



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	13 February 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Nurse Staffing Levels: Impact of Reduction of Agency and Bank Staff on Quality, Safety and Patient Experience Interim Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Executive Director of Nursing, Quality & Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Janice Cole-Williams, Assistant Director of Nursing Catrin Jones, Nurse staffing programme lead.

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This paper provides the Quality, Safety and Experience Committee with an overview of the recent implementation of the agency and bank reduction plan in nursing and considers whether there has been any impact on the quality, safety and experience of patients as a result.

**Cefndir / Background**

This SBAR builds on the report provided to the People, Organisational Development & Culture Committee (PODCC) on the 9th April 2024. It was an update on the stabilisation work programme, the recruitment of internationally educated nurses and included discussion on whether there had been any impact of these changes on clinical outcomes. A subsequent action from the meeting was to “*examine the triangulation between clinical outcomes and reduction of agency and bank staff, and report back to Committee.*” This update was provided to People, Organisational Development & Culture Committee (PODCC) on the 29<sup>th</sup> of October 2024 and highlighted the need for further review of any impact these changes may be having on the quality, safety and experience of patients.

Work currently being undertaken is in line with requirements set out in the Nurse Staffing Levels (Wales) Act 2016 (the ‘Act’) and includes:

- The health board’s responsibilities to provide “sufficient nurses to allow the nurses time to care for patients sensitively” in all settings (Section 25a).
- The responsibilities of the designated person for calculating and maintaining the nurse staffing levels for those areas where S25b (3) applies (Section 25b and Section 25c).
- The Welsh Government’s responsibilities to develop statutory guidance (Section 25d); and
- The health board’s reporting responsibilities (Section 25e).

The statutory guidance (2021) published to support the application of the ‘Act’ defines nurse

staffing levels as the number of Registered Nurses (RN) and others who undertake nursing duties under the supervision of RN which is “appropriate to provide care to patients that meets all reasonable requirements” (Welsh Government, 2016; p. 3).

### Asesiad / Assessment

The RN nursing stabilisation programme, which includes the recruitment of internationally educated nurses, has focused on the recruitment of substantive staff to fill nurse staffing deficits, with the outcome of getting to a ‘no planned agency position’ across the HB by the 1st November 2024 (apart from in Bronglais General Hospital (BGH) where there will be no planned agency as of the 1st March 2025). This workforce stabilisation has reinforced the requirement for ongoing professional development pathways, supporting safer quality care delivery and improved retention of a ‘new’ workforce.

The data for Unscheduled Care, BGH, Glangwili General Hospital (GGH), Prince Philip Hospital (PPH), Withybush General Hospital (WGH); Planned Care; Mental Health & Learning Disabilities; Women and Children, Carmarthenshire, Ceredigion and Pembrokeshire communities show that for the nursing and midwifery workforce:

- The monthly Whole Time Equivalent (WTE) usage of temporary nursing workforce reported through Allocate shows that Registered Nurse (RN) agency usage has continued to reduce month on month to 101.36 WTE as of 31st December 2024 (compared to 341.25 WTE in January 2023 - on and off contract agency usage); a reduction of 70%.
- Agency usage is expected to reduce further due to the placement of newly registered nurses (NRNs) and internationally educated nurses (IENs), as well as the finalisation of the stabilisation programme for nursing at BGH by March 2025.

As of December 2024, the Band 5 RN vacancy position is 121.7 WTE. This is an improvement from September 2024, when the vacancy position was 166 WTE, compared with 277 WTE in May 2023, a reduction of 56.32%. The vacancy position is expected to reduce further once all NRNs commence their employment, and the internationally educated nurses obtain NMC registration.

The data set out below relates to 1st April 2023 - 31st December 2024. Whilst the use of RN agency workers reduced during this period, there were still agency workers being utilised. Sickness and annual leave historically increase in January, February, and March, which risks increasing agency usage in the short term. Although mitigations are ongoing to address these challenges, their full impact won't be seen until a new leave year starts.

The full impact of the reduction in agency usage won't be fully understood until all areas including BGH have reached the point of no planned agency, following which ongoing analysis will be required.

Ongoing analysis is required to better understand any correlation between the reduction of agency workers and changes in clinical outcomes. This paper provides an initial update to the Quality, Safety and Experience Committee.

The Quality metrics reviewed for the purpose of this report are as follows:

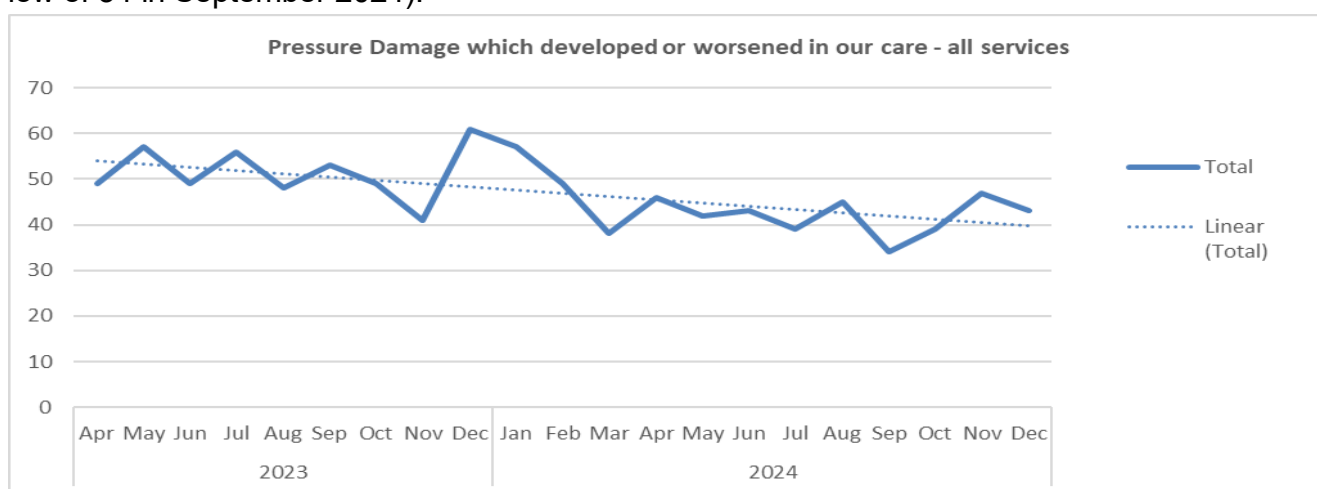
### Patient safety incidents:

There was a total of 24,362 Patient Safety Incidents reported across all services within Hywel Dda UHB between 1st April 2023– 31st December 2024 (data from Datix Cymru).

### Pressure Damage which developed or worsened in our care

- All our services

•There is a downward trend in the number of pressure damage cases which developed or worsened in our care since 1st April 2023 across the services referenced in this paper with the data showing that an average of 51.4 incidents were reported every month during 2023, which reduced to an average of 43.5 incidents during 2024 (range a high of 62 in December 2023 to a low of 34 in September 2024).

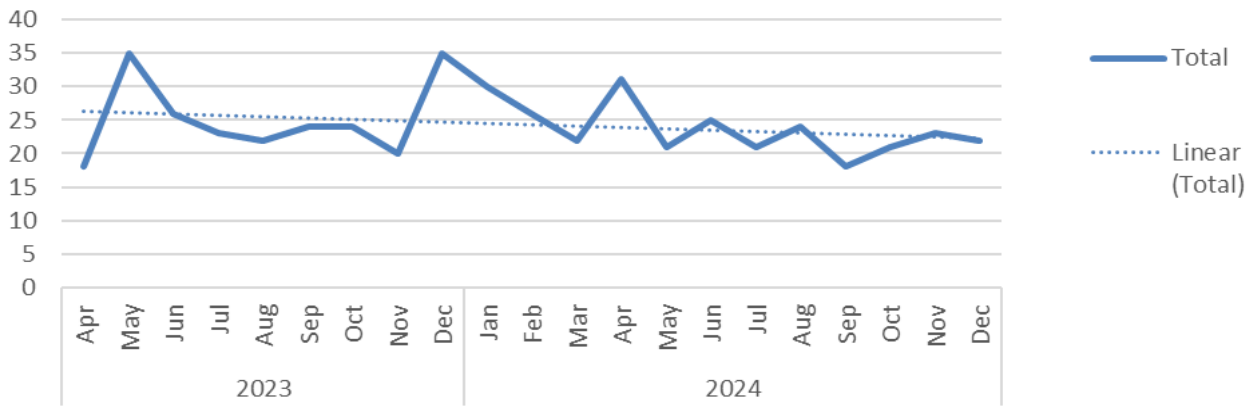


- The number of incidents of avoidable harm across all our services has also decreased from an average of 18 incidents a month during 2023 to an average of 14.75 incidents a month in 2024 (range a high of 23 in May 2023 to low of 3 in December 2024).
- The number of pressure damage incidents where a temporary worker was involved (across all our services) has also seen a decrease from an average of 3.7 incidents per month during 2023 to an average of 1.66 per month for the 2024 period, with no incidents involving a temporary worker since October 2024.

- Adult Wards where S25B applies:

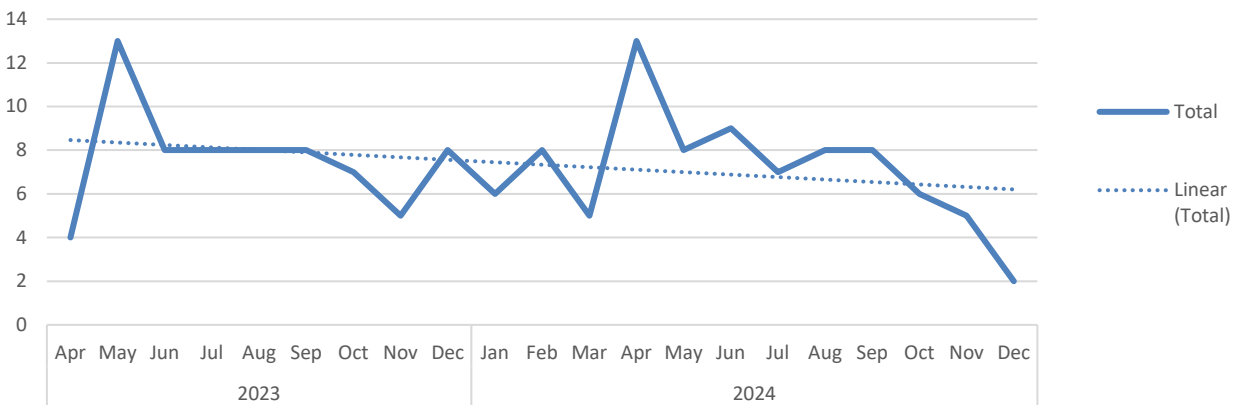
The number of pressure damage cases which developed or worsened in our care on the adult wards where section 25B of the Nurse Staffing Levels (Wales) Act (the 'Act') applies i.e. adult acute medical and surgical inpatient wards, where most of the nursing stabilisation work has focused has reduced marginally from an average of 25.22 per month in 2023 to an average of 23.66 per month in 2024.

Number of pressure damage which developed or worsened in our care on the adult wards where section 25B applies



- The number of incidents resulting in avoidable harm has also seen a small reduction (an average of 7.66 per month in 2023 and an average of 7.08 per month in 2024) although only two incidents of avoidable damage were reported in December 2024.

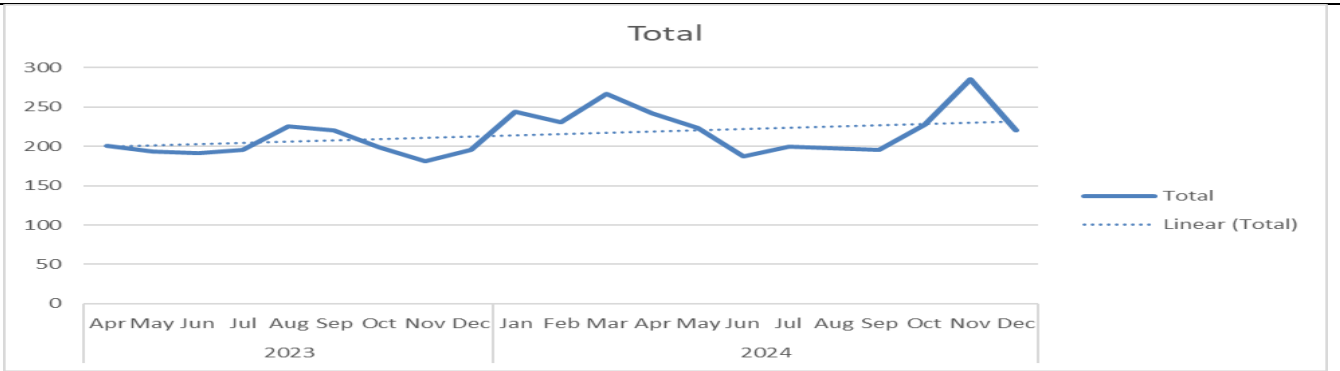
Number of avoidable incidents of pressure damage which developed or worsened in our care



- The number of pressure damage incidents where a temporary worker was involved has also seen a decrease from an average of 1.77 incidents per month during 2023 to an average of 0.75 incidents per month for 2024 period, with no incidents in involving a temporary worker reported since September 2024

### Falls

- **Across all our services**  
There has been an increase in the number of falls being reported across our services from an average of 220 falls per month in 2023 to an average of 226.75 incidents of falls in 2024 with November 2024 seeing 285 incidents of falls reported.



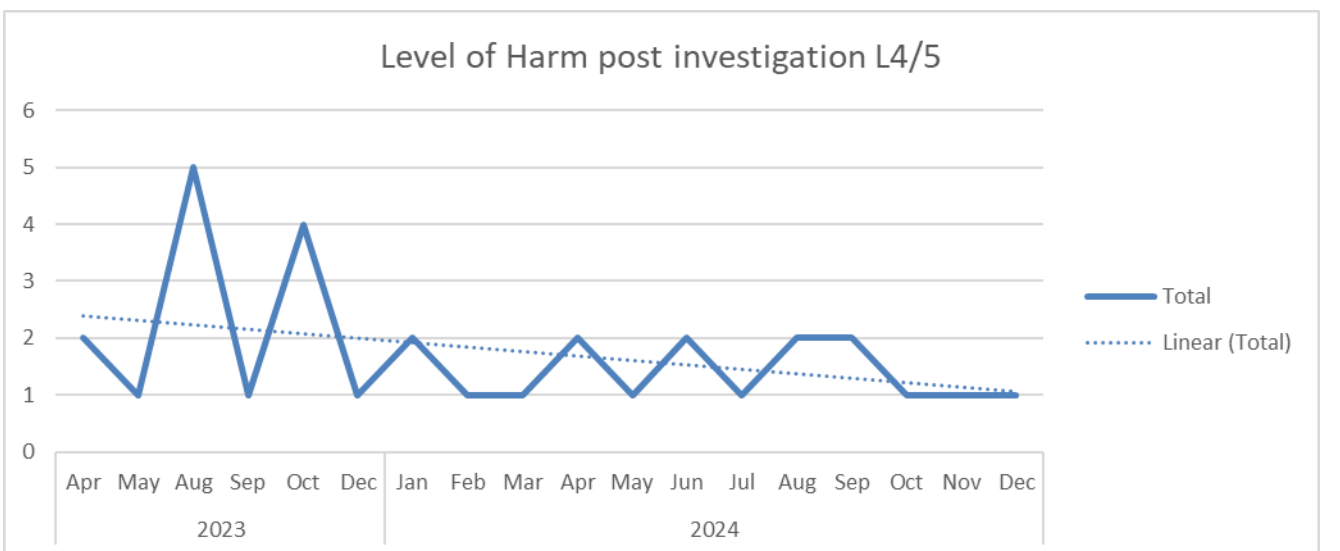
- **Adult Wards where S25B applies:**

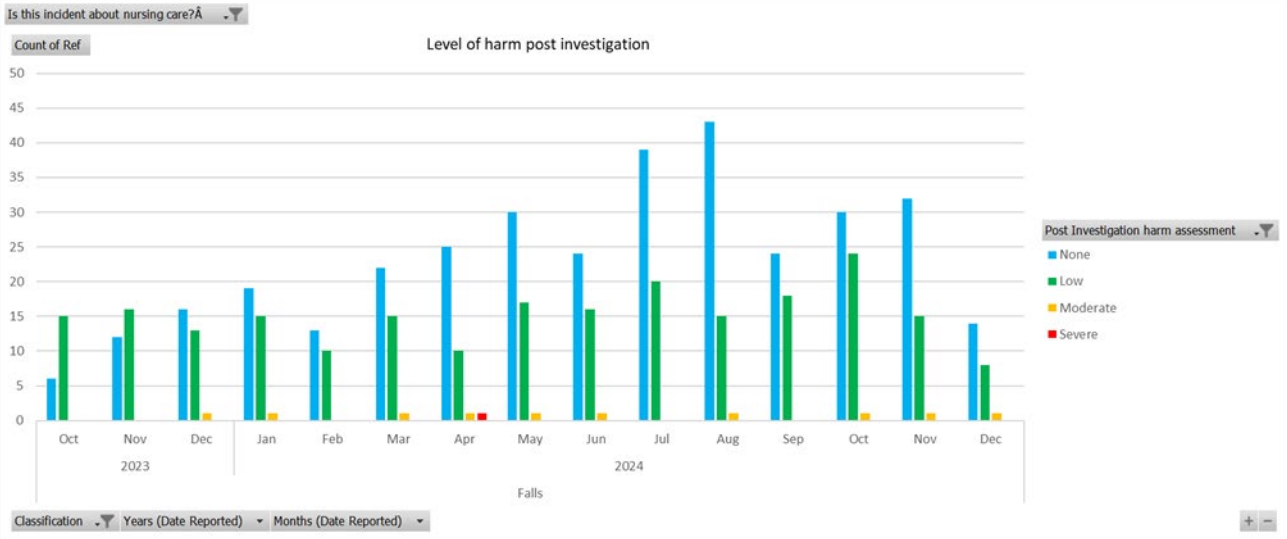
The number of falls reported across the wards where S25B applies have also seen an increase from an average of 112.66 per month in 2023 to 116.08 per month in 2024. A review of factors such as, the number of uncovered Enhanced Patient Support (EPS) shifts, unfilled shifts and operational pressures including increases in surged beds were included to evaluate whether there was a correlation with the increase in falls and changes to the agency and bank staffing, however, no notable correlation was identified.

The inpatient Falls Group and ongoing Falls quality improvement work continues in all sites and monthly scrutiny and assurance meetings are held across acute and community services, where learning from events and opportunities for new initiatives are shared.

One potential reason for an increase in reporting may be related to better awareness and a better reporting culture. The recent work promoting deconditioning awareness is also helping educate patients to maintain their independence and mobility, however, this may contribute to an increase in falls. There has been an Initial spike in November in relation to falls but this is now on a downwards trend and will be monitored.

### Level of harm Post investigation



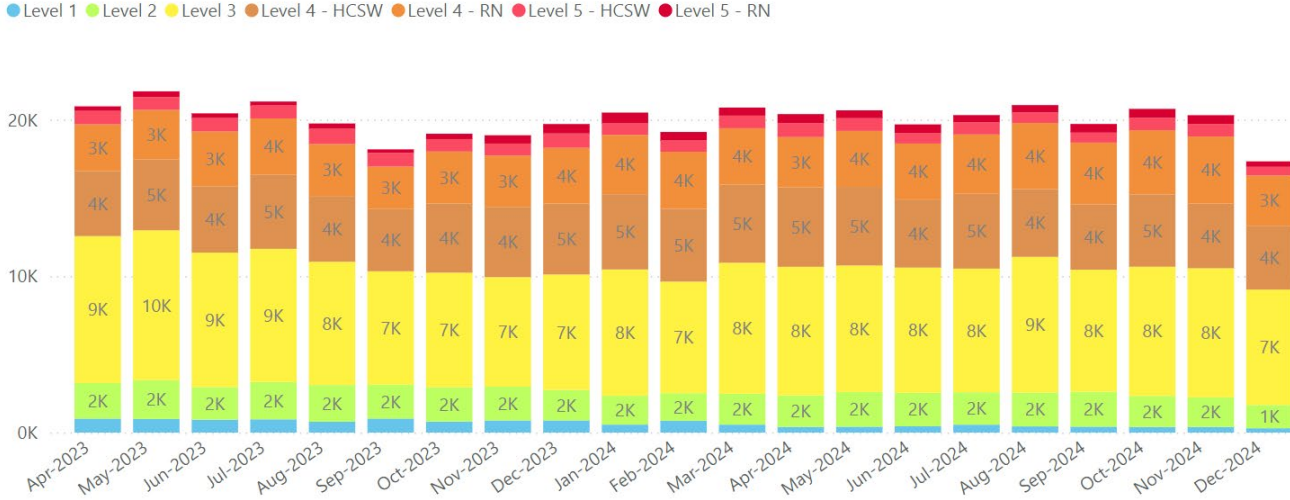


- The number of falls resulting in Level 4/5 harm has seen a small reduction (an average of 1.55 per month in 2023 and an average of 1.41 per month in 2024)

**Acuity**

- Acuity can be defined as the measurement of the intensity of nursing care required by a patient. We capture acuity in wards where S25B applies.

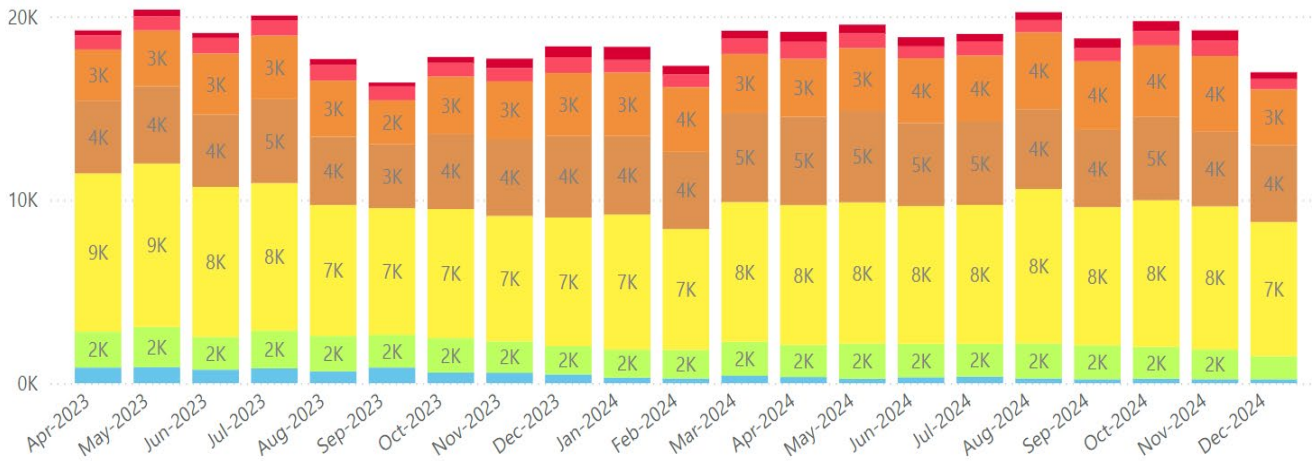
**Acuity Day**



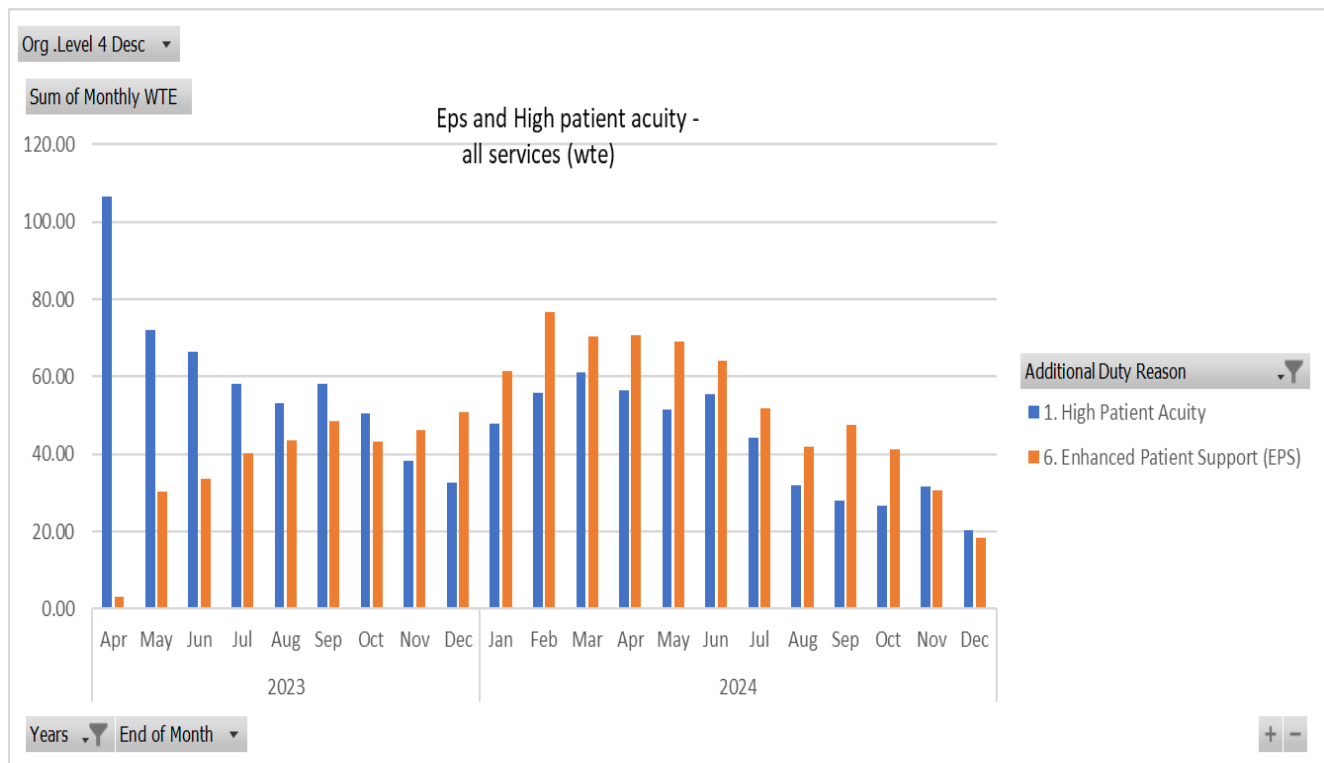
There have been no changes to acuity that would explain the slight increase in falls being reported.

**Acuity Night**

● Level 1 ● Level 2 ● Level 3 ● Level 4 - HCSW ● Level 4 - RN ● Level 5 - HCSW ● Level 5 - RN



The acuity has remained consistent during this reporting period, with no significant variation between night and day.



- There has been a decrease in the overall Bank HCSW requests across all reasons and a significant decrease in the requests being sent through for EPS/high patient acuity across all areas (from a total of 83.46wte in December 2023 to 38.55wte for December 2024).
- Feedback from services show a reduction of EPS usage has been due to Baywatch, Cohorting patients, use of chair alarms where indicated, alongside ongoing quality improvement work.

**Action:** Further work to understand whether the reduction in the use of EPS is seeing an impact on increased falls.

## Medication Administration Errors

### Across all our services

- The number of medication administration errors affecting patients (closed and open incidents) is reported as seeing a small decrease from an average of 41 incidents per month during 2023 to an average of 39.91 incidents per month for 2024. The number involving temporary staffing has seen an increase from an average of 12.77 incidents per month in 2023 to an average of 13.41 incidents per month in 2024.
- There is now a robust monitoring process being undertaken to support orientating temporary staff. We will continue to monitor across all services.

### Adult Wards where S25B applies

- The number of medication administration errors affecting patients has seen a decrease with an average of 15 incidents per month reported in 2023 compared to 14 incidents in 2024. The number involving a temporary worker has seen a decrease from 5.88 incidents per month in 2023 to an average of 4.41 incidents per month in 2024.

### Complaints/Concerns

Of the 3179 complaints received between 1st April 2023 and 31st December 2024, 190 were deemed, following investigation, to be wholly or partly relating to nursing care. There has been no noticeable increase in complaints.

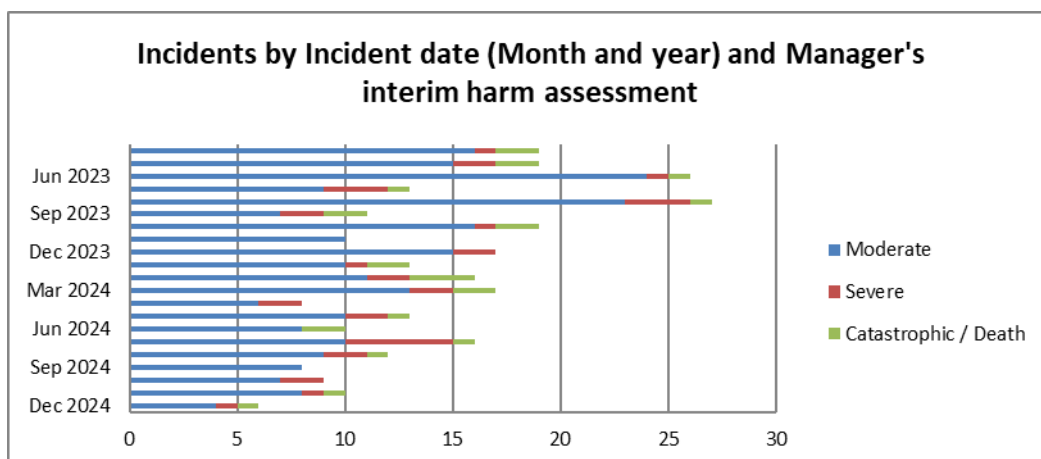
### Triangulating the data:

There are other mechanisms and data that we can use to triangulate the impact of reduction in temporary staffing on clinical outcomes. These include:

• **‘Walk Rounds’**- staffing levels and availability has been a theme raised during the ‘Walk Rounds’ up to June 2024; raised during 15 of the 29 ‘Walk Rounds’. We will monitor the feedback from Walk Rounds undertaken from July 2024 onwards to see whether this theme continues to feature.

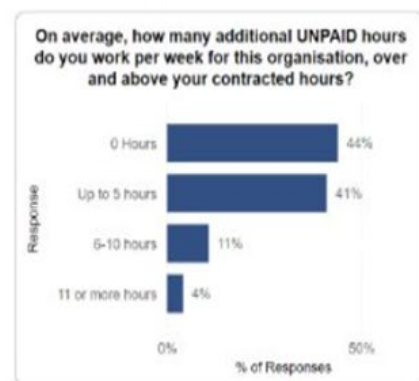
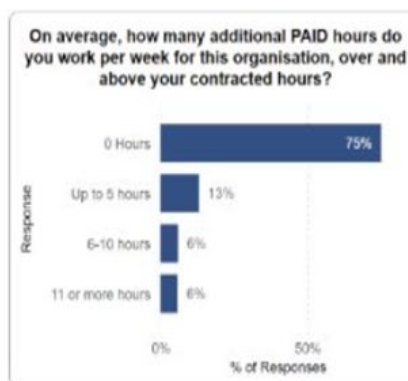
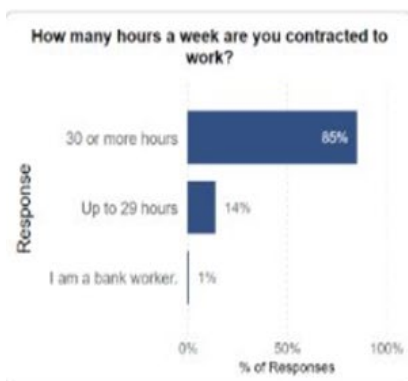
### •Duty of Candour:

As of 14th January 2024, 173 incident records have been closed where duty of candour had been triggered during the manager’s initial assessment of the patient safety incident.



- Staff well being** There is evidence that having the right nurse staffing levels has a positive impact on staff, with some studies showing that staff with the most demanding workloads were more likely to report job dissatisfaction exacerbated by missed breaks; poor compliance with mandatory training; emotional exhaustion and their intention to leave their job, Having the right number of staff, however, leads to an increase in people wanting to join the profession and improved retention figures (Aiken et al., 2012; Butler et al., 2019; Halm, 2019; Hill, 2017; MacPhee et al., 2017; Tellez, 2012, Van den Heede et al., 2013; Wynendale et al., 2019). Data we do have is shown below.
- NHS Staff Survey** – Whilst recognising that the survey was for all staff groups, the 2023 NHS staff survey findings showed that when asked about work pressure, the respondents noted the following.

Morale					
Work pressure					
Question	Never	Rarely	Sometimes	Often	Always
I am able to meet all the conflicting demands on my time at work.	3%	11%	35%	41%	10%
I have adequate supplies, materials and equipment to do my work.	2%	11%	24%	39%	24%
There are enough staff at this organisation for me to do my job properly.	11%	21%	34%	26%	9%



The results from the NHS Staff Survey 2024 will be available in February 2025 and this will be a useful comparator which will help to inform the impact of reducing the reliance on a temporary workforce on our staff.

### Monitoring of Key Quality indicators:

The number and level of harm of falls, pressure damage and medication errors are considered as part of any nurse staffing level review. Reviews are undertaken as a minimum of six monthly for those wards where Section 25B of the Nurse Staffing Levels (Wales) Act applies i.e. adult acute medical and surgical inpatient wards, paediatric inpatient wards. and for any Section 25A areas when a nurse staffing review is undertaken.

- Operational teams have scrutiny processes in place that enable incidents and complaints to be reviewed and consideration given to what actions need to be taken and what learning can be shared. Scrutiny & Assurance Meetings are held for each acute site (with representation from community teams) to monitor and scrutinise inpatient falls, identifying causal factors and sharing learning to prevent recurrence. Outcomes from the Scrutiny & Assurance Meetings feed into the Directorate QSE Groups, which report to the Quality, Safety & Experience Sub-Committee (QSESC). The Adult Inpatient Falls Reduction Improvement Group (AIFRIG) was established as a group of the Operational QSES in May 2023. The role of the Group is to “review and analyse claims, learning from events

and performance reports which will help inform operational direction and contribute to the reduction and improvement of inpatient falls”.

- There are health board and advisory groups which focus on key aspects of care and monitor practice related issues. e.g. the nutrition and hydration and falls groups.

### **Argymhelliad / Recommendation**

The Quality, Safety & Experience Committee is requested to take assurance that a review of the reduction of agency and bank staff initiative has not identified an impact on the quality, safety or experience outcomes of patients, however, this will continue to be closely monitored.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Domains of Quality 1. Safe 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	3. Data to knowledge 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Data extracted from Datix, Our Performance dashboard and papers presented to People Organisational Development Culture Committee
Rhestr Termiau: Glossary of Terms:	RN – Registered Nurse HCSW – Health Care Support Worker

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Not applicable
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<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Not applicable
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	The report sets out Impact of Reduction of Agency and Bank Staff on Quality, Safety and Patient Experience
<b>Gweithlu:</b> <b>Workforce:</b>	The report sets out the number of incidents between 1 <sup>st</sup> of April 2023 – 31 <sup>st</sup> of December 2024
<b>Risg:</b> <b>Risk:</b>	Not applicable
<b>Cyfreithiol:</b> <b>Legal:</b>	Not applicable
<b>Enw Da:</b> <b>Reputational:</b>	Not applicable
<b>Gyfrinachedd:</b> <b>Privacy:</b>	all data is anonymous
<b>Cydraddoldeb:</b> <b>Equality:</b>	Not applicable