

Kirsty Williams AM

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13 May 2014

Dear Colleague,

Minimum Nurse Staffing Levels (Wales) Bill

Following a ballot conducted by the Presiding Officer, the National Assembly for Wales has agreed that I can introduce proposals for a new law in Wales, the Minimum Nurse Staffing Levels (Wales) Bill.

I am now consulting as widely as possible about what should be in this Bill and I would be very grateful if you could find time to contribute to this consultation.

The Bill seeks to enshrine minimum nurse patient ratios in law, to ensure that there are sufficient numbers of staff within our health service to provide safe care at all times. This consultation covers a number of issues, including:

- the principle of nurse staffing ratios;
- settings to which minimum nurse staffing ratios should apply;
- how to ensure that staffing levels adapt to meet local need;
- mechanisms for monitoring and reporting of staffing levels;
- protected time for staff training and development;
- whistleblowing protection for patients and staff;
- costs and evaluation and measuring of outcomes.

The Bill must be introduced by 3 December 2014, when it will be scrutinised in detail by the National Assembly, before a final decision is taken on whether it should become law.



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Before I introduce the Bill, I want everyone who could be affected by it, who has views on it or has expertise to contribute, to have the chance to influence what it contains. Once I have considered your response I intend to provide a further opportunity to comment by consulting on a draft Bill.

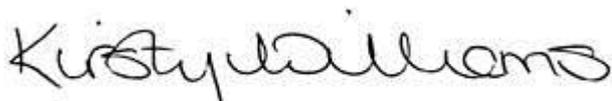
The attached document gives further background information on my proposals and asks a number of questions about how the Bill should deal with the issues that I think need to be addressed.

I would, therefore, be very grateful if you could find the time to contribute to this consultation and let me have your or your organisation's views on the Bill and what it is seeking to achieve. I look forward to receiving any comments you wish to make by **Tuesday 17 June 2014**.

Please note that I may wish to publish the responses I receive to this consultation. In doing so, I will comply with the National Assembly's privacy policy, which can be found [here](#). If you would like your response to be anonymised, please make this clear.

Thank you for your time.

Yours sincerely



Kirsty Williams
Assembly Member for Brecon and Radnorshire



National Assembly for Wales

Minimum Nurse Staffing Levels (Wales) Bill

Introduction

This consultation document outlines some of the key issues that my Bill will seek to address. Throughout the document there are a number of consultation questions posed to all interested parties. For clarity, all of the questions are also listed at the end of this document.

The health service in Wales is facing a significant challenge with increasingly complex clinical, care and support needs. To help meet this challenge and ensure that patients are treated with a professional standard of care means ensuring adequate numbers of staff, so that our nurses are able to give the level of care that they are trained and want to deliver.

However, from discussions I have had with patients, nurses and many others, I am aware that all too often nurses appear to be constantly fire-fighting at the frontline, struggling with increasing workloads and pressures, and frustrated at being unable to provide the quality of care they are trained to. Our nurses in Wales have more patients to care for than any other part of the UK, with an average of 10.5 patients per nurse compared to 8.5 in England or 7.2 in Northern Ireland.

The importance of nurse staffing levels was highlighted by the Francis report last year, following the public inquiry into failings at Mid Staffordshire NHS Foundation Trust. One of the key findings of the report was that the prioritisation of financial performance over adequate staffing levels was a significant factor in the poor care delivered at Stafford Hospital.

I believe this must act as a wake-up call to the need to ensure sufficient numbers of staff within our health service to provide safe care at all times. There is strong evidence of the link between staffing levels and the safety and quality of care on hospital wards, as nurses who have fewer patients to tend are able to spend a greater amount of time with each patient and as a result can provide better care.

My Bill will seek to ensure that we have the right numbers of nurses on our wards, by enshrining minimum nurse staffing ratios in law. In developing this Bill I intend to fully engage with patients, NHS staff and other stakeholders. This consultation is one part of that process and I hope you can take the time to respond to all or some of the questions I have posed.



Proposals for reform

In 2012 the Chief Nursing Officer in Wales issued a set of core principles for Local Health Boards to determine staffing levels on all medical and surgical wards. These included: that the number of patients per Registered Nurse should not exceed 7 by day; that the skill mix of Registered Nurse to Nursing Support Worker in acute areas should generally be 60/40; and that the Ward Sister/Charge Nurse should not be included in the numbers when calculating patients per Registered Nurse. However, data provided by Local Health Boards last year highlighted that this guidance is not being consistently met.

The Chief Nursing Officer has also been leading on the development of acuity and dependency tools for use in adult acute wards, intended to be used by organisations in Wales to locally determine nurse staffing levels. This work is due to be continued in 2014/15 for adult acute in-patient environments, community environments and mental health in-patient environments.

Furthermore, NICE is due to produce guidance on safe and efficient staffing levels for adult in-patient wards and this work will be extended from August 2014 onwards for the following settings:

- Accident and emergency units
- Maternity units
- Acute in-patient paediatric and neonatal wards
- Mental health in-patient settings
- Learning disability in-patient units
- Mental health community units
- Learning disabilities in the community
- Community nursing care teams

I welcome the work being conducted by the Chief Nursing Officer and by NICE. Acuity tools are a useful prescriptive and prospective workforce planning tool, however as with the core principles issued in 2012, they have no statutory backing and do not mandate compliance.

Minimum nurse staffing ratios will set a baseline below which staffing levels must not fall and will thus act as a warning signal that, where levels are below this baseline, patient care may be compromised. They will work in conjunction with acuity tools, to ensure appropriate levels of nurse staffing relevant to local need, taking into account factors such as acuity of patients and complexity of patient need, the skills mix in a ward and the need for different levels for each acute or specialist service.

It is my intention that the minimum ratios will include registered nurse to patient ratios and registered nurse to nursing support worker ratios.



The ratios themselves will not appear on the face of the Bill, but will be determined by relevant experts.

It is intended that the Bill will initially require minimum ratios to be set for adult acute hospital wards. This reflects the initial focus of the Chief Nursing Officer's and NICE's work on nurse staffing levels, lessons learned from recent work such as the Francis report, the Keogh mortality review and the Berwick review into patient safety, and the strong evidence base demonstrating the link between appropriate nurse staffing and patient outcomes in these settings.

The Bill will also include provision for these settings to be extended in the future.

Questions

1. What are your views on the effectiveness of the current arrangements for planning and ensuring safe nurse staffing levels in the Welsh NHS?
2. Do you support the use of mandatory minimum nurse staffing ratios, including registered nurse to patient ratios and registered nurse to nursing support worker ratios? Please explain your answer.
3. To what further settings should minimum nurse staffing ratios apply and why?
4. What factors should be considered to ensure that staffing levels adapt to meet local need?

Monitoring and reporting of staffing levels

Accurate and regular recording and publishing of nurse staffing levels will be crucial to ensure that the ratios are being met and that we have the right number of nursing staff in place with the right skills. It will also enable non-compliance to be identified and the appropriate action to be taken.

It is anticipated that non-compliance would be managed in line with NHS Wales' existing performance monitoring processes and escalation levels under the NHS Delivery Framework.

I welcome comments on these issues and on how monitoring and reporting requirements could be most effectively achieved.

Questions

5. Are the current arrangements for recording, monitoring and reporting nurse staffing levels in NHS Wales adequate and appropriate for the purposes of this Bill? If not, how might these need to be strengthened?
6. Should reports on staffing levels be publicly available?



7. What action should be taken to address non-compliance with minimum nurse staffing requirements – are the existing monitoring/intervention processes appropriate?

Continued professional development

I know from talking to NHS staff and stakeholders that finding time for staff development can be a particular problem. A Europe-wide study published earlier this year highlighted that alongside nursing staff ratios, nurse education may also impact on patient outcomes; a better educated workforce was associated with fewer patient deaths. It is important to ensure that minimum nurse patient ratios do not impact on dedicated time for staff training and development and I would welcome your views on this issue.

Questions

8. Should there be a requirement in the legislation for protected time for staff training and development to be built into nurse staffing ratios?

Whistleblowing protection for patients and staff

Statutory protection exists under the Public Interest Disclosure Act (1998) for NHS staff who wish to raise a concern about safety, malpractice or wrongdoing at work. In July 2013 the Welsh Government also launched the 'All Wales Raising Concerns (Whistleblowing) Policy'.

For patients, the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 underpin the 'Putting Things Right' procedure to raise concerns about the NHS in Wales.

However, I am aware that there is still a culture of fear and intimidation amongst NHS staff and patients. The most recent Royal College of Nursing Employment Survey (April 2013) revealed that 65% of nurses working in Wales who took part have had cause to raise concerns about patient safety with their employer. Of these concerns, 54% of nurses surveyed in Wales cited concerns regarding staffing levels. 44% of nurses said worries about victimisation or reprisal would make them think twice about whistleblowing.

For minimum nurse staffing ratios to be effective, both NHS staff and patients must feel confident that they would not be discriminated against should they make a complaint regarding any failure to meet or report on staffing levels. I would welcome your comments on this issue and whether there are specific protections that should be included within this Bill.



Questions

9. Are existing provisions for NHS staff and patients to raise concerns about the NHS in Wales sufficient? If not, please provide further detail.
10. Are there specific protections that should be included within this Bill?

Evaluation and measuring of outcomes

Evaluation of legislation is crucial to consider whether the intended aims have been met effectively and to take account of any other effects that may have happened as a result. It is also important to provide a cost benefit analysis and to ensure that the legislation remains fit for purpose for the future.

In order to evaluate the impact of this Bill, relevant data will need to be collected prior to implementation to provide a baseline against which to monitor outcomes. I would welcome your comments on this issue and your views on the indicators that should be used to measure the impact of this legislation.

Questions

11. How, and at what point, should the impact of this legislation be evaluated?

Unintended consequences

As with all legislation, I will carry out an impact assessment of my proposals as I develop the Bill to make sure that it does not adversely affect patients, specific NHS staff, organisations or other areas disproportionately.

I recognise that one consequence of my proposals may be an increased requirement for recording and publishing of nurse staffing levels. I do not want to increase the administrative burden on NHS staff unnecessarily, but monitoring staffing levels will be crucial to ensure implementation and analysis of the impact of minimum nurse staffing ratios. I would welcome views on how this can be achieved in the most effective way possible.

Concerns have also been raised that ratios could draw staff from other sectors where ratios are not in use. This is not my intention and I would welcome your views on this issue and any others that you wish to bring to my attention.

Questions

12. What unintended consequences could arise as a result of this legislation, and what steps could be taken to deal with these consequences?



Costs

Most legislation will bring with it costs of some kind. Although guidance on nurse staffing levels is already in place, evidence tells us this is not consistently applied. Therefore, in the case of my Bill I anticipate that costs are most likely to come in the form of increased expenditure on staffing in order to comply with the ratios, with the increase varying across Local Health Boards.

Where possible, existing mechanisms will be utilised for monitoring, publishing and reporting on nurse staffing levels in order to minimise costs. Additional staffing costs will be off-set to an extent by cost savings and efficiencies from improved productivity; increasing the number of registered nurses per patient has been proven to lead to a reduction in mortality rates, as well as reducing the length of stay and preventing hospital acquired infections.

It will help to reduce expenditure on agency staff or overtime, as well as cutting the cost of compensation claims to the Welsh NHS. There is also the immeasurable benefit of safe, compassionate care for Welsh patients.

I welcome views on the impact of additional costs for Local Health Boards and suggestions on how these costs can be kept to a minimum.

Questions

13. What would the impact or costs be in terms of: raising staffing levels; and additional administration and regulation as a result of this legislation and how can any impacts be mitigated?
14. What factors should be measured to determine the cost-benefit analysis of this legislation should it become law?

Other issues

This consultation is the beginning of a process of engagement with patients, NHS staff and stakeholders as I develop my Bill. I welcome comments on any issues that I have not raised here that may be relevant.

Questions

15. Do you have any other comments you wish to make on my proposals?



Consultation Questions

1. What are your views on the effectiveness of the current arrangements for planning and ensuring safe nurse staffing levels in the Welsh NHS?
2. Do you support the use of mandatory minimum nurse staffing ratios, including registered nurse to patient ratios and registered nurse to nursing support worker ratios? Please explain your answer.
3. To what further settings should minimum nurse staffing ratios apply and why?
4. What factors should be considered to ensure that staffing levels adapt to meet local need?
5. Are the current arrangements for recording, monitoring and reporting nurse staffing levels in NHS Wales adequate and appropriate for the purposes of this Bill? If not, how might these need to be strengthened?
6. Should reports on staffing levels be publicly available?
7. What action should be taken to address non-compliance with minimum nurse staffing requirements – are the existing monitoring/intervention processes appropriate?
8. Should there be a requirement in the legislation for protected time for staff training and development to be built into nurse staffing ratios?
9. Are existing provisions for NHS staff and patients to raise concerns about the NHS in Wales sufficient? If not, please provide further detail.
10. Are there specific protections that should be included within this Bill?
11. How, and at what point, should the impact of this legislation be evaluated?
12. What unintended consequences could arise as a result of this legislation and what steps could be taken to deal with these consequences?
13. What would the impact or costs be in terms of: raising staffing levels; and additional administration and regulation as a result of this legislation and how can any impacts be mitigated?
14. What factors should be measured to determine the cost-benefit analysis of this legislation should it become law?
15. Do you have any other comments you wish to make on my proposals?

Responses

Please send your responses by e-mail to Consultation.NurseStaffingBill@Wales.gov.uk

or by mail to:

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