

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol ar Ddeddf Lefelau Staff Nyrsio \(Cymru\) 2016: craffu ar ôl deddfu.](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Nurse Staffing Levels \(Wales\) Act 2016: post-legislative scrutiny.](#)

**NS05**

**Ymateb gan: Coleg Nyrsio Brenhinol Cymru | Response from: Royal College of Nursing Wales**

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# Royal College of Nursing (RCN) Wales response to post-legislative inquiry into the Nurse Staffing Levels (Wales) Act 2016

July 2023

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## Executive Summary

*Summarising the impact of the Nurse Staffing Levels (Wales) Act 2016*

- **Patients have been protected.** The Welsh Government and NHS bodies have improved patient safety by investing in nurse staffing levels as a direct result of the Nurse Staffing Levels (Wales) Act 2016.
- **More nurses, better care.** There are more registered nurses and healthcare support workers (HCSWs) working on wards covered by Section 25B compared to before it was implemented (2018). In addition the statutory guidance also requires Section 25B wards to account for a 26.9% uplift to cover staff sickness, improving patient safety.
- **Generated a culture shift.** There is now corporate responsibility to allow nurses time to care for patients sensitively. Executive Directors of Nursing report to their Health Boards on nurse staffing levels and can request additional resources, support and staffing to address nursing challenges. The Nurse Staffing Levels (Wales) Act 2016 acts as a lever for change.
- **Provoked discussion on the importance of the registered nurse.** Part of the legislation is considering the professional judgement of nurses when deciding nurse staffing levels. This has raised the profile of the profession and their contribution to patient safety with senior NHS management.
- **Health Boards and Welsh Government are aiming for better patient care.** The Nurse Staffing Levels (Wales) Act 2016 has shone a spotlight on nursing recruitment and retention by the Welsh Government and Health Boards.
- **Safe nurse staffing levels save lives.** The impact of registered nurses on patient safety has been validated by research. There is extensive research to support the connection between nurse staffing levels and patient harm and mortality, as well the cost of missed care.
- **A low number of cases where nurse staffing levels is considered an attributing factor to patient incidents.** Although patient incidents and complaints regarding nursing still occur on Section 25B wards, a failure to maintain nurse staffing levels is rarely considered an attributing factor.
- **Created a spotlight on paediatric care.** Before Section 25B of the Nurse Staffing Levels (Wales) Act 2016 was extended to paediatric wards (October 21), Executive Directors of Nursing sought additional financial and staffing resources from their Boards.
- **Financial cost.** There has been a financial cost to implementing and maintaining nurse staffing levels, but this should not be considered a burden, unique to Section 25B wards or nursing in generally.

## Recommendations

To improve patient safety the Health and Social Care Committee should recommend the following:

1. The Welsh Government should commission research into the social, economic, and patient safety impact of the Nurse Staffing Levels (Wales) Act 2016.
2. The Welsh Government should develop statutory and operational guidance, for Section 25A of the Nurse Staffing Level (Wales) Act 2016.
3. Care Inspectorate Wales (CIW) should inspect and report against the compliance of Section 25A of the Nurse Staffing Levels (Wales) Act 2016 in care settings where they have a statutory responsibility to regulate and inspect.
4. The statutory guidance for Section 25B and 25C should be regularly reviewed and updated when necessary.
5. The Welsh Government should clarify consequences for noncompliance of Section 25B and 25C. Noncompliance with Section 25B and 25C should be explicitly included in the NHS Wales Escalation and Intervention Arrangements.
6. Health Inspectorate Wales (HIW) should inspect and report against the compliance of the Nurse Staffing Levels (Wales) Act 2016 in NHS settings, where they have a statutory responsibility to regulate and inspect.
7. The Welsh Government should outline a timeline for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community setting and build on the existing evidence base to extend Section 25B other settings.

### 1. Legislative Context

- 1.1. The Nurse Staffing Levels (Wales) Act was unanimously passed and supported by all political parties in 2016 to protect patients.
- 1.2. Research has shown low nurse staffing levels increase patient mortality by up to 26% compared to better staffed wards.<sup>i</sup>
- 1.3. The Nurse Staffing Levels (Wales) Act 2016 was introduced in the context of the Francis Report (2013), the Keogh review (2013), the Berwick review (2013) and the Andrews Report (2014). All of which reported on patient tragedies as a result of repeated failure of the NHS to sufficiently prioritise patient safety and the quality of care by safeguarding nursing numbers.
- 1.4. The Francis report (2013) was the fifth official report into the ‘Mid Staffs’ tragedy, and the failings of the Stafford hospital, a small district general hospital in Staffordshire. It has been suggested that between 400 and 1,200 patients died as a result of poor care between January 2005 and

March 2009.<sup>ii</sup> One of the key findings of this report was that there were ‘unacceptable delays in addressing the issue of a shortage of skilled nursing staff’.<sup>iii</sup>

- 1.5. In Wales the All Wales Nurse Staffing Principles Guidance issued by the Chief Nursing Officer (CNO) for Wales in 2012 failed to make a sufficient impact. This signalled the need for more powerful tools (legislation) to improve nurse staffing levels.
- 1.6. There have been a number of incidents of patient harm that have resulted in the need for investigation in Wales. The investigations, and subsequent reports, highlighted the importance of nurse staffing levels and skill mix on patient care and the devastating impact of inappropriate skill mix and nurse staffing levels.

### Reports detailing poor care in Wales

Dignified Care: Two Years On (2013) There is a **clear link between staffing levels and the safety and quality of care** on hospital wards.

Trusted To Care (2014) A review of the Princess of Wales Hospital and the Neath Port Talbot Hospital refers to a **lack of suitably qualified, educated and motivated staff** particularly at night’ and that ‘the Review Team were also **concerned about the way staffing levels in the medical wards were determined** as this seemed unconnected to the level of dependency and need on a ward at a specific time

Tawel Fan-Ockenden report (2018) **Inadequate levels of capacity and capability** in relation to the workforce in...nurse staffing in particular

Cwm Taf Maternity Services (2019) A **significant shortage of midwives**

- 1.7. Incidents of poor patient care as a result of inapposite skill mix and insufficient staffing levels contributed to why RCN Wales campaigned for safe staffing legislation.
- 1.8. RCN Wales strongly believed legislation was the best available option to hold the NHS to account for nurse staffing levels and ensure the NHS prioritises patient safety.

## 2. Safety critical role

- 2.1. While legislation to protect patients by mandating the number and skill mix of nurses, a safety critical role, is somewhat novel for the UK healthcare sector, it is not for other sectors.
- 2.2. Legislation exists for the following industries:

- **Dog Boarding:** Each member of staff should have 25 dogs or less to care for. If there is evidence that the dog's welfare needs are not being met, you should consider the staffing levels against a number of factors, including type of dog, size of premise, qualification of staff, etc.<sup>iv</sup>
- **Childcare and teachers:** One adult for every three children under two years olds; One adult for every four children aged two; One adult for every eight children aged three and over (the ratio is 1:13 if led by a teacher).<sup>v</sup>
- **Flight Crew:** An aircraft of which: (a) has a flight manual must carry a flight crew of at least the number and description specified in that flight manual: (b) which does not currently have a flight manual but has done in the past, must carry a flight crew of at least the number and description specified in the flight manual.<sup>vi</sup> The Federal Aviation Administration (FAA) regulations are as follows:
  - Airplanes with a maximum payload capacity of more than 7,500 pounds, and a seating capacity between nine and 51 passengers, require one flight attendant.
  - Airplanes that have a seating capacity of between 50 and 101 passengers, require two flight attendants.<sup>vii</sup>
- **Railways:** The Railways and Other Guided Transport Systems (Safety) Regulations 2006 (as amended) contain provisions for the management of the competence, fitness and fatigue of safety critical workers.

2.3. The concept of legislation for safety critical roles is normalised within other sector and yet for healthcare it is not. Legislation is a powerful tool that draws attention to safety critical roles and protects the public and professionals alike. This should be the case for healthcare too.

2.4. Nursing is a safety critical role founded on four pillars: clinical practice, education, research, and leadership.

2.5. Nursing is the largest safety critical role in the NHS, representing over 40% of the entire NHS workforce.

2.6. It is essential that the Nurse Staffing Levels (Wales) Act 2016 continues to receive investment and support. This will normalise nursing being a safety critical role and protect patients.

### 3. Link between nurse staffing levels and patient harm

3.1. There is extensive research to support the impact of nurse staffing levels on patient safety.

3.2. As previously mentioned, research has shown low nurse staffing levels increased patient mortality by up to 26% compared to better staffed wards. Safe and effective nurse staffing levels have also been shown to reduce readmissions, health care associated infection rates, medication errors, falls and pressure ulcers. Safe and effective nurse staffing levels

mean better hydration and nutrition for patients and better communication with patients.<sup>viii</sup>

- 3.3. A 2021 study by Akine et al. found in hospitals where nurses had a high patient ratio compared to hospitals where nurses had a lower patient ratio, patients were more likely to experience adverse conditions including a 41% higher chance of mortality, 20% higher chance readmission and 41% chance of staying longer.<sup>ix</sup>
- 3.4. Most recently an article in the British Medical Journal found ‘a statistically significant association between the fill-rate for registered nurses (RNs) and inpatient mortality’. On average, an extra 12-hour shift by a registered nurse was associated with a reduction in the odds of a patient death of 9.6%.<sup>x</sup>
- 3.5. The impact of registered nurses is supported by evidence and the Nurse Staffing Levels (Wales) Act 2016 recognises this. The statutory guidance sets out that that ‘the number of nurses means the number of *registered nurses* (this being those with a live registration on sub parts 1 or 2 of the Nursing and Midwifery Council register)’. This is essential for delivering high quality care and preventing role substitution for the safety critical role.
- 3.6. Despite the abundance of high quality, worldwide research into the impact of nurse staffing levels and patient care there has been very little research on the impact of the Nurse Staffing Levels (Wales) Act 2016. This is despite the Act being the first of its kind in Europe.
- 3.7. The Welsh Government and NHS Wales have yet to commission research to understand the social, economic, or patient safety impact of the Nurse Staffing Levels (Wales) Act 2016 on patient safety. RCN Wales believe this is an important step in understanding the value and impact of the Nurse Staffing Levels (Wales) Act 2016.

### Recommendation 1

The Welsh Government should commission research into the social, economic, and patient safety impact of the Nurse Staffing Levels (Wales) Act 2016.

## 4. Corporate responsibility

- 4.1. Before the introduction of the Nurse Staffing Levels (Wales) Act 2016, there was no statutory requirement for NHS Health Boards or Trusts to consider safe nurse staffing levels. This means there was no collective responsibility for nurse staffing levels within the Health Board at a governance level.

- 4.2. Therefore the Executive Director of Nursing was often seen as solely responsible for nursing staffing levels. As the Executive Director of Nursing is personally accountable as a registered nurse to the Nursing and Midwifery Council (NMC), this led to a culture of, if a breach of care occurred, the Executive Director of Nursing was held accountable. This is despite the fact the decision that may have led to the breach of care being taken elsewhere, for example the finance department.
- 4.3. This is demonstrated by the findings of the Francis report (2013) into Mid Staffs that detailed 'the focus on finance led to staffing cuts made without any adequate assessment of the effect on patients. Once it was appreciated that there was a shortage of nursing staff, ineffective and prolonged steps were taken to address it.'<sup>xi</sup>
- 4.4. In 2019 RCN Wales published, Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016. RCN Wales found that before the introduction of the Act, not a single Health Board routinely discussed nurse staffing levels at a Board level.
- 4.5. The Nurse Staffing Levels (Wales) Act 2016 has generated a culture shift whereby nurses are represented and listened to at a senior level within their Health Boards and Trusts. This in turn has established corporate responsibility for nurse staffing levels and ultimately the delivery of safe and effective care.
- 4.6. Executive Directors of Nursing now report to their Health Boards on nurse staffing levels, can request additional resources, and the prioritisation of recruitment and retention has never been higher.
- 4.7. This has led to greater corporate accountability for nurse staffing levels compared to before the Nurse Staffing Levels (Wales) Act 2016 was introduced.
- 4.8. A requirement of the Nurse Staffing Levels (Wales) Act 2016 is for Health Board to receive two reports on nurse staffing levels a year. This includes the bi-annual Section 25B audit and an annual audit report. Outside of this, Health Boards often include nurse staffing levels in their Inter-Mediate Term Plans (IMTPs) and nurse staffing levels are discussed widely as since the passing of the Act, nurse staffing levels has been considered a risk and introduced on many Health Board's corporate risk registers. These papers and subsequent discussions are recorded and publicly available.
- 4.9. Health Boards now have peer groups of ward managers and senior nurses to report on experiences of nursing on their wards. This has led to ward



managers feeling listened to and a cultural shift, whereby ward managers are included even more so in decisions regarding staffing.

- 4.10. The necessity to report nurse staffing levels at such a senior level has increased corporate responsibility relating to nurse staffing levels and given Executive Directors of Nursing grounds to request additional resources to ensure safe and effective care.

“It’s been very positive in that it allows nursing leaders to have a different type of conversation around the Board table and to look at it from multiple perspectives. For example, in terms of the professional development opportunities it brings to the profession... I’ve been able to establish locally a training programme, a nurse leadership programme and support the establishment of an apprentice scheme with the Director of Workforce & OD; in relation to the financial opportunities and the real conversations about what it’s actually going to cost an organisation...it has allowed me to lever some more resource from the Board not just for registered nurses but also for health care support posts and rehab and reablement posts...but also the other perspectives, such as the quality lens of the patient from both patient outcomes and experience; the staff experience in terms of well-being, making sure we have the sufficient resources on the ground to deliver safe and effective patient care. This has been all been really good.

**Mandy Rayani, Executive Director of Nursing.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021.*

## 5. Nurse Staffing Levels (Wales) Act 2016

5.1. The key provisions of the Nurse Staffing Levels (Wales) Act 2016 are detailed below:

### Section 25A

an overarching responsibility placed on health boards and trusts to provide sufficient nurse staffing levels in all settings, 'to allow time to care for patients sensitively.'

### Section 25B

requires health boards to calculate and take reasonable steps to maintain the nurse staffing level in all acute adult medical and surgical wards. Health boards are also required to inform patients of the nurse staffing level.

### Section 25C

requires health boards to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards. From 1 October 2021 this was extended to include children's inpatient wards.

### Section 25D

the Welsh Government must issue guidance regarding the duties under Section 25B and 25C, and health boards and trusts must follow this guidance.

### Section 25E

requires health boards to report their compliance in maintaining the nurse staffing level for wards covered under Section 25B. At a health board level, the requirements of the Act are reported through a nationally devised template, which allows health boards to critically analyse their activities, progress and challenges. This reporting process is to ensure that health boards are publicly confirming how they comply with the legislation.

5.2. The video below outlines what happens when there are not enough nurses to provide patient care.



## 6. Section 25A

6.1. Section 25A places an overarching responsibility on Health Boards and Trusts to provide sufficient nurse staffing levels in all settings to allow nurses 'time to care for patient sensitively'. This includes service where nursing is commissioned by the Health Board or Trust. Simply put, there should be safe nurse staffing in all settings.

6.2. The overarching duty has made a positive impact as detailed below.

6.2.1. **Patients have been protected.** The legislation has drawn the attention of senior NHS Wales management, Welsh Government officials and Members of the Senedd to nurse staffing levels and the value of nursing and the need for investment in the profession.

6.2.2. **Nurses are being consulted on patient safety.** There has been an increase in awareness and understanding of the importance of nursing professional judgement. The Nurse Staffing Levels (Wales) Act 2016 has increased awareness amongst senior Health Board members of the role of the ward manager and the value and importance of professional nursing judgement in maintaining nurse staffing levels.

“I think the Nurse Staffing Levels Act gives hope to nurses in Wales. It is going to help with recruitment in the profession. It is going to help with the retention of experienced nurses which is then going to deliver the exemplary care we know these patients want, that we want to give, not just the basic care as it were, the minimum amount that we can do, we can go that extra mile, what we want to do.”

**RCN Wales member.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

“There was an initial fear that the RCN would be very critical of Health Boards and of us, as Nurse Directors, during the early stages of implementation. There was genuine concern that this would put professional pressure on the Nurse Directors as they work with their Board to implement the Act. However, that hasn’t been the case. RCN colleagues have been nurturing and encouraging and the tone of leadership has been helpful. They have also encouraged frontline staff to be part of the process, which again has been positive.”

**Ruth Walker, former Executive Director of Nursing.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

- 6.3. However, despite the positive impact there remains challenges regarding the nursing workforce, specifically challenges with nurse recruitment and retention. This is reported annually by RCN Wales in Nursing in Numbers, which provides a statistical overview of the workforce in Wales.<sup>xii</sup>
- 6.4. The key findings from the latest report, September 2022, are as follows:
- There are over 3,000 registered nurse vacancies in the NHS.
  - Every week nurses give the NHS an additional 67,780 hours. This is the equivalent of 1,807 full-time nurses.
  - In the 10 years between 2012 and 2022 the percentage of nursing staff that feel enthusiastic about their job dropped by 19%, whereas those that feel they are too busy to provide the level of care they would like has increased by 9%.
- 6.5. Ultimately this is due to the duty of Section 25A not fully being realised.

### **Noncompliance with Section 25A Example**

In 2019 and 2020 Cardiff and the Vale University Health Board reported they were non-compliant with Section 25A of the Nurse Staffing Levels (Wales) Act 2016 regarding mental health inpatient settings. The Executive Director of Nursing for Cardiff and the Vale University Health Board made the Board aware of this, having brought it to their attention repeatedly during this period.

As a result in 2021 the Mental Health Clinical Board management team was asked to address gaps in nurse staffing and financial allocation on mental health inpatient wards within their IMTP for 2021/2022.

By 2022, the Executive Director of Nursing was able to sign off the working nursing establishments required to care for patients sensitively across the Mental Health Clinical Board. However it was noted that further work was needed to align certain clinical areas to the financial envelope.

- 6.6. As demonstrated by Cardiff and the Vale University Health Board, there were few consequences for the Health Board for its noncompliance. As far as RCN Wales are aware the Welsh Government did not commission Health Inspectorate Wales (HIW) to inspect mental health services to evaluate patient safety and did not provide financial support to the Health Board to aid its compliance.
- 6.7. That said, the Executive Director of Nursing worked extremely hard to ensure compliance and raised the matter with the Health Board on a number of occasions. Effectively the Nurse Staffing Levels (Wales) Act 2016 acted as a lever to improve patient safety as allowed the Executive Director of Nursing to discuss mental health nursing at a number of Health Board meetings, raising the profile of nursing and patient safety.
- 6.8. Beyond direct NHS services there is very little information on how Section 25A is applied to services that are commissioned by Health Boards. There is also very little information on how, or if, this is inspected against.
- 6.9. There should be clear guidance for the delivery of Section 25A. At the time of developing the Nurse Staffing Levels (Wales) Act 2016 RCN Wales recommended statutory guidance for the entire Act, but the Welsh Government suggested guidance was only necessary for Section 25B and 25C. This has led to Section 25A being weakly implemented and without clear guidance on how to ensure compliance. RCN Wales reiterates the call to implement guidance for Section 25A.

## Recommendation 2

The Welsh Government should develop statutory and operational guidance for Section 25A of the Nurse Staffing Level (Wales) Act 2016.

## Recommendation 3

Care Inspectorate Wales (CIW) should inspect and report against the compliance of Section 25A of the Nurse Staffing Levels (Wales) Act 2016 in care settings where they have a statutory responsibility to regulate and inspect.

## 7. Section 25B

- 7.1. Section 25B requires Health Boards and Trusts to calculate, and take all responsible steps, to maintain nurse staffing levels according to a specific methodology. When the Nurse Staffing Levels (Wales) Act 2016 was initially passed Section 25B covered acute medical and surgical wards.
- 7.2. Section 25B was extended in October 2021 to paediatric wards, due to the previous Health and Social Services Ministers, Vaughan Gething committing to having ‘more nurses, in more settings, through an extended nurse staffing levels law.’<sup>xiii</sup>
- 7.3. There are a number of positives relating to Section 25B including:
  - 7.3.1. **Improved patient safety.** There are more nurses HCSW on Section 25B wards now than before Section 25B was fully implemented. At the end of the first three year reporting period (2021), there were 139.74 additional registered nurses (Full Time Equivalent) and 597 additional FTE HCSWs funded into the adult medical and surgical establishments compared to March 2018 before Section 25B came into force.
  - 7.3.2. **Increased understanding and respect of nursing professional judgement.** The triangulated approach adopted by Section 25B wards to calculate nurse staffing levels, involves considering patient acuity, quality indicators and professional judgement. This has increased the understanding and value of nursing professional judgement as nurses have a crucial role in deciding nurse staffing levels. This not only keeps patients safe but increases the value and respect of the profession.
  - 7.3.3. **Shone a spotlight on child safety.** All Health Boards were prepared for the extension of Section 25B of the Nurse Staffing Levels

(Wales) Act 2016 to paediatric inpatient wards having asked for additional financial and staffing resources from their Health Boards, if needed. Additional resources were approved, and Health Boards actively recruited additional paediatric nurses. This shone a spotlight on paediatric wards and increased nurse staffing levels in line with the requirements.

7.3.4. **Uplift standardised.** In planning for nurse staffing levels some absence such as annual leave, maternity and long term sickness is predictable, and it is good practice to cover these natural absences. This is called an uplift. The innovation was to make the uplift consistent and calculated the same across all Health boards and Trust. The statutory guidance for the Nurse Staffing Levels (Wales) Act 2016 sets out the uplift to nursing numbers to cover staff absence from wards covered by Section 25B. 26.9% was agreed in 2011 as the evidence-based uplift factor to use in Wales by Nurse Directors. Any exceptions to the consistent uplift need to be reported to the CNO for Wales. This has established a real improvement to workforce planning. However, RCN Wales is concerned that the uplift is not being maintained.

7.3.5. **Significant database on patient acuity and nursing requirements.** It is important to demonstrate the direct impact of the presence of nurses on patient care. Increasingly the profession of a registered nurse is under threat as there is a move within the NHS to replace registered nurses with Healthcare Support Workers which would be to the detriment of patient care. The Welsh Levels of Care is a key component to implementing Section 25B of the Nurse Staffing Levels (Wales) Act 2016. The Welsh Levels of Care detail the typical patient needs, conditions and situations and the corresponding clinical assessments, interventions and tasks undertaken by nurses. The Levels have been developed and tested before implementation through widespread engagement and consultation with the nursing workforce. The Welsh Levels of Care is one of the largest databases on patient acuity and nursing requirements in the UK and has only come about due to the Nurse Staffing Levels (Wales) Act 2016.

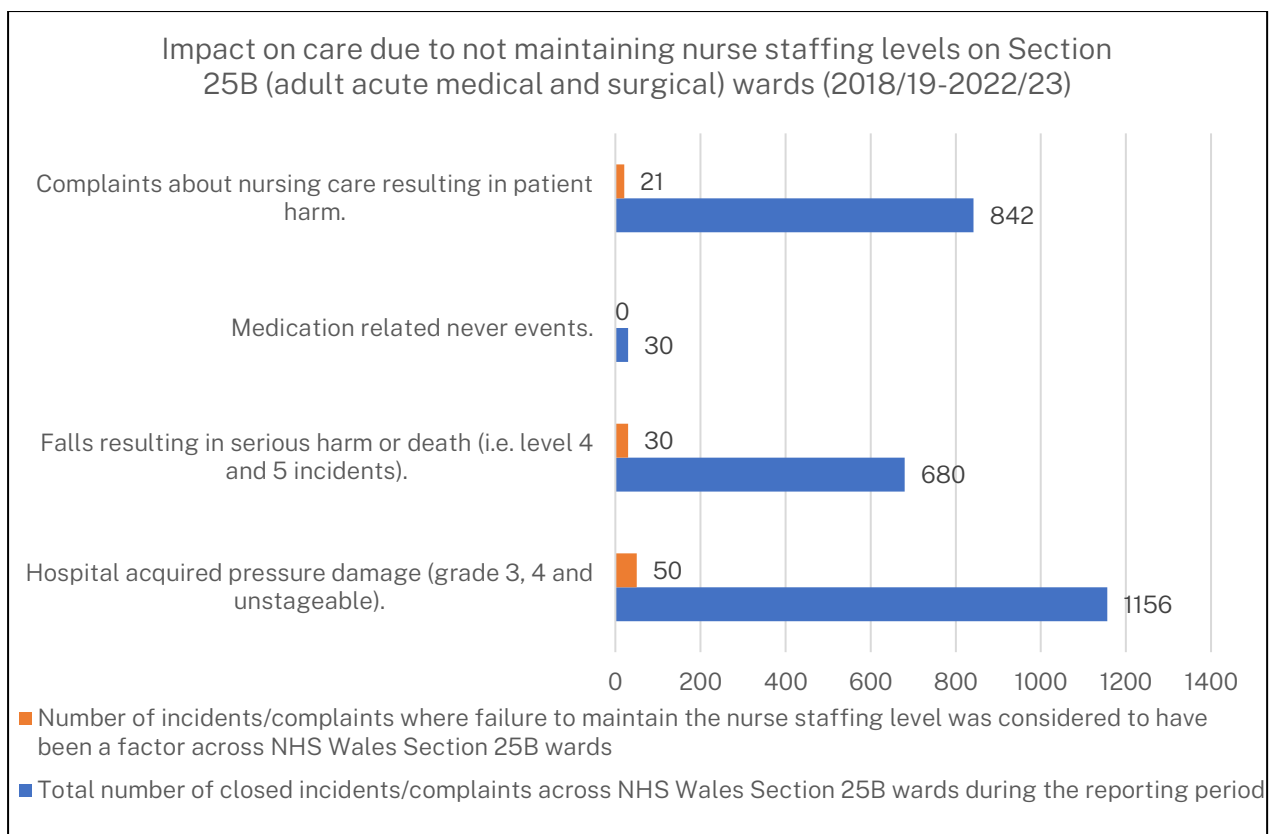
“The legislation is pioneering and can not only have an impact on the quality and safety of care for our patients but also the morale and health of our staff. Ensuring the accountability and responsibility is fully understood at the frontline and the at Board level is very important. The clarity of the role of the Designated Professional responsible to inform and advise the Board on safe staffing levels across all areas of the UHB [university health board] is empowering and gives a platform to ensure this area of work is addressed as required by the Act, at the Board. As the Designated Professional, I’m being given the opportunity to bring the voice of senior nursing colleagues into the Boardroom to ensure that they have the correct resources to be able to undertake roles effectively. The Act gives a platform for Ward Sisters and Charge Nurses to have the confidence to sign off establishments before I take the calculations to the Board. This approach has also allowed Sisters and Charge Nurses to explore, debate and challenge the establishments as part of the process. There is definite ward to Board ownership.”

**Ruth Walker, former Executive Director of Nursing.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

## 7.4. Quality Indicators

- 7.4.1. As a requirement of the Nurse Staffing Levels (Wales) Act 2016 Health Boards report on quality indicators of care on wards covered by Section 25B. This includes complaints about nursing, medication never events, falls and hospital acquired pressure damage. If an incident is reported the health board must then determine if a failure to maintain nurse staffing levels was an attributing factor to the incident/complaint.
- 7.4.2. Between 2018-2021 there have been a number of incidents/ complaint that have been reported on Section 25B wards as identified below. However, the number that are attributed to a failure to maintain nurse staffing levels remains extremely low.
- 7.4.3. Many Health Boards have reduced the number of incidents/complaints attributed to a failure to maintain nurse staffing levels year after year. Betsi Cadwaladr for example, during the first year of reporting 2018-2019 had five pressure damage related incidents where a failure to maintain nurse staffing levels was considered an attributing factor. By 2020-2021 this had fallen to 0.





## 7.5. Challenges to implementation

7.5.1. Health boards were challenged by the NHS IT infrastructure as it was initially insufficient in recording if nurse staffing levels were maintained on a shift by shift basis. However, significant progress has been made in recent years with an All-Wales approach being adopted in 2023 through SafeCare.

7.5.2. The biggest challenge to Section 25B is the sustainability of the nursing workforce combined with a rise in patient acuity since 2019 meaning Wales needs more registered nurses and HCSW to care for patients.

7.5.3. COVID-19 was a huge challenge for Health Boards. Increased numbers of high dependency patients met a decreased level of nursing (due to sickness). As the numbers of nursing staff available fluctuated, the set of nursing skills, knowledge and experience available for deployment also fluctuated. The experience of COVID-19 has highlighted the critical significance of the professional judgement of the ward manager in minimising the risk to patient safety. Health Boards also took action to maintain nurse staffing levels during the pandemic by establishing groups to monitor staffing levels daily.

“If we could wind back time, it would have been preferable if a national system to gather and record data would have been available at the beginning of the implementation. A workable solution to this was only introduced in July 2020, after quite a period of development. Before that individual Health Boards had their own different processes in place.”

**Previous Chief Nursing Officer.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

“Ensuring we have the capacity and experience in the workforce is an issue. The Act has helped our thinking about wider workforce planning regarding recruitment and retention and our engagement with HEIW [Health Education and Improvement Wales] to commission placements; the development of an evidence base to inform that has been extremely helpful. Within a local perspective and while much of the focus of the Act was on registered nursing enhancement, what we have found is that there has been a significant uplift in health support worker roles. What the Act has forced us to do is consider carefully what is the complete wrap-around workforce that is required to care for patients – it’s about the whole workforce that wraps around to ensure best care outcomes.”

**Mandy Rayani, Executive Director of Nursing.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021*

## 7.6. Monitoring and compliance

- 7.6.1. Despite the positive impact of Section 25B there remains challenges with the supply and demand of the nursing workforce and therefore challenges regarding compliance.
- 7.6.2. There are established processes for reporting noncompliance as set out in the statutory guidance.
- 7.6.3. However, this process is unclear. RCN Wales believes the Welsh Government should clarify consequences for noncompliance of Section 25B and 25C. This should take the shape of explicitly including an inability to comply with Section 25B and 25C in the NHS Wales Escalation and Intervention Arrangements.
- 7.6.4. Furthermore the role of HIW should also be clarified. HIW ‘inspect NHS services and regulates independent healthcare providers against a range of standards, policies, guidance and regulations to highlight areas requiring improvement.’<sup>xiv</sup>

7.6.5. There have been a number of HIW reports that have highlighted the lack of nursing staff in NHS settings but there is little mention of the Nurse Staffing Levels (Wales) Act 2016, despite it placing specific legislative responsibilities on the NHS.

#### Health Inspectorate Wales Report Examples

Betsi Cadwaladr Vascular Services (2022) Immediate operational pressures due to consultant availability and **nurse staffing** in vascular services within the Health Board

Delivery of healthcare to Swansea prison (2022) Do not adequately support the delivery of good quality, safe and effective healthcare services to the population of HMP Swansea...**more Nurses [are needed] as the ones here are always very busy so this limits the time they can spend with each case**

Ysbyty Glan Clwyd's Emergency Department (2022) Not all aspects of care were being delivered in a safe and effective manner. **The nursing staff and HCSW are at breaking point**, staff morale is at an all-time low. We are being expected to take on additional work which is leaving the staff on the floor at risk of burnout

Ysbyty Glan Clwyd Emergency Department (2023) **Nurse staffing remained a significant challenge**. There were frequent gaps in rotas from long and short-term absence. This was significantly impacting on staff ability to deliver safe and effective care.

#### Recommendation 4

The statutory guidance for Section 25B and 25C should be regularly reviewed and updated when necessary.

#### Recommendation 5

The Welsh Government should clarify consequences for noncompliance of Section 25B and 25C. Noncompliance with Section 25B and 25C should be explicitly included in the NHS Wales Escalation and Intervention Arrangements.

#### Recommendation 6

Health Inspectorate Wales (HIW) should inspect and report against the compliance of the Nurse Staffing Levels (Wales) Act 2016 in NHS settings, where they have a statutory responsibility to regulate and inspect.

## 7.7. Ongoing work to extend Section 25B

- 7.7.1. All Wales Nurse Staffing Programme was strengthened following the passing of the Nurse Staffing Levels (Wales) Act 2016 to develop the evidence base and tools needed to implement and extend Section 25B.
- 7.7.2. Five workstreams were established; adult acute medical & surgical (inpatient); paediatric (inpatient); district nursing, health visiting and mental health (inpatient).
- 7.7.3. The All Wales Nurse Staffing Programme primary purpose, as stipulated on HEIW's website, is to develop evidence-based workforce planning tools and 'support Health Boards in preparing for the second duty of the Act [Section 25B].'<sup>xv</sup>
- 7.7.4. However, RCN Wales is concerned that this work has been paused without an official policy intent statement saying so. If the work is to be paused, it is important that the Welsh Government explain why, and whether the work has been 'temporarily paused' or 'indefinitely paused'.
- 7.7.5. RCN Wales notes the strength of evidence relating to safe nurse staffing levels, and specifically Section 25B and therefore believes the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 is necessary to protect patients.

### Recommendation 7

The Welsh Government should outline a timeline for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community setting and build on the existing evidence base to extend Section 25B other settings.

## 8. Financial 'implications'

- 8.1. There has been a financial cost of implementing and maintaining nurse staffing levels due to the need increase nurse staffing levels to protect patients.
- 8.2. The Nurse Staffing Levels (Wales) Act 2016 triangulated approach calculates the necessary skill mix and number of nurses and healthcare support workers (HCSWs) needed to keep patients safe on wards covered by Section 25B.
- 8.3. The financial cost is necessary for patient safety.

“In hindsight there probably should have been a little bit more around the financial implications to have aided the understanding about the costs to implement the Act because I don’t think that was fully understood or anticipated – not by Nursing Directors who knew this was going to cost money – but in terms of preparing the Boards in terms of the scale of what was coming”

**Mandy Rayani, Executive Director of Nursing.** *Quoted from RCN Wales report, Implementing the Nurse Staffing Levels (Wales) Act 2016, 2021.*

- 8.4. In addition, the increase in spending on the workforce is mirrored across the entire clinical and medical workforce. Health Boards have determined there has been a rise in acuity and demand resulting in the need to increase and expand the workforce. This is reflected across professional groups and throughout NHS Wales.
- 8.5. The financial investment needed to maintain nurse staffing levels should not be considered a burden, unique to Section 25B wards or nursing in generally. The requirements on the workforce, are ultimately necessary to protect patient safety.
- 8.6. An inability to financially invest in the nursing workforce could put patients at risk of serious harm. There is extensive research regarding the cost of missed care, albeit not in Wales, as detailed below:
  - 8.6.1. RCN Wales calculated registered nurse vacancies to be 3,000 in 2022. Using calculations from Dall et. al on the economic value of each additional FTE nurse the overall savings to the Welsh economy of filling these vacancies would be nearly £211.5 million.
  - 8.6.2. In 2021, Sugg et al. noted that a number of contributing factors to missed care are likely to include high patient-nurse ratios; a lack of nurse time; the acuity or seriousness of the patient’s condition; and the practice environment.<sup>xvi</sup>
  - 8.6.3. In 2008, a US-based study found that the odds of pneumonia occurring in surgical patients decreased with additional registered nurse hours per patient and that each additional case of hospital-acquired infections increased the cost per surgical case by an average of \$1,029.<sup>xvii</sup>
  - 8.6.4. A further study showed that a higher number of assigned patients per registered nurse is associated with an increased risk of late-onset ventilated-associated pneumonia.<sup>xviii</sup>

- 8.6.5. The English NHS noted that the largest area for savings is from focused improvement in areas, adverse drug reactions and neonatal and maternity care – introducing a safety strategy which halved neonatal injuries alone potentially reducing claims by £750 million a year by 2025.<sup>xix</sup>
- 8.6.6. There is also a wider economic cost due to missed care. The UK Government places a cost on lives lost – during COVID-19, the London School of Economics found that each life was worth nearly £2 million, according to 2018 figures.<sup>xx</sup>
- 8.6.7. The Health and Safety Executive has also placed a value on lives lost at £1.3 million according to 2020 figures, as well as the value of injuries from minor to severe, so it is possible to outline how much, for example, a seven day absence would cost an employer (not specific to the NHS) – in this case, more than £30,000.<sup>xxi</sup>

## 9. Fourth Welsh Assembly Health and Social Care Committee

- 9.1. Following the introduction of the ‘Safe Nurse Staffing Levels (Wales) Bill’ in 2015, the fourth National Assembly for Wales Health and Social Care Committee completed a pre-legislative inquiry, reporting Stage 1 in May 2015.
- 9.2. Within the report there were a host of benefits and potential unintended consequences that were predicted. It is important to consider these within the sixth Senedd Health and Social Care Committee post-legislative inquiry into the Nurse Staffing Levels (Wales) Act 2016.
- 9.3. The Committee did not set out its own list of potential benefits, beyond improved patient safety, but it did draw on potential benefits as named by stakeholders.
- 9.4. Potential benefits as follows:

Potential benefit	Reality
Providing a legislative footing for safe nurse staffing levels could strengthen nurses’ voices when raising concerns about staffing levels.	<b>Achieved.</b> This is by far one of the greatest benefits of the Nurse Staffing Levels (Wales) Act 2016. The Nurse Staffing Levels (Wales) Act 2016 has drawn attention of nurse staffing levels to senior NHS Wales management, the Welsh Government and Members of the Senedd to the value of nursing and the need for investment in the profession. Simply put, this inquiry would not be occurring if not for the legislation and the challenges facing nursing potentially would not be discussed in so much detail.
The Bill could lead to a change in behaviour towards improving staffing levels, similar to that created by the law on seatbelts in cars and smoking in enclosed public spaces	<b>Achieved.</b> Executive Directors of Nursing now report to Health Boards on nurse staffing levels at least twice a year and nurse staffing levels are often

	<p>included on the corporate risk register as a direct result of the need to comply with the Nurse Staffing Levels (Wales) Act 2016.</p> <p>In addition the Nurse Staffing Levels (Wales) Act 2016 has shone a light on nurse recruitment and retention by Health Boards, Welsh Government and Health Education and Improvement Wales (HEIW). It is noteworthy that nursing has its own workforce retention plan, and wider workforce strategy in development.</p>
<p>There was potential for the Bill to strengthen the scrutiny of staffing levels by: –</p> <ul style="list-style-type: none"> <li>• Giving Healthcare Inspectorate Wales a statutory basis on which to judge the performance of health boards in relation to staffing;</li> <li>• Encouraging the executive boards of health boards to undertake more comprehensive monitoring of indicators of insufficient staffing, such as high sickness levels or complaints;</li> <li>• Providing Community Health Councils with a clearer framework for better scrutiny of health boards' staffing levels;</li> <li>• Helping providers prepare for inspections by improving their understanding of the standards against which they would be measured.</li> </ul>	<p><b>Partially achieved.</b></p> <p>Executive Directors of Nursing are required, by law, to report to on the compliance of the Health Board to the Nurse Staffing Levels (Wales) Act 2016. The Executive Directors of Nursing further present a bi-annual audit report to the Health Board outlining changes to Section 25B wards. This has increased scrutiny of staffing levels at a senior level as previously there were no legal requirements to report nurse staffing levels. Executive Directors of Nursing can also present additional papers relating to nurse staffing levels, for example investment in paediatric wards and challenges in mental health services, to their Boards, with the leverage of needing to comply to the legislative requirements.</p> <p>The role of HIW has not been made explicit. Although HIW do comment on nurse staffing levels within inspection reports, this is done sporadically and often without reference to the Nurse Staffing Levels (Wales) Act 2016. To fully achieve this potential HIW should inspect against Section 25B and 25C, in settings where it has a statutory responsibility to do so, to ensure compliance and protect patients.</p>
<p>Several witnesses questioned the safety and robustness of workforce planning, and suggested that the Bill could improve it.</p>	<p><b>Achieved.</b></p>



	<p>Challenge facing the nursing workforce are being prioritised. It is well known recruitment and retention of the nursing workforce has challenged the delivery and compliance of the Nurse Staffing Levels (Wales) Act 2016. These are being addressed and although solution have yet to be implemented Health Boards are focused on addressing these challenges and improving workforce planning.</p> <p>HEIW, the organisation responsible for commissioning nursing education has previously quoted the requirements of the Nurse Staffing Levels (Wales) Act 2016 as a reason for expanding pre-registration nursing education.</p>
<p>A number of costs that could be reduced considerably by having safe nurse staffing levels—such as those incurred as a consequence of treating pressure ulcers, healthcare-acquired infections and falls</p>	<p><b>Partially achieved.</b></p> <p>Patient incidents and nursing complaints are recorded on Section 25B wards. Although the total number of incidents is significant, the number of those where nurse staffing levels is considered an attributing factor is relatively small.</p> <p>Supportive of this, many Health Boards have reduced the number of incidents/complaints attributed to a failure to maintain nurse staffing levels year after year. Betsi Cadwaladr for example, during the first year of reporting 2018-2019 had five pressure damage related incidents where a failure to maintain nurse staffing levels was considered an attributing factor. By 2020-2021 this had fallen to 0.</p>

9.5. The Health and Social Care Committee report goes on to detailed unintended consequences that could arise from primary legislation on nurse staffing levels. Many of these consequence has not occurred.

9.6. The potential unintended consequence that have not occurred are as follows:

Unintended Consequence	Reality
<p>The detrimental impact the Bill as drafted could unintentionally have, not least in relation to health settings in which staffing ratios would not be implemented at commencement</p>	<p><b>Has not occurred.</b></p> <p>There is no evidence to suggests there has been a detrimental impact on health setting not covered by Section 25B as a result of Section 25B being implemented on acute medical, surgical or paediatric wards.</p>
<p>The barriers to implementation, including the current shortage of nurses locally and internationally</p>	<p><b>Has not occurred.</b></p> <p>The Nurse Staffing Levels (Wales) Act 2016 has been fully implemented since 2018, when Section 25B was introduced. As highlighted elsewhere the legislation has created a culture shift and drawn attention to nurse staffing levels, including the barriers by senior NHS management, Welsh Government and relevant health bodies.</p> <p>Challenge facing the nursing workforce are well established and are being prioritised. HEIW are currently developing a nursing workforce strategic plan and a nursing retention plan.</p> <p>The Welsh Government are also taking action to address the barrier to implementation, and in 2022 launched a national overseas recruitment campaign. Health Boards have also conducted individual recruitment campaign, both overseas and at home.</p>

<p>The requirements for monitoring, reporting and providing information on compliance, particularly whether they strike the necessary balance between transparency and being overly time consuming and burdensome for front-line staff</p>	<p><b>Has not occurred.</b></p> <p>Reporting processes are well established. Health Board receive two reports a year on the Nurse Staffing Levels (Wales) Act 2016, normally May and November of each year. The report include a bi-annual audit of Section 25B wards and an annual compliance report.</p> <p>Reporting has been a challenge due to insufficient IT systems. This has been resolved with the roll out of 'SafeCare' in May 2023.</p>
<p>The financial implications of the Bill, particularly in the current context of significant resource constraints within the NHS in Wales</p>	<p>See section 8 for a detailed explanation.</p>

## Conclusion

### *Summarising the impact of the Nurse Staffing Levels (Wales) Act 2016*

- **Patients have been protected.** The Welsh Government and NHS bodies have improved patient safety by investing in nurse staffing levels as a direct result of the Nurse Staffing Levels (Wales) Act 2016.
- **More nurses, better care.** There are more registered nurses and healthcare support workers (HCSWs) working on wards covered by Section 25B compared to before it was implemented (2018). In addition the statutory guidance also requires Section 25B wards to account for a 26.9% uplift to cover staff sickness, improving patient safety.
- **Generated a culture shift.** There is now corporate responsibility to allow nurses time to care for patients sensitively. Executive Directors of Nursing report to their Health Boards on nurse staffing levels and can request additional resources, support and staffing to address nursing challenges. The Nurse Staffing Levels (Wales) Act 2016 acts as a lever for change.
- **Provoked discussion on the importance of the registered nurse.** Part of the legislation is considering the professional judgement of nurses when deciding nurse staffing levels. This has raised the profile of the profession and their contribution to patient safety with senior NHS management.
- **Health Boards and Welsh Government are aiming for better patient care.** The Nurse Staffing Levels (Wales) Act 2016 has shone a spotlight on nursing recruitment and retention by the Welsh Government and Health Boards.
- **Safe nurse staffing levels save lives.** The impact of registered nurses on patient safety has been validated by research. There is extensive research to support the connection between nurse staffing levels and patient harm and mortality, as well the cost of missed care.
- **A low number of cases where nurse staffing levels is considered an attributing factor to patient incidents.** Although patient incidents and complaints regarding nursing still occur on Section 25B wards, a failure to maintain nurse staffing levels is rarely considered an attributing factor.
- **Created a spotlight on paediatric care.** Before Section 25B of the Nurse Staffing Levels (Wales) Act 2016 was extended to paediatric wards (October 21), Executive Directors of Nursing sought additional financial and staffing resources from their Boards.
- **Financial cost.** There has been a financial cost to implementing and maintaining nurse staffing levels, but this should not be considered a burden, unique to Section 25B wards or nursing in generally.

## Recommendations

To improve patient safety the Health and Social Care Committee should recommend the following:

8. The Welsh Government should commission research into the social, economic, and patient safety impact of the Nurse Staffing Levels (Wales) Act 2016.
9. The Welsh Government should develop statutory and operational guidance, for Section 25A of the Nurse Staffing Level (Wales) Act 2016.
10. Care Inspectorate Wales (CIW) should inspect and report against the compliance of Section 25A of the Nurse Staffing Levels (Wales) Act 2016 in care settings where they have a statutory responsibility to regulate and inspect.
11. The statutory guidance for Section 25B and 25C should be regularly reviewed and updated when necessary.
12. The Welsh Government should clarify consequences for noncompliance of Section 25B and 25C. Noncompliance with Section 25B and 25C should be explicitly included in the NHS Wales Escalation and Intervention Arrangements.
13. Health Inspectorate Wales (HIW) should inspect and report against the compliance of the Nurse Staffing Levels (Wales) Act 2016 in NHS settings, where they have a statutory responsibility to regulate and inspect.
14. The Welsh Government should outline a timeline for the extension of Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community setting and build on the existing evidence base to extend Section 25B other settings.

### About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29,500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

## Annex

### RCN Wales activity

The RCN Wales are committed to continuously reviewing and challenging the implementing and delivering on the Nurse Staffing Levels (Wales) Act 2016. This has been demonstrated by a number of reports including:

RCN Wales, 2020, An Act of Compassion.

<https://www.rcn.org.uk/Professional-Development/publications/pub-008071>

RCN Wales, 2020, An Act of Compassion Video. [An Act of Compassion - RCN Wales' campaign for safe staffing - YouTube](#)

RCN Wales, 2021, Implementation of the Nurse Staffing Levels (Wales) Act 2016. <https://www.rcn.org.uk/professional-development/publications/implementing-the-nurse-staffing-levels-wales-act-2016-uk-pub-009-981>

RCN Wales, 2019 Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016 (English version).

<https://www.rcn.org.uk/Professional-Development/publications/009-905>

RCN Wales, 2022 Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016 (English version).

<https://www.rcn.org.uk/Professional-Development/publications/progress-and-challenge-in-delivering-safe-and-effective-care-2022-uk-pub-010-279>

In June 2021 16 organisations wrote to the First Minister to urge the Government to ensure safe nurse staffing and expand Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to mental health inpatient wards and community settings. Organisations included:

- Abergavenny Community Trusts
- Age Cymru
- Bladder and Bowel Community
- Bridgend Carers Centre
- British Medical Association Cymru Wales
- Carers Wales
- Children's Commissioner for Wales
- Conwy Connect
- Epilepsy Action
- Learning Disability Wales
- Mencap Cymru
- Mind
- Royal College of Nursing Wales
- Royal College of Physicians Cymru
- Royal College of Psychiatrists Wales

- Ty Hapus

RCN Wales is currently updating Progress and Challenge: The Implementation of the Nurse Staffing Levels (Wales) Act 2016. This will provide an updated analysis of the compliance of Health Board in delivering their statutory responsibilities.

RCN Wales campaigned for the extension of Section 25B to paediatric wards, which was achieved and implemented by October 2021.

RCN Wales has also campaigned for a timeline to be outlined by the Welsh Government for the extension of Section 25B to mental health inpatient wards and community settings.

RCN Wales will continue to monitor the Nurse Staffing Levels (Wales) Act 2016, Health Board's compliance and the actions of the Welsh Government that could impact the delivery and prioritisation of nurse staffing levels.

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<sup>i</sup> Rafferty, A.M., Clarke, S.P., Coles, J., Ball, J. James, P., McKee, M. and Aiken, L.H. 2006. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', *PubMed*. Available here: <https://pubmed.ncbi.nlm.nih.gov/17064706/>.

<sup>ii</sup> Dennis Campbell, 2013. *Mid Staffs Hospital Scandal: The Essential Guide*. Available here: <https://www.theguardian.com/society/2013/feb/06/mid-staffs-hospital-scandal-guide#:~:text=1.-,What%20is%20the%20Mid%20Staffs%20scandal%3F,district%20general%20hospital%20in%20Staffordshire.>

<sup>iii</sup> Francis, 2013. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. Available here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279124/0947.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf)

<sup>iv</sup> UK Government, 2023. *Statutory guidance: Dog kennel boarding licensing: statutory guidance for local authorities*. Available here: <https://www.gov.uk/government/publications/animal-activities-licensing-guidance-for-local-authorities/dog-kennel-boarding-licensing-statutory-guidance-for-local-authorities#:~:text=4.0%20Staffing,or%20less%20to%20care%20for.>

<sup>v</sup> House of Commons, 2022. *Staff to child ratios in early years childcare*. Available here: <https://commonslibrary.parliament.uk/research-briefings/cdp-2022-0195/>

<sup>vi</sup> UK Government, 2016. *The Air Navigation Order 2016*. Available here: <https://www.legislation.gov.uk/uksi/2016/765/part/5/chapter/2/crossheading/crew-required-to-be-carried/made>

<sup>vii</sup> Simple Flying, 2022. *How Many Crew Are Required on an Aircraft*. Available here: <https://simpleflying.com/aircraft-flight-crew-requirements/>

<sup>viii</sup> Rafferty, A.M., Clarke, S.P., Coles, J., Ball, J. James, P., McKee, M. and Aiken, L.H. 2006. 'Outcomes of variation in hospital nurse staffing in English hospitals: cross-sectional analysis survey data and discharge records', *PubMed*. Available here: <https://pubmed.ncbi.nlm.nih.gov/17064706/>.

<sup>ix</sup> Akine, L.H., Simonetti, M., Sloane, D.M., Cerón, C., Soto, P., Bravo, D., Galiano, A., Behrman, J.R., Smith, H.L., McHugh, M.D, and Lake, E.T. 2021, 'Hospital nurse staffing and patient outcomes in Chile: a multilevel cross-sectional study', *The Lancet Global Health*. Available here: <https://pubmed.ncbi.nlm.nih.gov/34224669/>

<sup>x</sup> Zarnako, B. 2022, Nurse staffing and inpatient mortality in the English National Health Service: a retrospective longitudinal study, *British Medical Journal*.

<sup>xi</sup> Francis, 2013. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. Available here: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279124/0947.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf)

<sup>xii</sup> RCN Wales, 2022. *Nursing in Numbers 2022*. Available here: <https://www.rcn.org.uk/wales/Get-Involved/Safe-and-Effective-Care/Policy-Papers-and-Briefings>

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- <sup>xiii</sup> Welsh Government 2019 *Written Statement: Extending the Nurse Staffing Levels (Wales) Act 2016 to paediatric inpatient wards*. Available at: <https://gov.wales/written-statement-extending-nurse-staffing-levels-wales-act-2016-paediatric-inpatient-wards>, accessed 1 June 2022.
- <sup>xiv</sup> Health Inspectorate Wales, 2023. About us. Available at: [About us | Healthcare Inspectorate Wales \(hiw.org.uk\)](https://hiw.org.uk/about-us), accessed 13 June 2023.
- <sup>xv</sup> Health Education and Improvement Wales, *All Wales Nurse Staffing Programme*. Available at: <https://heiw.nhs.wales/programmes/all-wales-nurse-staffing-programme/>, accessed 31 May 2023.
- <sup>xvi</sup> Sugg et al. *Fundamental nursing café in patients with the SARS-COV-2 virus: results from the 'COVID-NURSE' mixed methods survey into nurses' experiences of missed care and barriers to care* BMC Nursing (2021) 20:215.
- <sup>xvii</sup> *The cost of nurse-sensitive adverse events*, 2008. Journal of Nursing Administration.
- <sup>xviii</sup> *Staffing levels: a determinant of late-onset ventilator-associated pneumonia*. 2007. Critical Care.
- <sup>xix</sup> NHS England, 2019. *Patient Safety Strategy*. Available here [Report template - NHSI website \(england.nhs.uk\)](https://www.nhs.uk/england-nhs.uk/report-template-nhsi-website).
- <sup>xx</sup> Donar, P, Jenkins, P., 2020. *Estimating the monetary value of the deaths prevented from the UK Covid-19 lockdown when it was decided upon – and the value of “flattening the curve”*. Available here: [Estimating-the-monetary-value-of-the-deaths-prevented-from-the-UK-Covid-19-lockdown.pdf \(lse.ac.uk\)](https://www.lse.ac.uk/Estimating-the-monetary-value-of-the-deaths-prevented-from-the-UK-Covid-19-lockdown.pdf)
- <sup>xxi</sup> Health and Safety Executive, *Appraisal values or 'unit costs'*. Available here: [HSE: Economics of Health and safety - Appraisal values or 'unit costs'](https://www.hse.gov.uk/economics-of-health-and-safety-appraisal-values-or-unit-costs/).