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.

NS15: Ymateb gan: | Response from: Prifysgol Southampton / University of Southampton

University of Southampton

TO: Health & Social Care Committee
Welsh Parliament

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Response to invitation to provide evidence to post legislative scrutiny of the Nurse Staffing Levels (Wales) Act 2016

Thank you for the invitation to provide evidence / insight. We would like to begin by highlighting that our comments are largely based on the implications of an extensive body of research from around the world for the issues that are faced by Wales, as opposed to direct knowledge of the implementation process in Wales (although some relevant research has included Welsh hospitals – see below).

Regarding the consultation points:

"The operation and effectiveness of the Act to date, including its impact on patient outcomes, impact on nurse recruitment and retention, and barriers to compliance with the legislation."

Evidence about changes following introduction of safe staffing guidance in England
The Act focusses on planning registered nurse staffing in acute care hospitals. While the specific detail and legal force of the Act differs, there is a close correspondence between the Act and elements of the safe staffing guidance implemented in England, under the auspices of NICE, in response to the Francis Inquiries. Research from the University of Southampton and the University of Bangor, commissioned by the English Policy Research Programme (National Institute for Health Research), drew a number of relevant conclusions about the operation of post-Francis safe staffing policy in England,[1,2] which are germane:

- The principle of 'safe staffing' has resonated with hospital Trust boards and Directors of Nursing, and the policies have triggered a shift in thinking.
- Board-level awareness of safe staffing as an issue has improved and this has been accompanied by Trusts' increased investment in nursing.
- Accountability for providing safe staffing was seen as being increasingly part of the culture at every level of the organisation.
- Safe staffing policy acted as a catalyst for accelerating changes in the processes, technologies and systems that support safe staffing, including the use of decision support systems, rostering software and real-time information of staffing levels / adequacy.
- While Trusts have taken on board and implemented guidelines and policies on safe staffing, their ability to staff according to the levels required has been constrained by external pressures.
- The supply of registered nurse staffing did not match increases in demand so that staffing levels fell below the level identified as being needed.
- There was some evidence that a focus on safe staffing in acute areas may have drawn resources from elsewhere.

Evidence about staffing tools

The impact of nurse staffing levels on patient care and outcomes is hard to demonstrate at a local level because patient outcomes are determined by multiple factors, many of which are outside the control of the healthcare team or are otherwise hard to measure. Our recent systematic review showed that there is little direct evidence about the benefits of using defined staffing tools such as the acuity/dependency tool developed for use in Wales.[3] We are unaware of any published research into the Welsh tool specifically.

If a tool leads to a higher registered nurse staffing level, the preponderance of evidence indicates that patient outcomes and quality of care will be improved.[3]

Our economic modelling study suggested that setting baseline establishments for a ward (the daily planned staffing) using the Safer Nursing Care Tool (a similar acuity and dependency tool developed in England) was cost-effective compared to using the tool to guide flexible staffing (redeploying staff, using bank and agency) with a low baseline substantive staff.[4]

Evidence about skill-mix

In England there is evidence that there has been a downward shift in skill mix. Support staff numbers have increased at a faster rate than Registered Nurses despite current research evidence which suggests that substitution of Registered Nurses with less well-trained staff is unlikely to represent an efficient or effective solution to staffing shortages.[5] Other evidence from England suggests that when patients have high levels of care from support staff (health care assistants), the risk of death is increased.[6]

Finally, although we have not seen data that is directly comparable to our analysis of workforce trends in nursing for England, we do note the 2022 Health Education and Improvement Wales report “NHS Wales Workforce Trends”, which shows that the number of staff employed in bands 1-4 (the bands used for nursing support staff) has grown faster than the number of staff on bands 5-6 (the bands used for the majority of registered nurses). If this is reflected in the nursing teams deployed on wards then there could be adverse consequences, although the Act's focus on registered nurses means it would be hard to directly attribute this to the Act.

Further actions needed to ensure a sustainable supply of nursing staff to meet patient needs and the requirements of the legislation going forward.

The evidence from England clearly demonstrates that for the Act to have its intended effect, the issue of supply needs to be addressed. While there are no easy fixes, and this remains a major challenge, the current shortages must be understood in the context of a long-standing failure of workforce planning across the NHS.

One element of this failure has been a tendency to make optimistic assumptions about the effect of change in service provision and the potential to address shortages by changes in skill-mix. It is crucial that future workforce planning does not fall into this trap. The registered nursing workforce is highly trained and therefore likely to be flexible to meet (currently unknown) future demands. Less highly trained staff less so. While there may be some scope for meeting current demands for nursing care with inputs from other professional groups this is unlikely to have a major impact on the demand for nurses in most settings.

Clearly, robust forecasting of future demand does not rectify the shortfall but at least this will mean that targets realistically reflect what is needed. We are not experts in labour

economics, but both pay and working conditions are key determinants of successfully attracting and, crucially, retaining, staff.[7]

Progress in developing the evidence base to extend the Act to further settings.

Staffing tools and professional judgement

The broad scope of the Act could be applied to other settings, but "evidence-based and validated workforce planning tools" designed for other settings might not be available. Given the limited evidence for staffing tools in acute care, it is unlikely that there is a substantially stronger evidence base in any other area. A formal review process, relying primarily on professional judgement, with appropriate benchmarking and triangulation with other sources, could be said to be *'evidence-based'. S*uch approaches have been used and formally studied elsewhere,[8] and there is no clear evidence that any tool gives a superior result.

Research in the UK, including Wales, demonstrates the value of having measurements and data from a tool available, but professional judgment should not be discounted and it is, in some cases, the most important element of the process of setting staffing levels.[9][10]

The extent to which the Act is 'future-proof', and will contribute to ensuring that NHS Wales has the future workforce it needs to deliver effective, patient-centred care that meets the needs of all population groups.

The Act focusses on nursing because of recognised and long-standing problems related to ensuring safe nurse staffing levels. While nursing cannot and should not be viewed in isolation, it is a core service line for many parts of the NHS and is likely to remain so for the foreseeable future.

Other staff groups

Issues pertaining to safe staffing levels are also relevant to other staff groups, but whether there is the same need for legislation to encompass these is more questionable. We have recently informally reviewed the evidence for tools relevant to allied health professionals and have found few examples and very little evidence about how well they work. We have also reviewed the evidence for Birthrate Plus (used in midwifery) and found that the evidence base is weak in terms of the hierarchy of evidence, as most of the evidence describes how the tool is used, the reliability of assigning workload categories and its ability to detect variation in workload. There is no empirical evidence of the benefits of using Birthrate Plus above other methods to plan staffing levels (including professional judgement).

Where other staff contribute to the delivery of nursing services, evidence-based tools should be sufficiently adaptable to take this into account. Any process for reviewing staffing requirements must be backed up by sound professional judgement. Acuity and dependency tools cannot deterministically calculate or assure adequate staffing levels, and the availability of other professional support may indeed change the required registered nurse staffing levels. However, the reality is that there are relatively few services where professionals other than nursing-specific support staff are routinely included as part of the team delivering *nursing* care.

The focus on nursing alone could be perceived as a constraint but this is largely notional and crucially, should not constrain innovation where there is proper and appropriate professional judgement included in staffing decisions. It should be recognised that if any tool or guidance becomes too generic in an attempt to fully address multi-disciplinary care, it is less likely to be of use in making specific decisions.

Yours Sincerely

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