

# Nurse Staffing Levels

## Final Internal Audit Report

2025/26

Cardiff and Vale University Health Board



Reasonable Assurance

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### Review Reference

#### Fieldwork

#### Executive Sign Off

#### Audit Committee

#### Executive Lead

#### Audit Team

CVU-2526-17

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2<sup>nd</sup> May 2026

May 2026

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# Executive Summary

## Purpose

Our audit of Nurse Staffing Levels was completed in line with the 2025/26 internal audit plan for Cardiff and Vale University Health Board (the 'Health Board'). The purpose of the audit was to review the processes in place to ensure compliance with the requirements of the Nurse Staffing Levels (Wales) Act.

## Overview

The Nurse Staffing Levels (Wales) Act became law in March 2016. The Act requires health service bodies to make provision for appropriate nurse staffing levels and ensure that they are providing sufficient nurses to allow the nurses' time to care for patients sensitively.

The nurse staffing level is the number of Nurses (registered Nurses and others to whom the registered Nurses delegate care tasks) appropriate to provide care to patients that meets all reasonable requirements in the relevant situation. Nurse Staffing Levels are reviewed within Adult acute medical inpatient wards, Adult acute surgical inpatient wards and paediatric inpatient wards.

SafeCare is actively used within the Health Board to allow Ward Managers to record Nurse attendance on the ward for both day and night shifts. Attendance is confirmed in SafeCare by marking a green tick. Any changes to nurse staffing must also be promptly updated in SafeCare.

We have concluded **reasonable** assurance on this area. The matters requiring management attention are:

- Establishment sheets were not consistently fully complete or signed by all required individuals.
- SafeCare census data for staffing levels was not always updated to achieve the over 90% completion threshold stipulated within the Nursing Rostering Principles.
- Where staffing levels had been recorded as "red flags", Healthroster was not consistently updated to reflect the actions taken and outcomes achieved.
- Nurse staffing level information was not always displayed on the wards, or where displayed, was out of date and not being displayed in Welsh.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

Objectives <small>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.</small>	Related Findings	Assurance
1 Nurse staffing levels are calculated using the prescribed methodology for wards (as defined within the statutory guidance of Section 25B of the Act) and these levels are reviewed twice annually in accordance with the requirements of the Act.	1	<b>Reasonable</b>
2 Staff are undertaking the SafeCare census twice daily including recording the actual staffing levels on the ward and reviewing any variations	2	<b>Reasonable</b>
3 Appropriate actions are taken to enable wards to maintain nurse staffing at the calculated levels	3	<b>Reasonable</b>
4 Effective processes are in place to ensure that patients are informed of the nurse staffing levels in accordance with the requirement of the Act.	4	<b>Reasonable</b>
5 Nurse staffing levels are reported to the Board and Welsh Government in accordance with Section 25E of the Act detailing the extent to which levels have been maintained, the impact of any shortfall and action taken	-	<b>Substantial</b>

## Management Actions

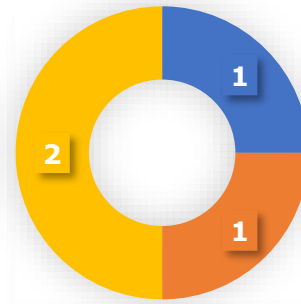


High Priority



Medium Priority

## Themes



■ Communication & Engagement

■ Approvals

■ Information, Data Quality & Data Accuracy

## Risk Types

Public Perception & Reputational Risk

Quality or Safety Issues

# Findings & Agreed Action Plan

**Objective 1: Nurse staffing levels are calculated using the prescribed methodology for wards (as defined within the statutory guidance of Section 25B of the Act) and these levels are reviewed twice annually in accordance with the requirements of the Act**

**Reasonable**

## Overview / Summary of Observations

Section 25B of the Act sets out the requirement for nurse staffing levels to be calculated using a triangulated method. This must combine the designated person’s professional judgement, outputs from an evidence-based workforce planning tool, and analysis of patient well-being indicators that are sensitive to nursing care. In undertaking this calculation, consideration must be given to factors such as staff skill mix, ward environment, patient turnover, the use of temporary staff, and physical layout of the ward. This approach ensures that staffing decisions are informed and validated through multiple sources, with no single element taking priority. The designated person is required to document their rationale, incorporating input from ward and senior nursing leaders, and review quality indicators such as pressure ulcers, falls, medication errors, and other relevant measures to determine safe, appropriate nurse staffing levels.

A review of ward calculations using the respective establishment sheets confirmed that the calculation and mapping process was aligned with the Staffing Level Operating Framework and the Nursing Rostering Principles and Staffing Framework.

We reviewed a sample of 10 Nursing Staff Level Establishments sheets which provided evidence that triangulation had been completed through the inclusion of the following components within the documentation:

- Acuity and dependency outlining the level of patient illness and care level requirements;
- Quality indicators identifying factors that may impact care i.e. falls, medication errors etc;
- Professional judgement reflecting the Multi-Disciplinary Team (MDT) collective assessment to determine appropriate staffing level; and
- Outcome summary providing an overarching summary of the above three indicators.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Completion and review of establishment calculations</b></p> <p>The testing we undertook, as detailed above, confirmed that all 10 sampled wards demonstrated completion of the required components with the exception of ward A2, where the outcome summary was incomplete.</p> <p>In addition, two wards, C5 and C6, were identified where the establishment documentation had not been signed by designated personnel.</p>	<p>Data inputs incomplete, inaccurate or outdated.</p>	<p><b>Agreed Action:</b></p> <p><b>Action 1 - Strengthening Establishment Template Completion and Approval</b></p> <p>A revised submission process will be implemented to ensure that all templates are checked using a standardised checklist prior to sign-off review meetings, including confirmation that documentation is signed by the designated personnel.</p>

		<p><b>Expected Evidence of Implementation:</b> Fully completed establishment templates submitted for all areas.</p>
	<p><b>Medium Priority</b></p>	<p><b>Officer:</b> Nurse Staffing Lead <b>Target Implementation Date: Action 1</b> - A checklist will be developed and implemented in preparation for the establishment reviews scheduled for October 2026.</p>
<p><b>Theme:</b> Approvals</p>	<p>Control Design</p>	

**Overview / Summary of Observations**

In accordance with the Operational Framework and Rostering Principles, SafeCare census entries are required to be completed twice daily, within the defined timeframes of 06:45–08:15 (morning) and 18:45–20:15 (out of hours). Review of sample wards and SafeCare dashboard data - used to capture and monitor staffing levels, including variations such as temporary staffing usage and staff redeployments confirmed that census entries are generally completed twice daily. A small number of minor timing variances were identified and are detailed within the key findings section below.

Oversight of data quality is maintained through a Power BI dashboard used by Corporate Nursing, while the Workforce team monitors for incorrect, missing, or misaligned entries. Clear roles and responsibilities are in place, with the Nurse in Charge responsible for completing the census data, and Senior/Lead Nurses validating entries and escalating issues in line with mandatory fields requirements, including staff attendance, Welsh Levels of Care acuity, RAG ratings, and red flag indicators.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 <b>SafeCare completion</b></p> <p>Review of a sample of 10 wards identified that, while SafeCare input was generally completed within the required parameters, a number of compliance issues remained. The E-rostering Project Manager advised that an agreed compliance threshold of greater than 90% for completion of the SafeCare census is in place, as set out within the Rostering Principles. Analysis of SafeCare completion data across the sampled wards over a six-month period identified the following:</p> <ul style="list-style-type: none"> <li>• Overall SafeCare completion averaged 93% for daytime entries and 90% for night-time entries.</li> <li>• Ward B7 demonstrated lower levels of compliance, with average completion rates of 84% during the day and 72% at night.</li> <li>• Ward C5 recorded a morning completion rate of 82%.</li> <li>• Ward B6 recorded a night-time completion rate of 86%.</li> <li>• Ward B5 recorded a night-time completion rate of 87%.</li> <li>• Ward A2 recorded a night-time completion rate of 82%.</li> </ul> <p>In addition, review of SafeCare census entries for the 10 wards, against the morning (AM) and evening (PM) time parameters, identified 10 instances where data was entered outside the</p>	<p>If staffing data is not accurately captured, the organisation cannot take appropriate actions.</p>	<p><b>Agreed Actions:</b></p> <p><b>Action 1- SafeCare Completion Accountability</b></p> <p>Accountability will be reinforced with Ward Sisters/Charge Nurses regarding their responsibility for shift-by-shift SafeCare completion, with Senior and Lead Nurses made aware to provide appropriate oversight.</p> <p><b>Action 2- Monitoring and Re-audit of SafeCare Compliance</b></p> <p>Compliance will be monitored through routine productivity and performance review meetings at Director of Nursing and Clinical Board level.</p> <p>Reaudit compliance at three and six months to determine if targeted improvement actions are required for areas where compliance remains low.</p>

<p>specified timeframes and 14 instances where no census data had been recorded.</p>		<p><b>Expected Evidence of Implementation:</b></p> <p><b>Action 1</b> - Copies of communications to Ward Sisters / Charge Nurses and Senior / Lead Nurses</p> <p><b>Action 2</b> – Notes of productivity and performance review meetings and copies of completed compliance audits.</p>
<p><b>Theme:</b> Information, Data Quality &amp; Data Accuracy</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Directors of Nursing for the Clinical Board</p> <p><b>Target Implementation Date: Action 1-</b> end of June 2026.</p> <p><b>Action 2-</b> reaudit at 3 months (September 2026) and 6 months (December 2026).</p>

**Overview / Summary of Observations.**

The organisation has a clearly defined escalation process for responding to nurse staffing levels that are not in line with calculated requirements. Daily SafeCare updates are used to assess staffing appropriateness, with red-flagged issues escalated to Senior or Lead Nurses. These staff apply professional judgement, take mitigating actions, and escalate unresolved concerns to the Clinical Board Director of Nursing as required. Ongoing or persistent risks are further escalated to the Nursing Workforce Hub, which reviews SafeCare data, assesses associated risks, redeploys staff, and manages temporary staffing requests. Out of hours shortfalls are escalated to the Senior Nurse on Call and, where necessary, to the Senior Manager on Call, OPAT, or the Executive on Call.

The Executive Director of Nursing retains oversight of unresolved risks and may authorise actions such as temporary bed closures or pathway changes. The escalation framework demonstrates compliance with legislative requirements to take “all reasonable steps,” including staff redeployment, use of bank staff, and workload or service adjustments.

Key Findings	Risk & Impact	Agreed Management Action
<p><b>3 Escalation Process</b></p> <p>Review of 15 red-flags issues across 10 wards, covering day, night, and weekend shifts, confirmed that staffing shortfalls are being appropriately identified and recorded, and staffing huddles are held to discuss mitigation actions. The red flags reviewed related to key risk areas, including unmet patient acuity, insufficient number of Health Care Support Workers (HCSW) or registered nurses, and unmet 1:1 care requirements.</p> <p>However, for 11 of the 15 red flags reviewed, SafeCare records remained “open” despite mitigation actions reportedly having been completed. This indicates that, while escalation and responses mechanisms are operating effectively, the recording and closure of outcomes within SafeCare is not consistently completed within expected timescales.</p>	<p>Red flag staffing shortfalls are not consistently updated or closed within SafeCare, despite mitigation actions being taken.</p>	<p><b>Agreed Actions:</b></p> <p><b>Action 1 – Clarify Accountability for SafeCare Closure</b></p> <ul style="list-style-type: none"> <li>• Reinforce that the Ward Manager or Nurse in Charge for the shift is responsible for ensuring that SafeCare red flags are closed once mitigation actions have been completed.</li> <li>• Make closure of SafeCare records a clear expectation within ward governance responsibilities.</li> <li>• Compliance will be monitored through routine productivity and performance review meetings at Director of Nursing and Clinical Board level.</li> </ul> <p><b>Action 2 – Targeted Training and Reminders</b></p> <ul style="list-style-type: none"> <li>• Deliver targeted refresher training or briefings for Ward Managers and senior shift leaders where red flags are not being closed in a timely manner.</li> <li>• Include SafeCare closure requirements in Ward Manager induction- to discuss with our Education Department.</li> </ul> <p><b>Action 3 – Daily Shift and Huddle Prompt</b></p> <ul style="list-style-type: none"> <li>• Reinforce a standard prompt within staffing huddles and shift handovers that there is a requirement to:                             <ul style="list-style-type: none"> <li>• Review any open SafeCare red flags during that shift.</li> <li>• Confirm whether mitigation actions have been completed.</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>• Close SafeCare records when appropriate during that shift.</li> </ul> <p><b>Action 4 – Routine Monitoring and Oversight</b></p> <ul style="list-style-type: none"> <li>• Implement routine monitoring of open SafeCare red flags beyond ward based action and feedback to relevant areas to action.</li> <li>• Identify and follow up red flags remaining open beyond expected timescales by Nurse Staffing Lead.</li> </ul>
		<p><b>Expected Evidence of Implementation:</b></p> <p><b>Action 1</b> – Notes of productivity and performance review meetings.</p> <p><b>Action 2</b> – Records of training / briefings and copy of induction.</p> <p><b>Action 3</b> – Confirmation of inclusion of prompt in staffing huddles and shift handovers:</p> <p><b>Action 4</b> – Evidence of monitoring, feedback and follow up.</p>
		<p><b>Officer:</b> Directors of Nursing for the Clinical Board</p> <p><b>Target Implementation Date:</b> <b>Action 1 and 3</b> initial communication and engagement- end of June 2026</p> <p><b>Action 2-</b> if compliance has not improved following action 1 and 3, targeted education will be directed at these areas. Discussion with education team regarding inclusion into Ward Manager education- end of May 2026.</p>
<p><b>Theme:</b> Information, Data Quality &amp; Data Accuracy</p>	<p>Control Operation</p>	

**Overview / Summary of Observations.**

Section 25B of the Act requires the Health Board to make arrangements for the purposes of informing patients of the nurse staffing levels. The Act states that “patients must be informed of the nurse staffing level on each ward and should also be informed of the date the nurse staffing level was presented to the Board of each LHB (or Trust). This should be easily visible to anyone attending the ward.” The information should be:

- clearly visible on the ward;
- easy to understand and
- available in both Welsh and English.

A physical check was conducted across 15 wards within University of Hospital Wales (UHW) and the review identified partial compliance with the transparency requirements set out under the Nurse Staffing Levels (Wales) Act 2016. While most wards displayed the nurse staffing information in line with the Act, there were several instances where the statutory duty to ensure clear, current, bilingual, and publicly visible information was not fully met.

These issues collectively indicate that the Health Board’s arrangements do not yet provide full assurance that patients are consistently informed of nurse staffing levels in an accessible, up to date, visible, and bilingual manner, as required by the Act. The presence of outdated, incomplete, or single language displays suggests gaps in oversight, version control, and routine compliance checks.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 <b>Displaying of Nurse Staffing Levels on wards</b></p> <p>We reviewed 15 wards to ensure that the nurse staffing levels were being displayed and identified the following issues:</p> <ul style="list-style-type: none"> <li>• Wards A7, A5 and B4 - These wards had no nurse staffing level information displayed.</li> <li>• Ward B7 - This ward displayed information that was outdated, referencing a Board presentation date of May 2025.</li> <li>• Wards A6 and A4 - These wards displayed templates where the date last presented to the Board was left blank.</li> <li>• Wards B7, A6 and A4 - These wards displayed information in English only, contrary to Welsh Language</li> </ul>	<p>Loss of transparency and reduced public assurance.</p> <p>Failure to meet the Act’s duty to inform patients of the nurse staffing level where section 25B applies (adult acute medical, adult acute surgical and paediatric inpatient wards).</p>	<p><b>Agreed Actions:</b></p> <p><b>Action 1 – Ward Walk rounds and Immediate Assurance</b></p> <p>Ward walk rounds will be undertaken to ensure that all ward areas display the required nurse staffing information clearly and in accordance with statutory requirements.</p> <ul style="list-style-type: none"> <li>• Walk rounds will confirm the presence, accuracy and visibility of nurse staffing information for patients and visitors.</li> </ul> <p><b>Action 2 – Wards A7, A5 and B4: Absence of Displays</b></p> <p>The approved nurse staffing display template will be issued to Wards A7, A5 and B4.</p> <ul style="list-style-type: none"> <li>• Templates will be completed in partnership with Ward Managers to ensure accuracy.</li> </ul>

Standards and statutory guidance requiring bilingual presentation.

- Wards B7, A6 and A4 - These wards had not displayed the number of nurses and healthcare/nursing support required for day-to-day care, however it must be noted that these wards appeared to be using outdated templates.

- Ward Managers will be reminded of the statutory importance of displaying nurse staffing information to patients under the Nurse Staffing Levels (Wales) Act 2016.

#### **Action 3 – Ward B7: Outdated Information**

The Ward Manager for B7 will be advised that the displayed information is outdated.

- The template will be updated to reflect the correct and current date of last Board review.
- The importance of updating nurse staffing displays following Board review and approval will be reinforced.

#### **Action 4 – Wards A6 and A4: Missing Review Dates**

Ward Managers for A6 and A4 will be instructed to update displays to ensure the date of last review is clearly stated.

- Compliance will be verified during follow-up checks.

#### **Action 5 – Bilingual Compliance and Template Updates (B7, A6 and A4)**

Wards B7, A6 and A4 will be required to display bilingual (Welsh and English) nurse staffing posters in line with Welsh Language Standards and statutory guidance.

- Outdated templates will be removed and replaced with the current approved version.
- Updated displays will clearly state the number of registered nurses and nursing support staff required for day-to-day care.

#### **Action 6 – Ongoing Monitoring and Assurance**

Compliance with nurse staffing display requirements will be incorporated into routine nursing quality checks and governance processes.

- Follow-up assurance will be reported through nursing governance structures.
- A re-audit will be undertaken to confirm sustained compliance across ward areas using Tendable.

#### **Expected Evidence of Implementation:**

**Action 1 to 6** – Fully completed nurse staffing display templates present on all relevant wards and copy of Tendable re-audit.

	<b>Medium Priority</b>	<b>Officer:</b> Nurse Staffing Lead <b>Target Implementation Date:</b> Initial assurance walk round 1 month (end of May 2026) for action points 1-5. <b>Re-audit:</b> July 2026 - an audit of all 25B areas will be undertaken during this month with results displayed for Directors of Nursing. (Action 6)
<b>Theme:</b> Communication & Engagement	Control Operation	

**Objective 5:** Nurse staffing levels are reported to the Board and Welsh Government in accordance with Section 25E of the Act detailing the extent to which levels have been maintained, the impact of any shortfall and action taken **Substantial**

**Overview / Summary of Observations.**

The Health Board fulfils its statutory reporting duties by producing biannual Board reports and a three yearly Welsh Government Assurance Report on nurse staffing levels, as required under the Nurse Staffing Levels (Wales) Act 2016, on nurse staffing levels for all section 25B wards (adult acute medical, adult acute surgical and paediatric inpatient wards). The last report presented to Welsh Government was in October 2024 and subsequently discussed at the Board in September 2024. This report details the extent to which nurse staffing levels have been maintained and the impact on patient care where staffing levels were not maintained.

In addition to the above, there is annual assurance reporting to the Board confirming compliance with Nurse Staffing levels, the most recent of which was presented in November 2025, this report provides written updates on instances where staffing levels were not maintained, the impact on patient care and any additional progress made during the year. This process is supported by an annual presentation, last completed in May 2025, from the Executive Director of Nursing detailing the nurse staffing levels for each Section 25B ward and providing an update when staffing levels change as a result of ward utilisation, service change or clinical requirements. This presentation also fulfils the requirement to inform the public.

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

