



Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board/trust	Cardiff and Vale University Health Board		
Date annual assurance report is presented to Board	Reporting period April 6 th 2025 - April 5 th 2026 Date this report presented to Board: 28 th May 2026 Agenda item: 5.11 <i>This annual report refers only to year 2025/2026 but this report forms part of the 3 yearly assurance report that will be presented to Welsh Government in October 2027 for the reporting period from April 2024- April 2027</i>		
	Adult acute <u>medical</u> inpatient wards	Adult acute <u>surgical</u> inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	21-22	18	2
During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	0	0	0

The process and methodology used to calculate the nurse staffing level.

Calculation Process of Nurse Staffing Levels at Cardiff and Vale UHB

The process for calculating nurse staffing levels at Cardiff and Vale University Health Board (UHB) is well established and operates in full compliance with the requirements set out in Section 25C of the Nurse Staffing Levels (Wales) Act 2016. The Health Board applies the prescribed triangulated methodology, incorporating patient acuity and dependency data, relevant quality indicators, and the application of professional nursing judgement to determine safe and effective nurse staffing establishments.

All nurse staffing level calculations are documented using the nationally agreed All-Wales recording template, ensuring consistency, transparency, and assurance across clinical areas. Calculations are undertaken at ward level by the Ward Sister or Charge Nurse and are subject to review through the nursing management structure, including Senior Nurses, Lead Nurses, and the Clinical Board Director of Nursing.

A strengthened triangulation approach has been adopted, combining quality indicators, patient acuity across 25B areas, and analysis of leave and absence trends. This data is presented to the Director of Nursing and Executive Director of Nursing providing assurance in relation to nurse staffing calculations and enables establishment requirements to be confirmed in readiness for sign-off.

Final review and formal sign-off is provided by the Executive Director of Nursing, acting as the designated person under the Act. This process provides assurance to the Board that nurse staffing levels have been calculated in line with statutory requirements, are informed by appropriate professional inputs, and reflect patient need, service context, and clinical risk.

Professional Judgement

In accordance with the Nurse Staffing Levels (Wales) Act 2016, professional judgement is a core component of the process used to determine nurse staffing levels at the UHB. The designated person applies professional judgement alongside patient acuity data and quality indicators to ensure that nurse staffing establishments are safe, appropriate, and responsive to the clinical environment.

Professional judgement is exercised through consideration of key clinical and contextual factors, including workforce capability and development needs; the impact of temporary staffing on continuity and supervision; patient acuity, dependency, and turnover; ward layout and environment; patients' cultural and communication needs; and input from the wider multi-professional



team.

Judgement is informed by evidence-based tools, national guidance, and best practice standards. Ward Sisters and Charge Nurses apply their ward level knowledge to assess risk, workload, and patient need, working with Senior Nurses, Lead Nurses, with the Clinical Board Director of Nursing to provide professional oversight and challenge.

Decisions and their rationale are documented using the All-Wales nurse staffing levels recording template and reviewed through the bi-annual establishment review process. This provides structured professional scrutiny and assurance that staffing levels remain appropriate and responsive. Final assurance is provided by the Executive Director of Nursing, acting as the designated person under the Act.

Patient Acuity

Patient acuity is assessed using the nationally agreed Welsh Levels of Care acuity tool. All patients are assigned an acuity score on two occasions within a 24-hour period.

The Health Board uses the SafeCare digital platform to support the recording, monitoring, and operational use of patient acuity data. SafeCare enables real time visibility of acuity levels and supports informed decision making in relation to nurse deployment and staffing requirements at ward level. Use of this digital system has significantly improved the quality, completeness, and timeliness of acuity data capture.

Patient acuity data is used to identify emerging trends and changes in patient needs. These trends are reported via a Power BI dashboard, providing enhanced oversight and assurance at ward, Clinical Board, and organisational level. The system supports ongoing monitoring and informs both operational staffing decisions and bi-annual establishment reviews.

SafeCare is implemented across all wards designated under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, and its use has been extended to additional clinical areas where acuity and dependency significantly influence nurse staffing requirements, including the assessment unit, critical care services, and mental health services.

Quality Indicators

As part of the bi-annual nurse staffing establishment review process, quality indicators are systematically reviewed to identify circumstances where patient safety, experience, and wellbeing are particularly sensitive to the nursing care provided. This review

is undertaken at ward level by the Ward Sister or Charge Nurse and is subject to review and challenge through the nursing management structure, up to and including the Director of Nursing. Relevant findings are formally shared with and considered by the Executive Director of Nursing, acting as the designated person under the Nurse Staffing Levels (Wales) Act 2016.

For **Acute Medical and Surgical inpatient wards**, the quality indicators reviewed include patient falls, pressure ulcers, and medication errors.

For **Paediatric inpatient wards**, the indicators reviewed include pressure ulcers, medication errors, and infiltration or extravasation injuries.

These indicators are examined alongside trend data and contextual information to assess their potential relationship to nurse staffing levels, skill mix, and workload.

In addition, complaints relating to care provided by nurses are reviewed as part of the triangulated approach. Themes arising from complaints are considered to understand any impact on patient experience, continuity of care, or clinical outcomes, and to inform professional judgement regarding staffing establishments.

The consideration of quality indicators forms a key element of the triangulated methodology, alongside patient acuity and professional judgement, ensuring that nurse staffing level decisions are informed by evidence of patient outcomes and quality of care.

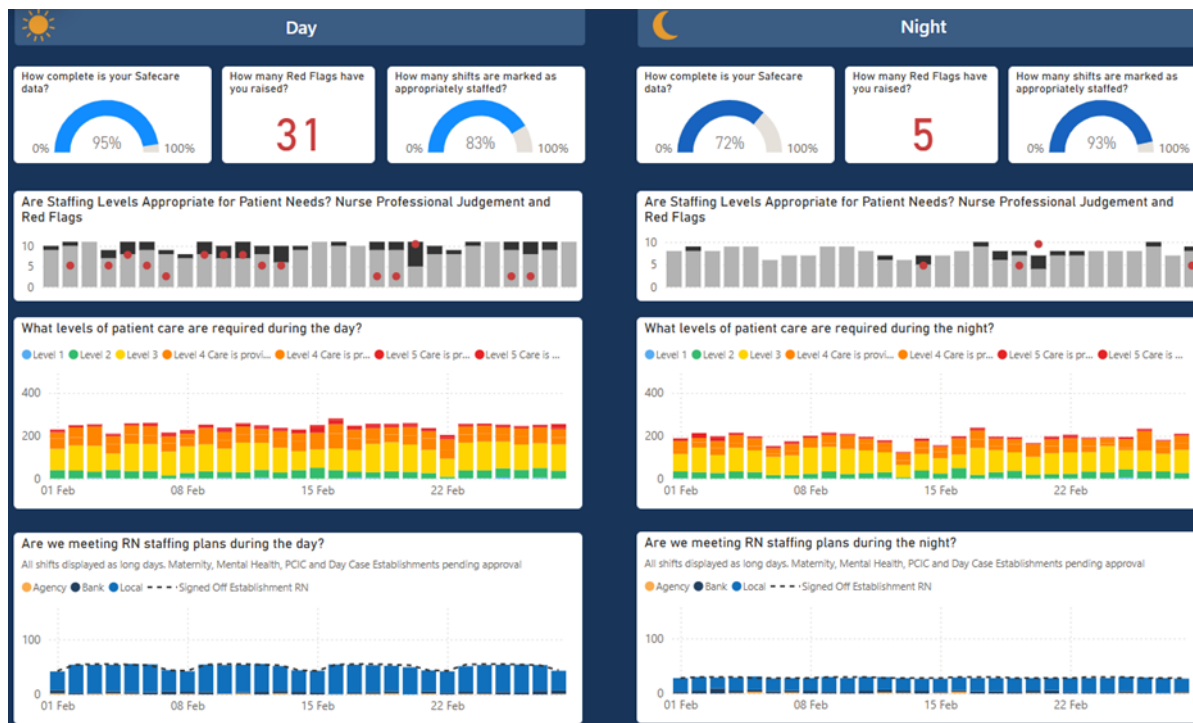
Nursing Dashboards

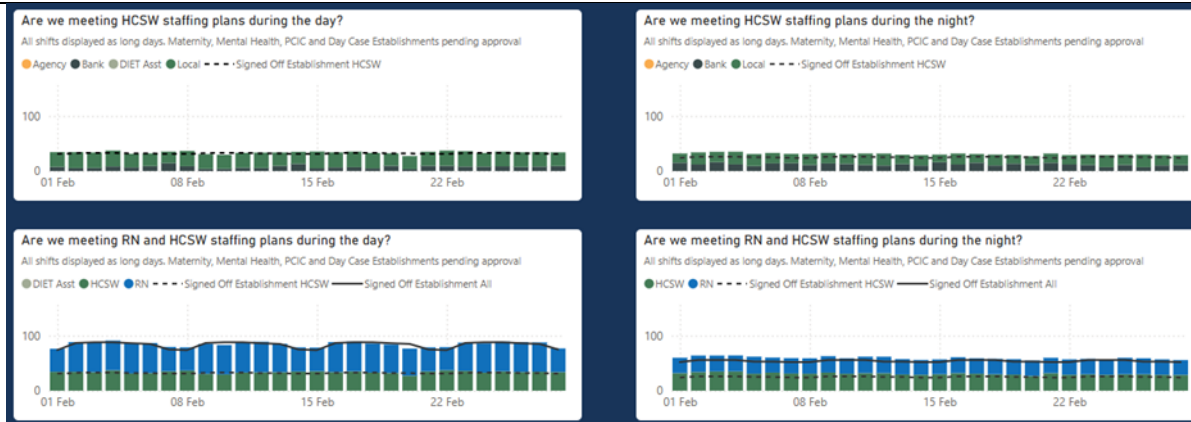
As previously reported, the SafeCare Power Business Intelligence (Power BI) dashboard continues to be used across the organisation to support oversight of nurse staffing in areas where application of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 is designated. The dashboard brings together monthly ward level data, providing a clear overview of SafeCare compliance across day and night shifts, alongside patient acuity, nurse staffing levels with skill mix as a consideration, and the Nurse in Charge's professional judgement on the appropriateness of staffing. The data presented is underpinned by the nurse staffing establishments during the Autumn and Winter cycle, with on occasion, an out of cycle review.

The dashboard is available to Ward Sisters, Charge Nurses, Lead and Senior Nurses, Directors of Nursing, and the Executive Team, enabling review at ward, directorate, and organisational level. Access to near-real-time data supports early identification of

trends, enabling timely action and informed professional discussion regarding nurse staffing.

The infographic below illustrates an example of the data presented to the user of the dashboard.





Headroom

For wards designated under Section 25B of the 2016 Act, a standard 26.9% headroom is applied prior to triangulation to allow for staff absence, including sickness and annual leave. This headroom, agreed in 2011 and endorsed by the Chief Nursing Officer for Wales and Executive Nurse Directors, is evidence based and applied consistently across Wales.

Community wards continue to apply a 24% uplift, rather than the 26.9% headroom used for other inpatient wards. In January 2026, responsibility for community hospitals transferred from the Medicine Clinical Board to the Primary, Community, and Intermediate Care (PCIC) Clinical Board. A review of the staffing model for community hospitals will be undertaken over the next 12 months to determine the appropriate requirements for these settings.

Management of annual leave has improved over the last 12 months, reducing unplanned staffing pressures and reliance on temporary staffing. Improvements were made through targeted education for Ward Managers around effective annual leave management when planning rosters. However, sickness absence remains high. Further work is required to address sickness absence within the workforce, this will be a key focus for improvement across the UHB over the next 12 months.

The use of Power BI dashboards provides improved visibility of leave and sickness trends, supporting safer roster planning and ongoing mitigation of workforce risk.

Ward Sister and Charge Nurse Supernumerary Status

Statutory Guidance under the Nurse Staffing Levels (Wales) Act 2016 requires Ward Sisters and Charge Nurses to be supernumerary to the rostered establishment in order to provide visible clinical leadership and effective oversight of care.

During the reporting period, staffing pressures and short-term absences have on occasion required Ward Sisters and Charge Nurses to work clinically to mitigate immediate patient safety risks. These circumstances are exceptional, time limited, and occur only after all other mitigation measures have been exhausted. Appropriate monitoring arrangements are in place to review frequency, cause, and impact through using the red flag functionality within the SafeCare system.

During this reporting period, 102 SafeCare red flags were recorded where supernumerary status was not maintained; 43 related to Section 25B wards, largely due to short-term sickness or unfilled shifts. In addition, increases in ward bed capacity have not always been matched by additional management time, reducing the availability of protected leadership days and contributing to further red flags.

Establishment review updates

It should be noted that while the Emergency Department and Assessment Units do not fall within the scope of Section 25B ward areas, the establishment review process in Cardiff and Vale UHB also includes clinical areas outside of Section 25B. During the Spring 2026 review cycle, these establishments were not submitted for Executive Director of Nursing sign-off, as the emergency and acute model of care is currently under review, and an Organisational Change Process is anticipated following the proposed closure of a clinical area. While full details are not yet confirmed, a comprehensive review of staffing levels in these areas will be undertaken outside of the standard review cycle.

Mental Health

Although Mental Health services remain under Section 25A of the Nurse Staffing Levels (Wales) Act 2016, significant progress has been made in addressing workforce vacancies. The Director of Nursing and Deputy Director of Nursing within the Mental

Health Clinical Board have undertaken a comprehensive review of staffing, with findings presented to the Executive Director of Nursing. Key developments include proposals to increase Registered Nurse provision on night shifts in some Mental Health Services for Older People (MHSOP) wards from one to two, strengthening patient safety and continuity of care.

Adult mental health inpatient areas are also undergoing review, with proposals that reflect different models of care . This supports a more proportionate staffing model and avoids the routine deployment of two Registered Mental Health Nurses on night shifts where this level of cover is not clinically required. An additional requirement has been identified for Registered Nurses to provide cover on some day shifts in Adult Mental Health wards, to ensure staffing levels reflect patient acuity, admission numbers, and the need to support close observations and risk assessments.

While the nurse staffing establishments have been professionally signed off, there remains no formal agreement in place to identify long-term substantive resourcing, resulting in continued reliance on temporary staffing spend to achieve and maintain the required establishments¹.

Healthcare Support Worker Validation of roles

To support safe, effective care delivery and ensure consistency with national role expectations, a structured validation process was implemented to review the progression of Healthcare Support Workers (HCSWs) from Band 2 to Band 3 in Cardiff and Vale UHB and the rest of Wales. This was required in response to service growth, increasing complexity of patient need, and variation in the scope of duties being undertaken by HCSWs across clinical areas in Wales.

The validation process provided assurance that Band 3 roles were aligned to the All-Wales HCSW role descriptors, that required competencies were being demonstrated in practice, and that staff had completed the appropriate training and development. Validation was undertaken in line with a standardised governance framework, incorporating local review of competency evidence and assessment of role requirements against service needs. Where gaps were identified, additional tasks and development needs were clearly highlighted to support targeted upskilling to fully meet Band 3 requirements.

This approach ensured equity, transparency, and consistency in banding decisions, while supporting workforce sustainability, career development, and the safe delegation of care.

It is also important to note that during the validation of HCSWs, recruitment was on hold until the whole picture was complete and

the Clinical Boards matched their required skill mix to the new Band 2 and Band 3 roles. This led to over 200 Healthcare Support Worker (HCSW) vacancies placing significant pressure on the ability to fill temporary staffing shifts to backfill substantive vacancies. As a result, a high number of temporary shifts continue to remain unfilled each month, creating operational challenges, particularly in the context of fluctuating bed capacity and enhanced supervision needs. These pressures are reflected in the increased number of red flags being reported. The number of red flags raised during this reporting period for unfilled HCSW shifts for 25B and non 25B areas was 1533, in comparison with 1280 the previous year. This position has now been resolved, with the robust organisational wide recruitment into HCSW posts.

Student streamlining

Due to financial constraints, the organisation has made a Board approved decision to recruit to 95% of professionally agreed substantive posts within each clinical board, with the remaining 5% to be managed through temporary staffing. The rationale for this approach is to reduce the additional 'on-costs' associated with substantive employment. However, this decision has had implications for student nurse recruitment.

At present, the organisation is only able to accommodate 79 of the 210 student nurses commissioned places, meaning that Registered Nurse posts cannot be offered to all students due to qualify. This is the same position across all Health Boards in Wales. This remains an evolving situation, and work is underway to maximise opportunities to offer as many student nurses as possible substantive posts upon qualification as Registered Nurses.

Informing patients

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016, Cardiff and Vale University Health Board has arrangements in place to ensure that patients are informed about the nurse staffing levels on the ward where they receive care. This requirement is met through the display of nurse staffing information at ward level, including the planned and actual nurse staffing for each shift. Ward teams are responsible for ensuring that information is visible and up to date, and that patients are supported to understand the information where required.

An internal audit carried out by the Audit and Assurance team at Shared Services Partnership between February and April 2026 identified an action that is required by the UHB to improve on the effective process in place to inform patients of the nurse staffing levels in accordance with the act in some areas. The issues related to this action are highlighted in the table below, along with an action that will be put into place by the end of June 2026.

Compliance with the requirement to inform patients about nurse staffing levels is audited twice yearly following nurse staffing establishment reviews. In response to internal audit findings, an additional independent audit process will be introduced on the Tendable audit platform to enable monitoring outside the six-monthly cycle and support ongoing improvement in compliance with statutory requirements.

Issue	Finding	Wards	Required Action
1	Staffing levels not displayed	A7, A5, B4	Display approved nurse staffing levels on all wards
2	Outdated information displayed	B7	Update display to current agreed Establishment
3	Board approval date missing	A6, A4	Complete all template fields before display
4	Not Bilingual	B7, A6, A4	Ensure all displays are bilingual (Welsh/English)



	5	Required staffing numbers absent	B7, A6, A4	Use current template and display required staff numbers
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Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report

Extent to which the required establishment has been maintained within <u>adult acute medical and surgical wards.</u>			
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of adult acute medical and surgical wards calculated during first cycle (May 2025)	38	842.41	652.14
WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following first (May 2025) calculation cycle	38	863.33	642.01
Required establishment (WTE) of adult acute medical and surgical	39	850.69	652.77



	wards <u>calculated</u> during second calculation cycle (Nov 2025)				
	WTE of required establishment of adult acute medical and surgical wards <u>funded</u> following second (Nov 2025) calculation cycle	39	873.64	653.25	
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 39			
	<p>Accompanying narrative:</p> <p>Cardiff and Vale University Health Board’s annual assurance report incorporates both the most recent and preceding nurse staffing establishment cycles. In accordance with the All-Wales assurance template, this report presents information from the two most recent reporting cycles (March 2025 and October 2025), together with the current establishments approved by the Executive Director of Nursing, to provide the Board with comprehensive oversight and assurance.</p> <p>Under Section 25B of the Nurse Staffing Levels (Wales) Act 2016, the statutory requirements apply only to adult and paediatric acute medical and surgical inpatient wards. Several clinical areas, including the Emergency Unit, Critical Care, Rehabilitation Units and Same Day Surgical Decision Units, are therefore excluded from the scope of Section 25B.</p> <p>The winter pressures ward was brought into operation under Section 25B of the Nurse Staffing Levels (Wales) Act 2016. Due to the temporary nature of the ward, with a planned closure in March 2026, a full establishment sign-off process was not</p>				

undertaken. Staffing levels were determined using professional judgement and existing safe staffing principles to ensure patient need was met during the period of operation.

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses - and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report.



Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>			
	Number of Wards:	RN (WTE)	HCSW (WTE)
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during first cycle (May)	2	106.8	26.8
WTE of required establishment of paediatric inpatient wards <u>funded</u> following first (May) calculation cycle	2	106.8	26.8
Required establishment (WTE) of paediatric inpatient wards <u>calculated</u> during second calculation cycle (Nov)	2	106.8	26.8
WTE of required establishment of paediatric inpatient wards funded following second (Nov) calculation cycle	2	106.8	26.8
WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	WTE: 2		
<p>Paediatric 25B inpatient wards</p> <p>The two paediatric wards designated under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 fully participate in establishment review processes. A 26.9% headroom is applied to planned rosters to support staffing establishments, and each ward is additionally supported by a supernumerary Ward Sister/Charge Nurse.</p>			



Extent to which the planned roster has been maintained within <u>adult acute medical and surgical wards</u>		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
	TOTAL	24317	65.58%	6.9%	19%	8.5%	87%
	<p>Accompanying narrative:</p> <p>In line with the Nurse Staffing Levels (Wales) Act 2016, an assessment of whether nurse staffing levels were sufficient to meet patient care needs is made for each shift using the professional judgement of the nurse in charge. This judgement considers patient acuity and dependency, patient flow, enhanced observation requirements, skill mix, experience of staff on duty, and any unplanned operational pressures.</p> <p>The compliance of data entry is 87%, a slight improvement from last year's Board paper. This indicates that professional judgement assessments were recorded for the majority of shifts, though some shifts were missing data. Most shifts were staffed appropriately, either by meeting the planned roster or through effective mitigation. There has been a marked improvement of 6.51% in rosters being met and deemed appropriate compared with last year.</p> <p>A relatively small proportion of shifts represent both a roster shortfall and an appropriateness concern (8.5%), which should be the focus for review and improvement in the next twelve months.</p> <p>The data supports the triangulation approach required for nurse staffing assurance, while also highlighting areas where planning, roster resilience or data capture can be strengthened.</p>						



Extent to which the planned roster has been maintained within paediatric inpatient wards		Total number of shifts	Shifts where planned roster met and appropriate	Shifts where planned roster met but not appropriate	Shifts where planned roster not met but appropriate	Shifts where planned roster not met and not appropriate	Data completeness
		TOTAL	1405	10.1%	0.1%	81.2%	8.6%
<p>Paediatric Staffing and Professional Judgement:</p> <p>Analysis of paediatric inpatient ward shifts shows a high level of reliance on mitigation and professional judgement to maintain safe staffing when the planned roster is not achieved. This reflects the inherent flexibility within paediatric services to adjust staffing in response to fluctuating bed capacity and patient demand.</p> <p>Despite frequent roster variance, staffing was assessed as appropriate in the majority of shifts (91.3%), demonstrating effective operational flexibility. However, 8.6% of shifts were identified where staffing was both below the planned roster and assessed as not appropriate, representing a clear risk requiring ongoing oversight. A small number of shifts (0.1%) where the roster was met but staffing was not appropriate highlights that planned numbers alone do not always reflect acuity and skill mix pressures.</p>							
Process & systems for capturing data on the extent to which the planned roster has been	<p>NHS Wales is committed to utilising a national informatics system that can be used as a central repository for collating data to evidence the extent to which the nurse staffing levels have been maintained and to provide assurance that all reasonable steps have been taken to maintain the nurse staffing levels required. Extensive work has been undertaken across NHS</p>						

<p>maintained on wards where section 25B applies.</p>	<p>Wales to implement a national informatics system to enable health boards/trust to meet the reporting requirements of the Act and follow the Once for Wales approach to ensure consistency. Each health board/trust committed to implementing RL Datix (formally Allocates) Safecare system, with each organisation having implemented this system to their section 25B wards.</p>
<p>Process for maintaining the Nurse staffing level</p>	<p>At the beginning of 2025, a Nursing Workforce Hub was established to strengthen daily oversight of nurse staffing. Led by a Director of Nursing and Senior Nurse, it provided weekday coordination of staffing pressures, including the review of SafeCare red flags and temporary staffing requests, with weekend cover provided through the on-call nursing structure. Following improved recruitment to registered nurse vacancies, the Hub was stood down, contributing to a reduced reliance on temporary staffing. A robust escalation framework remains in place and continues to provide daily oversight of staffing levels. During periods of increased winter bed occupancy, the embedded escalation process enables the rapid introduction of twice daily, site-wide staffing calls, chaired by a Director of Nursing, to prioritise support and ensure timely mitigation to maintain patient safety.</p> <p>As part of routine arrangements, all areas hold daily morning meetings with their Senior and Lead Nursing teams to review nurse staffing levels and any SafeCare red flags. This provides professional oversight within each Clinical Board and enables the timely identification of pressures, with appropriate mitigation actions implemented to address critical gaps and maintain safe staffing levels. Short-term actions include the redeployment of staff between areas, supported by medium- and long-term actions focused on workforce planning and targeted recruitment. During the reporting period, nursing attrition rates reduced from 12% to 6% per month, which has contributed to the positive position in filling registered nurse vacancies.</p> <p>In support of this work, and in line with the Cardiff and Vale UHB Operating Framework, Directors of Nursing have previously agreed to a Rostering Principles and Good Practice Guide. The guide provides practical guidance on the use of SafeCare and a clear summary of the operating framework applicable during both standard and out-of-hours periods and has been in place since the last annual Nurse Staffing report in May 2025.</p> <p>The recently approved All-Wales Rostering Principles for Nursing and Midwifery (March 2026) have been introduced in response to variation in rostering practices across Wales, with the aim of achieving a standardised approach. A gap analysis has been undertaken to assess alignment between the Health Board's current practices and the All-Wales principles. Where gaps have been identified, action plans are being developed and implemented to ensure full alignment and compliance.</p>

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards

Incidents of patient harm with reference to quality indicators and complaints about nursing care (note: for all rows, please only include incidents that have been closed)	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).	Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))
	TOTAL	TOTAL	TOTAL	TOTAL
Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).	27	42 (see narrative below) 2 avoidable harm	2	1
<i>Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained</i>	1	1	0	0
<i>Number of those closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor</i>	1	1	0	0
<i>Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained</i>	26	35	2	1
<i>Number of those closed incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when</i>	0	1	0	0

planned roster had been maintained.

Additional narrative

The data underpinning this report is derived from incidents recorded on the Datix system. The extraction of the required information is inherently complex and relies on a largely manual process across multiple data fields, which presents challenges in achieving complete consistency. Although significant local effort is made to align reporting across Wales, a residual level of data assurance risk remains. In addition, data quality can vary due to incomplete completion of certain fields within the Datix reporting form resulting in some Datix incidents not being captured within the search.

This issue has previously been escalated through the All-Wales Nurse Staffing Programme. In response, an All-Wales Datix dashboard is currently being actively tested to improve the identification and capture of relevant incidents and to strengthen consistency and assurance in reporting across organisations. Subject to successful completion of the testing phase and confirmation that it meets reporting requirements; the dashboard will be made available for use by the All-Wales Nurse Staffing Programme.

While there has been a notable increase in reported falls and a more modest rise in avoidable pressure damage compared with the previous year, analysis indicates that these increases are not primarily attributable to shortcomings in nurse staffing levels. The majority of incidents occurred at times when planned rosters were achieved, suggesting that contributory factors including patient acuity, frailty, clinical complexity and increased exposure associated with longer lengths of stay were sources of the incident.

In previous Board reports, falls data has been limited to incidents resulting in avoidable harm, in line with earlier reporting agreements. However, it is important in the interests of transparency, to acknowledge the total number of falls reported. The current falls reporting table does not distinguish between avoidable and unavoidable harm, which contrasts with the pressure damage criteria, where reporting is restricted to avoidable harm only. Incidents meeting the criteria are reviewed through a structured focus review and considered at Clinical Board Scrutiny Panels to support learning and action sharing.

Pressure damage

The data on hospital-acquired pressure damage has been generated by filtering Datix incidents relating to pressure ulcers that developed or deteriorated within the clinical area, were classified as Grade 3, Grade 4 or Unstageable, and assessed as avoidable.

As previously reported, there remains a risk that some incidents may not have been fully captured where key data fields were incomplete. To strengthen accuracy and monitoring, the data has been reviewed and a dedicated Datix dashboard has recently been developed in collaboration with the Patient Safety

Team, using the updated All-Wales reporting criteria.

During this reporting period, 27 avoidable hospital acquired pressure ulcers at Grade 3, 4 or unstageable have been reported. Of these 27, one occurred where nurse staffing levels were not maintained. During the focused review of the incident, it was not identified that staffing levels were a contributing factor of the hospital acquired pressure damage.

Falls

The data presented relates to incidents that were closed during the reporting period and resulted in moderate harm, serious harm or death.

During this period, 42 incidents were closed and reviewed, comprising both avoidable and unavoidable harm. Of these, seven incidents were originally reported in 2024 but closed during this reporting period, with one deemed avoidable and nurse staffing being a contributing factor. There has been a reduction in falls resulting in avoidable harm compared with the previous year (6 in 2025 assurance report) however, this finding should be interpreted with some caution due to known data quality limitations and the reliance on a manual data extraction process.

Of the remaining 35 incidents reported and closed within the period, one incident was assessed as avoidable but was not related to nurse staffing levels. This incident involved a patient who sustained a shoulder fracture following a fall, which occurred because only one brake was applied to the Sara Steady mobility aid while staff were assisting the patient to the toilet.

Medication Administration Errors

Two medication-related incidents were reviewed during this period. One involved an incorrect intravenous infusion rate; the nurse was reassessed for safe use of infusion devices, and the infusion pump was checked with no faults identified. The second incident, opened in 2023 and closed this reporting period, related to a patient being discharged with ward stock-controlled drugs. An investigation was completed, and controls strengthened, including enhanced discharge medication checks and daily controlled drug register reviews.

The phased introduction of an electronic prescribing and medicines administration (ePMA) system during the autumn and winter has supported safer prescribing and medicines administration through built-in clinical decision support. Roll-out will continue into paediatric, maternity and critical care areas in May 2026. The ePMA system will enhance visibility of prescribing and administration practice, supporting safer medicine use and improved patient outcomes.



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Nurse Staffing

Complaints

One complaint met the reporting criteria for a section 25B ward under the Nurse Staffing Levels (Wales) Act 2016. The complaint was closed during this reporting period; however, the incident occurred in 2022 and took an extended period to resolve. A review of the complaint found that there were missed opportunities to mitigate the patient's risk of falling. While the complaint related to nursing care was determined that it was not attributable to a failure to maintain required nurse staffing levels.



Based on a review of the Health Boards/Trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; an SBAR was presented to the Executive Nurse Directors and CNO in 2021, which included a series of recommendations to improve and refine the reporting process. Following this a sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process to standardise reporting and be in line with the Duty of Candour set out in the Quality & Engagement Act (2020), with the aim of broadening the scope of incidences of harm to provide more meaningful data, by including moderate risk falls and medication administration error incidents.

The work of the Reporting Sub-Group included a review of the measures for the adult medical and surgical inpatient wards and these were presented to the Executive Nurse Directors in August 2023. The changes to the adult wards measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

Since EDoNs agreed the recommendations in August 2023 it became apparent that the way data is being captured on Datix to meet the reporting requirements of the Duty of Candour (DoC), which came into force in April 2023, may impact our data collection under the duties of the NSLWA.

Previously, we anticipated that the changes in the reporting criteria to include moderate levels of harm would increase overall reporting, however, following this clarification this anticipated increase may not be seen.

It must be noted that previous NSLWA reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. To align with patient safety incident reporting to Welsh Government all future NSLWA reports, as from April 2024, will report on closed patient safety incidents which have been validated with a level of harm moderate or above (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident.

The quality indicators for the adults in-patient wards will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

the data to be reported for each of the above will be:

- Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).

- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

In late 2024, it became apparent that there is significant variation in the types of complaints that are being reported within each organisation's nurse staffing report due to local interpretation of the Operational Guidance. As a result, the Reporting Group presented an SBAR that outlined a proposed criteria for standardised complaint reporting to the DDoN Forum in February 2025. This criteria was agreed by the DDoN Forum on the basis that reports are reviewed later in 2025 to establish if the criteria is adequately sensitive and produces the right level of practically useful context as a quality indicator.

The agreed criteria is as follows:

Complaints received by 25B areas that:

- Have been closed within this reporting period;
- Are being managed through PTR;
- Have identified a breach in the duty of care;
- Are relevant to nursing care (using the guidance document to support).

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards					
Incidents of patient harm with reference to quality indicators and complaints about nursing care (note: for all rows, please only include incidents that have been closed)	Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).	Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).	Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).	infiltration and extravasation injuries	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).	0	0	0	3	0
<i>Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) had not been maintained</i>	0	0	0	0	0



<i>Number of those closed incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor</i>	0	0	0	0	0
<i>Number of closed incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained</i>	0	0	0	3	0
<i>Number of those closed incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.</i>	0	0	0	0	0

Paediatric reported incidents

Three extravasation incidents were reported within the paediatric inpatient Section 25B wards during this reporting period, compared with none in the previous 12 months. All incidents occurred with appropriate staffing levels in place, and none were identified as being related to nursing care and prompt action was taken when extravasation was identified.

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

The quality indicators for the paediatric inpatient wards will be as follows:

- Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
- Falls resulting in moderate harm, serious harm or death (i.e. level 3, 4 and 5 incidents).
- Medication administration errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
- Infiltration and extravasation injuries
- Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR))

The data to be reported for each of the above will be:



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Nurse Staffing

- Number of incidents/complaints closed during the current reporting period. (Please note these may include incidents/complaints opened prior to this reporting period).
- Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained
- Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor
- Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained
- Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)	
<p>Actions taken if the nurse staffing level <u>was not</u> maintained in wards where section 25B applies</p>	<p>As demonstrated in this Board report, the proportion of rosters met, and shifts assessed as appropriate has increased by 6.51% compared with the previous year. This suggests that recent recruitment efforts are having a positive impact on maintaining safe rosters. A corresponding reduction has been observed in rosters assessed as not met or not appropriate.</p> <p>Actions to address nurse staffing level challenges are wide-ranging and robust. Within Clinical Boards, staffing positions and mitigation actions are reviewed through daily staffing huddles, with agreed actions communicated across directorate teams. SafeCare supports this process by enabling staff to raise red-flag concerns where staffing risks are identified.</p> <p>Mitigating actions include staff redeployment, Ward Sisters or Charge Nurses working within rostered numbers, and, where necessary, the use of temporary staffing. Where staffing gaps cannot be mitigated locally, concerns are escalated by ward staff to the Senior or Lead Nurse, and to the Director of Nursing if required. Redeployment options are considered first, prior to requesting temporary staffing. Where risks remain unmitigated, Ward Sisters or Charge Nurses may be required to work within the roster rather than undertake a supervisory role.</p> <p>Further mitigating actions include reviewing the need for enhanced patient supervision and exploring opportunities to cohort appropriate patients to maintain safety, led by the Senior or Lead Nurse. A local dashboard enables monitoring of temporary staffing usage where the recorded reason for request is Enhanced Therapeutic Observation of Care (ETOC). Work is currently underway to standardise an ETOC assessment document across the Health Board, with a view to its proposed adoption within the Welsh Nursing Care Record (WNCR) on an all-Wales basis.</p> <p>Bed occupancy is also reviewed, and reductions considered where necessary, with staffing concerns communicated to site and operational teams. As the Clinical Services Plan progresses, nurse staffing models will continue to be reviewed and adapted to ensure alignment with emerging service configurations and the delivery of safe, effective care.</p>
Section 25A: Duty to have regard to provide sufficient nurses	
<p>Requirements of Section 25A</p>	<p>Evidence demonstrating the nursing workforce planning arrangements in place to sustain safe nurse staffing levels:</p>

(NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned, not only wards where section 25B applies) **controls around use of temporary staffing:**

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 requires Local Health Boards and NHS Trusts to give due regard to the need for sufficient nursing staff to enable nurses to deliver sensitive and compassionate care. The Health Board continues to demonstrate compliance through a range of workforce planning and assurance arrangements.

Over the past 12 months, Registered Nurse recruitment events, alongside improved retention, have led to an enhanced staffing position and a reduction in attrition. This has strengthened workforce stability across services.

The organisation has experienced high vacancy levels for Health Care Support Workers; however, a recent mass recruitment campaign will successfully fill a significant proportion of these posts, supporting safer staffing and service continuity.

Strategic nursing workforce planning is overseen by a Director of Nursing, working collaboratively with key stakeholders, including Health Education Improvement Wales (HEIW). This ensures robust processes are in place to support student allocation to areas with identified workforce need.

Rostering practices are monitored through monthly reporting to Clinical Boards, providing oversight of roster quality and staffing availability. A weekly roster review introduced within Mental Health has improved forward planning and early identification of staffing gaps. Following its success, this approach is being considered for wider implementation, including in Section 25B areas.

Despite improvements in Registered Nurse vacancies, periods of increased demand and bed occupancy continue to require mitigation. The use of temporary staffing is subject to established escalation processes, including Clinical Board oversight and Director of Nursing approval for agency Registered Nurses.

In support of service redesign and changes to models of care, consideration is also given to the introduction of additional roles, such as pharmacy technicians, dietetic assistants, and rehabilitation assistants, where appropriate.

A robust and established process is in place across Cardiff and Vale UHB for the review and monitoring of nurse staffing levels. The Executive Director of Nursing provides oversight of a comprehensive establishment review across all nursing services, with the methodology detailed in the “Process and Methodology Used to Calculate the Nurse Staffing Level” section of this report.

Conclusion & Recommendations

During this reporting period, Cardiff and Vale University Health Board has continued to demonstrate a strong commitment to the principles and statutory requirements of the Nurse Staffing Levels (Wales) Act 2016, with patient safety and quality of care remaining central to workforce planning and deployment decisions.

Despite ongoing pressures associated with fluctuating bed occupancy and periods of increased sickness absence, measurable improvement has been achieved. The proportion of rotas met and shifts assessed as having appropriate nurse staffing levels has increased by 6.51% compared with the previous 12-month period, reflecting sustained organisational focus.

This improvement has been supported by successful Registered Nurse recruitment, a reduction in attrition rates, and improved forward planning of annual leave, collectively strengthening staffing reliability and workforce resilience across services.

The implementation of the All-Wales Datix dashboard will further improve the consistency, quality and efficiency of data extraction for future Nurse Staffing reports. Use of a single, centralised dashboard across all Health Boards will enhance data quality, strengthen assurance and support more robust All-Wales comparisons.

A well-established escalation framework remains in place to respond to operational pressures that result in nurse staffing gaps. This enables timely and proportionate responses during periods of sustained demand, including winter pressures, ensuring that risks to patient safety are identified early and appropriately mitigated.

While progress has been made in appointing to both Registered Nurse and Healthcare Support Worker posts, workforce challenges persist, primarily driven by high levels of sickness absence and fluctuations in bed capacity. These risks are being actively managed through a coordinated organisational approach to sickness reduction, supported by targeted Clinical Board level actions to improve workforce sustainability and staffing stability.

The Board is asked to receive this report as assurance that Cardiff and Vale University Health Board has met its statutory obligations under the Nurse Staffing Levels (Wales) Act 2016.

The funded nurse staffing establishments are included in Appendix 1 which includes the bi-annual calculations.

