Meeting Date	**14 February 2023**	**Agenda Item**	**2.1**
Report Title	**Primary and Community nursing services overview**		
Report Author	Tanya Spriggs, Service Group Nurse Director		
Report Sponsor	Gareth Howells, Director of Nursing and Patient Experience		
Presented by	Tanya Spriggs, Service Group Nurse Director		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Workforce and Organisational Development Committee with an overview of the breadth of nursing services in place across Primary, Community and Therapies Service Group, the developments, the key risks and issues relating to those services.		
Key Issues	• Breadth of service provision • Workforce availability • Increasing capacity and demand • Impact on staff wellbeing		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☐	☐

Recommendations	Members are asked to: • **Note the content of the report**

Primary and Community nursing services overview

1. INTRODUCTION

The purpose of this report is to provide the Workforce and Organisational Development Committee with an overview of the breadth of nursing services provision across Primary, Community and Therapies Service Group (PCTG), the developments, the key risks and issues relating to those services.

2. BACKGROUND

The nursing and community services across the service group are broad in nature and cover the life spectrum. The majority of services are aligned or co-terminus with the 8 Cluster footprints.

Starting with early years, proactive services which support the wider population health and wellbeing, giving children and young people the best start in life.

Health Visiting (HV)

Health Visitors are registered nurses/midwives with additional post registration specialist training in community public health nursing (SCPHN-HV). They work to enhance population health and reduce health inequalities and they target services for vulnerable populations according to need. Health Visitors work with all families from targeted antenatal contacts up to the child's fifth birthday. Health Visitors deliver the Healthy Child Wales Programme (HCWP), which is a universal health programme for all families. The HCWP sets out what planned contacts children and their families can expect from health visitors and other health professionals working with them.
The HV service is split into two groups, core service which is Universal and Flying Start which provides enhanced support to families living in more deprived areas. Flying Start is Welsh Government funded with the lead agency being the Local Authority. There are therefore two Flying Start services, one in Swansea and one in Neath Port Talbot. Each has a Lead Health Visitor providing oversight of the service. The wte (whole term equivalent) for the service is 165.66.

Developments - In Swansea Bay, we have been increasing the skill mix in the service and have introduced the Band 5 registrant role. Skill mix has existed in HV for many years utilising Nursery nurses and clinic support. The Band 5 role will enhance the prudent delivery of the service and upskill registrants ahead of undertaking the specialist HV training. There are currently 4 band 5 posts across the service.

Funding for Flying Start from WG (Welsh Government) is provided on an annual basis, meaning that staff within the service were recruited on a fixed term basis. This had considerable negative implications for staff. We now recruit staff into the service on a permanent basis. The way Flying Start is delivered is under review with a requirement for an integrated model by 2025. Currently Flying Start is delivered to a defined geographical area considered as being of high deprivation and increased need. However it is well documented that there are areas of high deprivation and need in

non Flying Start areas and having an equitable and consistent approach is a more favourable approach for the future.

Risks – The Covid pandemic has had considerable impact on us all. The impact on children and families has also been considerable. The HV service was largely redeployed during the pandemic, and whilst we are enormously grateful to those staff, the numbers of the backlog of assessments in line with HCWP is challenging. There has been a decline in the uptake of Specialist Practitioner Qualification applications across all professional groups which includes Health Visiting. The introduction of the Band 5 skill mix will support recruitment and sustainability, and a "grow your own" model within the service. Out of the 4 x B5 in post, one has applied to commence the HV SCPHN course.

School Nursing

The School Nursing Service take over the care responsibilities from Health Visitor colleagues for children once they start in full time education. Every comprehensive school and linked cluster of primary schools has a named school nurse who is a qualified Specialist Community Public Health Nurse (School Nursing). The service is delivered through a team approach by staff with varying skills with the named School Nurse managing the 'caseload' and delegating work as appropriate.
Working utilising a public health population level approach staff are based in the community as opposed to the school setting and are available to parents and pupils all year round, not just in school buildings, hours or term time. The wte for the service is 40.21

Developments – the School Nursing service has undergone a radical transformation in terms of structure, work span and skill mix. The Looked after Children service has merged into the service increasing the skill set of more SCPHN practitioners providing assessment to those more complex and vulnerable children. The Child Health data system service has also transferred to PCT (primary, community and therapies) which has streamlined ways of working.

Risks – Vaccination - the majority of staff work term-time only.

As already stated there has been a decline in the uptake of Specialist Practitioner Qualifications applications across all professional groups and this is also evident in School Nursing.

PCT services also provide a number of small services relating to children and vulnerable groups which could provide opportunities for HB efficiency and effectiveness. Those areas are

- Childrens Disability Team .- 6.75
- Health Access service – 4.6
- Healthy Bladder Healthy Bowel service – 9.89
- Looked After Children (LAC) – WTE 11.3
- Community Wound Clinics – WTE 17.68

Sexual Health Services

This service currently spans the former ABMUHB footprint with a service level agreement in place for Bridgend. It is consultant led, delivered by nurses and health care support workers.

The service further provides sexually transmitted infection (STI) testing and treatment, including HIV testing, treatment and ongoing care and counselling. The service utilises resources and support from Frisky Wales who provide testing for asymptomatic patients. The service provides post exposure treatment (PEP) and Pre exposure prophylaxis (PrEP) to males who have sex with males (MSM) and who are at risk of contracting HIV. Hepatitis B and human papillomavirus (HPV) immunisations are also provided for MSM. Contraception is provided, which includes the combined pill, progesterone only pill, implant, contraceptive injection, diaphragm, intrauterine device and intrauterine system and condoms. A special clinic is provided for complex contraception and deep implants. The service is also the lead area for Gender and those undertaking the transition process. The wte for the service is 46.68

Developments – there have been considerable developments aiming to outreach into the population, making the service flexible and accessible. One recent development is alignment of resource and expertise in the team to manage and support HIV patients. The service also has use of a decommissioned ambulance which allows some service to be taken on the road (when staffing allows)

Risks – growth in demand for gender services is currently at the draft business case stage as there is insufficient staffing resource to manage the increased demand. The IT system which supports sexual health systems across many HBs (health boards) in Wales is now on risk register as the provider is no longer in business. Actions are in place to mitigate.

His Majesty's Prison Swansea

The core healthcare duties delivered by Primary, Community & Therapies Group include General Medical Service (GMS) provision and Out of Hours (OOH) provision. This provides clinical assessment and prescribing support to the 24-hour nursing team, which consists of Mental Health Nurses (RMN) and Registered General Nurses (RGN). The Nursing Team provide 24-hour emergency 'crash call' response for clinical incidents, self-harm and resuscitation; carry out initial reception screening to assess physical and mental health, substance misuse history and current needs for all new prisoners; administer medication for withdrawal when appropriate; complete cell share risk assessments and an assessment of self-harm and suicide. The team carry out a second reception screen assessment, which includes vaccination history, fitness to work, chronic disease screen/updating chronic conditions system one register (to keep a record of all chronic conditions of prisoners). The team also carry out an older person's screen; substance misuse and alcohol screening; and finally, referrals to appropriate clinical services.

HIW undertook a review of the Prison in 2022 and issued a number of recommendations. Most of the actions have been completed apart from the workforce establishment and the delivery of the Health and Social Care Well Being plan.
The establishment is 31.35

Developments – robust governance in place with Prison Partnership Board established. Staff work proactively to manage the needs of prisoners and are currently working on new mechanisms to capture prisoner experience and feedback

Risks – the workforce establishment is based on a prison population of 250 however the Prison operates above capacity at between 420 -500 men . To mitigate this, PCT have enhanced the nursing workforce by 10%. The HB also wrote formally to WG highlighting this increased demand issue with the aim of securing more funding. Unfortunately this was unsuccessful.

General Practice Nursing (GPN) – There are currently 49 GP Practices within the SBUHB geographical area, with approximately 100 wte General Practice registered nurse workforce aligned to these. Whilst the General Practice Nurse (GPN) role is predominantly aligned to independent contractor practices, the HB operates one managed practice in the Cymmer/Cwmavon area, with all associated workforce aligned to Agenda for Change contracts. The managed practice has 2.8 wte registered nurses and 1 wte non registrant nursing workforce. The GPN responsibilities include core treatment room activity, Chronic Conditions Management, Minor Illness, Cervical Cytology, Travel Health, urgent triage.

Developments – HEIW (Health Education and Improvement Wales) are currently working with all HB Primary Care teams across Wales to establish a New to GPN programme. This will comprise of collaboration between Health Boards, HEIW and Independent Contractors to support the upskilling of newly qualified or newly appointed nurses to the GPN role. This is a 9-month programme designed to provide nurses with all core treatment room skills and introduction to Chronic Conditions Management. Peer support, cross-cluster collaboration and further education opportunities will help anchor these nurses in General practice and provide the necessary career development and progression needed within Primary Care.

Collaboration is ongoing with Swansea University to establish Primary Care specific ‘patches’ to make one core module for the consolidation of advanced practice skills within General practice for those ANPs (advance nurse practitioners) transitioning into Primary Care from Secondary Care, Community or the private sector.

Risks – Ongoing recruitment and retention issues for the GPN workforce are recognised nationally, with over 60% of the GPN workforce currently over the age of 45. Limited recruitment drives and lack of pathways into General Practice as first choice career options is what has promoted the HEIW led GPN programme.

Long term sustainability of General Practice continues to be challenging. Several Practice closures and increased sustainability issues are currently being seen across SBUHB, all linked to workforce issues and increased pressures relayed to alternative workforce staff. GPN workforce are being asked to increase skill mix and workload to cope with demand, with many GPNs verbalising they are considering early

retirement in favour of needing to embark on further education and training courses at this stage in their careers.

Gorseinon hospital

This community facility is a stand- alone community hospital with a funded establishment of 36 beds. It was established as a 36 bedded intermediate care step down facility to support older adults in their recovery to regain function following an acute admission to hospital. The ethos is to aim for home following a short period, ideally up to 21 days of daily enabling delivered by a MDT (multi-disciplinary team). Due to acute hospital pressures, the service now takes any step down patient from the acute site and is currently operating at 39 beds. This has impacted on length of stay, acuity and dependency of patients. This is an area of spend on Bank and Agency but within the allocated budget.

Developments – additional workforce in place to support the change in case mix and staff have had enhanced skills to meet the needs of this different cohort. Changes in shift patterns are being reviewed to maximise efficiency.

Risks – the stand alone nature of the hospital has an impact on staff. No on site medical cover 24/7. The acuity of the patients have increased which impacts on both staffing and medical reviews and patient flow.

Community Cardiology

The Community Heart Failure Specialist Nursing Service supports adults residing in the Swansea and Neath Port Talbot area, who require specialist input for the management of their heart failure. The service includes nursing and pharmacy staff with specialist knowledge and expertise in managing complex heart failure patients. The service's primary aim is to provide a responsive, step up and step down, highly specialist care to patients with Heart Failure in order to prevent unscheduled hospital admissions and ensure patients treatment is optimised as per clinical guidelines. The core objective is to ensure that community based patients receive timely and specialist health care intervention. This is achieved through working collaboratively with the patient, General Practice, Cardiology Consultants, Secondary and Tertiary Care and the Virtual Wards to provide a prudent, integrated and holistic approach to patient care.
There is also a Cardiac rehabilitation service providing a 6 week programme via multi-disciplinary team including nursing. The wte for the service is 22.56.
Developments – the service has undergone a whole-scale review and received investment from the HB to enhance service provision across 6 days, undertaking home visits and interfacing with
Risks – recruitment to the service has been slow due to process issues.

Virtual Wards (VWs)

The HB has funded 8 Primary Care Virtual Wards and its associated Secondary Care In-reach service cover the footprint of SBUHB. Whilst MDT in nature, nursing features strongly in the senior leadership and operational teams of as all the ward clinical managers are nurses. Although still new, the VWs are proving very effective

in supporting frail patients at home, interfacing with hospital front door services to avoid the patient being admitted and actively pulling out patients who have been admitted. The registered nurse wte is 14. This includes Clinical Managers (band 7), In-reach Nurse (band 6) and Clinical Nurse Specialists for COPD (chronic obstructive pulmonary disease) and Heart Failure. Non registrant nursing workforce includes band 4 Assistant Practitioner posts.

Developments- Expansion of the non-registrant nursing workforce to include more band 4 Assistant Practitioners with a wider competency remit to include Therapies based assessment. Introduction of band 3 workforce into each cluster Virtual Ward and in-reach service. This recruitment has been supported by the introduction of the Fracture Discharge Service which is a bolt-on pathway to the Virtual Ward.

Risks- Further expansion of the service at pace is challenging for staff due to the increased recruitment, line management and training needs. Recruitment of band 3 and 4 workforce can be difficult due to competing posts and a lack of workforce to cover current demand.

Acute Clinical Team (ACT)

The ACT is an advanced nurse practitioner (ANP) led service supported by consultant physicians. The team works seven days a week. Besides nurse practitioners (NP) and consultant physicians, the team has trainee NPs, nurses, health care support workers with access to the wider MDT, which includes a mental health liaison nurse, physiotherapists, occupational therapists, dieticians, speech and language therapists (SLTs) and social workers. Referrals to the team are accepted from any professional both in primary and secondary care. Referrals are accepted for those over the age of 18 though the average age of patients seen by the team is 80 years. The referral criteria mainly include:

- Patients who are deteriorating in the community at risk of hospital admission
- Patients GP needs help in stabilising the patient (mainly frail older patients)
- Patients who are in a hospital but can have their medical treatment continued in the community

Developments – considerable planning work underway to provide a regional service across the HB. The service is looking to work more closely with hospital front door services and target providing acute response to people in care homes.
Risks – whilst this significant change can be exciting, this may unsettle staff. There are workforce issues relating to ANP/NP banding as there is a perception of inequity across the HB

District Nursing (DN)

The District Nursing Service is led by highly trained nurses with an additional Specialist Practitioner Qualification in Public Health Roles. Immersed in the heart of the community with the knowledge and skills to respond to population needs. The service is available 7 days a week providing nursing care and intervention at home.
The wte is 295.11
Developments
A whole scale review of DN services is currently underway, with the addition of a B4 skill mix and an OCP to ensure the service is working as efficiently and effectively

and can meet the changing needs of the service and population. A successful recruitment campaign has seen 14 Band 4 appointments, with 12 of the successful applicants from within the existing DN service. Two of whom are undertaking their registered nurse training part time. This has given an opportunity for career progression and a 'grow your own' model within the service. The expansion of the HCSW role and responsibility will release capacity for registrants to undertake more complex assessments and better manage the increased complexity and acuity of the growing caseload. This will allow for exposure, maturity and growth within the service which will support with retention and recruitment. The introduction of different roles for registrants within the service will be a factor going forward, such as CNS/AP type roles.

Risks

Currently on the Risk Register as service has been consistently running at a Level 3 due to workforce deficits.
There is no headroom built into the establishment budget which correlates with the current workforce deficits.
Decline in the uptake of the SPQ Nationally is impacting on sustainability, recruitment and retention.
Need to diversify the roles on offer within the service.
Cost of living crisis is impacting due to staff needing to claim expenses retrospectively.

Long term care (LTC)

The LTC team is responsible for the commissioning, contracting and governance of LTC placements and community packages of care across the region, including out of area placements. The service commissions care provision for those individuals who are eligible for either Funded Nursing Care (FNC) or Continuing Health Care (CHC, Care. Funded Nursing Care and CHC may be provided in the persons own home or in a care home setting. In addition to commissioning the service, the team are responsible for monitoring care provision and carry out a safeguarding role to ensure private care providers adhere to the relevant regulations. The service is a key element in relation to patient flow from the acute sites, working in partnership with Local Authorities, and hospital staff is an essential component of the service. The wte is 25.6

They also deliver the Supervisory Body function for the Health Board in cases of Deprivation of Liberty and they support the retrospective claims process for those individuals who believe their care should have been fully funded by the NHS

Developments

The service is restructuring to enable more band 4 roles to be developed and has been instrumental in developing the assessment and funding process to support D2RA (discharge to risk assess) where placements are requires.

Risks

The Care Home market is vulnerable from a recruitment and retention perspective and in addition Providers continually raise their concerns around how care is funded. There are real sustainability issues in the sector and rising costs for the health Board

Home First Nursing Team

This is a relatively new team, which has been established with in the group to implement the WG D2RA approach.

The nursing team performs a trusted assessor type role for all the pathways.
They also provide an Inreach function to support patient “pull” into the correct community service from the acute hospital sites.
They provide advice and support to the teams in the acute sites around readiness for discharge and appropriateness of referral. The team has 17.5 WTE RGNs and 5 WTE band 4s

Risks

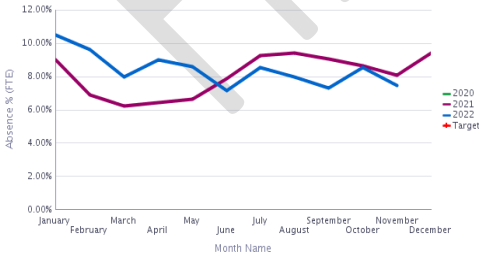
They are a relatively small team given the size of the demand and they have had to develop SOPS (standard operating procedures) and assurance mechanisms in a very short timescale.
New pathways descriptors have been introduced by WG and this will mean a lot more confusion for the team to navigate and explain whilst on the wards.
Performance data has been difficult to consistently gather.
There are still interface issues that need to be worked through with other services i.e. Social Workers, TOCALs (transfer of care advice and liaison service) Hospital based DLNS, but this work has commenced and being physically based in the hospitals this is helping with communication and fuller understanding of each other’s roles and responsibilities.

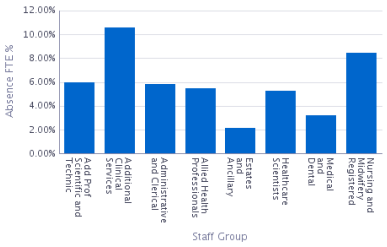
Developments

The service has successfully delivered the Transitional Bed Scheme for the Health Board. The nursing team play a lead role in supporting the reconfigured Step Up / Step Down model for the region. They have also implemented PROMS and PREMS (patient recorded experience/outcome measures) into one of the pathways with a plan to extend to the other pathways this year.

Workforce data

Sickness absence





The nursing workforce deficits relating to sickness are above target.
The top three reasons for absence

Absence Reason November 2022	Headcount

S10 Anxiety/stress/depression/other psychiatric illnesses	41
S13 Cold, Cough, Flu – Influenza	26
S27 Infectious diseases	25

A deep dive from sickness hotspots (areas over 8% sickness in month) and those areas that include staff with over 25wte

- Long Term sickness absence is the highest recorded absence within all five Hotspot areas.
- Short Term Sickness absence levels within all five Hotspots areas is recorded as being below 4.5%.
- ***S15 Chest & respiratory problems/ S27 Infectious diseases*** – was recorded as the highest absence reason for three of the areas, the majority of these absences relate to Covid.
- ***S10 Anxiety/stress/depression/other psychiatric illnesses*** - was recorded as the highest absence reason for two of the hotspot areas, majority of the reasons relate to personal/bereavement stress (North Hub & West Hub). One of the areas had two absences recorded as work related absence which are ongoing, relating to injury in work/concerns regarding role, which are being managed.
- Some of the Hotspot areas are reporting recruitment difficulties.
- Feedback from Hotspot areas and themes relating to turnover include:
    - A number of retirements the past year.
    - Difficulties recruiting to Band 6 and Band 5 vacancies, similar concerns across other Health Boards in Wales.
    - Increase in acuity of patients and the drive for discharges.
    - Staff leaving to join private Agency, due to fuel increase.
    - Disparity within Band 7 AP's across the UHB.
    - Promotion.
    - Concerns imminent changes with the alignment of the ACT Service.
- All five Hotspot areas have now drafted Action Plans, and completed plans finalised end of December 2022.
- Following the review an update on sickness will be undertaken for the hotspot areas, to ascertain any changes in sickness absence.

<u>Vacancies</u>

The overall position in relation is shown in the table below

Grade	Budget WTE	WTE	(Under) / Over Establishment	Vacancy %
Total	**556.84**	**512.44**	**(44.40)**	**(9.07)**
2A281-Nurse Manager Band 8A	15.10	16.53	**1.43**	**9.00**
2A282-Nurse Manager Band 8B	3.00	2.00	**(1.00)**	**(33.00)**

2A283-Nurse Manager Band 8C	3.00	3.00	**0.00**	**0.00**
2A284-Nurse Manager Band 8D	1.00	2.00	**1.00**	**100.00**
2A451-Registered Nurse Band 5	194.84	161.84	**(33.00)**	**(17.00)**
2A461-Registered Nurse Band 6	232.44	204.99	**(27.45)**	**(12.00)**
2A471-Registered Nurse Band 7	101.22	107.62	**6.40**	**6.00**
2A481-Registered Nurse Band 8A	6.00	5.00	**(1.00)**	**(17.00)**
2A600-Registered Nurse - Bank	0.24	9.46	**9.22**	**(100.00)**

Issues/Risks

- Service pressures evident given the vacancy position
- New roles relating to NDN under recruitment
- Further skill mix opportunities being explored
- Well-being/morale
- Age profile of workforce, particularly senior staff

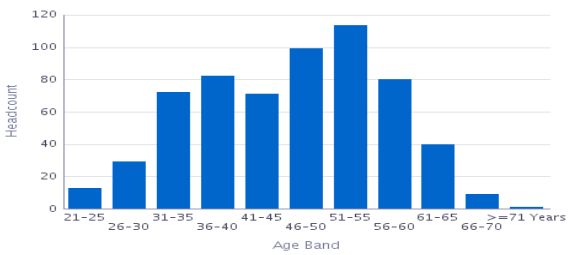
Services within PCT are unique and present some challenges within these areas, in particular HMP Swansea, District Nursing, Health Access Team. The previous 12 months has seen challenges with recruitment to SNS and ANP roles within ACT. This is compounded by the work that is being undertaken in ancillary services such as Job Evaluation and OH, making the TRAC and recruitment process very lengthy.

Turnover and age profile

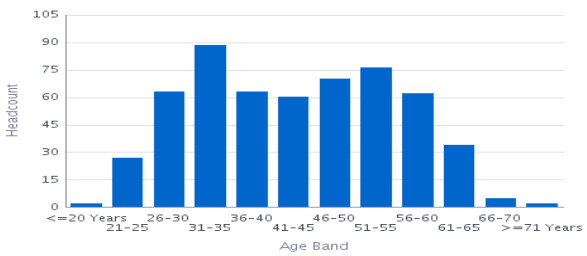
	FTE	Headcount
Additional Clinical Services	9.28%	9.59%
Nursing and Midwifery Registered	11.32%	11.26%

Age Profile Staff in Post – December 2022

Registered



Healthcare Support worker



Issues/Risks

- Age profile
- Lifestyle changes following COVID
- Pace and scale of organisation change
- Well-being/fatigue/morale
- New opportunities creating gaps elsewhere – virtual ward, home first
- Succession planning/Talent Management
- Leadership development

3. GOVERNANCE AND RISK ISSUES

There are a number of risks highlighted on the PCT risk register and where appropriate they have been included in this report in the individual service sections for ease of reference. Those relevant to workforce are the ability to recruit staff in particular services and the Band 5 registrant role. This is impacting on service delivery and accounts for the high level reporting in specific service areas, such as DN, Prison, Home First. The paucity of applicants applying for posts is necessitating the need to introduce skill mix, and driving need for changes in the way services are delivered. This is compounded by the need to develop and access training which is often very limited spaces or availability of courses.

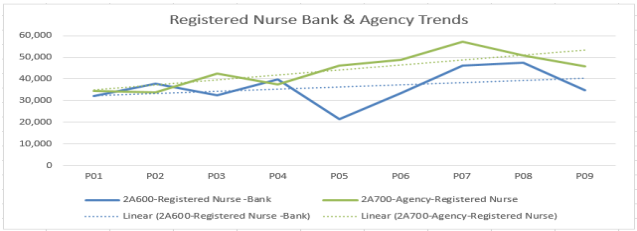
Policy directives all support more care being delivered closer to home. However this is in the context of:-

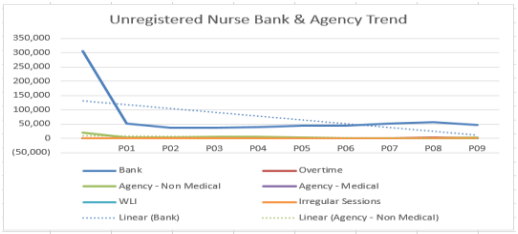
- Whole system pressures continue across community nursing services, which include Care homes, packages of care, End of Life Care, phlebotomy service provision.
- Availability of bank and agency in the more specialist areas
- Escalation framework evidencing fluctuating between Level 3 & 4 across community (REIF)
- Staff well-being/morale and turnover rate remains a concern
- Home First and Health Board funding and recruitment issues
- Gorseinon surge beds continues
- Capturing benefits and efficiencies (eRoster/Civica scheduling/WCCIS) potential for ACT early adopter
- Managing change – OCPs (organisational change processes) within District Nursing
- Timely access to key skills such as venepuncture and IV (intravenous) training

4. FINANCIAL IMPLICATIONS

The budget for nursing in PCT is underspent in December 22 at circa £643k. Main areas underspending are band 5 & 6 vacancies in District Nursing, with Health Visiting, Gorseinon and School Nursing.

Variable pay





5. OPPORTUNITIES AND NEXT STEPS

Whilst there are considerable challenges, there are opportunities to enhance and adapt to the known registrant workforce constraints.

- The newly launched Community Nursing Specification – self-assessment to be completed by March 23
- Recruitment to band 4s well underway. This will be embedded in District Nursing by Q1.
- Peer nurse advocates across service areas, supporting staff at the workplace
- Digital systems, with infrastructure support, to enhance staff efficiency, improve record keeping and better outcomes for patients.
- Working with Universities to ensure core specialist courses are fit for purpose
- Enhanced seat around the Cluster tables with support via Professional Nursing Collaborative
- SBUHB staff are Chairing are number of national forums, pushing the boundaries and agendas
- Adapting HB policies to support safe care in the community e.g. Insulin administration
- Creating a culture of service improvement, adding value and making staff feel valued in their day to day work.

6. RECOMMENDATION

Members are asked to note the content of this report.

Governance and Assurance		
Link to Enabling Objectives ***(please choose)***	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☒
	Co-Production and Health Literacy	☒
	Digitally Enabled Health and Wellbeing	☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	☒
	Partnerships for Care	☒
	Excellent Staff	☒
	Digitally Enabled Care	☒
	Outstanding Research, Innovation, Education and Learning	☒
Health and Care Standards		
(please choose)	Staying Healthy	☒
	Safe Care	☒
	Effective Care	☒
	Dignified Care	☒
	Timely Care	☒
	Individual Care	☒
	Staff and Resources	☒
Quality, Safety and Patient Experience		
All service areas are striving to maintain good quality provision to patients and to continuously improve. Risks are captured on the risk register and escalated for action.		
Financial Implications		
The nursing budget is in an underspend position		
Legal Implications (including equality and diversity assessment)		
None of the workforce areas in this paper are covered under the nurse staffing act.		
Staffing Implications		
The current workforce and its deficits are briefly outlined in the paper. The implications are around workforce availability, increasing demand and complexity, wellbeing, change management and lack of Bank staff to relieve short term pressures.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The paper highlights the need to support and develop roles and services to maintain and enhance services delivered closer to home. This includes a local workforce made up largely from the local population it serves.		
Report History	First report to WOD Committee	
Appendices	Supporting information to the report should be listed here.	