

Annual Presentation of Nurse Staffing Levels to the Board

Health Board	Cwm Taf Morgannwg University Health Board (CTMUHB)			
Date of annual presentation of Nurse Staffing Levels to Board	November 2025			
Period Covered	This report covers the changes that have been made to nurse staffing levels for wards covered by Section 25B of the Nurse Staffing Levels (Wales) Act 2016 between 1 st October 2024 to 30th September 2025.			
Number and identity of section 25B wards during the reporting period. - Adult acute <u>medical</u> inpatient wards (inclusive of Oncology & Haematology inpatient wards) - Adult acute <u>surgical</u> inpatient wards (inclusive of Womens Gynaecological inpatient wards) <u>Paediatric</u> inpatient wards	Appendix 1 of this report lists the nurse staffing levels for all wards that have been included under Section 25B of the Nursing Staffing Level (Wales) 2016 Act (hereafter referred to in this document as the 2016 Act), during the period 1 st October 2024 to 30 th September 2025.			
		Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
	01/10/24	17	16	3
	30/09/25	15	13	3
	During the reporting period October 2024- September 2025, a critical incident was declared in Princess of Wales Hospital (PoWH) resulting in the relocation of several wards. A significant number of these were designated under Section 25B of the Nurse staffing Levels (Wales) Act 2016 and were subsequently moved both within PoWH and across Cwm Taf Morgannwg University Health Board (CTMUHB) footprint. The following is a summary of the affected wards and their movements: Princess of Wales Hospital (PoWH) Ward 5: Relocated to Royal Glamorgan Hospital (RGH) Ward 19; (subsequently closed October 2024) Ward 6: Relocated to Ward 16 (subsequently closed October 2024) Ward 7: Relocated to RGH Ward 7 (subsequently closed October 2024) Ward 8: Relocated to Ward 19 (subsequently closed October 2024) Ward 9: Relocated to RGH Ward 11 (subsequently closed this ward changed speciality to Day surgery in October 2024; now designated as a section 25A ward) Ward 10: Relocated to Ward 18 (subsequently closed October 2024) Ward 11: Relocated to RGH Ward 18(subsequently closed October 2024) Ward 16: Relocated to Ward 21 (October 2024) Ward 18: Relocated to RGH Ward 2 October 2024 Ward 19: Relocated to Ysbyty George Thomas (YGT) Dinas Ward in October 2024 now designated as a Section 25A ward. Royal Glamorgan Hospital (RGH) Ward 2: Relocated to Ward 9 in September 2024 and became a Surgical Assessment Unit (SAU) therefore now a Section 25A area. Ward 9: Relocated to Ward 7 September 2024- 5 Post Anaesthetic Care unit (PACU) 5 head and neck beds & 9 ward beds. Ward 15: Relocated to Ward 1 in January 2025 Ward 19: Relocated to Ward 3 December 2024 Ward 20: Relocated to YGT Fernhill Ward in October 2024; now designated as a Section 25A ward. Prince Charles Hospital (PCH) Ward 10: Relocated to RGH Ward 19 in January 2025 Ward 3: Relocated to Ward 10 in May 2025; specialty changed to Frailty, now under Section 25A of the Act. The final ward locations are detailed in Appendix 1 of this report. During the critical incident, staff were temporarily redeployed from wards that had reduced bed numbers and were used to support areas with staff vacancies. As the wards transitioned back to their final locations, staff were moved back to their original clinical areas. Princess of Wales Hospital (PoWH) - Ward 18 Closed in August 2025 (22 beds) – ward moved back to ward 8 (28 beds) as a Surgical Trauma and Rehabilitation (STaR) ward therefore section 25A. - Ward 19 Closed August 2025 - Ward 20 Closed August 2025 Royal Glamorgan Hospital (RGH) - Ward 1 Closed 31st August 2025 (22 beds) Prince Charles Hospital (PCH) - Ward 3 Closed 9th May 2025 (24 beds).			
	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards	

Required establishment (WTE) calculated (October 2024)	RN	HCSW	RN	HCSW	RN	HCSW
	363.75	289.59	327.97	247.21	97.62	19.1
WTE of required establishment funded (October 2024)	363.75	289.59	327.97	247.21	97.62	19.1
Staffing requirements following Spring Cycle (May 2025)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (May 2025)	RN	HCSW	RN	HCSW	RN	HCSW
	334.86	237.94	198.91	189.29	97.62	19.1
WTE of required establishment funded (May 2025)	334.86	237.94	198.91	189.29	97.62	19.1
Staffing requirements at end of reporting period (September 2025)	Adult acute medical inpatient wards		Adult acute surgical inpatient wards		Paediatric inpatient wards	
Required establishment (WTE) calculated (September 2025)	RN	HCSW	RN	HCSW	RN	HCSW
	269.28	218.52	238.16	210.18	97.62	19.1
WTE of required establishment funded (September 2025)	269.28	218.52	238.16	210.18	97.62	19.1
WTE Supernumerary band 7 sister/charge nurse at end of reporting period (funded but excluded from planned roster)	15 (NB: decrease in number of wards as they have been realigned to section 25A of the Act due to change of speciality)		13 (NB: decrease in number of wards as they have been realigned to section 25A of the Act due to change of speciality)		3	
Using the triangulated approach to calculate the Nurse staffing level on section 25B wards.	The triangulated methodology outlined in Section 25C of the 2016 Act sets out the principles for calculating nurse staffing levels. It requires that, as a minimum, for each ward within Section 25B of the Act, staffing calculations reviews are undertaken every six months.					
	The Nurse staffing lead for the HB on behalf of the designated person, facilitates the nurse staffing levels process to ensure templates are created, populated and ready for review in the sign off meetings with the designated person.					
	For June 2025 bi-annual acuity audit reporting for each inpatient ward under Section 25B, the data was captured across multiple systems, collated, and analysed to assess compliance with the nurse staffing recommendations. The areas below are discussed in collaboration with the Ward Sister, Senior Nurse, Lead Nurse responsible for the wards along with Heads of Nursing from each acute hospital and approved by the Care Group Nurse Directors.					
	- Current bed numbers and specialities, including any proposed service changes. - Patient acuity data for June 2025, captured using the SafeCare system. - Care quality indicator data from the previous six months (including falls, medication errors, pressure damage, and serious incidents and concerns). - Workforce metrics, including mandatory training compliance, vacancy rates, recruitment activity and sickness absence. - Clinical dashboards from the Datix system capturing care quality metrics and Power BI applications providing patient acuity and flow data. - Assurance that all workforce models are compliant with the required 26.9% uplift and include a supernumerary Band 7 Ward Sister/Charge nurse, as mandated in the Nurse Staffing Levels Act. - Planning templates ratified by the Ward Sister/Charge Nurse, Senior Nurses, Heads of Nursing, and Care Group Directors of Nursing. Final templates are endorsed by the Executive Director of Nursing during a sign-off meeting with the Care Group Nurse Director, Head of nursing and Nurse staffing Lead.					
	The planned rosters in Appendix 1 are those agreed by the designated lead following the June 2025 acuity audit.					
Finance and workforce implications.	Following June 2025 acuity audit, when compared to the planned rosters/required establishments agreed during the January 2025 acuity audit, it was noted that there were no changes to the planned roster or required establishment for 27 adult medical/surgical inpatient wards and three paediatric wards. The remaining 4 wards relocated (table below), audit identified the following financial and workforce uplift requirements.					
	The table below summarises the financial implications based on the proposed staffing changes. This includes the uplift required to deliver the roster, as well non-rostered staff who support the delivery of care (e.g. Supervisory Ward Manager, Frailty/Rehabilitation Support Workers, Ward Clerks).					
	Breakdown of staffing costs (Uplifts/ decreases)					
	Site and Ward	Additional requirements			Financial cost	
	PoWH ward 6	Increase of beds from 22 to 24 Uplift 1 HCSW day and night			£218,095	
	PoWH ward 7	Increase of beds from 15 to 28 Uplift 1 RN Day and night Uplift 1 HCSW day and night			Surgical plan being worked through, no costs provided at present	
	RGH ward 3	Increase RN Day and night			£314,000	
	RGH ward 10	Decrease 1 RN & HCSW by day and night			Surgical plan being worked through, no costs provided at present	
	RGH ward 15	Uplift 1 HCSW day and night			£218,095	
		The changes to nursing establishments result from a combination of benchmarking against other wards across CTM UHB and an increase in bed capacity/ changes to the function of the ward within clinical areas. The establishment				

	changes were reviewed with finance colleagues which determined that some of the associated funding will present as cost pressures. Ongoing discussions are taking place regarding the transformation and realignment of services to address how budgets can be aligned and maintained. Due to seasonal variations in patient acuity, the paediatric wards adjust their staffing levels to meet changing demands throughout the year. This dynamic approach to staffing management ensures there is no impact on overall staffing requirements or associated cost implications, as all adjustments are planned, calculated, and funded within existing establishment budgets.
Conclusion & Recommendations	
	The Nurse Staffing Levels (Wales) Act 2016 bi-annual acuity audit, conducted in June 2025, has enabled the Planned, Unscheduled, and Children and Young Persons Care Groups to review patient acuity and activity over the preceding six months and plan their workforce accordingly. The Nurse Directors have greater ownership and accountability for the services and provision within their respective delivery areas. Following the June 2025 audit, changes to nursing establishments were identified, implemented, and approved by the Care Group Nurse Directors, and subsequently ratified by the Executive Director of Nursing. The Board is asked to. • Receive the report as assurance that the statutory requirements relating to Section 25B wards have been met. • Note the changes to the funded establishments, ensuring that the Health Board remains fully compliant with the Nurse Staffing Levels (Wales) Act 2016. • The work programme for CTMUHB inpatient wards under section 25B of the 2016 Act for 2025/6 will include: ○ Continuation of audit compliance with the SafeCare Module across 25B wards in the Health Board. ○ Continued support for clinical teams in using SafeCare to its full potential- to capture professional judgement and red flags alongside acuity and dependency. ○ Interrogate and analyse data to support reviews and potential changes to the establishment and skills mix. ○ Sustaining progress in the rollout and use of SafeCare across community hospitals, mental health services, and palliative care settings. ○ Continuing to review and report compliance in line with the requirements of the Nurse Staffing Levels (Wales) Act 2016.