



<b>Meeting Date</b>	<b>11 December 2025</b>	<b>Agenda Item</b>	<b>4.1</b>
<b>Name of Meeting</b>	<b>Workforce and OD Committee</b>		
<b>Report Title</b>	<b>Annual Presentation of Nurse Staffing Levels for wards pertaining to Section 25B of the Nurse Staffing Levels (Wales) Act, 2016</b>		
<b>Report Author</b>	Helen Griffiths, Corporate Head of Nursing Geraint Norman, Head of Strategic Financial Planning Alison Jones, Corporate Matron		
<b>Report Sponsor</b>	Elizabeth Rix, Executive Director of Nursing and Patient Experience Paul Stuart Davies, Acting Deputy Executive Director of Nursing and Patient Experience		
<b>Presented by</b>	Elizabeth Rix, Executive Director of Nursing and Patient Experience		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To present Workforce and OD Committee with the annual mandatory report on nurse staffing levels, as calculated for all Section 25B wards, in accordance with the statutory requirements of the Nurse Staffing Levels (Wales) Act, 2016 (NSLWA), thereby ensuring Health Board compliance.		
<b>Key Issues</b>	<p>This paper covering the reporting period from 1 October 2024 to 30 September 2025, includes the outcomes from the January and June 2025 bi-annual acuity audits, which informed the subsequent recalculation of nurse staffing establishments.</p> <p>During this period, establishments were funded at a 26.9% uplift. As part of a forward plan aligned to ongoing All-Wales discussions, future roster planning is expected to reflect a 21% uplift, with the full 26.9% budget retained to manage variable pay requirements within the agreed funding allocation. This approach, which supports workforce flexibility, remains subject to national confirmation.</p> <p>Appendices 1 and 2 contain the completed mandatory reporting templates and detail how the Health Board has met the statutory requirements of the NSLWA during the reporting period. In accordance with the</p>		



Act's requirement to monitor and report on the impact of not maintaining nurse staffing levels on the quality of care, this information is incorporated into the Annual Assurance Report, which is presented to the Board each May. The next submission is scheduled for May 2026. For ease of reference, the following key points are outlined in the detailed narrative within Appendices 1 and 2:

- Changes to the number of reportable Section 25B wards within this reporting period.
- The reconfiguration of wards and changes to bed numbers within Morryston Service Group (MSG) as part of the ongoing ward refurbishment programme and 'test of change'.
- The re-calculated nurse staffing levels arising from June 2025 acuity audits with an increased nursing establishment identified for one ward.
- The completed validation of the Band 2 (B2) to Band 3 (B3) skill set across all wards. The Health Board wide process together with the significant cost pressures which are being reported separately.
- The review of nursing establishments in Mental Health and Learning Disabilities (MH&LD), Section 25A wards.
- Efforts to reduce the use of variable pay.
- Continued recruitment and retention strategies.

As reported to Board in May 2025, all Section 25B wards remained fully funded, with no additional financial requirement following the January 2025 acuity audit and subsequent re-calculations.

The revised nurse staffing levels arising from the June 2025 acuity audit are professionally supported. These changes include a reduction of 2.72 whole time



	<p>equivalent (WTE) Band 5 (B5) Registered Nurses (RN's) on ward L and an uplift of 2.72 WTE Band 5 RNs on a night shift on ward K Morriston Hospital, which equates to a financial impact resulting in a full year cost of £25,334. This cost is due to the enhanced night duty allowance.</p> <p>Changes to the roster in wards A and ward E at Neath Port Talbot Hospital (NPTH) resulting in a temporary reduction in the funded establishment.</p>			
<p><b>Specific Action Required</b> <i>(please choose one only)</i></p>	<p><b>Information</b></p>	<p><b>Discussion</b></p>	<p><b>Assurance</b></p>	<p><b>Approval</b></p>
<p><b>Recommendations</b></p>	<p><input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Committee members are asked to:</p> <p><b>R1 – NOTE</b> the content of this paper and <b>RECEIVE ASSURANCE</b> that the Health Board is fulfilling its responsibilities under the NSLWA, as outlined in Appendix 3.</p> <p><b>R2 - TAKE ASSURANCE</b> that the Health Board is meeting its statutory duty under Section 25B of the NSLWA, based on the evidence presented in this paper and associated appendices.</p> <p><b>R3 - NOTE</b> the agreed changes to funded nursing establishments from the June 2024 acuity review, which were agreed in Board (28 November 2024). The recalculated establishments from January 2025 acuity audits (as detailed in Appendix 2) which support compliance with the statutory requirements of the NSLWA and <b>ACKNOWLEDGE</b> the completed validation of the Band 2 to Band 3 skill set across all wards as a recognised cost pressure for the Health Board. Further details are provided in Appendix 2.</p> <p><b>R4 – NOTE</b> the requested changes to the funded nursing establishments following the June 2025 bi-annual acuity audit including approval of the resulting financial additional impact and cost pressure of:</p>			



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|  | <ul style="list-style-type: none"><li>&gt; An <b>additional full-year financial impact</b> of <b>£25,334</b> for Morriston</li><li>&gt; A cost saving of <b>£220,165</b> for Neath Port Talbot Singleton Service Group (NPTSSG) (of which <b>£104,055 is non-recurrent</b> until the end of the financial year) and <b>NOTE</b> that these changes ensure continued compliance with the NSLWA.</li></ul> |
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## **Annual Mandatory Presentation of Nurse Staffing Levels for wards pertaining to Section 25B of the Nurse Staffing Levels (Wales) Act, 2016**

### **1. INTRODUCTION**

This report presents the annual mandatory update on Nurse Staffing Levels for Section 25B wards, in accordance with the Nurse Staffing Levels (Wales) Act, 2016. It covers the reporting period from 1 October 2024 to 30 September 2025 and includes outcomes from the bi-annual acuity audits, changes to funded nursing establishments, and associated financial implications.

### **2. BACKGROUND**

Under the NSLWA, Health Boards must ensure sufficient nurse staffing to enable sensitive patient care and to take all reasonable steps to maintain calculated staffing levels. Variations from planned rosters; for example: due to bed closures or patient acuity, do not constitute non-compliance, provided appropriate mitigation measures are in place. Further detail is provided in Appendix 3.

### **3. GOVERNANCE AND RISK ISSUES**

During the reporting period, the Health Board has introduced a suite of Standard Operational Procedures (SOPs) and support structures to strengthen governance and operational consistency in line with statutory obligations under the NSLWA.

A Rostering SOP has been implemented to support equitable, safe, and efficient deployment of nursing and midwifery staff across all clinical areas. This is underpinned by Service Group roster scrutiny panels which oversee effective rostering and optimise the use of temporary staffing.

In August 2025, the Health Board introduced a requirement for Executive-led approval of all agency staffing requests that exceed the agreed staffing headroom. This measure ensures greater scrutiny of temporary staffing decisions, promotes financial accountability, and supports safe and sustainable workforce planning.

Daily staffing huddles continue across Service Groups to ensure safe staff deployment and proactive risk mitigation. A SafeCare SOP has also been

developed to guide the use of real-time acuity and dependency data during these huddles, enabling informed decision-making, and supporting safe staffing levels.

Collectively, these developments enhance the Health Board's ability to meet statutory requirements and provide assurance to the Board regarding the robustness of staffing governance and processes.

### **3.1 Governance Process for Bi-annual Re-calculations**

The well-established bi-annual scrutiny process continues to engage nursing teams at Morriston and Neath Port Talbot Singleton Service Groups with broad panel representation from corporate nursing, finance and workforce and organisational development.

Significant work has been undertaken within the Mental Health and Learning Disabilities Service Group to review the nursing establishments. These establishments have been professionally supported following review. However, ongoing challenges remain in aligning the current establishment with the allocated financial envelope. Further discussions and planning are required to achieve a sustainable and financially balanced staffing model. This will be reported to Board separately in more detail.

### **3.2 Ongoing monitoring and assurance processes**

Governance and oversight of the NSLWA are maintained through the bi-monthly Nursing & Midwifery Safe Staffing Group (NMSSG), chaired by the Interim Deputy Executive Director of Nursing and Patient Experience. Reporting into the Nursing and Midwifery Group and providing bi-annual updates to the Board, the group monitors compliance and facilitates two-way communication with key stakeholders and national groups.

A risk score for Section 25B wards is updated on the Health Board's Corporate Risk Register following collaborative discussion and collective agreement by attendees of the NMSSG. In recent years, we have significantly reduced our risk to meet the target score. The reduction reflects the sustained efforts, improvements and proactive risk management undertaken by the Service Groups and wider teams. Risk scores for Section 25A wards are reported separately by the individual Service Groups. The current risk scores are detailed in the table below.



**Table 1: Nurse Staffing Risk scores**

Service Group	Services	Risk Score	Total Score	Target Score
Morrison	Adult	6	9	9
Neath Port Talbot Singleton	Adult	9		
Neath Port Talbot Singleton	Paediatrics	9		

### 3.3 Allocate SafeCare

SafeCare continues to play a key role in the daily mitigation of staffing risks. Patients on wards where section 25B pertains, and many other inpatient areas under 25A of the Act (2016), are assigned an acuity score every 12 hours using the Welsh Levels of Care Acuity Tool. The SafeCare system provides real-time visibility of nurse staffing levels across wards and departments, supporting safe and compliant patient care based on patient numbers, acuity, and dependency. It enables dynamic operational adjustments to rosters and facilitates the redeployment of staff across clinical areas as needed.

### 3.4 Workforce Capacity

Strategic initiatives continue to support improvements in nurse staffing levels:

- The People Strategy 2024-2029, ensures a consistent approach to workforce sustainability and staff experience
- International nurse recruitment and student streamlining has significantly reduced registered nurse (RN) vacancies
- Retention initiatives including flexible working options, well-being support (for example, Trauma Risk Management (TRiM), and REACT mental health training), and leadership development programmes.

However, a stagnant workforce influenced by the Health Boards financial position remains a recognised workforce risk.

#### • Recruitment

Recruitment activity within the Health Board has naturally slowed, reflecting the success of international nursing and midwifery recruitment and the All-Wales student streamlining programme. These efforts have resulted in a positive over-establishment.

#### • International nurse recruitment

The Health Board has successfully concluded its international nurse recruitment programme, having achieved its objective to fill registered

nursing vacancies. A significant number of nurses have been appointed across acute care, maternity neonatal and paediatric services, theatres, cancer services, intensive care, and mental health. These recruits bring a valuable breadth of skills and experience, enhancing service delivery and workforce resilience.

- **Student Streamlining/New Registrant Recruitment**

The national Student Streamlining Process (SSP) remains a standard method for recruiting newly qualified nurses (Band 5) across Wales. In March 2025, a total of 52 Band 5 vacancies were filled through the streamlining process. These posts were distributed across all Service Groups, including Mental Health & Learning Disabilities (16 WTE), with the remaining 36 adult nurses distributed across the remaining three Service Groups.

In September 2025, an additional 133 vacancies have been filled and are currently being processed through the streamlining pathway. These 133 vacancies have been distributed across the Service Groups as follows: Morriston (53) NPTSSG (29), MH&LD (44) and Primary, Community and Therapies Service Group (PCTG) (7).

In addition to the national SSP, the flexible (part-time) route to nursing supports the ongoing efforts to strengthen the workforce in areas of greatest need and aligns with the Health Board's strategic approach to recruitment and retention. A further 14 newly qualified nurses were recruited in September 2025 (MSG). These new registrants held substantive Health Care Support Worker (HCSW) posts within the Health Board and were sponsored to study for their nursing degree on a part-time basis while remaining employed.

As a result of the successful streamlining and the allocation of posts to our sponsored student nurses, SBUHB met its commissioned numbers for pre-registration nursing. Within the reporting period, 199 newly qualified nurses (Band 5) have been successfully recruited.

- **Health Care Support Workers**

The Health Care Support Worker Gateway Apprenticeship framework scheme has continued to provide excellent opportunities for new learners through a work-based training programme. This programme will continue to offer Level 2 HCSW opportunities, with progression to a Level 3 role

under Annex 21, subject to the successful completion of competencies within the first 12 months in post.

- **Nursing Vacancies:**

The labour turnover rate (LTR) for nursing staff has reduced during this reporting period from 6.12% in October 2024 to 5.52% in September 2025.

The primary reasons for staff departures during this period were:

- Retirement
- Relocation
- Voluntary Resignation

The Nursing and Midwifery workforce is experiencing an increase in retirements, consistent with demographic trends. While relocation remains a leading cause of turnover, it also supports internal mobility and career progression. However, the prominence of work/life balance as a reason for leaving, mirroring neighbouring Health Boards, highlights the need to further embed flexible working practices that meet the evolving needs of staff.

- **Retention and Development of Nursing Workforce**

As the Health Board transitions to a more stable workforce, focus is shifting toward sustaining staff motivation, supporting career development, and ensuring continuity of care. This strategic phase of workforce planning aims to optimise resource allocation, support long-term sustainability, and align with the Health Board's broader workforce goals.

The Nursing and Midwifery Academy closely linked to the Florence Nightingale Foundation remains committed to promoting education and career development. The Matron Development Programme is actively progressing through its second cohort, building on the success of the initial rollout. The 'Accelerating Excellence in our Current and Future Leaders' programme, jointly facilitated by the Academy and the Royal College of Nursing, has been positively received, with further cohorts planned in response to its success. Moving forward, this programme will be solely facilitated by the Nursing and Midwifery Academy, aligning with the delivery model of the Matron Development Programme. It has been agreed that annual cohorts will consist of 20 participants.



- **Implementation of Restorative Clinical Supervision**

The Health Board is actively progressing the implementation of Restorative clinical Supervision (RCS) in line with the All-Wales Career Spanning Approach. RCS is being embedded into preceptorship programmes and offered to newly registered nurses, with plans to expand across priority areas. This will ensure protected time for registered nurses to access RCS, in line with the minimum standard of 1.5 hours per nurse, four times per year. Supervisor training, delivered by the Corporate Professional Development Nursing Team is currently underway. Staff can book and evaluate sessions via the Electronic Staff Record (ESR) system. A central register of RCS supervisors and associated reporting mechanisms will be established to support governance and assurance. Robust data will be shared with the Chief Nursing Officer's office, with the specific contents of reporting still under development.

- **Temporary Staffing**

### **Executive Oversight of Bank and Agency Staffing Requests**

Building on recent measures to strengthen workforce governance and ensure effective use of temporary staffing resources, further developments are underway to enhance consistency and transparency in staffing decisions. These include consideration of a similar executive-led approval process for bank staffing request, aimed at aligning with existing controls and supporting safe, sustainable workforce planning.

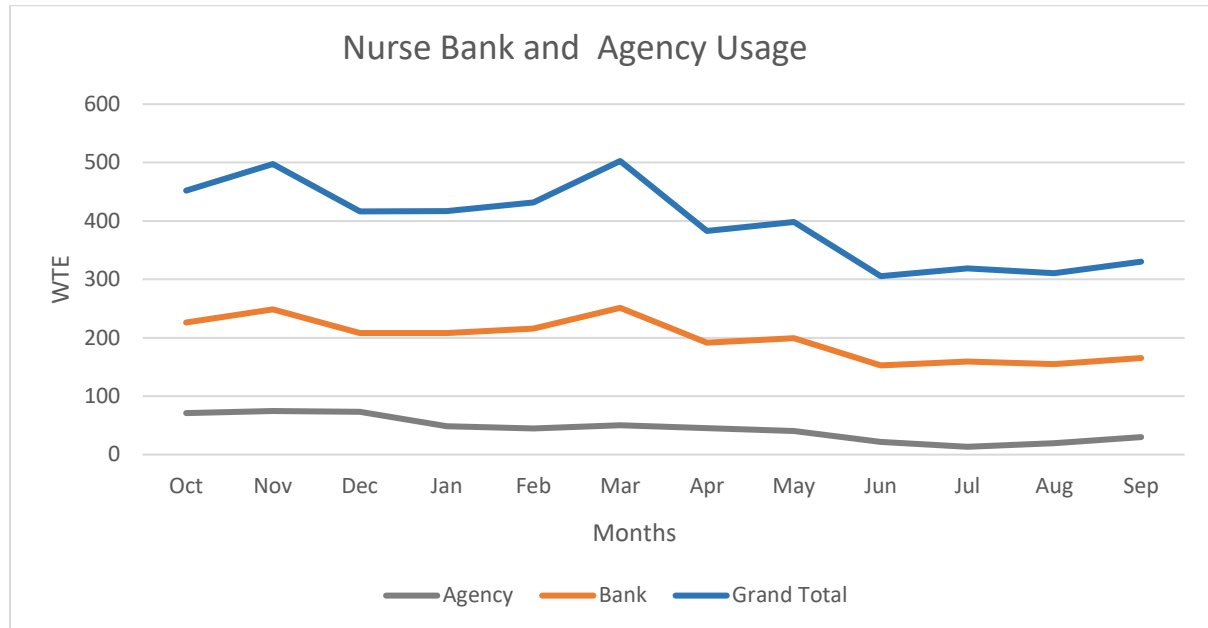
These actions reflect the Health Board's continued commitment to optimising resource use, maintaining high standards of patient care, and ensuring compliance with NSLWA.

There has been a consistent month-on-month reduction in the total use of bank and agency staff for registered nursing and midwifery decreasing from 226 WTE in October 2024 to 165 WTE in September 2025. The implementation of an auditable agency authorisation process is now embedded in practice, with all contract agency requests directed to the Group Nurse Directors or designated deputies, and subject to Executive-led approval. Agency usage has decreased, from 71 WTE in October 2024 to 30 WTE in September 2025, as illustrated in Graph 1 below. Bank usage has similarly decreased from 155 WTE to 135 WTE over the same period. These figures demonstrate the positive impact of the enhanced staffing



scrutiny measures introduced during this reporting period alongside the reduced number of vacancies.

**Graph 1.**



#### 4. Financial Implications

As reported to Board in May 2025, there was no additional financial requirement following the bi-annual re-calculation acuity audit for Section 25B wards undertaken in January 2025.

The Band 2 to Band 3 skill set validation process, which began in early 2025, has now been substantially completed by nurse managers across all Service Groups, with Nurse Bank HCSW validations undertaken by Corporate Nursing. Workforce colleagues are now working with the Shared Services Payroll Partnership to ensure that all eligible staff receive the appropriate payment.

Although this work falls outside of the scope of the NSLWA bi-annual recalculation process, it is important to acknowledge the progress made and the changes to HCSW banding. The vast majority of our HCSW workforce has been validated as Band 3, reflecting the skills they consistently use in the clinical settings. It is important to note that this is not an extension of the HCSW role, but rather financial recognition of their existing clinical duties. The Director of Workforce & OD will present a paper to the Board to provide a full update on this work.



The June 2025 NSLWA recalculations have received professional approval for the requested changes to the required nursing establishment. These changes, as outlined in the appendices and summarised in the table below, are linked to the NSLWA and will result in additional financial implications and cost pressures for the Health Board.

**Table 2: Summary Changes WTE and financial impact**

Service Group	Ward	Action	WTE	Finance Impact	Subtotal
Morrleston	Ward K	Add RN long night Sunday to Saturday	+2.72 RN	158,758	158,758
	Ward L	Remove RN long day Sunday to Saturday	- 2.72 RN	-133,424	- 133,424
	<b>Total</b>				<b>25,334</b>
Neath Port Talbot Singleton	Ward A	Remove RN long day (weekend only) for 6 months then review activity	-1.78 RN	-104,055	-166,973
		Remove HCSW long day (Saturday & Sunday) Remove HCSW (Sun night) for 6 months then review activity	-1.17 HCSW	-62,918	
	Ward E	Use Band 5 vacancies to establish funded Band 4 HCSW role	-1.85 RN +2.73 HCSW	-112,242 105,859	-6,383
	<b>Total</b>				<b>-173,356</b>

## 5. RECOMMENDATIONS

### The Committee is asked to:

**R1 – NOTE** the content of this paper and **RECEIVE ASSURANCE** that the Health Board is fulfilling its responsibilities under the NSLWA, as outlined in Appendix 3.

**R2 - TAKE ASSURANCE** that the Health Board is meeting its statutory duty under Section 25B of the NSLWA, based on the evidence presented in this paper and associated appendices.

**R3 - NOTE** the agreed changes to funded nursing establishments from the June 2024 and January 2025 acuity audits, which support compliance with the statutory requirements of the NSLWA and acknowledge the



completed validation of the Band 2 to Band 3 skill set across all wards as a recognised cost pressure for the Health Board. Further details are provided in Appendix 2.

**R4 – NOTE** the proposed changes to the funded nursing establishments following the June 2025 bi-annual acuity audit including approval of the resulting financial additional impact and cost pressure of:

> **£25,334 additional cost** for Morriston

> **£220,165 saving** for NPTSSG (**£104,055 non-recurrent** until the end of the financial year) and **NOTE** that these changes ensure continued compliance with the NSLWA.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives (please choose)</b>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<b>(please choose)</b>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The Nurse Staffing levels (Wales) Act, 2016, requires Health Boards and NHS trusts to calculate and take all reasonable steps to maintain safe nurse staffing levels and inform patients of those levels. Staffing is determined using a triangulated approach consisting of quality indicators, patient acuity and professional judgement. This ensures safe, effective		



care and supports positive patient outcomes. Maintaining appropriate staffing levels also enhances staff wellbeing and reduces risk.

**Financial Implications**

The financial implications are set out in Section 4. The proposal includes an additional financial requirement for Morryston Service Group, currently being resourced through variable pay. In contrast, recalculated nursing establishments within Neath Port Talbot Singleton Service Group reflect a refined alignment with service needs, resulting in a non-recurrent budget reduction until the end of the financial year. This will be subject to further review following the next acuity audit.

**Legal Implications (including equality and diversity assessment)**

Legal requirement to fulfil the statutory requirements of 'the Act'.

**Staffing Implications**

Establishment budgets represent full compliance with 'the Act'.

**Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)**

The Health Board's risk register provides a structured approach to assessing current and future risks, enabling long-term planning and preventative action. It supports integrated working across Service Groups and promotes collaboration through regular bi-monthly reviews. By involving key stakeholders in identifying and mitigating risks, the process helps ensure sustainable, safe staffing and improved outcomes for both current and future populations.

**Report History**

Annual Mandatory Presentation of Nurse Staffing Levels for wards covered under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, presented to Nursing and Midwifery Safe Staffing Assurance and Implementation Group, 29 September 2025.

Annual Mandatory Presentation of Nurse Staffing Levels for wards covered under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, presented to Management Board on 15 October 2025.

Annual Mandatory Presentation of Nurse Staffing Levels for wards covered under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, presented to Board on 27 November 2025.

**Appendices**

Appendix 1 – All Wales Mandatory Template for the Annual Presentation of Nurse Staffing Levels to the Board.

Appendix 2 –WTE Summary of Nurse Staffing Levels for wards where Section 25B pertains.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

	Appendix 3 – Health Boards responsibilities in ensuring compliance with the NSLWA statutory guidance.
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## Annual Presentation of Nurse Staffing Levels to the Board

<b>Health Board</b>	Swansea Bay University Health Board (SBUHB)
<b>Date of annual presentation of Nurse Staffing Levels to Board</b>	27 November 2025
<b>Period Covered</b>	<b>1 October 2024 to 30 September 2025</b>
<p><b>Number and identity of section 25B wards during the reporting period.</b></p> <ul style="list-style-type: none"> <li>• <b>Adult acute <u>medical</u> inpatient wards (inclusive of Oncology &amp; Haematology inpatient wards)</b></li> <li>• <b>Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards)</b></li> <li>• <b><u>Paediatric</u> inpatient wards</b></li> </ul>	<p>During this reporting period, 1 October 2024 to 30 September 2025, there has been an increase in the number of Section 25B wards within SBUHB which meet the inclusion criteria laid out in the statutory guidance and have therefore been subject to the requirements of Sections 25B/C of the Nurse Staffing Levels (Wales) Act, 2016 (NSLWA).</p> <p>At the beginning of the reporting period, there were 27 wards (25 adult and 2 paediatric). In June 2025, an additional medical ward was opened at Morrision Hospital as a key enabler to decompress the Emergency Department and provide a pool of general medical beds to support patient flow across the hospital site. This increased the total number of reportable wards to 28 (26 adult and 2 paediatric). The nursing establishment for this area was created from the over-establishment of nurses, following the return of staff previously relocated to Singleton Hospital as part of surgical redesign. The requirement for this additional ward will be reviewed in March 2026.</p> <p>A rolling programme of ward refurbishments during the early part of this reporting period resulted in the relocation of several wards at Morrision Hospital and changes to their respected bed bases. As a result, caution should be exercised when interpreting and comparing historical data on total nursing establishments.</p> <p>The establishments relating to Section 25B wards are detailed in the All-Wales template (Appendix 2), which provides a comprehensive overview of the key changes to the required nursing establishments for the period 1 October 2024 to 30 September 2025. Appendix 2 outlines the establishment requirements for each Section 25B ward and includes the rationale, purpose, and outcome of recalculations undertaken during the bi-annual calculation cycle. It is important to note there have been no recalculations undertaken outside of these cycles.</p>



### **Mental Health and Learning Disability Services:**

MH&LD Services do not fall under Section 25B of the Act and remain classified as Section 25A areas. In-patient beds for the assessment and treatment of acute presentations, older person's services, the mother and baby unit, and learning disability areas are located across a wide geographical area. Concerns regarding service pressures and outcomes from internal and external reviews were reported to the Board in November 2024.

In response, a comprehensive review of nurse staffing establishments was undertaken, analysing previously funded rosters, current rosters (including variable pay expenditure), and proposed rosters which will require an increase in staffing resources. The Executive Director of Nursing has worked with the Senior Nursing Leadership Team in MH&LD to review the proposed nursing rosters, adopting the triangulated methodology outlined in Section 25C of the Act.

Through scrutiny panels, the designated person has considered the opinions of the Service Group's nursing and management teams and reached professional agreement that the proposed rosters would safely meet the level of care required for service users. Given the significant changes to the funded nursing establishments and the challenges of aligning services within the allocated financial envelope, it has been agreed that these proposals will be submitted to Board in a separate report from MH&LD Services.

### **Adult Section 25B Surgical Wards - Neath Port Talbot Singleton Service Group:**

There were no changes to the funded establishment in adult Section 25B wards following the January bi-annual acuity review. The June 2025 acuity review and subsequent recalculation of nurse staffing levels have resulted in proposed roster changes in both Ward A and Ward E, the surgical wards at NPTH.

#### **Ward A**

The proposed changes in Ward A reflect reduction in surgical activity at NPTH. The ward has experienced an increase in clinically optimised patients being transferred in, along with a rise in ambulatory trauma cases. Discussions are also underway regarding the introduction of a fracture-related infections pathway, which is expected to further impact patient acuity and complexity.



A reduction of 1.17 WTE HCSW posts, delivering a recurrent full year saving of £62,918, were agreed. In addition, a temporary reduction of 1.85 WTE RN posts were agreed as a non-recurrent saving until the end of the financial year. The RN establishment will be reviewed again at the next bi-annual review.

### **Ward E**

During the reporting, the ward has experienced a significant reduction in complex spinal surgery activity. The reasons for this are multifactorial and include the inability to provide anaesthetic support and specialist medical care overnight. Work to repurpose elective surgical activity across Morrision and NPTH is ongoing, and the outcome of these discussions is likely to impact both activity levels and patient acuity in the near future.

An increase in the Band 4 HCSW establishment, funded through Band 5 vacancies, was professionally agreed. This will result in a reduction of 1.85 WTE RN posts and a corresponding 2.72 WTE increase in Band 4 HCSW posts. Aside from these changes, the panel agreed that the current nursing establishment will be maintained. Staff will continue to be redeployed to maintain safe staffing levels across the division and Service Group, vacancies are being held, and the establishment will be reviewed again at the next bi-annual review.

### **Paediatric Section 25B Wards - Neath Port Talbot Singleton Service Group:**

No further changes to the nursing establishments were requested following the acuity audit in January 2025. The Band 6 development posts in both Oakwood and Ward M, as previously agreed and reported to Board in May 2025 continued to be professionally supported.

### **Oakwood Ward**

No additional changes to the nursing establishment were identified following the June 2025 acuity audit. The Band 6 development posts remain in place and continue to support the development of critical care competencies among staff in this area.

### **Ward M (Surgical ward)**

Following the January 2025 acuity audit, an uplift of 0.8 WTE Band 6 posts was agreed to strengthen clinical leadership and support succession planning within this specialist area. These posts are now embedded and are providing the leadership required to meet the complex needs of the diverse specialties managed within the ward.

No further changes to the Band 6 establishment were requested following the June 2025 acuity audit. However, an over establishment of RNs was reported due to the redeployment of 4.0 WTE registrants from the Burns and Plastics team. These posts, introduced to support the specialist provision of burns care, are funded by the Burns Unit at Morriston Hospital.

**Adult Section 25B Wards Medical Wards - Morriston Service Group**

As reported to the Board in May 2025, there were no changes to the nursing establishment following the acuity audit conducted in January 2025. A request for an additional registered nurse for the night shift on ward K, an acute, 26 bedded gastroenterology ward was not professionally supported. This decision considered the recent relocation from ward L and the associated changes to the bed base in both areas. A balanced allocation of resources across all wards was proposed.

Following the scrutiny of acuity and triangulation of quality indicators in June 2025, a request for a 2.72 WTE increase in the funded establishment on ward K has been professionally supported. This reflects the increased activity and complexity of care needs within the speciality. The full-year cost increase of £25,334 is recognised as an additional cost pressure and requires Board approval.

In conjunction, changes to ward L's roster have also received professional support. This includes the removal of a Band 5 nurse from the long day shift. Ward L, now functioning as an acute endocrine and infectious diseases ward was reduced to 21 beds following its relocation to ward K's footprint. The roster changes will result in a reduction of 2.72 WTE Band 5 posts.

During this reporting period, the bed base on Cardigan ward has fluctuated due to service changes. While temporarily located on Anglesey ward as part of the refurbishment programme in Morriston Hospital, an additional bed space was created. However, following the wards return to its original location, the bed base was reduced from 25 to 23 beds.



One bed was removed to accommodate additional water points required for dialysis treatment, and another was withdrawn as part of infection prevention and control (IPC) measures. Notably, a reduction in IPC incidents was observed following the scrutiny of quality indicators during the June 2025 acuity review.

Anglesey Ward was opened in June 2025 as a key enabler to relieve pressure on the Emergency Department and support 'tests of change' across the urgent and emergency care (UEC) pathway. The 25-bedded ward provides an acute general medical bed pool, designed to enhance patient flow across the Morryston site.

The additional bed capacity has created valuable operational flexibility, allowing clinical teams to trial new ways of working and implement innovative service models within front-door areas. A formal review of the ward's impact and effectiveness is scheduled for March 2026.

Although the ward does not have a core funded establishment, staffing has been supported through the redeployment of staff from over-established areas across the hospital, following Board agreement. A Band 7 nurse with supervisory status is currently in post, supported by two Band 6 nurses providing clinical leadership. However, the ward does not have a dedicated receptionist or administrative support in place.

#### **Adult Section 25B Surgical Wards – Morryston Service Group**

No changes were made to the funded nursing establishment following the bi-annual acuity review conducted in January 2025. Tempest ward increased its bed base from 5 to 6 beds after relocating to the Burns HDU footprint, following its transfer to GITU. Despite this change, there were no adjustments to the funded establishment.

As part of service developments, an acute 5 bedded Trauma and Orthopaedic assessment area was introduced within Ward H in June 2025. This resulted in a reduction of inpatient beds from 26 to 21. The change has significantly improved patient experience and flow by reducing waiting times in the Emergency Department for patients with a fractured neck of femur. It has also increased the number of patients admitted to inpatient care within the nationally agreed 4-hour timeframe. There were no changes to the funded establishment.



Staffing requirements at start of the reporting period (October 2024)	Adult acute <u>medical</u> inpatient wards		Adult acute <u>surgical</u> inpatient wards		Paediatric inpatient wards	
		10		15		2
Required establishment (WTE) calculated (Autumn 2024)	RN	HCSW	RN	HCSW	RN	HCSW
	230.31	228.51	294.61	236.03	51.2	8.17
WTE of required establishment funded (Autumn 2024)	230.31	228.51	294.61	236.03	51.2	8.17
WTE supernumerary Band 7 sister/charge nurse (funded but excluded from planned roster)	10.0 WTE		15.0 WTE		2.0 WTE	
	<b>Please note these figures were reported to Board in November 2024.</b>					
Staffing requirements following Spring Cycle (Spring 2025)	Adult acute <u>medical</u> inpatient wards		Adult acute <u>surgical</u> inpatient wards		Paediatric inpatient wards	
	10		15		2	
Required establishment (WTE) calculated (Spring 2025)	RN	HCSW	RN	HCSW	RN	HCSW
	230.31	228.51	294.61	236.03	51.2	8.17
WTE of required establishment funded (Spring 2025)	230.31	228.51	294.61	236.03	51.2	8.17
WTE supernumerary Band 7 sister/charge nurse (funded but excluded from planned roster)	10.0 WTE		15.0 WTE		2.0 WTE	



Staffing requirements at end of reporting period (Autumn 2025)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards		
		11		15		2	
Required establishment (WTE) calculated (Autumn 2025)	RN	HCSW	RN	HCSW	RN	HCSW	
	250.73	250.3	290.88	237.58	51.2	8.17	
WTE of required establishment funded (Autumn 2025)	250.73	250.3	290.88	237.58	51.2	8.17	
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	11.0 WTE		15.0 WTE		2.0 WTE		
Required establishment (WTE) calculated and WTE of required establishment funded	<u>Adult Section 25B Wards - Morrison Service Group</u>						
		October 2024 (Autumn cycle)		April 2025 (Spring cycle)		September 2025 (Autumn cycle)	
	Morrison Service Group	RN	HCSW	RN	HCSW	RN	HCSW
	Total Surgical WTE Morrison	226.43	180.75	226.43	180.75	226.43	180.75
	Total Medical WTE Morrison	197.38	203.64	197.38	203.64	217.80	225.43
	<b>Morrison Service Group total 25B Adult Wards WTE RN and HCSW</b>	<b>423.81</b>	<b>384.39</b>	<b>423.81</b>	<b>384.39</b>	<b>444.23</b>	<b>406.18</b>
	*WTE figures do not include supernumerary (supervisory) Band 7 posts.						



<b>Adult Section 25B Wards – Neath Port Talbot Singleton Service Group</b>						
	<b>October 2024 (Autumn cycle)</b>		<b>April 2025 (Spring cycle)</b>		<b>September 2025 (Autumn cycle)</b>	
	<b>RN</b>	<b>HCSW</b>	<b>RN</b>	<b>HCSW</b>	<b>RN</b>	<b>HCSW</b>
<b>Neath Port Talbot Singleton Service Group</b>						
Total Surgical WTE NPTSSG	<b>68.18</b>	<b>55.28</b>	<b>68.18</b>	<b>55.28</b>	<b>64.45</b>	<b>56.83</b>
Total Medical WTE NPTSSG	<b>32.93</b>	<b>24.87</b>	<b>32.93</b>	<b>24.87</b>	<b>32.93</b>	<b>24.87</b>
<b>NPTSSG total 25B Adult Wards WTE RN and HCSW</b>	<b>101.11</b>	<b>80.15</b>	<b>101.11</b>	<b>80.15</b>	<b>97.38</b>	<b>81.7</b>
*WTE figures do not include supernumerary (supervisory) Band 7 posts.						
<b>Paediatric Section 25B Wards – Neath Port Talbot Singleton Service Group</b>						
	<b>October 2024 (Autumn cycle)</b>		<b>April 2025 (Spring cycle)</b>		<b>September 2025 (Autumn cycle)</b>	
	<b>RN</b>	<b>HCSW</b>	<b>RN</b>	<b>HCSW</b>	<b>RN</b>	<b>HCSW</b>
<b>NPTSSG Service Group</b>						
<b>NPTSSG total 25B Paediatric Wards WTE RN and HCSW</b>	<b>51.20</b>	<b>8.17</b>	<b>51.20</b>	<b>8.17</b>	<b>51.20</b>	<b>8.17</b>
*WTE figures do not include supernumerary (supervisory) Band 7 posts.						
<b>Using the triangulated approach to calculate the Nurse staffing level on section 25B wards</b>						



The triangulated methodology for calculating nurse staffing levels is now embedded as a bi-annual cycle for acute adult medical & surgical wards, and paediatric wards under Section 25B of the NSLWA.

Nurse staffing levels are determined using the following key components:

**Professional Judgement:**

The Ward Sister/Charge Nurse, together with Lead and Senior Nurses and the Group Nurse Director, use their clinical expertise to inform staffing decisions. They consider compliance data such as, mandatory training, vacancy and sickness rates, temporary staffing usage, bed occupancy, patient and student feedback. This information is presented to the Executive Nurse Director during the bi-annual establishment reviews, facilitating further discussion.

**Patient Acuity:**

In SBUHB, patients on Section 25B wards, and many other inpatient areas under Section 25A are assigned an acuity score every 12 hours using the Welsh Levels of Care acuity tool. The digital platform SafeCare enables real-time operational decisions regarding nurse staffing and patient acuity. SafeCare is utilised in all 25B areas, as well as in assessment areas and critical care, enhancing decision-making across the organisation.



### Quality Indicators:

During establishment reviews and bi-annual calculations, the Ward Sister/Charge Nurse considers quality indicators sensitive to nursing staff, including:

- **Adult Acute Medical/Surgical Inpatient Wards:** Patient falls, pressure ulcers, and medication errors.
- **Paediatric Inpatient Wards:** Pressure ulcers, medication errors, and infiltration/extravasation injuries.

Complaints relating to nursing care are also considered.

Before triangulating data, an 26.9% uplift is applied to account for staff absences. Ward Sisters and Charge Nurses are considered supernumerary in planned rosters and approved staffing levels. However, due to workforce challenges and last-minute absences unavailability, they may be required to work as part of the roster after all other options have been exhausted. Redeployment of Ward Sisters and Charge Nurses is not included in roster planning, but monitoring systems are in place to track these occurrences. In line with the All-Wales Standard Operating Procedure for Safe-Care, a Red Flag can be raised if a Ward Sister or Charge Nurse is not supernumerary to the planned roster.

### SafeCare

During this reporting period, the SafeCare workforce planning tool has been rolled out across Mental Health acute assessment and admission wards. Twice-monthly training sessions for all Health Board staff continue to be delivered via Teams, supporting consistent reporting of patient acuity levels and nursing staff requirements which allows for robust triangulation methodology when recalculating nursing staff requirements. This consistency enables robust triangulation when recalculating nurse staffing levels and facilitates the safe redeployment of staff on a shift-by-shift basis.

During the latter part of this reporting period, the data collected through SafeCare has been used as part of nurse staffing huddles, supported by a recently introduced Standard Operating Procedure (SOP). This approach ensures that risks to patient outcomes and staff well-being are safely mitigated.



**Finance and workforce implications**

**Whole time equivalent nursing establishment changes and the financial implications of bi-annual re-calculations during the reporting period, 1 October 2024 to 30 September 2025.**

The outcomes of the January 2024 bi-annual acuity review and establishment re-calculations were reported to and agreed at Board on 23rd May 2024.

The June 2025 NSLWA re-calculations for adult in-patient wards have resulted in changes in the required staffing establishments in both Neath Port Talbot Singleton and Morriston Service Group. These changes, which are directly linked to the requirements of the Nurse Staffing Levels (Wales) Act, as detailed in Appendix 2 are summarised below.

In parallel, the Health Board continues to strengthen governance around temporary staffing. Building on existing controls for agency staffing, consideration is being given to implementing an executive-led approval process for bank staffing requests. This approach, to improve consistency and transparency in staffing decisions, support safe and sustainable workforce planning, and ensure optimal use of resources in line with NSLWA compliance.

The financial implications of the Band 2 to Band 3 adjustments to the funded establishments will be outlined in a separate, dedicated paper to the Board.

**Neath Port Talbot Singleton Service Group**

Ward	Action	Impact	WTE	Cost of Change
A NPTSSG	Remove B5 Long Day weekend only	Non re-current cost saving	-1.85	- 104,055
A NPTSSG	Remove B2 Long Day weekend only	Re-current cost saving	-1.17	- 32,880
A NPTSSG	Remove B2 Long Night Sunday only	Re-current cost saving		
E NPTSSG	Increase in Band 4 HCSW posts	Re-current cost saving	+2.73	+ 29,012
E NPTSSG	Reduction in Band 5 RN posts	Re-current cost saving	-1.85	- 112,242
<b>TOTAL</b>				<b>- 220,165</b>



**Morrison Service Group**

Ward	Action	Impact	WTE	Cost of Change
K Medicine	Increase Band 5 RN Long Night	Re-current cost	+ 2.72	+ 158,758
L Medicine	Remove Band 5 RN Long Day	Re-current cost saving	- 2.72	- 133,424
<b>TOTAL</b>				<b>+ 25,334</b>

The required full year cost of £25,334 is an additional financial pressure and requires the approval of Board.

**Conclusion & Recommendations**



Swansea Bay UHB continues to experience dynamic changes in patient acuity and service demands. The Health Board has well-established and embedded processes to ensure compliance with the Nurse Staffing Levels (Wales) Act, 2016, including robust bi-annual acuity reviews and establishment recalculations.

Key highlights from this reporting period include:

- Changes to the number of Section 25B wards and bed bases within Morrison Hospital.
- All Section 25B wards have undergone establishment reviews, incorporating a 26.9% uplift and supernumerary Ward Sister/Charge Nurse. One ward has been identified as requiring an increase in its funded nursing establishment.
- A review of nursing establishments within Mental Health and Learning Disability Services is nearing completion and will be presented to the Board in a separate, detailed paper.
- Ongoing efforts by nursing teams to reduce reliance on temporary staffing while maintaining safe and effective care, supported by close monitoring of relevant metrics.
- Continued implementation of recruitment and retention strategies for both registered and unregistered nursing staff.

Changes to ward establishments have been calculated using a rigorous, triangulated methodology, as outlined within this report. Looking ahead to the next reporting period, planned rosters are expected to reflect a 21% uplift, while the full 26.9% financial envelope will be retained to flexibly support temporary staffing requirements. This proposed approach, which remains subject to confirmation at an All-Wales level, aims to optimise workforce



	<p>flexibility, support safe staffing compliance, and maintain alignment with the Nurse Staffing Levels (Wales) Act, 2016.</p> <p><b>The Committee is asked to:</b></p> <p><b>R1 - NOTE</b> the content of this paper and <b>RECEIVE ASSURANCE</b> that the Health Board is fulfilling its responsibilities under the NSLWA, as outlined in Appendix 3.</p> <p><b>R2 - TAKE ASSURANCE</b> that the Health Board is meeting its statutory duty under Section 25B of the NSLWA, based on the evidence presented in this paper and associated appendices.</p> <p><b>R3 - NOTE</b> the agreed changes to funded nursing establishments from the June 2024 acuity review, which were agreed in Board (28<sup>th</sup> November 2024). The recalculated establishments from January 2025 acuity audits (as detailed in Appendix 2) which support compliance with the statutory requirements of the NSLWA and <b>ACKNOWLEDGE</b> the completed validation of the Band 2 to Band 3 skill set across all wards as a recognised cost pressure for the Health Board. Further details are provided in Appendix 2.</p> <p><b>R4 - NOTE</b> the requested changes to the funded nursing establishments following the June 2025 bi-annual acuity audit including approval of the resulting financial additional impact and cost pressure of:</p> <ul style="list-style-type: none"> <li>&gt; An <b>additional full-year financial impact</b> of <b>£25,334</b> for Morryston</li> <li>&gt; A cost saving of <b>£220,165</b> for NPTSSG (of which <b>£104,055 is non-recurrent</b> until the end of the financial year) and <b>NOTE</b> that these changes ensure continued compliance with the NSLWA.</li> </ul>
<p><b>Appendices</b></p>	<p>Appendix 2 - NSLWA Roster Template  NSLWA%20Appendix%202%2001.10.24%2</p> <p>Appendix 3 – NSLWA Reporting Requirements  Workforce%20&amp;%20OD%20Com</p>