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Coleg Nyrsio Brenhinol
Cymru
Royal College of Nursing
Wales

PROGRESS AND CHALLENGE IN DELIVERING SAFE AND EFFECTIVE CARE 2022:

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

CONTENTS

RECOMMENDATIONS	3
FINDINGS	4
METHODOLOGY	5
WHAT IS THE NURSE STAFFING LEVELS (WALES) ACT 2016?	6
Why is this so important?	7
SECTION 1 NATIONAL THEMES	8
ICT systems	8
What was the impact of COVID-19 on safe and effective care?	9
Increase in patient acuity	11
The safety critical role of the ward manager	12
Registered nurse vacancies in NHS Wales	13
Agency spending	13
Retention	14
International recruitment	16
The extension of Section 25B	17
District nursing	18
Mental health inpatient wards	19
SECTION 2 HEALTH BOARD REPORTS	20
Aneurin Bevan University Health Board	20
Betsi Cadwaladr University Health Board	23
Cwm Taf Morgannwg University Health Board	26
Cardiff and the Vale University Health Board	28
Hywel Dda University Health Board	31
Swansea Bay University Health Board	34
Powys Teaching Health Board	37
LIST OF ABBREVIATIONS	40
APPENDIX	41

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 forward 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 scan 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).

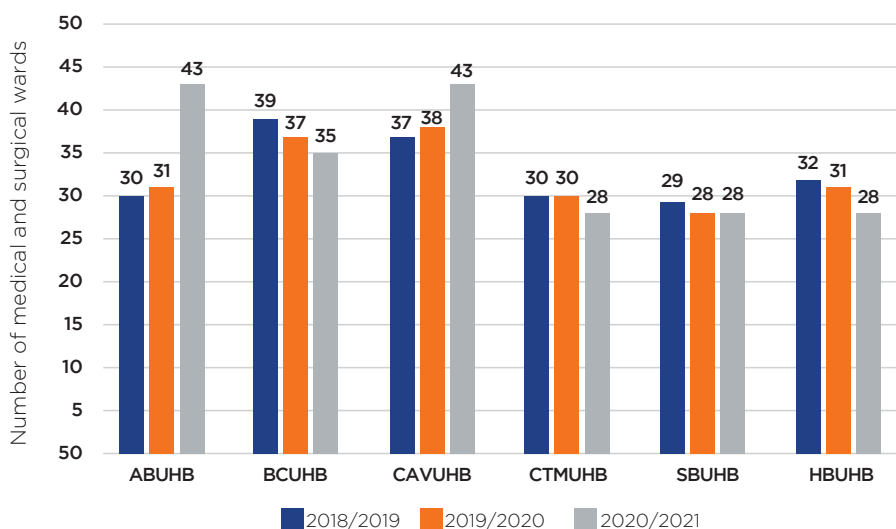
During the first wave of the COVID-19 pandemic, normal ways of working were suspended or altered to ensure the health and social care sector could respond to the pandemic; this meant nurses were redeployed to areas experiencing significant staffing shortages and high patient demand and acuity. For more 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 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, despite an intention to maintain their supernumerary status, 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 as per the Health Boards intention.

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 to mitigate the short-term risk.⁴⁴ This is a very dangerous approach to tackling nurse vacancies in the long term. 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 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-pdf/>

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

The 'Quality, Safety & Experience Committee - Chair's Report' details the *percentage* nurse vacancy rate to the health board. This provides an insight into the challenges facing the nursing workforce. It would however be useful to have the FTE nurse vacancy *figure* regularly published. 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. It is also unclear what the Workforce & Organisational Development Team are doing to stabilise the nursing workforce. 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 (Level 1) and care pathways (Level 2), 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 some of which are Assistant Practitioners - Nursing: 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; in the long term 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.

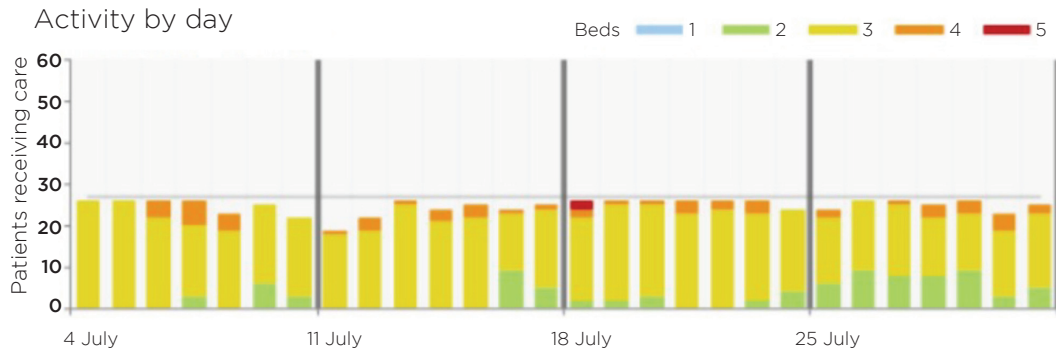
To encourage newly qualified nurses to stay with the organisation Swansea Bay have established a 'Pathway to Professionalism', where they are supported by a preceptorship and clinical supervision for the first 12 months. It has also allowed rotational posts for newly qualified nurses. The focus on retention 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-swanea-bay-hbrr-board-apr-2021-final-pdf/>

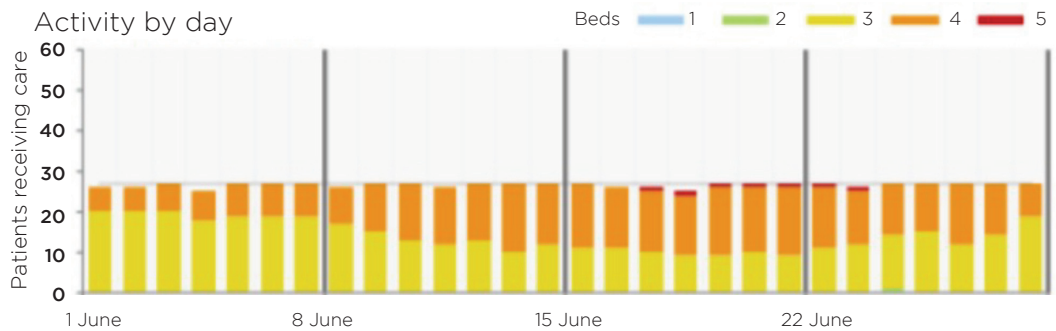
As exhibited in Hywel Dda, Betsi Cadwaladr and Aneurin Bevan, Swansea Bay also experienced an increase in patient acuity. The graph below highlights the increase of patient acuity on one ward (Ward A). The graph highlights that the number of patients needing urgent care (orange) has significantly increased,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

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Aneurin Bevan University Health Board

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