



National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)
[Safe Nurse Staffing Levels \(Wales\) Bill / Bil Lefelau Diogel Staff Nyrsio \(Cymru\)](#)
Evidence from Royal College of Physicians - SNSL(Org) 02 / Tystiolaeth gan Coleg
Brenhinol y Meddygon - SNSL(Org) 02

Written evidence: Safe Nurse Staffing Levels (Wales) Bill

RCP (Wales) written evidence

Key points

- This Bill must be properly enforced to ensure it is effective.
- Detailed guidance on implementation must be issued to NHS bodies.
- Staffing data must be publicly available and easily accessible.
- Staffing numbers should be displayed in every ward.
- Outcomes from this Bill must be published in a transparent and accountable way to inform future service improvement.

For more information, please contact:

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From the RCP vice president for Wales
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From the RCP registrar
O'r cofrestrydd yr RCP
Dr Andrew Goddard FRCP

08 January 2015

Dear colleague,

Thank you for the opportunity to respond to your consultation on the general principles of the Safe Nurse Staffing Levels (Wales) Bill.

About us

The Royal College of Physicians (Wales) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in Wales and across the world with education, training and support throughout their careers. As an independent body representing 30,000 fellows and members worldwide, including 800 in Wales, we advise and work with government, the public, patients and other professions to improve health and healthcare.

Our response

The Royal College of Physicians (RCP) strongly welcomes this Bill and its multi-disciplinary approach. The Bill and related guidance should consider a range of factors to ensure that staffing levels adapt to meet local need, including staff competencies, staff behaviours, patient load, relative and carer need, and sudden changes in workload. Patients should be fully involved in monitoring and evaluating this work. We welcome the stated purpose of this Bill, that is, that nurses should be deployed in sufficient numbers to enable the provision of safe nursing care to patients at all times; improve working conditions for nursing and other staff; and strengthen accountability for the safety, quality and efficacy of workforce planning and management.

Below we have pulled out a number of specific areas for comment.

National Health Service (Wales) Act 2006, Section 10A (1) (a) and (b)

'Each health service body in Wales must in exercising its functions—

(a) have regard to the importance of ensuring that registered nurses are deployed in sufficient numbers to enable the provision of safe nursing care, allowing time to care for patients sensitively, efficiently and effectively; and (b) take all reasonable steps to maintain minimum registered nurse : patient ratios and minimum registered nurse : healthcare support workers ratios in adult inpatient wards in acute hospitals (in accordance with guidance under this section)'

In order to make any kind of impact, this Bill must be enforced. We would welcome more detail on how this is to be achieved. For example, hospitals could be required to shut beds without the required number of nursing staff present. This would be a drastic, but effective move, and it already happens in



some aspects of healthcare eg level 2 and 3 critical care. At present, it is doctors and nurses on the frontline who bear responsibility when things go wrong because of a shortage of staff, yet most have very little authority over staffing numbers. We would therefore support the implementation of corporate accountability for this legislation. We would also support the removal of the word 'reasonable' from this section. Health bodies should 'take all steps', or alternatively, 'all possible steps' to maintain safe staffing ratios.

National Health Service (Wales) Act 2006, Section 10A (3)

'The Welsh Ministers may by regulations make provision for the duty under subsection (1)(b) to extend to additional settings within the National Health Service in Wales.'

We strongly support this provision.

National Health Service (Wales) Act 2006, Section 10A (5) (a)

'The guidance must specify methods by which health service bodies may comply with the duty'

Changes in the acuity of patients can have a major impact on nursing resources. For example, patients in level one care can experience a deterioration in their condition which would require more intensive monitoring until the patient has stabilised. We would support the use of a 'red flag' system when assessing whether available nursing staff meet patients' nursing needs over a 24-hour period. The nurse in charge should be aware of all situations of risk on the ward and they should be able to decide whether additional nursing staff need to be allocated. For example, when nutritional assessments are carried out, there should always be subsequent weighing of the patient or appropriate diet ordered. The RCP would urge those drafting guidance to consider this aspect of nurse staffing levels very carefully. We are keen to be involved in developing these tools as this work progresses.

National Health Service (Wales) Act 2006, Section 10A (5) (f)

'The guidance must be designed to ensure that the requirements of the duty are met on a shift-by-shift basis.'

We strongly support this provision.

National Health Service (Wales) Act 2006, Section 10A (5) (g)

'The guidance must include provision about the publication to patients, to the extent that Welsh Ministers consider it appropriate, of the numbers, roles and responsibilities of nursing staff on duty'

We are not convinced that the current arrangements for recording, monitoring and reporting nurse staffing levels in NHS Wales are adequate and appropriate, or that this data is always strictly accurate. We strongly support making both medical and nursing staffing data publicly available and easily accessible, and displaying information about staffing numbers in every ward.

National Health Service (Wales) Act 2006, Section 10A (7) (a)

'The protections mentioned in subsection (5)(h) are protections for the supernumerary status of student staff and persons performing supervisory functions (such as Ward Sister or Charge Nurse)'

We support this. However, the guidance must ensure that all protected roles must maintain and develop their clinical skills. We need to ensure that this senior expertise is not lost from the clinical area.

Safe Nurse Staffing Levels (Wales) Act 2014, Section 3 (5)

'The Welsh Ministers must publish a report of the results of each review which gives details of the impact of this Act'

We are very supportive of this provision. We will be especially interested in finding out more about the impact of this legislation on mortality rates and overtime and sickness levels. The RCP is very supportive of the move towards a seven day service, believing that patients deserve the same high quality care in the evening and weekends as they receive during the week. We certainly see it as a priority to introduce a seven day service for acute and emergency care as we recognise that there is a discrepancy between



mortality rates during the week and those on the weekend. In addition, patients need continuity of care, but all too often hospitals rely upon agency staff for the delivery of care, which brings about increased risk to patients of having members of staff unfamiliar with local processes and procedures, as well as impacting upon the patient experience of care. We therefore welcome moves to address the issue of unacceptable levels of temporary nursing staff on acute wards.

The RCP would also like to highlight the following areas of work to the Committee:

Future Hospital Programme

In September 2013, the Royal College of Physicians (RCP) launched the Future Hospital Commission report, *Caring for medical patients*.¹ This 214 page report focuses on the care of acutely ill medical patients, the organisation of medical services, and the role of physicians and trainees across the medical specialties in England and Wales. The model of care proposed is underpinned by the principle that hospitals must be designed around the needs of patients. The Future Hospital Programme (FHP) is now an agreed 2014-2017 organisational priority for the RCP. The purpose of this pan-college project is to develop and implement the RCP's vision for the future of medical care across hospital and community settings. In Wales, this work is being led by our vice president, Dr Alan Rees, a senior consultant physician with an interest in diabetes and endocrinology.

A growing medical workforce crisis

During the Future Hospital Commission, the RCP found increasing evidence to suggest that both trainee doctors and senior hospital doctors are struggling to cope with the increased demands being placed on the health service. A 2013 GMC study² found that a reduction in trainee doctors' hours enforced by the New Deal and the European Working Time Directive (EWTD) has increased the tension in an already over-stretched workforce. Later in 2013, the RCP published a short paper about the medical workforce crisis, *Fit for the future*³, alongside a longer research document, *The medical registrar: empowering the unsung heroes of patient care*.⁴ This report found that medical registrars are facing increasing challenges in their delivery of patient care in NHS hospitals.

Teams without walls

The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry⁵ (the 'Francis report') makes stark reading, and it shows that if hospital teams are poorly staffed and/or managed, patient care can suffer with tragic results. Other recent reports, including the *Trusted to care* review⁶ into standards of care at Abertawe Bro Morgannwg University Health Board, have highlighted issues of excessive mortality, poor care and the levels of nursing staff – these reports are of great concern to the RCP. Effective patient care can only be delivered by effective teams of doctors, nurses and other allied health professionals working together. This is why we firmly believe that these problems need to be seen as part of a bigger picture of failing holistic care.

The current crisis in hospital care is an impetus to rethink how non-medical professionals work to support medically trained staff. Close collaboration between all professional groups will be needed to reduce the problems seen recently. In 2008, the RCP published *Teams without walls*⁷, which outlined an integrated model of care, where professionals from primary and secondary care work together in teams, across traditional health boundaries, to manage patients using care pathways designed by local

¹ <http://www.rcplondon.ac.uk/sites/default/files/future-hospital-commission-report.pdf>

² <http://www.gmc-uk.org/news/14414.asp>

³ <http://www.rcplondon.ac.uk/projects/hospital-workforce-fit-future>

⁴ http://www.rcplondon.ac.uk/sites/default/files/future-medical-registrar_1.pdf

⁵ <http://www.midstaffpublicinquiry.com/>

⁶ <http://wales.gov.uk/docs/dhss/publications/140512trustedtocareen.pdf>

⁷ https://www.rcplondon.ac.uk/sites/default/files/teams-without-walls-1_0.pdf



clinicians. The RCP believes that an urgent rethink is required about the provision of hospital care for acutely unwell medical patients to allow safe, high-quality care of patients.

Seven day working

The RCP is very supportive of the move towards a seven day service, believing that patients deserve the same high quality care in the evening and weekends as they receive during the week. We certainly see it as a priority to introduce a seven day service for acute and emergency care. However, we have warned that this will probably require extra resources. It is also key that support and diagnostic services operate over seven days to facilitate transfer out of the hospital setting, which will probably mean more investment in integrated health and social care. It is our hope that reconfiguration of the health service in Wales will enable rotas to be established to provide a seven day service (that is, five day working over a seven day week).

The balance between providing specialist and general care

The RCP believes that the entire hospital workforce must be reorganised to better meet the needs of frail elderly patients. The balance between specialist and generalist skills must be considered. This will still be necessary even if there is a considerable shift from hospital care to community care for older people. The Bill should address the need for a continuous presence of a member of the team, although this does not *always* have to be a registered nurse, as this will depend on the condition of the patient. For example, many patients present to acute medical units with cognitive impairment arising from dementia. Healthcare assistants are able to sit with them if their condition is relatively stable, but should their condition fluctuate then a registered nurse should be able to take over.

Other relevant material

National Institute for Health and Care Excellence (NICE) guidelines are available on safe staffing for nursing in adult inpatient wards in acute hospitals⁸ as well as a toolkit for safe staffing⁹ and an overview pathway¹⁰. NICE is also development safe staffing guidelines on a number of other areas in the NHS¹¹. We would urge the Committee to consider these evidence-based tools as part of their scrutiny.

For more information

If you have any questions, please contact our colleague, Lowri Jackson, RCP senior policy and public affairs adviser for Wales, at [REDACTED] or on [REDACTED].

With best wishes,



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⁸ <http://www.nice.org.uk/guidance/SG1>

⁹ <http://www.nice.org.uk/news/press-and-media/first-toolkit-endorsed-by-nice-for-safe-staffing>

¹⁰ <http://pathways.nice.org.uk/pathways/safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals>

¹¹ <http://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/nice-safe-staffing-guidelines>