CYNNYDD A HER WRTH DDARPARU GOFAL DIOGEL AC EFFEITHIOL 2022:

SUT Y MAE GIG CYMRU
WEDI GWEITHREDU
DEDDF LEFELAU STAFF
NYRSIO (CYMRU) 2016

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ARGYMHELLION

- 1 Mae'n rhaid i Lywodraeth Cymru, yn ystod y tymor seneddol hwn, ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol a wardiau cleifion mewnol iechyd meddwl.
- 2 Mae'n rhaid i Lywodraeth Cymru ddatblygu strategaeth recriwtio nyrsys rhyngwladol i ddenu nyrsys cofrestredig i Gymru a'u cynorthwyo drwy'r broses hon.
- 3 Mae'n rhaid i Lywodraeth Cymru ac Addysg a Gwella Iechyd Cymru (AaGIC) ddatblygu strategaeth gadw genedlaethol.
- 4 Mae angen i Lywodraeth Cymru a GIG Cymru neilltuo gwerth i bwysigrwydd y ffaith fod y rheolwr ward yn ychwanegol, gan ddangos y pwysigrwydd i aelodau'r cyhoedd ac o fewn y GIG. Dylai Llywodraeth Cymru werthuso llwyddiant Rhyddid i Arwain, Rhyddid i Ofalu a chynnig argymhellion wedi'u diweddar ar sut i rymuso'r rheolwr ward.

Mae adroddiad pob bwrdd iechyd yn cynnwys cwestiynau allweddol yr ydym wedi nodi y mae angen i fyrddau iechyd eu hateb. Bydd yr RCN yn codi hyn yn uniongyrchol gyda Phrif Weithredwyr y byrddau iechyd. **Rydym yn gobeithio y bydd Aelodau o'r Senedd (AS) yn ein helpu i wella gofal cleifion trwy ofyn y cwestiynau hyn hefyd.**

Rydym hefyd wedi gwneud argymhellion ar gyfer yr hyn y mae angen i Lywodraeth Cymru ei wneud nesaf. **Rydym yn gobeithio y bydd AS yn ein helpu i wella gofal cleifion drwy annog Llywodraeth Cymru i ymrwymo i'r camau gweithredu hyn.**

Nid ar wardiau ysbyty penodol yn unig y mae angen lefelau staff nyrsio diogel; mae eu hangen ar draws bob lleoliad iechyd i sicrhau gofal cleifion diogel ac effeithiol. Defnyddir y 'diffyg nyrsys' honedig yn rhy aml fel esgus am beidio â gwneud mwy. Yn 2021, cafwyd 21,120 o geisiadau i astudio nyrsio yng Nghymru: derbyniwyd 1,810.¹ Ceir dros wyth o ymgeiswyr am bob lle myfyriwr nyrsio a gynigir gan brifysgol! NID oes diffyg pobl sydd eisiau bod yn nyrsys. Llywodraeth Cymru oedd y gyntaf yn y DU i ddiogelu cleifion trwy gorffori'r egwyddor o ofal diogel ac effeithiol yn y gyfraith. Mae'n rhaid i'r dull pragmatig radical hwn o flaenoriaethu'r mater pwysicaf ym maes gofal iechyd barhau.

¹ <https://www.ucas.com/data-and-analysis/undergraduate-statistics-and-reports/ucas-undergraduate-releases/applicant-releases-2021/2021-cycle-applicant-figures-january-deadline>

CANFYDDIADAU

Dyma ganfyddiadau allweddol yr adroddiad hwn:

- 1** Mae Deddf Lefelau Staff Nyrsio (Cymru) 2016 wedi gwella gofal cleifion gan arwain at adrodd llai o gwmpau a briwiau pwysu a gafwyd yn yr ysbyty ymhlith cleifion o ganlyniad i fethiant i gynnal lefelau staff nyrsio.
- 2** Mae Deddf Lefelau Staff Nyrsio (Cymru) 2016 wedi cynyddu nifer y nyrsys ar wardiau sy'n ddarostyngedig i Adran 25B.
- 3** Mae'r Ddeddf Lefelau Staff Nyrsio (Cymru) wedi cynyddu ymwybyddiaeth ymhlith aelodau uwch byrddau iechyd o swyddogaeth y rheolwr ward a gwerth/pwysigrwydd crebwyll nyrsio proffesiynol. Fodd bynnag, roedd statws niferoedd ychwanegol yn anwadal ar draws byrddau iechyd a goramser.
- 4** Heriwyd byrddau iechyd gan seilwaith TGCh y GIG gan ei fod yn annigonol i gofnodi a oedd lefelau staff nyrsio yn cael eu cynnal o shifft i shifft. Fodd bynnag, gwnaed cynnydd sylweddol.
- 5** Yr her fwyaf i Ddeddf Lefelau Staff Nyrsio (Cymru) 2016 yw cynaliadwyedd y gweithlu nyrsio: mae llawer mwy o nyrsys yn gadael y GIG na ellir eu cyfateb â nyrsys sydd newydd gymhwyso neu nyrsys sy'n cael eu recriwtio yn rhyngwladol. Yn anffodus, ni fu unrhyw weithredu gan Lywodraeth Cymru ers ein hadroddiad diwethaf yn 2019 i fynd i'r afael a phroblemau cadw nyrsys.
- 6** Mae'r rhan fwyaf o fyrddau iechyd yn ddibynnol ar recriwtio rhyngwladol i gynnal lefel ddiogel ac effeithiol o nyrsio.
- 7** Mae lefel aciwtedd cleifion wedi cynyddu ers 2019 sy'n golygu bod Cymru y angen mwy o nyrsys cofrestredig a gweithwyr cymorth gofal iechyd i ofalu am gleifion.
- 8** Roedd COVID-19 yn her enfawr i fyrddau iechyd. Daeth niferoedd cynyddol o gleifion dibyniaeth fawr wyneb yn wyneb â lefel is o nyrsio (oherwydd salwch). Wrth i niferoedd y staff nyrsio sydd ar gael godi a gostwng, fe wnaeth y gyfres o sgiliau, gwybodaeth a phrofiad nyrsio a oedd ar gael i fanteision arnynt godi a gostwng hefyd. Mae profiad COVID-19 wedi amlygu hollbwysigrwydd crebwyll proffesiynol y rheolwr ward o ran sicrhau bod y perygl i ddiogelwch cleifion cyn lleied â phosibl. Fodd bynnag, rydym wedi canfod bod y camau a gymerwyd gan fyrddau iechyd, fel sefydlu grwpiau i fonitro lefelau staffio yn feunyddiol yn ystod pandemig COVID-19 wedi cael llawer o sylw. Mae hyn i'w ganmol o'r safbwynt ei fod yn caniatáu craffu gan y cyhoedd ac yn cynyddu hyder y cyhoedd.
- 9** Roedd yr holl fyrddau iechyd yn barod ar gyfer estyniad Adran 25B y Ddeddf Lefelau Staff Nyrsio i wardiau cleifion mewnol pediatrig ar 1 Hydref 2021.
- 10** Mae'r holl fyrddau iechyd yn mynegi cefnogaeth i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i'r gymuned gan fod pob bwrdd iechyd yn gweithredu yn ymarferol ac yn adrodd ar egwyddorion y canllawiau staffio nyrsys ardal interim.

DULL

Cyhoeddwyd ar adroddiad hwn gan Goleg Nyrsio Brenhinol (RCN) Cymru. Dyma'r ail adroddiad sy'n archwilio gweithrediad Deddf Lefelau Staff Nyrsio (Cymru) 2016. Cyhoeddwyd ein hadroddiad cyntaf ym mis Tachwedd 2019.²

I lunio'r adroddiad hwn, archwiliodd yr RCN bapurau bwrdd iechyd a gyhoeddwyd rhwng mis Mai 2019 a mis Tachwedd 2021 i ddod o hyd i dystiolaeth o sut y mae Deddf Lefelau Staff Nyrsio (Cymru) 2016 yn cael ei gweithredu ledled Cymru.

Ysgrifennodd Helen Whyley, Cyfarwyddwr RCN Cymru, ar yr holl fyrddau iechyd ym mis Mai 2021 i ofyn pa gynnydd yr oeddent yn ei wneud o ran gweithredu Deddf Lefelau Staff Nyrsio (Cymru) 2016. Nodir ymatebion y byrddau iechyd yn yr adroddiadau.

Gobeithiwn y bydd yr adroddiad hwn yn:

- Cynnig trosolwg o gynnydd y broses weithredu yn seiliedig ar asesiad pob bwrdd iechyd ei hun
- Cydnabod ac annog cynnydd da
- Dangos yr hyn y mae angen ei wneud o hyd i weithredu'r Deddf yn gyson ac yn effeithiol i ddiogelu gofal cleifion.

² Coleg Nyrsio Brenhinol Cymru, 2019. *Gweithredu Deddf Lefelau Staff Nyrsio (Cymru) 2016: Cynnydd a Her*.

BETH YW DEDDF LEFELAU STAFF NYRSIO (CYMRU) 2016?

Daeth y Ddeddf Lefelau Staff Nyrsio (Cymru) yn gyfraith ym mis Mawrth 2016. Dyma ddarpariaethau allweddol Deddf Lefelau Staff Nyrsio (Cymru) 2016:

Adran 25A	cyfrifoldeb cyffredin ar fyrddau ac ymddiriedolaethau iechyd i ddarparu lefelau staff nyrsio digonol ym mhob lleoliad, i ganiatáu amser i ofalu am gleifion gyda sensitifrwydd.
Adran 25B	yn ei gwneud yn ofynnol i fyrddau iechyd gyfrifo a chymryd camau rhesymol i gynnal y lefel staff nyrsio ar bob ward feddygol a llawfeddygol aciwt ar gyfer oedolion. Mae hefyd yn ofynnol i fyrddau iechyd hysbysu cleifion am y lefel staff nyrsio.
Adran 25C	yn ei gwneud yn ofynnol i fyrddau iechyd ddefnyddio dull penodol i gyfrifo'r lefel staff nyrsio ar bob ward feddygol a llawfeddygol aciwt ar gyfer oedolion. O 1 Hydref 2021, cafodd hyn ei ymestyn i gynnwys wardiau cleifion mewnol ar gyfer plant.
Adran 25D	mae'n rhaid i Lywodraeth Cymru gyhoeddi canllawiau ar y dyletswyddau o dan Adrannau 25B a 25C, ac mae'n rhaid i fyrddau ac ymddiriedolaethau iechyd ddilyn y canllawiau hyn.
Adran 25E	yn ei gwneud yn ofynnol i fyrddau iechyd adrodd eu cydymffurfiad o ran cynnal y lefel staff nyrsio ar gyfer wardiau sy'n ddarostyngedig i Adran 25B.

Ar lefel bwrdd iechyd, adroddir gofynion y Ddeddf trwy dempled a luniwyd yn genedlaethol, sy'n caniatáu i fyrddau iechyd ddadansoddi eu gweithgareddau, eu cynnydd a'u heriau yn feirniadol. Diben y broses adrodd hon yw sicrhau bod byrddau iechyd yn cadarnhau yn gyhoeddus sut maent yn cydymffurfio â'r ddeddfwriaeth.

Pam mae hyn mor bwysig?

Mae Deddf Lefelau Staff Nyrsio (Cymru) 2016 yn diogelu cleifion. Mae lefelau staffio diogel yn achub bywydau. Mae gwaith ymchwil wedi dangos bod lefelau staff nyrsio isel wedi cynyddu marwolaethau cleifion o hyd at 26% o'u cymharu â wardiau sydd wedi'u staffio yn well.³ Dangoswyd hefyd bod lefelau staff nyrsio diogel ac effeithiol yn lleihau aildderbyniadau, cyfraddau heintiau sy'n gysylltiedig â gofal iechyd, gwallau meddyginiaeth, cwympau a briwiau pwysu. Mae lefelau staff nyrsio diogel ac effeithiol yn golygu gwell hydradu a maetheg i gleifion a gwell cyfathrebiad â chleifion.⁴

Canfu astudiaeth o ysbytai gan Akine et al. yn 2021 bod cleifion mewn ysbytai lle'r oedd gan nyrsys gymhareb gleifion uchel o'u cymharu ag ysbytai lle'r oedd gan nyrsys gymhareb gleifion is yn fwy tebygol o ddioddef amodau niweidiol gan gynnwys siawns 41% yn uwch o farw, siawns 20% yn uwch o gael eu haildderbyn a siawns 41% o aros yn hwy.⁵

Yn ogystal â sicrhau bod digon o nyrsys, mae'r gymysgedd sgiliau iawn ymhlith staff nyrsio hefyd yn bwysig. Mae pob cynnydd o 10% i nifer y nyrsys sydd wedi'u haddysgu i lefel gradd mewn ysbyty yn gysylltiedig â gostyngiad o 7% i farwolaethau cleifion.⁶ Mae angen cymysgedd o nyrsys cofrestredig a gweithwyr cymorth gofal iechyd i sicrhau tîm syn gweithio yn effeithiol.

Ymgrychodd RCN Cymru dros Ddeddf Lefelau Staff Nyrsio (Cymru) 2016 er mwyn diogelu gofal cleifion ac mae'n parhau i hyrwyddo'r dull hwn.

³ Rafferty, A.M., Clarke, S.P., Coles, J., Ball, J., James, P., McKee, M. ac Aiken, L.H. 2006. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', PubMed. Ar gael yn: <https://pubmed.ncbi.nlm.nih.gov/17064706/>. Gwelwyd ar 11 Hydref 2021.

⁴ Rafferty et al. 2006. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', PubMed. Ar gael yn: <https://pubmed.ncbi.nlm.nih.gov/17064706/>. Gwelwyd ar 11 Hydref 2021.

⁵ Akine, L.H., Simonetti, M., Sloane, D.M., Cerón, C., Soto, P., Bravo, D., Galiano, A., Behrman, J.R., Smith, H.L., McHugh, M.D. a Lake, E.T. 2021, 'Hospital nurse staffing and patient outcomes in Chile: a multilevel cross-sectional study', The Lancet Global Health. Ar gael yn: <https://pubmed.ncbi.nlm.nih.gov/34224669/>. Gwelwyd ar 11 Hydref 2021.

⁶ Griffiths, P. a Rafferty, A. 2014. 'Degree educated nurse scan reduce hospital death'. Prifysgol Southampton. Ar gael yn: Degree educated nurses can reduce hospital deaths | Prifysgol Southampton. Gwelwyd ar 11 Hydref 2021.

ADRAN 1 THEMÂU CENEDLAETHOL

Systemau TGCh

Yn unol ag Adran 25E Deddf Lefelau Staff Nyrsio (Cymru) 2016, cyhoeddodd Llywodraeth Cymru grynoded o ganfyddiadau adroddiadau bob tair blynedd byrddau iechyd ar eu cydymffurfriad ag Adran 25B. Mae'r adroddiadau ar gael yn yr Atodiad.

Un o'r prif heriau a nodwyd gan Lywodraeth Cymru yn ei hadroddiad oedd y seilwaith TGCh annigonol yn y GIG, a oedd yn cymhlethu galluoedd byrddau iechyd i gofnodi a oedd lefelau staff nyrsio wedi cael eu cynnal o shifft i shifft. Roedd hefyd yn herio eu gallu i gofnodi data meintiol ar y camau a gymerwyd pan nad oedd lefelau staff nyrsio yn cael eu cynnal.

"Mae profiadau ymarferol dros y tair blynedd a hanner diwethaf o roi'r ddeddfwriaeth ar waith yn awgrymu bod angen llawer mwy o graffu a rhagwelediad ar y pwynt hwn, a bod methu â gwneud hyn wedi ei gwneud yn amhosibl i fyrddau iechyd adrodd ar y graddau y mae'r rhestrau dyletswyddau arfaethedig wedi'u cynnal yn ystod y cyfnod adrodd cyntaf."⁷

Mae'r RCN yn siomedig bod seilwaith TGCh y GIG wedi achosi her gynnar o ran cofnodi lefelau staff nyrsio a gynhelir. Fodd bynnag, mae gwaith wedi parhau i ddod o hyd i ateb.

Mae'r holl fyrddau iechyd yn nodi yn eu hadroddiadau bob tair blynedd bod pob bwrdd ac ymddiriedolaeth iechyd yn ystod cyfnod adrodd 2019/2020 wedi gweithio yn rhan o'r:

Rhaglen Staff Nyrsio Cymru Gyfan i ddatblygu dull cyson o gasglu data meintiol yn feunyddiol (yn absenoldeb un ateb TGCh) i alluogi pob sefydliad i ddangos lefelau staff nyrsio ar draws y Bwrdd Iechyd.⁸

Fe wnaeth Partneriaeth Cydwasanaethau GIG Cymru gydgrynhoi contract e-amserlennu Cymru Gyfan gydag *Allocate*, sy'n golygu y byddai pob bwrdd iechyd yn defnyddio'r un system o'r diwedd.⁹ Bydd y prosiect gweithredu yn cychwyn ar 1 Gorffennaf 2021.

Yn bwysig, mae gan *Allocate* fodiwl rheoli wardiau o'r enw *Safecare* y gellid ei ddefnyddio i gofnodi'r holl ddata sy'n ofynnol o dan Ddeddf Lefelau Staff Nyrsio (Cymru) 2016, yn dilyn diwygiadau gofynnol. Bydd hyn yn gwella yn fawr y broses o gasglu data a chysondeb data ar draws y byrddau iechyd ar gyfer cyfnod adrodd 2021/2024.

Fodd bynnag, mae'r byrddau iechyd ar wahanol gamau o weithredu system *Allocate* am nifer o resymau. Yn gyntaf, mae rhai byrddau iechyd (fel Betsi Cadwaladr) wedi bod yn defnyddio *Allocate* a *Safecare* ers nifer o flynyddoedd; fodd bynnag, roedd eraill yn defnyddio *Roster-Pro* (Caerdydd a'r Fro) ac felly nid ydynt wedi cyflawni cymaint o waith o ran gweithredu *Allocate*. Hefyd, mae byrddau iechyd wedi rhannu heriau yn ymwneud â pandemig COVID-19 a chapasiti cyfyngedig yn eu timau gwybodeg lleol sy'n arwain y gwaith cyflwyno.¹⁰

Er gwaethaf heriau cynnar, mae gwaith sylweddol wedi parhau i wella'r seilwaith TGCh yn y GIG yn ystod cyfnod 2019/2021. Mae cytuno ar un system e-amserlennu a gwaith parhaus i gasglu data meintiol ar lefelau staff nyrsio yn arwyddocaol.

⁷ <https://llyw.cymru/sites/default/files/publications/2021-12/deddf-lefelau-staff-nyrsio-cymru-2016-crynodeb-statudol-o-adroddiadau-lefelau-staff-nyrsio-2018-2021.pdf>

⁸ <https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-board-20-5-21-v2-0-english-reduced-filesize-pdf/>

⁹ <https://pcgc.gig.cymru/nwssp-latest-news-items/system-health-roster-newydd-yn-pcgc/>

¹⁰ <https://llyw.cymru/sites/default/files/publications/2021-12/deddf-lefelau-staff-nyrsio-cymru-2016-crynodeb-statudol-o-adroddiadau-lefelau-staff-nyrsio-2018-2021.pdf>

Beth oedd effaith COVID-19 ar ofal diogel ac effeithiol?

Crëwyd heriau digynsail i'r sector iechyd a gofal cymdeithasol gan bandemig COVID-19. Mae'r arweinyddiaeth a'r proffesiynoldeb a ddangoswyd gan staff nyrsio yn ystod pandemig COVID-19 yn profi eu hymrwymiad i ddiogelwch cleifion. Mae'r proffesiwn nyrsio wedi bod yn flaenllaw yn yr ymateb i'r pandemig, gan arwain arloesedd ac ansawdd triniaeth a gofal.

Nyrsio yw'r proffesiwn mwyaf yn y GIG, ac mae nyrsys cofrestredig yn gyfran sylweddol o hwn. Mae cyngor nyrsio proffesiynol yn hanfodol i sicrhau canlyniadau effeithiol i gleifion. Dylai Llywodraeth Cymru bob amser ofyn am gyngor gan amrywiaeth o randdeiliaid allweddol i hysbysu penderfyniadau, yn enwedig y rhai sydd angen gwybodaeth ac arbenigedd clinigol. Mae'n bwysig bod cyngor nyrsio yn rhan o bob lefel o wneud penderfyniadau, gan gynnwys ond heb eu cyfyngu i Lywodraeth Cymru, GIG Cymru, Iechyd Cyhoeddus Cymru, byrddau iechyd, wardiau ysbyty, timau cymunedol, cartrefi gofal a sectorau eraill.

Mae cyngor nyrsio atal a rheoli heintiau yn hanfodol i sicrhau diogelwch cleifion a gweithwyr gofal iechyd fel y mae pandemig COVID-19 wedi ei amlygu. Mae cyngor nyrsio atal a rheoli heintiau yn aml-ffased, yn amrywiol ac yn hanfodol ar gyfer systemau diogel o weithio a darparu gofal. Mae cyngor a ddarperir gan nyrsys atal a rheoli heintiau yn amrywio o hylendid dwylo; dadansoddi labordy a dihalogi; caffael cyfarpar diogelu personol yn gynaliadwy; rheoli achosion unigol ac atal a rheoli brigiadau; i gynllunio ar gyfer argyfyngau a gwyliadwriaeth. Hefyd, mae cyngor atal a rheoli heintiau yn ymestyn i'r amgylchedd adeiledig i liniaru risgiau sy'n gysylltiedig â systemau aer, dŵr a pheirianneg. Mae'r maes arfer nyrsio arbenigol hwn yn unigryw o ran ehangder ei arfer a chyfrifoldeb, gan ei fod yn cwmpasu systemau iechyd a gofal a'r ddarpariaeth ehangach o wasanaethau. Dylid adlewyrchu gwerth a rheidrwydd cyngor nyrsio atal a rheoli heintiau ym mhob strwythur iechyd a gofal cymdeithasol yng Nghymru.

Heriwyd byrddau iechyd i gynnal lefelau staff nyrsio o ganlyniad i gynnnydd i nifer y cleifion ac aciwtedd cleifion a chynnydd i absenoldeb staff (oherwydd bod ganddynt COVID-19 a/neu yr angen i hunanyysu).

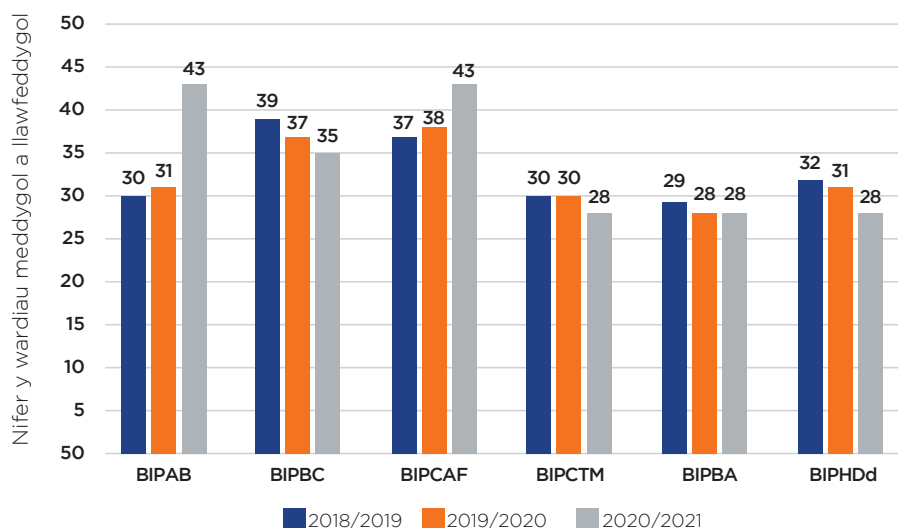
Yn ystod ton gyntaf pandemig COVID-19, cafodd ffyrdd arferol o weithio eu gohirio neu eu diwygio i sicrhau y gallai'r sector iechyd a gofal cymdeithasol ymateb i'r pandemig; roedd hyn yn golygu yr adleoliwyd nyrsys i fannau a oedd yn dioddef prinder staff sylweddol a galw ac aciwtedd uchel ymhlith cleifion. I gael rhagor o wybodaeth am effaith COVID-19 ar nyrsio, gweler papur COVID-19 RCN Cymru (2021).

O ganlyniad i COVID-19, anfonodd y Prif Swyddog Nyrsio ddau lythyr (24 Mawrth 2020, 15 Hydref 2020) i fyrdau ac ymddiriedolaethau iechyd yn rhoi canllawiau ar bwysau COVID-19 o ran Deddf Lefelau Staff Nyrsio (Cymru) 2016. Yn llythyr y Prif Swyddog Nyrsio o fis Hydref 2020, nodwyd bod offeryn Lefelau Gofal Cymru yn dal i fod yn berthnasol os mai prif ddiben ward o hyd oedd trin cleifion â chyflyrau meddygol neu lawfeddygol. Fodd bynnag, os cafodd ward ei haddasu at ddiben gofalu am gleifion COVID-19 difrifol wael, yna dylai'r ward ddilyn y canllawiau cenedlaethol ar gyfer staffio mannau gofal critigol a chael eu heithrio o Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016.

Yn ystod pandemig COVID-19, cafodd llawer o wardiau eu haddasu, a hynny'n ddealladwy, i ofalu am gleifion COVID-19. Mae hyn yn golygu bod nifer y wardiau a oedd yn ddarostyngedig i Adran 25B wedi newid mwy fyth yn 2020/2021 nag mewn blynyddoedd blaenorol. Fe wnaeth rhai byrddau iechyd gofnodi'r nifer fwyaf a lleiaf o wardiau a oedd yn ddarostyngedig i Adran 25B yn ystod y cyfnod hwn. Fodd bynnag, nid oedd hwn yn ddull cyson ar draws Cymru gan nad oedd yn ofyniad angenrheidiol i fyrddau iechyd.

Mae'n ofynnol i fyrddau iechyd adrodd nifer y wardiau Adran 25B ar **ddiwedd** y cyfnod adrodd, a nifer yr achlysuron pan ail-gyfrifwyd y lefelau staff nyrsio yn ogystal â'r cyfrifiad chwe-misol ar gyfer pob ward sy'n ddarostyngedig i Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016. Fodd bynnag, nid yw hyn yn cynnig gwybodaeth am ba un a yr ail-gyfrifwyd y ward i gael ei gynnwys yn Adran 25B, i gael ei dynnu allan o Adran 25B, neu a yw nifer y nyrsys wedi newid yn ystod y cyfnod adrodd. Mae'r ffigur isod yn dangos y nifer **fwyaf** o wardiau a gwmpaswyd gan Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 ar gyfer 2020/2021.

Wardiau sy'n ddarostyngedig i Adran 25B, fesul bwrdd iechyd 2018/2021



Mae realiti y ffordd y rheolwyd wardiau yn ystod cyfnodau brig pandemig COVID-19 yn hynod gymhleth ac aml-ffased. Un cam y penderfynodd llawer o fyrddau iechyd ei gymryd oedd sefydlu grŵp i fonitro lefelau staffio yn feunyddiol; roedd gan Fwrdd Iechyd Prifysgol Bae Abertawe Gell Logisteg Arian Staff Nyrsio, roedd Bwrdd Iechyd Prifysgol Caerdydd a'r Fro yn monitro lefelau staffio bedair gwaith y dydd drwy'r Canolfannau Rheoli COVID-19 Lleol, roedd Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn cynnal cyfarfodydd dyddiol.

Roedd lefelau staffio dan straen ac ar y pryd nid oedd byrddau iechyd yn gallu cynnal lefelau staff nyrsio yn unol â Deddf Lefelau Staff Nyrsio (Cymru) 2016. Mae'n rhaid cydnabod canlyniadau risg gynyddol i ddiogelwch cleifion a'r canlyniadau is na'r hyn sy'n ddelfrydol gwirioneddol anochel i rai cleifion, ni waeth faint o drallod y mae hyn yn ei achosi. Mae nyrsio yn broffesiwn lle mae diogelwch yn hollbwysig.

Cynnydd i aciwtedd cleifion

Un o sgil-ffeithiau posibl pandemig COVID-19 yw cynnydd i aciwtedd cleifion ar wardiau sy'n ddarostyngedig i Adran 25B dros y flwyddyn ddiwethaf; mae hyn wedi dod yn amlwg yn ailgyfrifiadau byrddau iechyd o niferoedd nyrsio (nifer y staff nyrsio sydd eu hangen) ym mis Tachwedd 2021.

Mae'r gweithlu nyrsio yn defnyddio Lefelau Gofal Cymru (pum lefel) i neilltuo claf i'r lefel gywir o ofal trwy gynnig disgrifiadau o'r math o glaf nodweddiadol ar bob lefel. Caiff y disgrifiadau hyn eu rhannu i gategorïau, sef lleyg, clinigol a nyrsio. Mae'r disgrifiyddion Lleyg yn disgrifio mewn termau syml cyflyrau nodweddiadol y claf a mathau o ofal. Disgwylir y bydd y disgrifiyddion Lleyg yn ddigonol i neilltuo lefel gywir o ofal i'r mwyafrif o gleifion y rhan fwyaf o'r amser.¹¹

Caiff y disgrifiyddion Lleyg eu crynhoi fel a ganlyn:

Lefel 5	Gofal Un i Un - Mae'r claf angen goruchwyliaeth ac arsylwi nyrsio parhaus un i un o leiaf am 24 awr y dydd
Lefel 4	Gofal Brys - Mae'r claf mewn cyflwr hynod ansefydlog ac anrhagweladwy naill ai'n gysylltiedig â'r brif broblem neu waethygiad i ffactorau cysylltiedig eraill.
Lefel 4	Gofal Cymhleth - Efallai fod gan y claf nifer o broblemau a nodwyd, y mae rhai ohonynt yn rhyngweithio, gan ei gwneud yn fwy anodd i ragweld canlyniad unrhyw driniaeth unigol
Lefel 4	Llwybrau Gofal - Mae gan y claf broblem a nodwyd yn eglur ond efallai fod nifer fach o ffactorau ychwanegol sy'n effeithio sut y darperir triniaeth.
Lefel 4	Gofal Mater o Drefn - Mae gan y claf broblem a nodwyd yn eglur â ffactorau cymhlethu eraill prin.

Priodolwyd canran o'r cynnydd i aciwtedd ar draws byrddau iechyd i bandemig COVID-19 ac ni fyddai angen newidiadau parhaol i nifer y staff nyrsio. Fodd bynnag, ceir newidiadau parhaus i batrwm aciwtedd cleifion a allai gael eu hysgogi o bosibl gan ymddangosiad hwyr salwch cronig, dirywiad salwch cronig, methiant o ran cymorth gartref i unigolion â namau gwybyddol neu oherwydd ansefydlogrwydd clinigol.¹² Ni ragwelir y bydd yr ysgogwyr hyn yn lleihau, ac felly bydd lefel yr aciwtedd yn barhaol ac yn gofyn am newid i niferoedd nyrsys.

Datgelodd y rhan fwyaf o fyrddau iechyd ym mis Tachwedd 2021 y bu cynnydd i aciwtedd cleifion gan arwain at ailgyfrifo'r staff nyrsio sydd eu hangen. Esbonnir hyn ymhellach yn Adran 2.

¹¹ <https://heiw.nhs.wales/files/all-wales-nurse-staffing-programme/welsh-levels-of-care-edition-1/#:~:text=The%20Welsh%20Levels%20of%20Care,predictable%2C%20requiring%20routine%20nursing%20care.>

¹² <https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-18-11-21-public-v3-0-pdf/>

Swyddogaeth diogelwch gritigol y rheolwr ward

Mae profiad COVID-19 wedi amlygu hollbwysigrwydd crebwyll proffesiynol y rheolwr ward (a adnabyddir hefyd fel prif nyrs ward) o ran sicrhau bod y risg i ddiogelwch cleifion cyn lleied â phosibl wrth i'r sgiliau, yr wybodaeth, y profiad a'r niferoedd o staff nyrsio a oedd ar gael gael eu hasesu a'u defnyddio i sicrhau bod risg cyn lleied â phosibl. Mae angen cydnabod a gwobrwyo yn briodol y broses gwneud penderfyniadau gymhleth a heriol hon â chanlyniadau critigol i ddiogelwch cleifion.

Mae'n nodi yn eglur yng nghanllawiau statudol Deddf Lefelau Staff Nyrsio (Cymru) 2016 y dylai rheolwyr ward fod yn 'ychwanegol'. Mae hyn yn golygu y dylid ystyried y swydd ar wahân i swydd nyrs staff sy'n darparu gofal cleifion uniongyrchol. Mae rheolwr ward yn hynod wybodus a phrofiadol ac yn meddu ar lefel uchel o sgiliau ac arbenigedd clinigol. Mae statws ychwanegol yn sicrhau y gallant ddefnyddio eu gwybodaeth a'u harbenigedd i fonitro'r ward a gofynion gofal cleifion, sicrhau lefelau staffio priodol ar ddarparu cymorth a chyfarwyddyd i'r holl staff ar eu ward. Fodd bynnag, ni ddarperir statws ychwanegol bob amser; mae hyn yn arbennig o wir mewn cyfnodau anodd yn ystod pandemig COVID-19. Yn ystod y cyfnodau hyn, cymerir rheolwyr ward allan o'u statws ychwanegol ac fe'u rhoddir ar y wardiau i ddarparu gofal cleifion uniongyrchol.

Yn ystod y cyfnod adrodd rhwng Ebrill 2020 ac Ebrill 2021, adroddodd Caerdydd a'r Fro nad oedd gan bump o'u 43 o wardiau reolwyr ward â statws ychwanegol erbyn diwedd y cyfnod. Yn ystod yr un cyfnod, adroddodd Aneurin Bevan mai un o'u 43 o wardiau nad oedd ganddi reolwr ward ychwanegol.

Nododd Bwrdd Iechyd Prifysgol Betsi Cadwaladr bod y bwrdd wedi sicrhau statws ychwanegol i reolwyr ward ym mhob ward o ddechrau i ddiwedd y cyfnod rhwng mis Ebrill 2020 a mis Mai 2021; fodd bynnag, rhwng mis Rhagfyr 2020 a mis Mawrth 2021, cymerwyd y rheolwr ward allan o'i swyddogaeth oruchwylio.

STATWS YCHWANEGOL RHEOLWYR WARD FESUL BWRDD IECHYD

*(Ebrill 2021 ar wardiau sy'n ddarostyngedig i
Adran 25B yn unig)*

BIP Aneurin Bevan	NAC YDY (nid yw 1 rheolwr ward yn ychwanegol)
BIP Betsi Cadwaladr	YDY
BIP Cwm Taf Morgannwg	YDY
BIP Caerdydd a'r Fro	NAC YDY (ceir 5 rheolwr ward nad ydynt yn ychwanegol)
BIP Hywel Dda	YDY
BIP Bae Abertawe	YDY

Cyhoeddodd yr RCN adroddiad yn ddiweddar (2022) ar bwysigrwydd rheolwyr ward.¹³ Mae'r adroddiad yn dangos gwerth bod â rheolwr ward ychwanegol.

¹³ RCN Cymru, 2022. *The importance of being supernumerary*

Swyddi nyrsys cofrestredig gwag yn GIG Cymru

Mae RCN Cymru yn amcangyfrif bod o leiaf 1,719 o swyddi nyrsys cofrestredig cyfwerth ag amser llawn gwag yn GIG Cymru.

Llywodraeth Cymru yw'r unig wlad yn y DU i beidio â chyhoeddi data ar swyddi nyrsio gwag yn y GIG ar lefel genedlaethol. Nid oes diffiniad o 'swydd wag' wedi'i gytuno yn genedlaethol hyd yn oed. Er enghraifft, bydd rhai o'r byrddau iechyd yn mynnu ar broses 'adolygu' a all gymryd hyd at chwe mis cyn datgan 'swydd wag swyddogol'. Mae hyn yn creu anghysondeb yn y data ac yn gweithredu i guddio realiti'r sefyllfa. Gan mai Llywodraeth Cymru sy'n comisiynu nifer y lleoedd i fyfyrwyr nyrsio ar lefel genedlaethol, mae'r absenoldeb hwn o ddata swyddi gwag yn golygu nad oes unrhyw gynllunio gweithlu effeithiol ar lefel genedlaethol.

Er mwyn gwneud amcangyfrif felly, mae RCN Cymru wedi archwilio adroddiadau byrddau iechyd i ddarganfod eu cyfraddau swyddi gwag unigol. Fodd bynnag, mae Betsi Cadwaladr yn cyfeirio at swyddi gwag Band 5 **yn unig** a dim ond data swyddi nyrsys cofrestredig gwag o ddau o'i ysbytai, Ysbyty'r Tywysog Siarl ac Ysbyty Brenhinol Morgannwg. Daw'r data i ni eu canfod o fis Mai 2021 ac eithrio cyfraddau swyddi gwag Powys lle'r oedd y data hysbys diwethaf a ddarparwyd o fis Rhagfyr 2019 a Chaerdydd a'r Fro sydd o fis Medi 2021.

Y tu hwnt i hyn, mae'r amcangyfrifon yn cymryd i ystyriaeth swyddi gwag a hysbysebwyd yn unig. Mae'r amcangyfrifon yn dangos pa mor anodd yw hi cwmpasu'r gyfradd swyddi nyrsio gwag yng Nghymru ar hyn o bryd, ac yn ail, yr effaith sylweddol y mae swyddi gwag yn ei chael ar ofal cleifion a'r pwysau sydd ar ein nyrsys yn y GIG.

Mae cynaliadwyedd y gweithlu yn hanfodol i sicrhau gofal cleifion o ansawdd uchel ond mae Llywodraeth Cymru yn methu â chyhoeddi ystadegau cenedlaethol ar gyfer swyddi nyrsio gwag. Mae'r gyfradd swyddi nyrsys cofrestredig gwag yn ddangosydd critigol o'r pwysau sydd ar fyrdau neu ddisgyblaethau iechyd. Mae pob bwrdd iechyd yn cydnabod yr angen am gynnydd i nifer y nyrsys cofrestredig.

SWYDDI NYRSYS COFRESTREDIG GWAG (CYFWERTH AG AMSER LLAWN) FESUL BWRDD IECHYD

(Mai 2021)

BIP Aneurin Bevan	165	
BIP Betsi Cadwaladr	541	(nyrsio a bydwreigiaeth Band 5 yn unig)
BIP Cwm Taf Morgannwg	98	(yn cynnwys YTS ac YBM yn unig)
BIP Caerdydd a'r Fro	155	
BIP Hywel Dda	408	
BIP Bae Abertawe	264	
BIP Powys	88	(nyrsio a bydwreigiaeth Rhagfyr 2019)
Cyfanswm	1,719	

Gwariant asiantaeth

Bydd angen rhyw elfen o nyrsio dros dro yn y GIG bob amser yn ystod cyfnodau salwch byr a mamolaeth. Fodd bynnag, mae nyrsio asiantaeth yn ddrud i sefydliad a cheir cost uwch i sicrhau elw i'r asiantaeth. Nid yw'n ddelfrydol chwaith fel opsiwn parhaol neu hirdymor i sefydliad gan y bydd nyrsys asiantaeth yn llai cyfarwydd a chynllun, polisïau ac offer wardiau ac yn llai abl i ddarparu parhad gofal.

Dros y pum mlynedd diwethaf, mae GIG Cymru wedi gwario £358.7 miliwn ar nyrsio, bydwreigiaeth, a chynorthwyr nyrsio asiantaeth. Mae'r defnydd o nyrsio asiantaeth hefyd wedi cynyddu dros y blyneddau gan godi o £52.4 miliwn yn 2017, i £59.1 miliwn yn 2018, i £69 miliwn yn 2019.¹⁴ Yn 2019, gwariwyd £69.04 miliwn ar nyrsio asiantaeth: byddai hyn yn talu cyflogau 2,691 o nyrsys sydd newydd gymhwyso.

Cynyddodd gwariant asiantaeth yn sydyn yn ystod cyfnodau brig pandemig COVID-19. Cafwyd y cynnydd mwy i gyfanswm costau asiantaeth yn Aneurin Bevan yn 2020 i 2021, yn cynyddu o £26.7 miliwn i £40.6 miliwn.¹⁵

Cyfeirir at asiantaeth nad ydynt yn rhan o'r contract fframwaith a gytunwyd yn genedlaethol fel asiantaethau y tu allan i'r contract. Mae gan yr asiantaethau hyn dâl fesul awr uwch nac asiantaethau sy'n rhan o'r contract yn gyffredinol. £54.54 yw'r gost gyfartalog yr awr o'i chymharu â chost y rhai sy'n rhan o'r contract, sef £37.43 yr awr.¹⁶

Mae'n rhyfeddol o safbwynt craffu cyhoeddus nad yw gwariant ar asiantaethau y tu allan i'r contract yn cael ei adrodd yn gyson ledled Cymru. Nododd y byrddau iechyd sydd yn adrodd eu gwariant gynnydd sylweddol yn 2020/2021. Nododd Bwrdd Iechyd Prifysgol Bae Abertawe ei fod wedi cyflogi 78.5 o nyrsys cofrestredig cyfwerth ag amser llawn o asiantaethau nad ydynt yn rhan o'r contract ym mis Rhagfyr 2020, 69.4 yn fwy na'r flwyddyn cynt. Mae Bwrdd Iechyd Prifysgol Aneurin Bevan yn adrodd mai £1.5 miliwn yw ei wariant asiantaethau y tu allan i'r contract ym mis Ebrill 2021.

Dylai gwariant ar nyrsio asiantaeth fod ar gael heb fod angen i sefydliadau neu AS ddefnyddio ceisiadau Rhyddid Gwybodaeth. Dylai sut mae arian cyhoeddus yn cael ei wario fod yn fater o graffu cyhoeddus.

Hefyd, mae data gwariant asiantaeth yn dangos yn eglur yr angen sydd gan fyrdau iechyd am staff nyrsio na allant eu cyflenwi o'u gweithluoedd eu hunain. Mae'r wybodaeth hon yn hanfodol ar gyfer anghenion cynllunio'r gweithlu a dylai fod ar gael i hysbysu'r broses o gomisiynu lleoedd myfyrwyr nyrsio.

Cadw

Yn ôl data'r Cyngor Nyrsio a Bydwreigiaeth, rhwng Ebrill 2020 a Mawrth 2021, ymunodd 1,458 o nyrsys cofrestredig â'r gofrestr barhaol yng Nghymru. Fel cymhariaeth, gadawodd 1,243 o bobl y gofrestr.¹⁷

Mae Llywodraeth Cymru wedi cynyddu nifer y lleoedd myfyrwyr nyrsio yng Nghymru bob blwyddyn yn y 10 mlynedd diwethaf, ac eithrio 2019/2020 pan arhosodd y nifer yr un fath. Mae'r cynnydd i'w groesawu yn fawr. Yn anffodus, nid oes unrhyw arwydd bod yr ecsodus o nyrsys sy'n gadael y GIG yn arafu ac, yn wir, gallai fod yn cynyddu gan fod llawer o nyrsys yn gadael y proffesiwn yn gynharach yn eu gyrfaedd.

¹⁴ Smith, M. 2020. 'The staggering amount spent on agency nurses to keep the Welsh NHS running'. *Wales Online*. Ar gael yn: *The staggering amount spent on agency nurses to keep the Welsh NHS running - Wales Online*. Gwelwyd ar 11 Hydref 2021.

¹⁵ Lewis, A. 2021. 'The huge amount of money spent on agency staff in Wales to fill the gaps in the NHS Workforce' *Wales Online*. Ar gael yn: <https://www.walesonline.co.uk/news/health/huge-amount-money-spent-agency-21199623>. Gwelwyd ar 11 Hydref 2021.

¹⁶ Bwrdd Iechyd Prifysgol Aneurin Bevan, 2021. Papurau bwrdd. Ar gael yn <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/abuhb-public-board-wednesday-28th-july-2021-pdf/>. Gwelwyd ar 11 Hydref 2021.

¹⁷ Mae RCN Cymru yn amcangyfrif bod tua 20% o nyrsys cofrestredig y Cyngor Nyrsio a Bydwreigiaeth sydd wedi'u cofrestru yng Nghymru yn cymudo i'r gwaith yn Lloegr. Sylwer hefyd y bydd rhai nyrsys wedi cofrestru gyda'r Cyngor Nyrsio a Bydwreigiaeth ond nad ydynt yn gweithio yn glinigol (e.e. yn darlithio neu wedi ymddeol).

Rhwng Mehefin 2020 a Mehefin 2021, cynyddodd y gweithlu nyrsio, gweithwyr cymorth gofal iechyd a bydwagedd a gyflogir gan GIG Cymru o 33 o bobl yn unig, sy'n cyfateb i gynnydd o 0.1%.¹⁸ Er y bu cynnydd mân iawn i'r gweithlu cyffredinol a chynnydd mewn meysydd penodol, er enghraifft cynyddodd nifer y nyrsys ymgynghorol o 5.1 (cyfwerth ag amser llawn), cydbwyswyd hyn gan ostyngiad ofnadwy mewn meysydd nyrsio eraill. Gostyngodd nifer y metronau modern o 12.7 (cyfwerth ag amser llawn), gostyngodd ymwelwyr iechyd o 21 (cyfwerth ag amser llawn), a gostyngodd nyrsys ardal o 41.2 (cyfwerth ag amser llawn), sy'n cyfateb i 6% o'r gweithlu nyrsys ardal yn gadael mewn blwyddyn.¹⁹

Mae hyn er gwaethaf ymgyrchoedd recriwtio llwyddiannus ar draws byrddau iechyd fel Cwm Taf Morgannwg ac Aneurin Bevan. Mae hyn yn dangos maint y niferoedd sy'n gadael y GIG, a'u harbenigedd a'u blynyddoedd o brofiad gyda nhw.

Mewn arolwg gan RCN yn 2020 o 2,011 o aelodau RCN Cymru, gofynnwyd i'r aelodau "gan feddwl yn ôl i ddiwedd 2019, sut oeddech chi'n teimlo am aros yn y proffesiwn nyrsio neu ei adael?" Mewn ymateb, dywedodd 26.9% eu bod naill ai'n meddwl am adael y proffesiwn neu'n meddwl yn gryf am adael y proffesiwn. Yna gofynnwyd, "beth fyddai'n disgrifio orau sut rydych yn disgwyl teimlo am aros yn y proffesiwn neu ei adael ar ddiwedd 2020?" Mewn ymateb, dywedodd 36.7% eu bod yn disgwyl bod yn ystyried neu adael y proffesiwn neu ystyried gadael y proffesiwn yn gryf. Mae'r cynnydd sydyn i nifer y nyrsys sy'n ystyried gadael y proffesiwn yn peri pryder ac yn dangos effaith sylweddol COVID-19 a phwysau cronig ar y gweithlu.

Er mwyn darparu gwasanaeth gofal iechyd i'r cyhoedd ac i ddarparu gofal nyrsio *diogel ac effeithiol* mae angen i GIG Cymru a Llywodraeth Cymru roi sylw difrifol i'r mater o sut i gadw nyrsys yn gweithio yn y GIG.

Mae pedwar bwrdd iechyd wedi cynnwys yr anallu i gadw staff nyrsio ar eu cofrestr risg gorfforaethol ers nifer o flynyddoedd: Cwm Taf Morgannwg (Ionawr 2016), Powys (Ionawr 2017), Aneurin Bevan (Mawrth 2017) a Betsi Cadwaladr (Rhagfyr 2017). Fodd bynnag nid yw Bae Abertawe, Hywel Dda a Chaerdydd a'r Fro wedi rhestru cadw staff ar eu cofrestr risg gorfforaethol er eu bod yn cydnabod ar yr un pryd mewn papurau i'w byrddau bod cadw nyrsys yn her ddifrifol. Yn hytrach, mae'r tri bwrdd iechyd hyn yn rhestru methiant i *recriwtio* niferoedd priodol o nyrsys ar eu cofrestrau risg – mae hyn yn dangos methiant sylweddol o ddealltwriaeth strategol. Ni fydd camau lliniaru i wella recriwtio yn datrys problemau cadw staff.

Wrth adolygu papurau bwrdd y byrddau iechyd sy'n cydnabod y broblem cadw nyrsys, mae absenoldeb strategaeth genedlaethol yn eglur iawn. Prin iawn yw'r gydnabyddiaeth neu'r ddealltwriaeth a ddangosir o *pam* mae nyrsys yn gadael ac ni sefydlwyd unrhyw fentrau i berswadio nyrsys i aros. Mae'n ymddangos bod gan GIG Cymru ychydig neu ddim gwybodaeth am ddulliau priodol ac effeithiol sy'n seiliedig ar dystiolaeth i'w mabwysiadu i berswadio pobl i aros. Hefyd, mae'n ymddangos nad oes unrhyw gymhelliad neu drefn rheoli perfformiad amlwg gan Lywodraeth Cymru i wneud hynny.

¹⁸ Staff a gyflogir yn uniongyrchol gan y GIG: ar 30 Mehefin 2021 | LLYW.CYMRU

¹⁹ Staff nyrsio, bydweigiaeth ac ymwelwyr iechyd, yn ôl gradd a maes gwaith (llyw.cymru)

I gynorthwyo gyda COVID-19, dychwelodd nifer o nyrsys ar sail dros dro i weithlu'r GIG yng Nghymru. Mae hyn yn dangos y gronfa bosibl o nyrsys sydd ar gael yn barod yng Nghymru – ac eto ni chymerodd Llywodraeth Cymru y cyfle i ofyn i'r grŵp hwn o nyrsys beth fyddai'n eu hannog i aros yn y GIG.

Heb unrhyw strategaeth gadw genedlaethol ar gyfer nyrsio, mae byrddau iechyd wedi cymryd ychydig neu ddim camau i fynd i'r afael â'r broblem ddifrifol hon.

Cynlluniodd Bwrdd Iechyd Prifysgol Bae Abertawe arolwg cadw nyrsys '*fabulous fifties*' ar gyfer mis Mawrth 2020, ar gyfer staff nyrsio 50 oed a hŷn i ddeall eu cynlluniau ymddeol a pha un a fyddent yn ystyried opsiynau gyrfaol amgen cyn ymddeol. Cyhoeddodd y bwrdd iechyd adroddiad o'r enw *Nursing Workforce Analysis, Recruitment and Retention* ym mis Ebrill 2021 gydag argymhelliad i ddatblygu strategaeth recriwtio a chadw nyrsys.

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn cydnabod y byddai'n ymddangos bod cynnig oriau gweithio hyblyg yn strategaeth hanfodol i gadw staff profiadol a medrus a allai ymddeol neu adael y proffesiwn yn llwyr fel arall. Fodd bynnag, nid yw'n eglur a chymerwyd unrhyw gamau ar y pwynt hwn.

Recriwtio rhyngwladol

Mae recriwtio rhyngwladol yn rhan hanfodol o sicrhau bod digon o nyrsys yn gweithio yn GIG Cymru i ddarparu gofal. Mae pob bwrdd iechyd yn recriwtio yn rhyngwladol, ond mae rhai byrddau iechyd yn fwy dibynnol, neu lwyddiannus, o ran recriwtio rhyngwladol nag eraill.

Ym mis Mehefin 2019, roedd gan Fwrdd Iechyd Prifysgol Aneurin Bevan 350 o swyddi nyrsio cyfwerth ag amser llawn gwag. Ym mis Mai 2021, dim ond 165 oedd gan y bwrdd iechyd ac roedd yn disgwyl i hyn ostwng ymhellach i 121 erbyn mis Awst 2021. Mae'r llwyddiant hwn i raddau helaeth oherwydd ymgyrch recriwtio rhyngwladol lwyddiannus. Mae'r bwrdd iechyd yn ymgysylltu yn helaeth a chwmnïau recriwtio tramor ac ers mis Medi 2019 mae'r bwrdd iechyd wedi penodi 160 o nyrsys tramor cyfwerth ag amser llawn.

Mae Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg wedi bod yn eithriadol o lwyddiannus hefyd o ran denu nyrsys rhyngwladol i'r bwrdd iechyd. Cychwynnodd y bwrdd iechyd ymgyrch recriwtio dramor ar gyfer nyrsys ym mis Mehefin 2019 ac mae wedi recriwtio 213 o nyrsys cyfwerth ag amser llawn ers hynny, yn bennaf o India.²⁰

Nid oes unrhyw ddull cenedlaethol o recriwtio rhyngwladol ar hyn o bryd, ac felly nid oes dull safonol o recriwtio nyrsys tramor. Mae'r RCN yn credu yn gryf y dylai fod dull Cymru gyfan cenedlaethol o recriwtio rhyngwladol. Ym mis Mehefin 2018, cynhaliodd RCN Cymru ddigwyddiad Recriwtio Rhyngwladol – Dysgu o Brofiad. Roedd byrddau iechyd, prifysgolion, swyddogion Llywodraeth Cymru a'r sector annibynnol yn bresennol yn y digwyddiad hwn. Yn ystod y gwerthusiad o'r digwyddiad, dywedodd nifer fawr o sylwadau a dderbyniwyd (11 o 20) y dylid mabwysiadu dull Cymru Gyfan.

²⁰ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/2-2-14b-appendix-a-annual-assurance-report-on-compliance-on-the-nurse-staffing-levels-wales-act-2019-2020-1-pdf/>

Byddai angen i ddull cenedlaethol Cymru Gyfan sicrhau cysondeb o ran asesu anghenion, datblygu mentrau caffael effeithiol, cynorthwyo nyrsys rhyngwladol yn ystod y broses a'u paratoi ar gyfer gwaith yn y sector iechyd a gofal cymdeithasol yng Nghymru. Trwy sefydlu dull cenedlaethol, byddai hyn yn caniatáu i recriwtio rhyngwladol gael ei ystyried ar lefel Cymru Gyfan ac yn cynnig set ddata eglur o faint o nyrsys tramor sy'n gweithio ac yn byw yng Nghymru, ac o ble maent yn dod.

Yn ogystal â darparu dull cenedlaethol o recriwtio nyrsys tramor, mae angen cydnabyddiaeth ein bod yn dymuno iddynt aros yng Nghymru. Mae AaGIC a Gofal Cymdeithasol Cymru wrthi'n datblygu cynlluniau cyflawni ar gyfer y strategaeth gweithlu 10 mlynedd ar hyn o bryd; mae'n rhaid i unrhyw gynlluniau yn y dyfodol gydnabod yr angen i gadw nyrsys tramor yn gweithio ac yn byw yng Nghymru.

Yng Nghymru, rhagwelir y bydd un o bob pedwar o'r boblogaeth yn hŷn na 65 oed erbyn 2038.²¹ Rhagwelir hefyd y bydd y boblogaeth hŷn na 75 oed yng Nghymru yn cynyddu o 9.3% o'r boblogaeth yn 2018 i 13.7% yn 2038.²² Felly, efallai na fydd digon o bobl o oedran gweithio yng Nghymru i ddarparu gofal cymdeithasol addas yn y dyfodol agos. Felly, er ein bod yn cefnogi yn llwyr cynnydd i gyflogau staff gofal cymdeithasol, ni all hwn fod yr unig ateb oherwydd er gwaethaf cynnydd i gyflogau efallai na fydd digon o bobl yng Nghymru i ddarparu'r gofal hwn.

Mae'n rhaid i Lywodraeth Cymru gymryd sylw o gyfraith fewnfudo ac effeithiau parhaus Brexit. Fel y dangoswyd, mae Cymru yn ddibynnol ar recriwtio rhyngwladol mewn lleoliadau iechyd a gofal cymdeithasol. Mae'n rhaid i Lywodraeth Cymru sicrhau bod systemau mewnfudo y presennol a'r dyfodol yn cymryd i ystyriaeth y newid i'r galw yng Nghymru o'i chymharu â'r Alban, Gogledd Iwerddon a Lloegr. Galwodd yr RCN am fecanwaith ffurfiol ar gyfer Cymru yn debyg i Restr o Alwedigaethau lle ceir Prinder yr Alban ar hyn o bryd. Gwnaed yr argymhelliad hwn gan y Pwyllgor Cynghori ar Ymfudo i'r Swyddfa Garter, ac fe'i derbyniwyd. Ar ôl adolygu'r Rhestr o Alwedigaethau lle ceir Prinder, argymhellodd y Pwyllgor Cynghori ar Ymfudo y dylid ychwanegu gweithwyr iechyd proffesiynol (2219) at restr o Alwedigaethau lle ceir Prinder *Cymru yn unig* i sicrhau bod anghenion y sector iechyd a gofal cymdeithasol yng Nghymru yn cael eu diwallu. Mae'n rhaid i Lywodraeth Cymru fonitro llwyddiant recriwtio rhyngwladol a sicrhau bod y system fewnfudo yn addas ar gyfer Cymru.

Yr estyniad i Adran 25B

Pan basiwyd y Ddeddf Lefelau Staff Nyrsio (Cymru), roedd uchelgais cyffredin ar draws pleidiau gwleidyddol i ymestyn Adran 25B i bob maes nyrsio. Rhannwyd yr uchelgais hwn gan yr RCN.

Sefydlwyd Rhaglen Staff Nyrsio Cymru Gyfan i fodloni gofynion y Ddeddf a sefydlu ffrydiau gwaith i ymestyn Adran 25B i feysydd penodol o nyrsio. Mae'r ffrydiau gwaith fel a ganlyn:

- Meddygol a llawfeddygol aciwt i oedolion
- Pediatrig
- Nyrsio ardal
- Ymweliadau iechyd
- Iechyd meddwl

²¹ https://llyw.cymru/sites/default/files/consultations/2020-12/dogfen-ymgynggori_0.pdf

²² Y Swyddfa Ystadegau Gwladol, 2019, <https://cy.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojection/s/bulletins/nationalpopulationprojections/2018based>

Mae'r adroddiad hwn yn ystyried gweithrediad Deddf Lefelau Staff Nyrsio (Cymru) 2016 hyd at fis Tachwedd 2021. Cafodd Adran 25B y Ddeddf ei hymestyn i wardiau pediatriig cleifion mewnol ar 1 Hydref 2021. Felly ni chafwyd cyfle eto i werthuso gweithrediad Adran 25B ar wardiau pediatriig, ond deallir bod llawer o fyrddau iechyd wedi cyflwyno papurau i'w bwrdd i dynnu sylw at yr angen am adnoddau ychwanegol a chynnydd i'r gyllideb ar gyfer wardiau pediatriig a staffio er mwyn paratoi ar gyfer yr estyniad i Adran 25B.

Yn 2019, canfu adroddiad blaenorol yr RCN y bu cynnydd i nifer y staff nyrsio a bob ward yng Nghymru a oedd yn ddarostyngedig i Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016. Mae ymestyn Adran 25B i wardiau pediatriig yn dangos eto bod camau sefydliadol yn cael eu cymryd yn sgil gwneud diogelwch cleifion yn rhwymedigaeth gyfreithiol i fyrddau iechyd. Mae'r newid i'r gyfraith sy'n sefydlu atebolrwydd statudol eglur yn newid ymddygiad sefydliadol gan arwain at ofal mwy diogel i gleifion sy'n agored i niwed.

Nyrsio ardal

Mewn cyferbyniad â'r ffrwd waith bediatriig, mae'n werth nodi mai dim ond Bwrdd Iechyd Aneurin Bevan wnaeth gynnig sylwadau ar ei gynnydd yn y ffrwd waith iechyd meddwl a'r ffrwd waith nyrsio ardal yn ei adroddiad tair blynedd. Ni wnaeth unrhyw fwrdd iechyd arall sôn am yr un o'r ddwy ffrwd waith yng nghyd-destun cynnydd neu gynlluniau ar gyfer y dyfodol. Mae byrddau iechyd yn cyfeirio yn achlysurol at y ffrydiau gwaith yn ei hadroddiadau sicrwydd blynyddol. Er enghraifft, yn 2019/2020 gwnaed Cwm Taf Morgannwg sylwadau ar y ffrwd waith nyrsio ardal yn unig, ond rhoddodd wybodaeth am y ddwy yn 2020/2021. Mae Bwrdd Iechyd Addysgu Powys yn cynnig trosolwg o weithgarwch y ffrydiau gwaith yn ei bapur bwrdd o fis Mai 2021.

Fel mesur i gynorthwyo byrddau iechyd i baratoi ar gyfer yr estyniad i Adran 25B, cyhoeddodd y Prif Swyddog Nyrsio egwyddorion canllaw interim ar gyfer lefelau staff nyrsio yn y gymuned yn 2019. Caiff adroddiad chwe-misol ei lunio gan fyrddau iechyd ar gyfer y Prif Swyddi Nyrsio yn ymwneud â chydymffurfiaid â'r egwyddorion staff nyrsio ardal interim a nifer y swyddi gwag ar gyfer nyrsys a gweithwyr cymorth gofal iechyd cofrestredig yn y gymuned.

Mae llawer o fyrddau iechyd wedi gwneud cynnydd sylweddol o ran sicrhau eu bod yn barod ar gyfer estyniad posibl i'r Ddeddf. Er enghraifft:

- Adroddodd Bwrdd Iechyd Hywel Dda yn ei bapurau bwrdd o fis Ebrill 2021 bod cynnydd wedi cael ei wneud yn ystod 2020/21, er gwaethaf heriau 2020, o ran sicrhau mwy o gydymffurfiaid ag egwyddorion staff nyrsio ardal interim GIG Cymru.²³
- Adroddodd Bwrdd Iechyd Aneurin Bevan ei fod yn cydymffurfio â chwech allan o wyth o egwyddorion ym mis Mai 2020 a'i fod wedi recriwtio nyrsys yn llwyddiannus i dimau nyrsys ardal, a brofir gan ffactor swyddi gwag o 5.2% o'i gymharu ag 8.9% a adroddwyd yn flaenorol.²⁴ Flwyddyn yn ddiweddarach, nododd Bwrdd Iechyd Aneurin Bevan ei fod yn falch o fod wedi gwneud cynnydd pellach eto yn erbyn yr egwyddorion craidd, gan roi'r bwrdd iechyd mewn sefyllfa gref iawn. Dangosodd y bwrdd iechyd gydymffurfiaid llawn yn erbyn pedair egwyddor a pherfformiad dros 90% yn erbyn un arall.²⁵

²³ <https://hduhb.nhs.wales/about-us/governance-arrangements/statutory-committees/quality-safety-and-experience-assurance-committee-qseac/qseac/quality-safety-and-experience-assurance-committee-meeting-13-april-2021/item-3-2-1-nurse-staffing-levels-wales-act-draft-annual-report-2020/>

²⁴ Cyfarfod Bwrdd Cyhoeddus 2020-12-16 16 Rhagfyr 2020.pdf (sharepoint.com)

- Adroddodd Cwm Taf Morgannwg ganfyddiadau tebyg i Aneurin Bevan, ar ôl sicrhau cydymffurfiad llawn yn erbyn tair egwyddor o fis Mai 2021, a chydymffurfiad o dros 90% â thair egwyddor arall.²⁶
- Cydnabuwyd gan Gaerdydd a'r Fro bod COVID-19 wedi profi'r egwyddorion nyrsio ardal, ond cadarnhaodd bod modelu gweithlu'r timau wedi bod yn effeithiol gan fod timau nyrsio ardal wedi cael eu lleoli yn effeithio i weithio ar y cyd â chleifion yn cael eu rhyddhau o gartrefi gofal, hosbisau ac ysbytai.²⁷

Mae byrddau iechyd wedi dangos eu cydymffurfiad a'u parodrwydd i fodloni'r egwyddorion staff nyrsio interim er gwaethaf diffyg dyddiad rhoi Adran 25B ar waith gan Lywodraeth Cymru. Yn dilyn llwyddiant y byrddau iechyd, mae'r RCN yn galw ar Lywodraeth Cymru i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol yn y tymor Senedd hwn.

Wardiau cleifion mewnol iechyd meddwl

Yn aml, unigolion ar wardiau iechyd meddwl yw rhai o'r mwyaf agored i niwed mewn cymdeithas ac mae staff nyrsio angen digon o amser i ddarparu gofal sensitif. Mae'r RCN o'r farn y dylai'r maes gofal clinigol hwn fod yn flaenoriaeth ar gyfer ymestyn Adran 25B. Dangosodd canfyddiadau adroddiad Tawel Fan ym mis Medi 2014 yr effaith ofnadwy ar ofal cleifion sy'n digwydd pan fydd diffyg cyllid, diffyg staff digonol, diffyg sgiliau yn y gweithlu a diffyg arweinyddiaeth i gyd yn cyfuno ac eto yn cael eu gadael heb eu datrys gan reolwyr.

Mae gan Raglen Staff Nyrsio Cymru Gyfan ffrwd gwaith cleifion mewnol iechyd meddwl. Penodwyd arweinydd prosiect iechyd meddwl ym mis Tachwedd 2020 ac mae egwyddorion staffio interim drafft yn cael eu llunio i hysbysu a llywio cynlluniau gweithlu fel mesur dros dro tan i Adran 25B gael ei hymestyn. Fodd bynnag, mae gwybodaeth am gynnydd y byrddau iechyd unigol yn brin, ac mewn rhai achosion nid yw'n bodoli o gwbl yn eu hadroddiadau tair blynedd a sicrwydd blynyddol.

²⁵ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

²⁶ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/2-2-14e-appendix-d-annual-assurance-report-ctm-2020-2021-pdf/>

²⁷ 2020-11-26 Agenda a Phapurau.pdf (sharepoint.com)

ADRAN 2 ADRODDIADAU BYRDDAU IECHYD

Mae adran hon yr adroddiad yn edrych yn fwy manwl ar gynnydd a heriau a wynebwyd gan fyrddau iechyd o ran cydymffurfio â gofynion Deddf Lefelau Staff Nyrsio (Cymru) 2016 drwy archwilio papurau'r byrddau iechyd.

Bwrdd Iechyd Prifysgol Aneurin Bevan

Cwestiynau i'w gofyn i Fwrdd Iechyd Aneurin Bevan

1. Sut gwnewch chi fesur llwyddiant eich fframwaith cyffredinol newydd ar gadw nyrsys?
2. Pa mor hawdd yw gweithio hyblyg i nyrsys?
3. Faint o'ch wardiau Adran 25B sydd â rheolwyr ward cwbl ychwanegol? Beth am yr holl wardiau?
4. A ydych chi'n barod i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol a wardiau cleifion mewnol iechyd meddwl?

Cynnydd o ran gweithredu

Ym mis Tachwedd 2019, nododd y bwrdd iechyd nad oedd gan lawer o wardiau aciwt y nifer angenrheidiol o nyrsys cofrestredig i fodloni'r lefelau staff nyrsio gofynnol. Y camau a gymerwyd gan y bwrdd iechyd i fynd i'r afael a hyn oedd 'Model Tîm Gofal Craidd' newydd yn 2019. Canolbwyntiodd y model ar bwysleisio arferion dirprwyo priodol a diogel, gan leihau'r pwysau ar y gweithlu nyrsys cofrestredig, a lliniaru'r risgiau sy'n gysylltiedig â'r diffyg nyrsys cofrestredig.

Roedd y Model Tîm Gofal Craidd yn cynnwys cyflwyno tair swydd: ymarferydd cynorthwyol Band 4, lluniwr amserlenni Band 3 a chynorthwydd ward Band 2. Erbyn mis Mai 2021, roedd 44.5 o ymarferwyr cynorthwyol Band 4 cyfwerth ag amser llawn wedi cael eu cyflogi ar wardiau Adran 25B.²⁸ Gwerthuswyd gweithrediad y Model Tîm Gofal Craidd yn 2021 gyda chyflwyniad i'r tîm gweithredol ac ystyriwyd ei fod yn hynod gadarnhaol.²⁹

Mae gweithwyr cymorth gofal iechyd yn rhan werthfawr o'r tîm nyrsio ac mae gwneud yn siŵr bod y swyddi hyn, gan gynnwys ymarferwyr cynorthwyol Band 4, yn bodoli, y penodir iddynt, ac y'u cynorthwyir ar lefel ddigon uchel

yn bwysig iawn. Fodd bynnag, nid yw gweithwyr cymorth gofal iechyd yn cymryd lle nyrs gofrestrdig. Mae'r dystiolaeth yn eglur iawn bod gwybodaeth, sgiliau a chrebwyll proffesiynol y nyrs gofrestrdig mewn swydd oruchwyllo yn gwneud y gwahaniaeth hollbwysig i ganlyniadau cleifion.

Wardiau 25B	2018/2019	2019/2020	2020/2021
Wardiau meddygol			
Uchaf	16	17	29
Isaf	15	15	21
Wardiau llawfeddygol			
Uchaf	14	14	14
Isaf	14	14	7

²⁸ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

²⁹ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

Gall nifer y wardiau Adran 25B newid oherwydd i ward gael ei haddasu at ddibenion gwahanol, ei chau neu ail-werthuso ei phrif swyddogaeth. Yn 2019 a 2020, arhosodd nifer y wardiau Adran 25B yn Aneurin Bevan yn gymharol sefydlog. Yn 2021, 8 (meddygol) a 7 (llawfeddygol) oedd y gwahaniaeth rhwng y nifer fwyaf o wardiau Adran 25B a'r nifer isaf. Roedd hyn yn bennaf oherwydd yr angen i ofalu am gleifion COVID-19 a ychwanegodd agoriad cynnar ysbyty'r Faenor ymhellach at y cynnydd.

Caiff unrhyw ddigwyddiadau yn ymwneud â niwed pwyso a gafwyd yn yr ysbyty, cwmpau sy'n arwain at niwed difrifol neu farwolaeth, digwyddiadau byth yn gysylltiedig â meddyginiaeth, neu gwynion am ofal nyrsio eu cofnodi. Mae digwyddiadau o'r fath sy'n arwain at niwed i gleifion yn destun dadansoddiad o wraidd y broblem y ddarganfod yr achos. Gellir ystyried methiant i gynnal lefelau staff nyrsio priodol yn ffactor sy'n cyfrannu at ddigwyddiad. Ni chofnododd Aneurin Bevan unrhyw niwed pwyso a gafwyd yn yr ysbyty, cwmpau na digwyddiadau byth yn gysylltiedig â meddyginiaeth lle ystyriwyd bod lefelau staff nyrsio annigonol yn ffactor cyfrannol yn 2019/2020 na 2020/2021. Yn 2019/2020, ni chafwyd unrhyw gwynion lle ystyriwyd bod methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol. Fodd bynnag, roedd pedwar yn 2020/2021.

Effaith COVID-19

Aneurin Bevan oedd y bwrdd iechyd cyntaf yng Nghymru i ddioddef pwysau difrifol o ganlyniad i COVID-19. Ychwanegwyd diffyg cydymffurfiaid at Ddeddf Lefelau Staff Nyrsio (Cymru) 2016 at y gofrestr risg COVID-19 ym mis Mai 2020.³⁰

Mabwysiadodd y bwrdd iechyd y Model Tîm Gofal Craidd yn eang yn ystod pandemig COVID-19. Er ei fod yn cydnabod y sail dystiolaeth gref ar gyfer cymarebau nyrsys cofrestredig uchel, mae'r bwrdd iechyd wedi datgan bod y model diwygiedig wedi'i wreiddio yn realiti'r gweithlu oedd ar gael a'r galw amdano yn ystod y pandemig³¹. Ceisiodd y model sicrhau bod y perygl o ddiffyg nyrsys cofrestredig ar adeg o alw uchel cyn lleied â phosibl. Byddai'r RCN yn argymhell bod Bwrdd Iechyd Prifysgol Aneurin Bevan yn bod yn ofalus dros ben wrth leihau nifer y nyrsys cofrestredig ac yn sicrhau mai dim ond tasgau priodol sy'n cael eu dirprwyo i'r gweithlu nyrsio ehangach. Mae gwaith ymchwil wedi profi mai presenoldeb y nyrs gofrestrredig sy'n lleihau marwolaethau cleifion a chanlyniadau niweidiol i gleifion.

Cynaliadwyedd y gweithlu

Ym mis Tachwedd 2019, 361 cyfwerth ag amser llawn oedd cyfanswm y swyddi nyrsys cofrestredig gwag a dwy isadran aciwt yn y bwrdd iechyd oedd â'r gyfradd swyddi gwag uchaf.³²

	2019	2020	2021
Cyfraddau Swyddi Nyrsys Cofrestredig Gwag (cyfwerth ag amser llawn)	361	249	165

³⁰ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/board-papers-20th-may-2020-v2-pdf/>

³¹ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

³² <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/aneurin-bevan-university-health-board-public-meeting-26-may-2021-v3-pdf/>

Mae'r bwrdd iechyd yn cydnabod mai'r gyfradd swyddi nyrsys cofrestredig gwag a waethygydd gan COVID-19 oedd y risg fwyaf i weithredu Deddf Lefelau Staff Nyrsio (Cymru) 2016 yn llwyddiannus.³³

Roedd y bwrdd iechyd yn ddibynol ar staff asiantaeth a chronfa i gynnal lefelau staff nyrsio. Parhaodd hyn i 2020 a 2021 wrth i wariant ar asiantaethau gynyddu oherwydd pwysau COVID-19, a amlygwyd gan yr asesiad ariannol o'r adroddiad cydymffurfiaid blyneddol mewn nifer o adroddiadau gan gynnwys mis Tachwedd 2021.³⁴ Dywedodd y bwrdd iechyd y canlynol:

ceir dibyniaeth sylweddol o hyd ar staff dros dro ac mae risg fawr yn gysylltiedig â hyn o ran ansawdd a diogelwch cleifion a'r ddarpariaeth o wasanaethau. Mae hyn wedi dod yn fwyfwy amlwg yn llawer o'r cwynion a'r pryderon a dderbyniwyd ac a adolygwyd gan y Bwrdd Iechyd o ran y gofal a ddarperir gan weithwyr asiantaeth. Mae hefyd yn cynyddu yn sylweddol gofynion y swydd ar staff parhaol sydd eisoes wedi blino'n lân. Gall y rhai sy'n anghyfarwydd â pholisïau, gweithdrefnau a phrosesau'r Bwrdd Iechyd gael eu hystyried yn ymyrraeth i staff parhaol ar adegau oherwydd yr angen i'r "rheoli" mewn gwahanol ffyrdd, a gall hyn gael effaith ar ansawdd gwasanaethau drwy achosi oediadau a tharfu. Gall y defnydd o staff dros dro hefyd fod yn annibynadwy ac effeithiau o dybiaethau o degwch a chael effaith yr ysbryd staff parhaol.³⁵

Defnyddiwyd gwahanol strategaethau i fynd i'r afael â'r gyfradd swyddi gwag, fel cymhellion cyflog, hysbysebu ar wefan swyddi RCN, ymgyrchoedd hyrwyddo wedi'u targedu ar gyfryngau cymdeithasol, digwyddiadau recriwtio, a recriwtio rhyngwladol.

Erbyn mis Mai 2021, roedd y bwrdd iechyd wedi recriwtio 160 o nyrsys tramor cyfwerth ag amser llawn. Ym mis Mai 2021, adroddodd y bwrdd nad oedd y risg fwyaf i weithrediad y Ddeddf yn ymwneud â'r gyfradd swyddi nyrsys cofrestredig gwag mwyach, ond yn hytrach y risg o weithlu nyrsio newydd ac amhrofiadol – er na chafodd unrhyw esboniad o sut roedd y risg hon yn cael ei lliniaru ei gynnwys.

Mae'r gostyngiad i nifer y swyddi nyrsys cofrestredig gwag yn dangos yr ymrwymiad corfforaethol trawiadol sydd gan y bwrdd iechyd i sicrhau gofal diogel ac effeithiol, i gydymffurfio â Deddf Lefelau Staff Nyrsio (Cymru) 2016 ac i leddfu'r pwysau ar y gweithlu presennol. Fodd bynnag, ym mis Tachwedd 2021, swyddi nyrsio cofrestredig gwag oedd y risg fwyaf eto, yn gysylltiedig yn benodol ag agoriad Ysbyty Athrofaol y Faenor, wedi'i waethgu gan bandemig COVID-19.³⁶

Ym mis Awst 2020, lansiodd y bwrdd iechyd fframwaith cadw gweithlu cyffredinol ac ers pandemig COVID-19 mae Bwrdd Iechyd Prifysgol Aneurin Bevan wedi datblygu capasiti integredig ychwanegol gyda'r Gwasanaeth Llesiant Cyflogeion i gynnig cymorth 'ar lawr gwlad'. Uchelgais y bwrdd iechyd yw sefydlu Canolfan Llesiant ac Addysg yn Ysbyty Athrofaol y Faenor.³⁷ Mae'r fframwaith cadw ochr yn ochr y cymorth ychwanegol a ddarperir drwy'r Gwasanaeth Llesiant Cyflogeion yn cydnabod bod profiad staff y bwrdd iechyd yn llunio profiad cleifion ac mai dyma'r agweddau pwysig ar sicrhau ein bod yn darparu gofal diogel o ansawdd uchel i gleifion a chymunedau lleol.³⁸

³³ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-16-december-2020-pdf/>

³⁴ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-24th-november-2021-pdf/>

³⁵ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-24th-november-2021-pdf/>

³⁶ <https://abuhb.nhs.wales/files/key-documents/public-board-meetings/public-board-meeting-24th-november-2021-pdf/>

³⁷ BIPAB Adroddiad Sicrwydd 3 Blynedd i Lywodraeth Cymru - Ebrill 2021.pdf (sharepoint.com)

³⁸ BIPAB Adroddiad Sicrwydd 3 Blynedd i Lywodraeth Cymru - Ebrill 2021.pdf (sharepoint.com)

Bwrdd Iechyd Prifysgol Betsi Cadwaladr**Cwestiynau i'w gofyn i Fwrdd Iechyd Prifysgol Betsi Cadwaladr**

1. A yw eich “ymgyrchoedd recriwtio nyrsys arloesol” wedi mynd i'r afael â'r gyfradd swyddi gwag?
2. A ydych chi'n recriwtio nyrsys yn rhyngwladol?
3. A oes gennych chi strategaeth cadw nyrsys?
5. Faint o'ch wardiau Adran 25B sydd â rheolwyr ward cwbl ychwanegol? Beth am yr holl wardiau?
4. A ydych chi'n barod i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol a wardiau cleifion mewnol iechyd meddwl?

Cynnydd o ran gweithredu

Yn 2018/2019, adroddodd Betsi Cadwaladr bump o gwmpau cleifion a arweiniodd at niwed difrifol neu farwolaeth lle ystyriwyd bod methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol. Fodd bynnag, yn 2019/2020, ni chafwyd unrhyw gwmpau yn y bwrdd iechyd lle ystyriwyd bod methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol. Ar gyfer 2020/2021, ni chofnododd Betsi Cadwaladr unrhyw gwynion am ofal nyrsio lle ystyriwyd bod methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol.

Bu cynnydd i aciwtedd cleifion ers diwedd 2019 a chofnodwyd hyn ym mhapurau bwrdd Betsi Cadwaladr ym mis Tachwedd 2021.³⁹ Mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr wedi dweud y gallai hyn fod oherwydd ymddangosiad hwyr salwch cronig, dirywiad salwch cronig, methiant o ran cymorth gartref i unigolion â namau gwybyddol neu oherwydd ansefydlogrwydd clinigol. Nid yw'r bwrdd iechyd yn rhagweld bod anghenion cleifion ar Lefelau Gofal Cymru 3 a 4 yn debygol o leihau.

Hefyd, o ganlyniad i'r ailgyfrifiadau chwe-misol, nodwyd dibyniaeth gynyddol cleifion yng ngofal y bwrdd iechyd wrth i rai wardiau godi pryderon yn ymwneud â'r dangosyddion ansawdd gofal, y mae rhai ohonynt angen addasiadau i'w lefelau staffio.⁴⁰ Mae'r bwrdd iechyd yn dweud yn ddidaro ei bod hi'n eglur y gallai fod effaith negyddol ar ansawdd gofal os na fydd ymateb gweithredol i ganlyniad y cylch cyfrifo.⁴¹

³⁹ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

⁴⁰ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

⁴¹ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

Effaith COVID-19

Wardiau Adran 25B	2018/2019	2019/2019	2020/2019
Wardiau Meddygol	21	24	24
Wardiau Llawfeddygol	17	13	11

Yng ngoleuni'r pandemig, paratowyd cynlluniau ymchwydd gan Fwrdd Iechyd Betsi Cadwaladr a oedd yn nodi wardiau a fyddai'n cael eu haddasu at ddibenion gwahanol ac a dynnodd sylw at ddarpariaethau capasiti addas ychwanegol. Ar anterth y pandemig, ategwyd hyn gan gynlluniau staff nyrsio ategol a chyfarfodydd lleoli staff dyddiol.

Cydnabuwyd gan y bwrdd iechyd na ellir methu â rhoi ystyriaeth ddigonol i'r diffyg o ran swyddi nyrsio cofrestredig gwag: un o heriau mwyaf sylweddol pandemig Covid 19 oedd/yw gwneud yn siŵr bod digon o nyrsys i ddarparu gofal yn sensitif.

Rhwng Mawrth 2020 ac Ionawr 2021 addaswyd 26 o wardiau at ddibenion gwahanol. Yn 2019/2020, ail-gyfrifwyd lefelau staff 16 o weithiau, ac yn 2020/2021 ail-gyfrifwyd lefelau staffio 19 o weithiau pellach. Mae hyn yn dangos natur o newid cyflym y pandemig a'r angen i ymateb.

Mae rheolwyr ward yn darparu arbenigedd, cyfarwyddyd a chymorth i staff ar eu ward. Maent hefyd yn llunio'r rotas ac yn meddu ar gyfrifoldebau gweinyddol, ac o ganlyniad maent i fod yn ychwanegol. Fodd bynnag, esboniodd Betsi Cadwaladr bod rheolwyr ward (Band 7) yn cael eu cynnwys mewn niferoedd darparu gofal oherwydd anghenion capasiti cynyddol, a chymorth yn ystod salwch/absenoldeb yn gysylltiedig â phandemig COVID 19.⁴² Dylai'r bwrdd iechyd sicrhau nad yw hyn yn parhau a bod rheolwyr ward yn cael eu dychwelyd yn briodol i'w statws ychwanegol.

Hefyd, ym mis Tachwedd 2021, nodwyd bod capasiti uwchgyfeirio/ymchwydd wedi'i ariannu yn annigonol o hyd ac nad yw'n cael ei gefnogi gan lefelau staff nyrsio. Felly, os oes angen capasiti uwchgyfeirio/ymchwydd ni fydd yn cydymffurfio â Deddf Lefelau Staff Nyrsio (Cymru) 2016.

Cynaliadwyedd y gweithlu

Yr her fwyaf sylweddol i Ddeddf Lefelau Staff Nyrsio (Cymru) 2016 yn ôl Bwrdd Iechyd Betsi Cadwaladr yw lefel eithriadol o uchel o swyddi nyrsys cofrestredig gwag, yn enwedig yng nghyd-destun pandemig COVID-19.⁴³

Ym mis Tachwedd 2020, nododd y bwrdd iechyd bod ganddo 541 o swyddi nyrsio a bydwreigiaeth cyfwerth ag amser llawn Band 5 gwag. Ym mis Tachwedd 2021, nododd y bwrdd iechyd mai 636.4 cyfwerth ag amser llawn oedd y gyfradd swyddi nyrsio a bydwreigiaeth gwag gyffredinol. Dyma'r nifer fwyaf a adroddwyd ar draws bob bwrdd iechyd, ond Betsi Cadwaladr yw'r cyflogwr mwyaf hefyd.

⁴² <https://bcuhb.nhs.wales/about-us/health-board-meetings-and-members/health-board-meetings/health-board-meetings/agenda-bundle-health-board-18-11-21-public-v3-0-pdf/>

⁴³ Pwyllgor Ansawdd, Diogelwch a Phrofiadau Bwnel 4 Mai 2021 (gig.cymru)

Ar draws 2019, dim ond 18.5 cyfwerth ag amser llawn oedd cyfanswm y twf i'r gweithlu nyrsio a bydwreigaeth, tra bod y gyllideb wedi cynyddu ar gyfer 67 cyfwerth ag amser llawn. Yn 2019, i fynd i'r afael â'r gyfradd swyddi nyrsio gwag sylweddol nododd papurau'r Pwyllgor Ansawdd, Diogelwch a Phrofiadau (Tachwedd 2019) y bu estyniad i swyddi ar draws bob safle.⁴⁴ Mae hwn yn ddull peryglus iawn o fynd i'r afael â swyddi nyrsio gwag. Er bod gweithwyr cymorth gofal iechyd yn rhan werthfawr o'r tîm nyrsio nid ydynt yn cymryd lle nyrsys cofrestredig. Mae gweithwyr cymorth gofal iechyd Band 4 yn gweithredu ar lefel uwch ac mae angen i'r swyddi hyn gael eu goruchwyllo yn glinigol gan nyrsys cofrestredig. Mae'r dystiolaeth yn eglur iawn mai gwybodaeth, sgiliau a chrebwyll proffesiynol y nyrs gofrestrdig mewn swyddogaeth oruchwyllo sy'n gwneud y gwahaniaeth hollbwysig i ganlyniadau cleifion.

Ym mis Mawrth 2020, nododd y bwrdd iechyd bod y gyfradd llenwi staff wardiau ar gyfer staff nyrsio wedi dirywio a bod gan hyn y potensial i effeithio ar ansawdd gofal a ddarperir i gleifion.⁴⁵ O ganlyniad, fe wnaeth y bwrdd iechyd symleiddio recriwtio trywydd cyflym i staff mewnol, canoli ei dîm recriwtio i gefnogi ymgyrchoedd recriwtio nyrsys wedi'u cefnogi gan arweinwyr nyrsio uwch, a ffurfio partneriaeth a phrifysgolion i sicrhau cymaint o gyfleoedd â phosibl i recriwtio ac arloesi. Yn unol ag adroddiad diweddaraf Deddf Lefelau Staff Nyrsio (Cymru) 2016 o fis Mai 2021, mae'r bwrdd iechyd yn cynllunio ymgyrchoedd recriwtio nyrsys arloesol yn lleol, yn genedlaethol ac yn rhyngwladol.

Mae gan y bwrdd iechyd Grŵp Recriwtio a Chadw Nyrsys sy'n cyfarfod bob mis. Fodd bynnag, mae'r rhan fwyaf o hyn a drafodir yn cyfeirio at recriwtio, neu'n dadansoddi data gweithlu gan gynnwys staff sydd ddim ar gael (oherwydd salwch, gwyliau blynyddol, COVID-19, hyfforddiant) a gofynion staff dros dro. Nid yw'r grŵp yn archwilio mentrau newydd. Er eu bod yn sôn dro ar ôl tro am bwysigrwydd cadw staff, prin iawn sydd wedi'i gofnodi ym mhapurau'r bwrdd iechyd am fentrau a syniadau newydd ar gyfer gwella'r broses o gadw staff.⁴⁶

⁴⁴ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-19-11-19-public-v2-0/>

⁴⁵ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

⁴⁶ <https://bcuhb.nhs.wales/about-us/committees-and-advisory-groups/quality-safety-and-experience-committee/quality-safety-and-experience-committee/agenda-bundle-qse-17-03-20-public-v2-0/>

Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg

Cwestiynau i'w gofyn i Fwrdd Iechyd Prifysgol Cwm Taf Morgannwg

1. Pa lwyddiant ydych chi wedi ei gael gyda'ch strategaeth cadw nyrsys?
2. Faint o swyddi nyrsys cofrestredig gwag sydd yn eich bwrdd iechyd?
3. Faint o'ch wardiau Adran 25B sydd â rheolwyr ward cwbl ychwanegol? Beth am yr holl wardiau?
4. A ydych chi'n barod i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol a wardiau cleifion mewnol iechyd meddwl?

Cynnydd o ran gweithredu

Sefydlwyd Cwm Taf Morgannwg ar 1 Ebrill 2019. Cyfunodd y bwrdd iechyd hwn ardal Cwm Taf â chyfrifoldeb am wasanaethau ym Mhen-y-bont, gan gynnwys Ysbyty Tywysog Cymru. Cynyddodd hyn nifer y wardiau Adran 25B (ar y dyddiad hwnnw) o 10.

Yn 2019, cyflwynodd Cwm Taf Morgannwg fodel gweithredu newydd a gafodd ei ymwreiddio ym mis Ebrill 2020. Roedd y model yn cynnwys Grwpiau Ardal Integredig. Dirprwywyd cyfrifoldeb i'r grwpiau hyn am wasanaethau yn eu hardaloedd. Mae Cyfarwyddwyr Nyrsio Grwpiau Ardal Integredig yn cynnal cyfarfodydd effeithlonrwydd gweithlu gyda'r Penaethiaid Nyrsio, lle caiff camau eu cytuno i sicrhau bod gan wardiau/ardaloedd y lefelau priodol o staff nyrsio, gan ystyried ymddeoliadau posibl a throsiant a amcangyfrifir.

Ni adroddodd y bwrdd iechyd unrhyw niwed bwyso a gafwyd yn yr ysbyty na chwynion am ofal nyrsio lle'r oedd methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol yn ystod y cyfnod hwn. Cofnododd y bwrdd iechyd un gwmp y lle mae methiant i gynnal lefelau staff nyrsio yn cael ei adolygu fel ffactor cyfrannol posibl yn ystod 2020/2021.

Effaith COVID-19

Wardiau Adran 25B	2018/2019	2019/2020	2020/2021
Meddygol			
Uchaf	14	15	17
Isaf	9	15	15
Llawfeddygol			
Uchaf	16	15	11
Isaf	11	7	11

Yn debyg i bob bwrdd iechyd, rhoddodd pandemig COVID-19 bwysau digynsail ar Gwm Taf Morgannwg gyda chynnydd i aciwtedd cleifion, lefelau uchel o absenoldeb staff oherwydd salwch, gwarchod, ynysu ac adleoli staff, tra hefyd yn wynebu heriau parhaus diffyg nyrsys cofrestredig uchel.

Cafodd cyfanswm o 21 o wardiau Adran 25B eu cynnwys yn y sgôr

Coch, Oren, Gwyrdd COVID-19. Rhwng Mehefin 2020 a Medi 2020, roedd 22 o'r 29 o wardiau Adran 25B wedi newid eu swyddogaeth, wedi cael eu had-drefnu a/neu wedi newid lleoliad yn yr ysbyty. Addaswyd wyth ward

yn llwyr at ddibenion gwahanol ac fe'u diffiniwyd fel wardiau COVID-19 yn unig. Mae hyn yn amlygu i ba raddau y gwnaeth COVID-19 herio'r bwrdd iechyd a'r gweithlu.

Yn ystod ton gyntaf pandemig COVID-19, cyflogwyd 411 o fyfyrwyr nyrsio a bydwreigiaeth ail a thrydedd flwyddyn fel gweithwyr cymorth gofal iechyd.⁴⁷

Cynaliadwyedd y gweithlu

Mae Bwrdd Iechyd Cwm Taf Morgannwg wedi adrodd mai un o'r heriau mwyaf sylweddol i'r ddarpariaeth o ofal cleifion o ansawdd uchel yw'r anhawster yn recriwtio ac yn cadw niferoedd digonol o nyrsys a bydwreidd cofrestredig.⁴⁸ Fodd bynnag, nid yw'r gyfradd swyddi nyrsio gwag yn cael ei hadrodd yn gyson i'w bwrdd. Ym mis Mehefin 2019, roedd 55.54 o swyddi nyrsys cofrestredig cyfwerth ag amser llawn gwag ar wardiau Adran 25B. Ym mis Mai 2021, cofnododd y bwrdd iechyd 88 o swyddi nyrsys cofrestredig cyfwerth ag amser llawn gwag ar draws y wardiau yn Ysbyty'r Tywysog Siarl ac Ysbyty Brenhinol Morgannwg a 38.59 o swyddi gweithwyr cymorth gofal iechyd gwag.⁴⁹

Dechreuodd Cwm Taf Morgannwg ymgyrch recriwtio tramor fawr ar gyfer nyrsys ym mis Mehefin gan recriwtio 215 o nyrsys cyfwerth ag amser llawn. Ym mis Mai 2021, dechreuodd y bwrdd iechyd gam dau yr ymgyrch recriwtio tramor i recriwtio 150 o nyrsys pellach; mae hyn yn cynnwys cynnydd i nifer i nyrsys datblygu ymarfer i gefnogi'r rhaglen.⁵⁰

Mae'r ymdrech recriwtio rhyngwladol sylweddol hon yn dangos yr ymrwymiad corfforaethol sydd gan y bwrdd iechyd i sicrhau gofal diogel ac effeithiol, i gydymffurfio â Deddf Lefelau Staff Nyrsio (Cymru) 2016 ac i leddfu pwysau ar y gweithlu nyrsio presennol.

Mae papurau'r bwrdd yn nodi anhawster yn recriwtio a chadw staff. Mae'r risg hon wedi bod ar gofrestr risg sefydliadol Cwm Taf Morgannwg ers 1 Ionawr 2016.⁵¹ Fodd bynnag, nid oes unrhyw wybodaeth yn adroddiadau sicrwydd blynyddol y bwrdd iechyd, ei adroddiad tair blynedd nac ar y gofrestr risg am yr hyn y mae'r bwrdd iechyd yn ei wneud i leihau'r risg o ludded a cholli staff profiadol.

⁴⁷ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/2-2-14e-appendix-d-annual-assurance-report-ctm-2020-2021-pdf/>

⁴⁸ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/25-march-2021/6-1b-appendix-1-organisational-risk-register-risks-rated-15-and-abo-pdf/>

⁴⁹ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/agenda-bundle-health-board-meeting-27-may-2021/>

⁵⁰ <https://ctmuhb.nhs.wales/about-us/our-board/board-papers/2021-board-papers/27-may-2021/2-2-14e-appendix-d-annual-assurance-report-ctm-2020-2021-pdf/>

⁵¹ DatixWeb Excel export (gig.cymru)

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cwestiynau i'w gofyn i Fwrdd Iechyd Prifysgol Caerdydd a'r Fro

1. A ydych chi'n cydymffurfio ag Adran 25A Deddf Lefelau Staff Nyrsio (Cymru) 2016 ar gyfer wardiau iechyd meddwl?
2. Beth sy'n cael ei wneud i sicrhau bod nyrsys ar wardiau iechyd meddwl yn cael eu cynorthwyo?
3. A oes gennych chi strategaeth cadw nyrsys?
4. Faint o'ch wardiau Adran 25B sydd â rheolwyr ward cwbl ychwanegol? Beth am yr holl wardiau?
5. A ydych chi'n barod i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol a wardiau cleifion mewnol iechyd meddwl?

Cynnydd o ran gweithredu

Wardiau Adran 25B	2018/ 2019	2019/ 2019	2020/ 2019
Wardiau Meddygol	20	20	23
Wardiau Llawfeddygol	18	18	20

Mae nifer y wardiau Adran 25B wedi codi a gostwng yn ystod 2020/2021 wrth i'r wardiau hyn gael eu haddasu at ddibenion gwahanol i ofalu am gleifion â COVID-19. Ym mis Ebrill 2021, cofnodwyd bod 23 o wardiau meddygol ac 20 o wardiau llawfeddygol. Cofnodwyd ym mis

Mai 2021 bod 18 o wardiau meddygol ac 11 o wardiau llawfeddygol.

Yn 2019 a 2020 nid oedd Bwrdd Iechyd Caerdydd a'r Fro yn cydymffurfio ag Adran 25A Deddf Lefelau Staff Nyrsio (Cymru) 2016 gan nad oedd y Cyfarwyddwr Nyrsio Gweithredol yn gallu cadarnhau'r holl sefydliadau nyrsio ar gyfer yr ardaloedd hyn gan nad ydynt yn cydymffurfio o hyd ag Adran 25(a) y Ddeddf gan nad yw'r gofynion proffesiynol a gwasanaeth yn bodloni'r amlen ariannol.⁵² Mae hyn yn peri pryder enfawr gan y tynnwyd sylw at y mater hwn fel maes o bryder yn ein hadroddiad blaenorol ym mis Tachwedd 2019 hefyd.

Gwnaeth y Cyfarwyddwr Nyrsio ar gyfer Caerdydd a'r Fro y bwrdd iechyd yn ymwybodol o hyn, ar ôl tynnu sylw'r bwrdd ato dro ar ôl tro. Yn 2021, gofynnwyd i dîm rheoli'r Bwrdd Clinigol Iechyd Meddwl fynd i'r afael â bylchau yn y staff nyrsio a dyraniad ariannol ar wardiau cleifion mewnol iechyd meddwl yn eu Cynllun Tymor Canolig Integredig drwy 2021/2022.

Ym mis Tachwedd 2021, nododd yr adroddiad cyfrifo chwe-misol:

mae'r Cyfarwyddwr Nyrsio Gweithredol wedi gallu cadarnhau'r sefydliadau nyrsio ar gyfer pob ardal fel y niferoedd gweithio sy'n ofynnol i ofalu am gleifion yn sensitif. Er mwyn cydymffurfio yn llawn ag Adran 25A y Ddeddf, dylai pob ward sicrhau bod y gofyniad gwasanaeth a phroffesiynol wedi'i alinio â'r amlen ariannol.⁵³

⁵² <https://cavuhb.nhs.wales/files/board-and-committees/board-2020-21/26-11-2020-board-public-meeting-pdf/>

⁵³ <https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v9-pdf1/>

Fodd bynnag, mae'r adroddiad yn cydnabod yn ddiweddarach bod bodloni'r 'amlen ariannol' yn dal i fod yn her i 12 o wardiau iechyd meddwl ac y bydd angen i'r Bwrdd Iechyd wneud rhagor o waith i fodloni'r niferoedd a ariannwyd.⁵⁴

Mae RCN Cymru yn bryderus am lefelau staffio ar wardiau cleifion mewnol iechyd meddwl a'r effaith y gallai hyn ei chael ar staff presennol. Ysgrifennodd Helen Whyley, Cyfarwyddwr RCN Cymru, at Brif Swyddog Gweithredol Caerdydd a'r Fro ym mis Gorffennaf 2021 i fynegi pryder ac i ofyn am wybodaeth am sut roedd y bwrdd iechyd yn bwriadu sicrhau ei gydymffurfiaid.

Yn 2018/2019 ac yn 2019/2020, cofnododd Caerdydd a'r Fro un digwyddiad o niwed pwyso a gafwyd yn yr ysbyty, ac un digwyddiad o gwmp yn arwain at niwed difrifol neu farwolaeth claf. Cofnododd y bwrdd iechyd ddau ddigwyddiad o gwmpau yn arwain at niwed difrifol neu farwolaeth claf yn 2020/2021, ond dim niwed pwyso a gafwyd yn yr ysbyty, lle ystyriwyd bod methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol.

Effaith COVID-19

Fe wnaeth COVID-19 herio gallu'r bwrdd iechyd i gynnal lefelau staff nyrsio. Addaswyd sawl ward at ddibenion gwahanol, neu cawsant eu symud yn ffisegol neu eu cau. Cyflwynwyd papurau eithriad i'r bwrdd ym mis Mai a mis Medi 2020 gyda gwybodaeth am newidiadau i staff nyrsio. Cafodd lefelau staffio eu monitro drwy'r Canolfannau Rheoli COVID-19 Lleol bedair gwaith y dydd yn anterth y pandemig.

Gwnaeth y bwrdd iechyd sylwadau ar straen COVID-19 ar lefelau staff nyrsio a nododd ei fod wedi mabwysiadu ffyrdd newydd o weithio, a dull mwy amlddisgyblaeth, mwy o recriwtio, a nyrsys yn dychwelyd i ymarfer, ymhlith eraill i sicrhau bod wardiau wedi'u staffio yn briodol. Fodd bynnag, nododd y bu dibyniaeth sylweddol ar staff dros dro oherwydd cyfradd swyddi nyrsio gwag uchel ac effaith barhaus COVID-19.⁵⁵

Cyflwynodd Bwrdd Iechyd Caerdydd a'r Fro ddull diwygiedig o gynnal y broses o graffu ar staff a oedd yn cynnwys creu'r Ganolfan Staff Nyrsio, sydd â Chyfarwyddwr Nyrsio yn goruchwyllo staffio a cheisiadau staff. Roedd gwelliant hefyd i rota ar-alwad nyrsys uwch rhwng 16:00 a 20:00 i gynorthwyo'r trosglwyddiad o'r dydd i'r nos.

Cynaliadwyedd y gweithlu

Mae Caerdydd a'r Fro, fel llawer o fyrdau iechyd eraill, yn cydnabod mai un her sylweddol o ran bodoli Deddf Lefelau Staff Nyrsio (Cymru) 2016 yw ei anallu i recriwtio a chadw staff nyrsio digonol. Mae hyn yn amlwg wrth edrych ar y gofrestr risg gorfforaethol. Cofnodwyd y risg o niwed i gleifion a/neu staff oherwydd diffyg cydymffurfiaid â Deddf Staffio Cymru Gyfan ar y gofrestr risg ym mis Mawrth 2020. Cofnodwyd y risg i ddiogelwch cleifion yn achosi digwyddiadau difrifol gan nad yw cleifion yn cael eu derbyn i Adran Gofal Critigol yn brydlon oherwydd gweithlu nyrsio annigonol hefyd ym mis Tachwedd 2020 ac roedd dal wedi'i restru ym mis Gorffennaf 2021.

⁵⁴ <https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v9-pdf/>

⁵⁵ <https://cavuhb.nhs.wales/files/board-and-committees/board-2021-22/2021-11-25-final-boardbook-v8-pdf/>

Nid yw papurau bwrdd y sefydliad yn adrodd yn rheolaidd lefel y swyddi nyrsys cofrestredig gwag. Ym mis Medi 2021, adroddodd Caerdydd a'r Fro ddiffyg nyrsys cofrestredig cyffredinol ar draws y bwrdd iechyd o 155 cyfwerth ag amser llawn. Nodwyd bod hyn yn cael effaith negyddol ar iechyd a llesiant staff.

Yn ystod 2020/2021, llwyddodd Canolfan Gweithlu'r Bwrdd Iechyd Prifysgol i recriwtio 100 o nyrsys cofrestredig a 290 o weithwyr cymorth gofal iechyd i'r gronfa. Mae hyn yn sicrhau cyflenwad mwy o staff nyrsio dros dro am gost is na nyrsys asiantaeth neu y tu allan i gontract; fodd bynnag, nid yw'n ateb hirdymor i'r angen am niferoedd cynyddol staff nyrsio parhaol. Mae Caerdydd a'r Fro yn recriwtio yn weithredol yn lleol, yn genedlaethol ac yn rhyngwladol. Recriwtiwyd deg ar hugain o nyrsys rhyngwladol yn ystod y flwyddyn ddiwethaf.

Yn debyg i Gwm Taf Morgannwg, er gwaethaf rhestru cadw staff fel mater sy'n peri pryder, prin iawn yw'r wybodaeth am yr hyn y mae'r bwrdd iechyd yn ei wneud ar hyn o bryd i fynd i'r afael â chadw staff y tu hwnt i ymrwymiad eang i wahanol strategaethau cadw staff. Nid oes unrhyw wybodaeth ym mhapurau'r bwrdd am yr hyn sydd wedi ei gynnwys yn y strategaethau hyn ac nid oes unrhyw wybodaeth am ba un a yw'r strategaethau hyn wedi bod yn llwyddiannus.

Bwrdd Iechyd Prifysgol Hywel Dda**Cwestiynau i'w gofyn i Fwrdd Iechyd Prifysgol Hywel Dda**

1. A yw eich gwerthusiad o swyddogaethau cymorth nyrsio wedi ystyried eu heffaith ar effeithiolrwydd nyrsys cofrestredig?
2. A yw eich mentrau cadw nyrsys wedi cael eu gwerthuso?
3. Faint o'ch wardiau Adran 25B sydd â rheolwyr ward cwbl ychwanegol? Beth am yr holl wardiau?
4. A ydych chi'n barod i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol a wardiau cleifion mewnol iechyd meddwl?

Cynnydd o ran gweithredu

Wardiau Adran 25B	2018/2019	2019/2020	2020/2021
Meddygol			
Uchaf	19	19	17
Isaf	19	18	14
Llawfeddygol			
Uchaf	13	12	11
Isaf	12	12	5

Gall nifer y wardiau Adran 25B godi a gostwng oherwydd addasu wardiau ar ddibenion gwahanol. Yn 2018/2019 a 2019/2020, roedd nifer y wardiau Adran 25B yn sefydlog gydag ychydig iawn o newid. Yn ystod 2020/2021, gellir gweld effeithiau COVID-19 o'r nifer ansefydlog o wardiau.

Adroddodd Hywel Dda un gwmp yn arwain at niwed neu farwolaeth

claf yn 2019/2020 lle ystyriwyd bod yr anallu i gynnal lefelau staff nyrsio yn ffactor cyfrannol. Yn 2020/2021, cofnododd y bwrdd iechyd un niwed pwysu a gafwyd yn yr ysbyty, pedwar cwmp yn arwain at niwed neu farwolaeth claf ac wyth o gwynion am ofal nyrsio lle'r oedd methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol. Mae'r cynnydd i nifer y digwyddiadau a adroddwyd yn 2020/2021 yn dangos y pwysau sylweddol a oedd ar y bwrdd iechyd o ran cynnal lefelau staff nyrsio a'r niwed gwirioneddol iawn sy'n deillio o lefelau staff nyrsio isel.

Mae gan bob ward Adran 25B sy'n gofalu am 18 neu fwy o gleifion ail brif nyrs/rheolwr ward (Band 6). Mae hyn wedi cynyddu capasiti arweinyddiaeth yn sylweddol ar bob ward Adran 25B. Yn sgil hynny mae nifer y rheolwyr ward wedi cynyddu o 46.6 cyfwerth ag amser llawn (2018) i 62.7 (2020). Mae'r pwyslais ar arweinyddiaeth glinigol i'w groesawu yn fawr iawn. Mae arweinyddiaeth nyrsio glinigol yn hollbwysig i gynorthwyo timau nyrsio, i reoli ward, ac i sicrhau lefelau staff nyrsio priodol. Dylid rhannu profiad Hywel Dda gyda byrddau iechyd eraill.

Yn debyg i ganfyddiadau o bob bwrdd iechyd arall, adroddodd Hywel Dda ym mis Tachwedd 2021 y bu cynnydd i aciwtedd cleifion yn dilyn y cyfrifiadau Adran 25B chwe-misol. Ers 2019, bu gostyngiad i nifer y cleifion sy'n derbyn gofal mater o drefn a gofal llwybr gofal, a chynnydd i gleifion sy'n derbyn gofal cymhleth, brys neu un i un.⁵⁶

⁵⁶ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-4-4-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-of-the-nurse-staffing-levels-wales-act/>

O ganlyniad i'r cynnydd i aciwtedd cleifion a gostyngiad i nifer y staff parhaol sy'n gweithio shifftiau hir, mae'r niferoedd nyrsys wedi newid. Nododd y bwrdd iechyd y bu gostyngiad o 10.91 o nyrsys cofrestredig cyfwerth ag amser llawn ar wardiau meddygol a llawfeddygol aciwt ac 1.49 ar wardiau pediatrig. Ymatebwyd i hyn trwy gynyddu nifer y gweithwyr cymorth gofal iechyd: 48.44 cyfwerth ag amser llawn ar wardiau meddygol a llawfeddygol a 10.43 cyfwerth ag amser llawn ar wardiau pediatrig. Mae hyn wedi costio dros £1.3 miliwn i'r bwrdd iechyd. Bydd yr wybodaeth hon yn cael ei chyflwyno a'i hystyried yn rhan o'r Cynllun Tymor Canolig Integredig/proses cynllunio ariannol ar gyfer 2022/23.⁵⁷

Mae'r RCN yn sylweddoli'r cyfnod aruthrol o anodd y mae staff nyrsio wedi bod drwyddo dros y ddwy flynedd ddiwethaf, ac nid yw'r gostyngiad i nifer y nyrsys sydd eisiau gweithio shifftiau hir yn syndod. Fodd bynnag, gyda'r cynnydd i aciwtedd cleifion, dylid nodi na ellir disodli nyrsys cofrestredig gyda gweithwyr cymorth gofal iechyd; dylai'r bwrdd iechyd sicrhau ei fod yn darparu gwaith cynllunio gweithlu digonol i ganiatáu i nyrsys leihau eu shifftiau i 'shifftiau byrrach' tra hefyd yn darparu digon o nyrsys i ddarparu gofal diogel ac effeithiol.

Effaith COVID-19

Yn ystod pandemig COVID-19, mae Hywel Dda wedi dweud y dibynnwyd yn sylweddol ar grebwyll proffesiynol arweinwyr nyrsio ar draws y bwrdd iechyd yn y sefyllfaoedd gweithredu sy'n esblygu yn barhaus a wynebwyd.⁵⁸

Rhwng Mawrth 2020 a Mehefin 2020, addaswyd 12 o wardiau sy'n ddarostyngedig i Adran 25B ar ddibenion gwahanol fel wardiau COVID-19 newydd.⁵⁹ Addaswyd tair ward arall at ddibenion gwahanol yn ystod yr ail don (Tachwedd 2020 i Chwefror 2021), ac addaswyd dwy arall yn ystod 'rhywfaint' o'r ail don.⁶⁰ Addaswyd cyfanswm o 17 o wardiau ar ddibenion gwahanol fel wardiau COVID-19 newydd yn ystod y pandemig.

Yn debyg i gamau a gymerwyd gan Aneurin Bevan, Betsi Cadwaladr a Chwm Taf Morgannwg, ceisiodd Hywel Dda leddfu'r pwysau ar nyrsys cofrestredig trwy ddirprwyo gwaith priodol i swyddi eraill, ac ymarferwyr cynorthwyol yn benodol. Hefyd, ehangwyd swyddi fel gweithwyr cymorth ward, swyddogion cyswllt teuluol, gweithwyr cymorth gweinyddol a chymorth fferyllol i gyd yn ystod pandemig COVID-19 ac maent yn cael eu gwerthuso ar hyn o bryd. Croesewir y math hwn o gymorth amlddisgyblaeth i'r tîm nyrsio yn fawr iawn gan yr RCN. Mae nyrsio yn swydd hynod arbenigol. Mae'n gwneud synnwyr sefydliadol i sicrhau bod nyrsys cofrestredig yn cyflawni swyddogaethau nyrsio mai nhw yn unig sy'n gallu eu gwneud. Gyda'r math hwn o gymorth ar waith, gall nyrsys gyflawni llawer mwy a bydd yn ddiddorol gweld mewn unrhyw werthusiad a oes effaith ar foddhad yn y swydd a hyd yn oed y gallu i gadw nyrsys cofrestredig.

Mae Bwrdd Iechyd Prifysgol Hywel Dda wedi dweud bod ymarferwyr cynorthwyol wedi cael eu nodi fel rheidrwydd yn y bwrdd iechyd i sicrhau gweithlu addas a chynaliadwy dros y flwyddyn ddiwethaf. O fis Medi 2021, roedd 50 o ymarferwyr cynorthwyol yn gweithio yn y bwrdd iechyd.⁶¹ Mae ymarferwyr cynorthwyol yn rhan hanfodol o'r teulu nyrsio ac yn

⁵⁷ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-25th-november-2021/agenda-and-papers-25th-november-2021/item-4-4-annual-presentation-of-nurse-staffing-levels-for-wards-covered-under-section-25b-of-the-nurse-staffing-levels-wales-act/>

⁵⁸ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-27th-may-2021/27th-may-2021-documents/item-3-10-nurse-staffing-levels-wales-act-annual-assurance-report-2020-21/>

⁵⁹ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-27th-may-2021/27th-may-2021-documents/item-3-10-nurse-staffing-levels-wales-act-annual-assurance-report-2020-21/>

⁶⁰ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶¹ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

darparu cymorth i nyrsys cofrestredig; fodd bynnag, mae angen i'r swyddi hyn gael eu goruchwyllo yn glinigol gan nyrsys cofrestredig. Nid yw gweithwyr cymorth gofal iechyd yn cymryd lle nyrsys cofrestredig. Mae'r dystiolaeth yn eglur iawn mai gwybodaeth, sgiliau a chrebwyll proffesiynol y nyrs gofrestrddig mewn swyddogaeth oruchwyllo sy'n gwneud gwahaniaeth hollbwysig i ganlyniadau cleifion.

Cynaliadwyedd y gweithlu

Mae'r bwrdd iechyd yn ddibynol ar weithlu dros dro er mwyn sicrhau lefelau staffio priodol a cheir defnydd sylweddol (cyfartaledd o 374 cyfwerth ag amser llawn yn wythnosol ar draws y bwrdd iechyd) o staff nyrsio cofrestredig dros dro, cronfa ac asiantaeth yn bennaf, â rhai oriau ychwanegol a goramser.⁶²

Mae gan fwyaf y wardiau Adran 25B gyfradd swyddi nyrsys cofrestredig gwag hirdymor sylweddol ac felly mae'r bwrdd iechyd yn gwneud cyflogi nyrsys cofrestredig a gyflenwir gan asiantaethau contract Cymru gyfan ar sail 'bloc'.⁶³ Mae hon wedi bod yn strategaeth hirsefydlog i gynnal lefelau staff nyrsio. 408 cyfwerth ag amser llawn yw'r gyfradd swyddi nyrsys cofrestredig gwag ar hyn o bryd.⁶⁴ Nid yw'r ddibyniaeth ar weithlu nyrsio dros dro yn gynaliadwy ac mae'n ddrud iawn. Mae Hywel Dda yn mynd i'r afael â'r gyfradd swyddi gwag trwy dîm recriwtio penodol ond mae'n cydnabod nad yw'r sefyllfa wedi gwella dros y tair blynedd diwethaf er gwaethaf ymdrechion a wnaed gan ei dîm.⁶⁵

Rydym yn falch iawn o adrodd, yn wahanol i fyrdau iechyd eraill, bod gan Hywel Dda bwyslais eglur ar gadw nyrsys. Mae'r bwrdd iechyd yn cynnig rhaglen tiwtoriaeth i nyrsys sydd newydd gymhwyso, a gychwynnwyd yn 2020/2021.⁶⁶ Mae rhaglen y Bum Mlynedd Gyntaf hefyd yn cynnig llwybr i nyrsys cofrestredig ddatblygu sylfaen gref i'w gyrfaedd. Cydnabuwyd hefyd yn ystod y flwyddyn ddiwethaf ei bod yn ymddangos bod meddwl am opsiynau amgen o ran oriau gweithio hyblyg yn hanfodol os yw Hywel Dda yn dymuno cadw staff profiadol a medrus.⁶⁷ Mae Hywel Dda hefyd yn canolbwyntio ar wella arweinyddiaeth yn y proffesiwn nyrsio fel ffordd o gadw staff. Yn 2019, sefydlodd y bwrdd iechyd raglen arweinyddiaeth glinigol o'r enw STAR. Mae'r rhaglen ar ei thrydedd garfan o gyfranogwyr, ac mae'r rhai sydd wedi cymryd rhan yn y gorffennol wedi dweud bod effaith y rhaglen wedi bod yn rhagorol. Bydd yn ddefnyddiol gwybod yn y dyfodol a yw'r mentrau hyn yn dangos tystiolaeth o wneud gwahaniaeth i gyfraddau cadw nyrsys.

⁶² <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶³ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶⁴ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶⁵ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶⁶ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

⁶⁷ <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2021/board-agenda-and-papers-30th-september-2021/agenda-and-papers-30th-september-2021/item-4-6-nurse-staffing-levels-wales-act-2016-three-yearly-2018-2021-statutory-report/>

Bwrdd Iechyd Prifysgol Bae Abertawe

Cwestiynau i'w gofyn i Fwrdd Iechyd Prifysgol Bae Abertawe

1. Faint o'ch wardiau Adran 25B sydd â rheolwyr ward cwbl ychwanegol? Beth am yr holl wardiau?
2. Beth fu effaith eich rhaglen Llwybr i Broffesiynoldeb ar gadw staff? Pa fentrau cadw staff eraill sydd gennych chi a beth fu eu heffaith?
3. A ydych chi'n barod i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol a wardiau cleifion mewnol iechyd meddwl?

Cynnydd o ran gweithredu

Wardiau 25B	2018/2019	2019/2020	2020/2021
Meddygol			
Uchaf	18	16	17
Isaf	12	15	15
Llawfeddygol			
Uchaf	21	14	12
Isaf	17	12	11

Daeth Bwrdd Iechyd Prifysgol Bae Abertawe i fodolaeth ym mis Ebrill 2019. Fe wnaeth hyn leiha nifer y wardiau Adran 25B ym Mae Abertawe ac yn sgil hynny cynyddu nifer y wardiau Adran 25B yng Nghwm Taf Morgannwg. Mae hyn yn esbonio pam roedd gan Fae Abertawe 21 o wardiau llawfeddygol a oedd wedi'u cynnwys o dan Adran 25B tra bod ganddo 14 y flwyddyn ganlynol.

Ym mis Tachwedd 2019, adroddodd Bae Abertawe ganlyniadau'r arolwg 'Teulu a Ffrindiau' ar wardiau a oedd wedi'u cynnwys o dan Adran 25B yn y Ddeddf. Roedd lefel y gwelliant ers gweithredu'r Ddeddf wedi cynyddu o 83% i 96% a defnyddiodd llawer o ymatebwyr eiriau fel 'gofalgar', 'cyfeillgar' a 'pharch'.

Bu 11 o ddigwyddiadau o gwmpau yn arwain at niwed difrifol neu farwolaeth ym Mae Abertawe lle ystyriwyd bod methiant i gynnal lefelau staff nyrsio yn ffactor (2018/2019). Adroddwyd dwy gwmpau yn 2019/2020. Yn 2020/2021, ni wnaeth y bwrdd iechyd adrodd unrhyw gwmpau lle ystyriwyd bod methiant i gynnal lefelau staff nyrsio yn ffactor.

Cafodd y bwrdd iechyd un gŵyn lle'r oedd methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol yn 2019/2020. Y flwyddyn ganlynol (2020/2021), adroddodd y bwrdd iechyd ddau gŵyn lle'r oedd methiant i gynnal lefelau staff nyrsio yn ffactor cyfrannol.

Effaith COVID-19

Mewn ymateb i bandemig COVID-19, cyflwynwyd papur i'r bwrdd ym mis Mai 2020, o'r enw 'COVID19-Disruption to the Nurse Staffing Levels (Wales) Act 2016'. Roedd yn nodi bod modelau newydd o ofal yn cael eu hystyried gan ganolbwyntio ar dimau amlddisgyblaeth/gweithwyr proffesiynol perthynol i iechyd ac amrywiaeth ehangach o weithwyr cymorth.⁶⁸ Fodd bynnag, nid yw'n eglur a yw 'gweithwyr cymorth' yn cyfeirio at weithwyr cymorth gofal iechyd yn gyffredinol, neu

⁶⁸ <https://sbuhb.nhs.wales/about-us/key-documents-folder/board-papers/may-2020-health-board/2-6-nurse-staffing-levels-wales-act-2016-and-appendices-pdf/>

gynorthwywyr neu weinyddwyr Band 4 cymwysedig fel clercod ward. Mae gweithwyr cymorth gofal iechyd yn rhan werthfawr o'r tîm nyrsio ac mae gwneud yn siŵr bod y swyddi hyn, gan gynnwys ymarferwyr cynorthwyo Band 4, yn bodoli, y penodir iddynt a'u bod yn cael eu cynorthwyo ar lefel ddigon uchel yn bwysig iawn. Fodd bynnag, nid yw gweithwyr cymorth gofal iechyd yn cymryd lle nyrs gofrestredig. Mae'r dystiolaeth yn eglur iawn mai gwybodaeth, sgiliau a chrebwyl profesiynol y nyrs gofrestredig mewn swyddogaeth oruchwyllo sy'n gwneud y gwahaniaeth hollbwysig i ganlyniadau cleifion.

Dynodwyd wyth o wardiau yn benodol fel wardiau COVID-19 a oedd yn derbyn cleifion COVID-19 o fewn eu harbenigeddau meddygol neu lawfeddygol. Addaswyd sawl ward Adran 25B at ddibenion gwahanol yn ystod y pandemig. Ar anterth y don gyntaf a'r ail don, sefydlodd y Cyfarwyddwr Nyrsio a Phrofiad Cleifion Gyfarfod Cell Logisteg Arian Staff Nyrsio i asesu risg, cefnogi a monitro lefelau staff nyrsio ar draws bob maes yn y bwrdd iechyd.

Cyflwynwyd Canolfan Hyfforddiant ac Addysg Gorfforaethol hefyd ym mis Mawrth 2021.⁶⁹ Nod hon oedd uwchsgilio nyrsys yn barod i'w hadleoli, cynorthwyo nyrsys cofrestredig a oedd yn dychwelyd i ymarfer, recriwtio myfyrwyr ail a thrydedd flwyddyn i swyddi gweithwyr cymorth gofal iechyd a symleiddio'r broses ymsefydlu.

Cynaliadwyedd y gweithlu

Un o'r heriau mwyaf i Ddeddf Lefelau Staff Nyrsio (Cymru) 2016 yn ôl Bae Abertawe yw'r diffyg nyrsys cofrestredig. Ar hyn o bryd, mae gan y bwrdd iechyd 261 o swyddi cyfwerth ag amser llawn gwag, gwelliant dros y tair i bum mlynedd diwethaf, ond serch hynny mae'n dal i fod yn sylweddol. Mewn ymateb i hyn un flaenoriaeth allweddol ar gyfer 2021/22 yw datblygu strategaeth recriwtio a chadw gyda phwyslais ar gofrestrwyr newydd a datblygiad llwybr gyrfaol yn y dyfodol i weithwyr cymorth gofal iechyd.

Ym mis Mawrth 2020, dechreuodd y bwrdd iechyd raglen recriwtio rhyngwladol ddwy flynedd lwyddiannus i recriwtio 120 o nyrsys tramor. Fel gofyniad o ymuno â chofrestr barhaol y Cyngor Nyrsio a Bydwreigiaeth, mae'n ofynnol i nyrsys tramor gwblhau'r rhaglen Archwiliad Clinigol Strwythuredig Gwrthrychol (OSCE). Mae pob un o'r 120 o nyrsys a recriwtiwyd gan Fae Abertawe wedi pasio'r rhaglen.

Mae Bae Abertawe yn cydnabod yr angen i gadw staff medrus a phrofiadol. Mae'r bwrdd iechyd yn cynnig rhaglenni rheolaeth ac arweinyddiaeth mewnol a chymwysterau addysgol ffurfiol ym Mhrifysgol Abertawe trwy gontact addysg ôl-gofrestru. Sicrhawyd cyllid gan AaGIC hefyd i ddatblygu ymarferwyr uwch. Mae'r bwrdd iechyd yn cynnig cyfleoedd ymddeol hyblyg i annog nyrsys medrus a phrofiadol i barhau i wneud cyfraniad gwerthfawr at nyrsio ym Mae Abertawe.

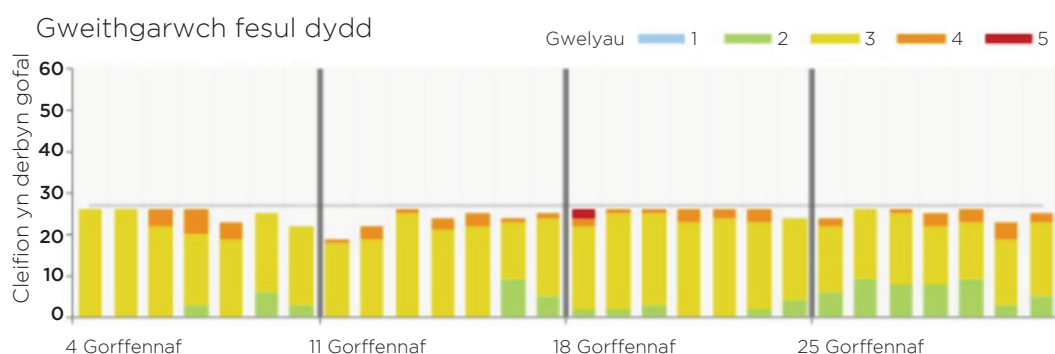
I annog nyrsys sydd newydd gymhwyso i aros yn y sefydliad, mae Bae Abertawe wedi sefydlu 'Llwybr i Broffesiynoldeb', lle maent yn cael eu cynorthwyo gan diwtoriaeth a goruchwyliaeth glinigol am y flwyddyn gyntaf. Mae hefyd wedi caniatáu swyddi cylchdro i nyrsys sydd newydd gymhwyso. Mae'r pwyslais ar gadw nyrsys sydd ar bob cam o'u gyrfaedd yn y bwrdd iechyd yn cael ei groesawu yn fawr iawn gan yr RCN. Mae cadw sgiliau a gwybodaeth y gweithlu yn hanfodol i ddarparu gofal diogel ac effeithiol.

⁶⁹ <https://sbuhb.nhs.wales/about-us/key-documents-folder/audit-committee-papers/audit-committee-may-2021/3-2-appendix-1-swaneasa-bay-hbrr-board-apr-2021-final-pdf/>

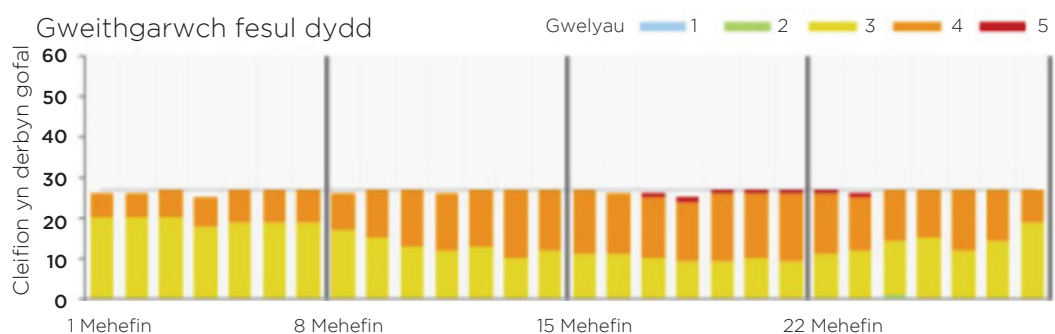
Fel y dangoswyd yn Hywel Dda, Betsi Cadwaladr ac Aneurin Bevan, bu cynnydd i aciwtedd cleifion ym Mae Abertawe hefyd. Mae'r graff isod yn dangos y cynnydd i aciwtedd cleifion ar un ward (Ward A). Mae'r graff yn dangos bod nifer y cleifion sydd angen gofal brys (oren) wedi cynyddu yn sylweddol, tra bod nifer y cleifion sydd angen llwybrau gofal (gwyrdd) wedi lleihau. Mae hyn yn adlewyrchu'r canfyddiadau yn Hywel Dda.

Nododd Bae Abertawe y bu cynnydd i staff nyrsio ar Ward A o 4.45 o nyrsys cofrestredig cyfwerth ag amser llawn a 5.45 o weithwyr cymorth gofal iechyd cyfwerth ag amser llawn ym Mae Abertawe yn ystod y cyfnod amser hwn.

Archwiliad
Aciwtedd
Gorffennaf
2020



Archwiliad
Aciwtedd
Mehefin
2021



O ganlyniad i'r cynnydd i aciwtedd, mae nifer y nyrsys cofrestredig a'r gweithwyr cymorth gofal iechyd sydd eu hangen i ddarparu gofal wedi cynyddu. Mae'r niferoedd nyrsio (nifer y staff nyrsio sydd eu hangen) wedi cynyddu o 617.41 o nyrsys cofrestredig cyfwerth ag amser llawn ar wardiau Adran 25B ar draws Ysbytai Singleton a Threforys, i 651.1 (Tachwedd 2021). Mae nifer y gweithwyr cymorth gofal iechyd hefyd wedi cynyddu o 466.2 (Hydref 2021) i 531.5 (Tachwedd 2021).⁷⁰

Nododd y bwrdd iechyd bod angen y newidiadau hyn i sicrhau ei fod yn parhau i gydymffurfio yn llawn â Deddf Lefelau Staff Nyrsio (Cymru) 2016.⁷¹

⁷⁰ <https://sbuhb.nhs.wales/about-us/key-documents-folder/board-papers/board-papers-november-2021/2-6-nurse-staffing-act-pdf/>

⁷¹ <https://sbuhb.nhs.wales/about-us/key-documents-folder/board-papers/board-papers-november-2021/2-6-nurse-staffing-act-pdf/>

Bwrdd Iechyd Addysgu Powys

Cwestiynau i'w gofyn i Fwrdd Iechyd Addysgu Powys

1. Beth fu effaith sefydlu Grŵp Deddf Staff Nyrsio?
2. A oes gennych chi strategaeth cadw nyrsys?
3. Faint o swyddi nyrsys cofrestredig gwag sydd yn eich bwrdd iechyd?
4. Faint o'ch wardiau Adran 25B sydd â rheolwyr ward cwbl ychwanegol? Beth am yr holl wardiau?
5. A ydych chi'n barod i ymestyn Adran 25B Deddf Lefelau Staff Nyrsio (Cymru) 2016 i nyrsio cymunedol a wardiau cleifion mewnol iechyd meddwl?

Cynnydd o ran gweithredu

Mae Bwrdd Iechyd Addysgu Powys yn gwasanaethu cymuned wledig prin ei phoblogaeth. O ganlyniad, darperir mwyafrif y gwasanaethau yn lleol trwy ofal sylfaenol a chymunedol. Nid oes gan Bowys Ysbyty Cyffredinol Dosbarth, yn hytrach mae'r bwrdd iechyd yn comisiynu ysbytai cyfagos yng Nghymru a Lloegr i ddarparu gwasanaethau ysbyty i drigolion Powys.

O ganlyniad i'r ffaith nad oes ganddo Ysbyty Cyffredinol Dosbarth, nid oes gan Fwrdd Iechyd Addysgu Powys unrhyw wardiau sy'n ddarostyngedig i Adran 25B. Fodd bynnag, mae angen i'r bwrdd iechyd gydymffurfio ag Adran 25A y Ddeddf sy'n neilltuo cyfrifoldeb cyffredin i fyrddau ac ymddiriedolaethau iechyd ddarparu lefelau staff nyrsio digonol ym mhob lleoliad, i ganiatáu amser i ofalu am gleifion yn sensitif.

Ar hyn o bryd, mae Powys yn comisiynu gwasanaethau gan wyth o ymddiriedolaethau GIG Lloegr. Mae Powys yn monitro lefelau staff nyrsio ym mhob un o'r wyth ymddiriedolaeth yn GIG Lloegr. Mae pob un o'r wyth wedi datblygu systemau gofal diogel a ddefnyddir ym mhob lleoliad cleifion mewnol i asesu a chofnodi aciwtedd cleifion, lefelau dibyniaeth a staffio hyblyg yn unol â hynny.⁷²

Yn 2020, sefydlwyd Grŵp Deddf Staff Nyrsio yn y bwrdd iechyd.⁷³ Y nod oedd sicrhau mwy o gydgyssylltu a goruchwyliaeth yn canolbwyntio ar wasanaethau a gomisiynir yng Nghymru, gwasanaethau a gomisiynir yn Lloegr, gan gynhyrchu data a gwybodaeth sy'n cynorthwyo i ddangos y lefel o gydymffurfiaid mewn gwasanaethau a ddarperir yn uniongyrchol ac estyniad y Ddeddf.⁷⁴ Bydd hwn yn ased defnyddio o ran cydymffurfio ag Adran 25A y Ddeddf ac yn barod ar gyfer ymestyn Adran 25B i wasanaethau cymunedol. Mae Bwrdd Iechyd Powys yn darparu'r rhan fwyaf o wasanaethau yn y gymuned. Trwy sefydlu Grŵp Staff Nyrsio i gasglu data a gwybodaeth bydd hyn yn paratoui Powys yn well ar gyfer gofynion Adran 25B gan y bydd y bwrdd iechyd yn deall maint anghenion cleifion a gofynion gweithlu.

⁷² <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-29-september-2021/board-agenda-pack-29-september-2021/>

⁷³ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

⁷⁴ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

Mae Bwrdd Iechyd Addysgu Powys yn ymgymryd â nifer o weithgareddau i fonitro cynnydd gydag Adran 25A ar gyfer gwasanaethau a gomisiynir a gwasanaethau uniongyrchol. Mae hyn yn cynnwys sicrhau arweinyddiaeth nyrsio gref, cyson, a gweledol ac adolygu lefelau staffio yn rheolaidd gan ddefnyddio crebwyll proffesiynol wedi'i driongli â'r metrigau nyrsio. Caiff dangosyddion ansawdd sensitif nyrsio hefyd eu hadrodd yn rheolaidd i'r Pwyllgor Ansawdd, Diogelwch a Phrofiadau; mae hyn yn cynnwys gwybodaeth am niwed pwysu a gafwyd yn yr ysbyty, cwympau yn arwain at niwed difrifol neu farwolaeth, digwyddiadau byth yn gysylltiedig â meddyginiaeth a chwynion am ofal nyrsio yn arwain at niwed i gleifion.⁷⁵ Ni chofnodwyd unrhyw ddigwyddiadau mewn ysbytai cymunedol ym Mhowys rhwng Ebrill 2020 a Mawrth 2021, lle ystyriwyd bod methu â chynnal lefelau staff nyrsio yn ffactor cyfrannol.

Effaith COVID-19

Yn ystod y pandemig, adolygodd Bwrdd Iechyd Addysgu Powys yr holl staff nyrsio cofrestredig â sgiliau arbenigol, fel gofal critigol, gan ganiatáu i'r rhain gael eu hadleoli i ysbytai cyffredinol dosbarth cyfagos. Fodd bynnag, fe wnaeth y dull hwn greu heriau sylweddol yn gysylltiedig â sicrhau lefelau staffio priodol ym Mhowys. Archwiliwyd gwahanol ffyrdd o weithio i gynorthwyo ysbytai cyffredinol dosbarth, a oedd yn cynnwys gwella trosglwyddiadau adsefydlu; sicrhau cyllid Gofal Iechyd Parhaus i allu rhyddhau cleifion Powys i'w cartrefi eu hunain neu gartrefi gofal a chyfranogiad tîm aml-ddisgyblaeth/gweithwyr proffesiynol perthynol i lechyd ac amrywiaeth ehangach o weithwyr cymorth.⁷⁶

Esboniodd Bwrdd Iechyd Powys ymhellach bod y gallu ganddo yn ystod y pandemig i uwchsgilio'r gweithlu nyrsio i allu darparu gofal arbenigol yng nghartrefi pobl, mewn cartrefi gofal ac mewn ysbytai cymunedol. Fe wnaeth hyn helpu i leihau pwysau ar ysbytai cyffredinol dosbarth.⁷⁷

⁷⁵ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

⁷⁶ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

⁷⁷ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-26-may-2021/board-agenda-pack-26-may-2021/>

Cynaliadwyedd y gweithlu

Mae Bwrdd Iechyd Addysgu Powys wedi cynnwys y risg o fethu â chynnal cynnal gweithlu digonol ers mis Ionawr 2017, ac un rheswm allweddol am hyn yw natur wledig y bwrdd iechyd.

Mae'r bwrdd iechyd yn parhau i ddioddef heriau recriwtio o ran y gweithlu nyrsio, ar ôl dweud bod diffyg swyddi nyrsys cofrestredig gwag o 33% ar draws wardiau (ar 31 Awst 2021), cynnydd o 13% ers mis Ionawr 2021.⁷⁸ Mae'r bwrdd iechyd yn dibynnu ar ddefnyddio nyrsio asiantaeth a chronfa fel modd o sicrhau'r lefelau gofal diogel mewn lleoliadau cleifion mewnol. Mae'r uned staffio dros dro yn bodloni cyfartaledd o 28.7 o geisiadau am nyrsys cofrestredig ward cyfwerth ag amser llawn a 32.6 o weithwyr cymorth gofal iechyd cyfwerth ag amser llawn y mis (Ebrill i Awst 2021).⁷⁹ Mae hwn yn opsiwn drud iawn i'r bwrdd iechyd.

Esboniodd y bwrdd iechyd ei fod yn gweithio yn rhan o'r Grŵp Staff Nyrsio Cenedlaethol i sicrhau datblygiad mwyaf posibl swyddi Band 4 fel ffordd o annog cyfleoedd ar gyfer tyfu a chadw staff yn ardal Powys. Fel y nodir yn yr ymateb i Aneurin Bevan a Betsi Cadwaladr, ni ddylai ehangu swyddi Band 4 gymryd lle recriwtio nyrsys cofrestredig yn weithredol. Mae gweithwyr cymorth gofal iechyd Band 4 yn gweithredu ar lefel uwch ac yn gymorth mawr i'r tîm nyrsio, ond mae angen i'r swyddi hyn gael eu goruchwyllo yn glinigol gan nyrsys cofrestredig. Nid yw gweithwyr cymorth gofal iechyd yn cymryd lle nyrsys cofrestredig. Mae'r dystiolaeth yn eglur iawn mai gwybodaeth, sgiliau a chrebwyll proffesiynol y nyrs gofrestrdig mewn swyddogaeth oruchwyllo sy'n gwneud y gwahaniaeth hollbwysig i ganlyniadau cleifion.

Mae'r bwrdd iechyd hefyd wedi symleiddio prosesau recriwtio ar gyfer nyrsys cofrestredig, trwy gyhoeddi hysbysebion penagored a gwahoddiadau awtomatig i gyfweiliad os bydd yr ymgeisydd yn darparu dogfennau cofrestriad â'r Cyngor Nyrsio a Bydwreigiaeth.⁸⁰

Nid oes unrhyw wybodaeth amlwg ym mhapurau bwrdd Bwrdd Iechyd Addysgu Powys am yr hyn y mae'n ei wneud i gynyddu nifer y nyrsys cofrestredig sy'n cael eu cadw yn y bwrdd iechyd.

⁷⁸ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-24-november-2021/board-24-november-2021-agenda-pack/>

⁷⁹ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-24-november-2021/board-24-november-2021-agenda-pack/>

⁸⁰ <https://pthb.nhs.wales/about-us/the-board/board-meeting-calendar/meeting-of-the-board-24-november-2021/board-24-november-2021-agenda-pack/>

RHESTR TALFYRIADAU

AaGIC	Addysg a Gwella Iechyd Cymru
AS	Aelodau o'r Senedd
BOSCE	Archwiliad Clinigol Strwythuredig Gwrthrychol
RCN	Y Coleg Nyrsio Brenhinol
BIPAB	Bwrdd Iechyd Prifysgol Aneurin Bevan
BIPBC	Bwrdd Iechyd Prifysgol Betsi Cadwaladr
BIPCAF	Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
BIPCTM	Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg
BIPHDd	Bwrdd Iechyd Prifysgol Hywel Dda
BIAP	Bwrdd Iechyd Addysgu Powys
BIPBA	Bwrdd Iechyd Prifysgol Bae Abertawe

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