

the call for evidence on the general principles of the Safe Nurse Staffing Levels (Wales) Bill

Annex A – Consultation questions

Please comment on as many of the questions as relevant to you/your organisation, providing an explanation of each answer given:

General

– Is there a need for legislation to make provision about safe nurse staffing levels?

America and Australia have shown that mandated minimum nurse to patient ratios improved working conditions and facilitated the return to work of nurses.

Also the evidence from the pilot by Aneurin Bevan University Health Board of two wards over a 3 month period conducted at the end of 2012 of the ‘perfectly resourced ward’ provided useful evidence towards the argument for legislation.

By investing in the nursing establishment the cost reduction in agency and bank staff outweighed the increases and at the end of the period and there had been no overall increase in costs. This positively impacted upon staff sickness, reduction in clinical incidences and higher patient satisfaction. We would however have liked to have seen the Aneurin Bevan University Health Board pilot extended for a longer period of time as it was felt that a 3 month period was too short a time for evidence.

The Cardiff and Vale of Glamorgan Community Health Council would agree that there is a need for legislation, but would air on the side of caution of over regulation and tick box solutions.

– Are the provisions in the Bill the best way of achieving the Bill’s overall purpose (set out in Section 1 of the Bill)?

Yes we would agree that the provisions in the Bill are the best way of achieving the Bill’s overall purpose, but would wish to see assurances given when looking at the potential barriers at the next stage.

– What, if any, are the potential barriers to implementing the provisions of the Bill? Does the Bill take sufficient account of them?

- *Staff are currently moved between wards, what monitoring is undertaken to ensure this does not impact on the ward which has had its staff reduced?*
- *What is the definition of an ‘Acute’ Ward?*
- *Staff will need to be ring-fenced on ‘acute’ wards to ensure they remain on that ward.*
- *Future plans impact on nursing levels and posts that may be held vacant because of this movement.*
- *There is a need to make the Ward Manager supernumerary so they are able to undertake their leadership role within the ward.*
- *Training issues ensuring that Ward Managers/Sisters in their ‘Free to lead’ capacity are able to share good practice to enable them to undertake their role must be addressed.*
- *It is noted that Patient acuity can impact on nursing to the remainder of the ward.*
- *Would not like to see staffing become a numbers game, it is about quality of care.*
- *Where are the quality measures – how will they be built in?*
- *Certain Healthcare Professionals have not been included in the Bill, so would seek reassurance that they are not included in the ‘Nursing’ compliment, especially if the Bill is eventually rolled out to include non-acute wards.*
- *Although children are included in the document the Bill only defines ‘acute adult wards’ – what about 16-17 years olds placed on acute adult wards?*

– Are there any unintended consequences arising from the Bill?

No comment.

Provisions in the Bill

The Committee is interested in your views on the individual provisions in the Bill and whether they deliver their stated purposes. For example, do you have a view on:

– the duty on health service bodies to have regard to the importance of ensuring an appropriate level of nurse staffing wherever NHS nursing care is provided?

- *Poor levels of staffing impact on quality and working conditions, but overall responsibility lies with the Health Board.*
- *There should be uniform measures across all Health Boards.*
- *Where is the accountability – it is not explicit within the Bill?*

– the duty on health service bodies to take all reasonable steps to maintain minimum registered nurse to patient ratios and minimum registered nurse to healthcare support workers ratios, which will apply initially in adult inpatient wards in acute hospitals?

We would agree with this statement, but would note a word of caution that the minimum figure does not become the baseline. How will assurance be given that these are not applied as an upper limit? Does the acuity dependence tool ensure appropriate action in regard to ratios?

– the fact that, in the first instance, the duty applies to adult inpatient wards in acute hospitals only?

Staffing should be based on acuity of patients not just classification of ward.

– the requirement for the Welsh Government to issue guidance⁴ in respect of the duty set out in section 10A(1)(b) inserted by section 2(1) of the Bill which:

- **sets out methods which NHS organisations should use to ensure there is an appropriate level of nurse staffing (including methods set out in section 10A(6) inserted by section 2(1) of the Bill)?**

We would fully endorse the need for guidance to be provided on the methods which NHS organisations employ to ensure appropriate nurse staffing. We would also like to see the Welsh Ministers reviewing the operation and effectiveness of the Bill at pre-determined times i.e. 6 monthly/annually.

includes provision to ensure that the minimum ratios are not applied as an upper limit?⁵

We would fully endorse the need for assurances that minimum ratios are not applied as an upper limit.

sets out a process for the publication to patients of information on the numbers and roles of nursing staff on duty?6

Ensure that the Yearly Quality Assurance Statement is readily available for the public as well as ensuring that patient and their relatives are made aware of the numbers and roles of nursing staff on duty on the ward.

- **includes protections for certain activities and particular roles when staffing levels are being determined?7**

As stated in the Barriers to the Bill – we would seek reassurance that protection of Ward Manager are taken into account when determining staffing levels.

- **the requirement for Welsh Ministers to consult before issuing guidance?8**

As stated there is a requirement for Welsh Ministers to consult widely before issuing guidance.

- **the monitoring requirements set out in the Bill?9**

We would seek reassurance that Welsh Government will ensure accountability and ensure episodes, where Health Boards are lacking, are addressed.

- **the requirement for each health service body to publish an annual report?10**

Health service bodies are required to publish an Annual report.

- **the requirement for Welsh Ministers to review the operation and effectiveness of the Act as set out in section 3?**

As stated in the Barriers to the Bill we would seek assurance that Welsh Ministers will review the operation and effectiveness of the Bill.

Impact of existing guidance

Guidance exists in England and Wales that aims to ensure safe staffing levels. This includes the 'All Wales Nurse Staffing Principles Guidance' issued by the Chief Nursing Officer in 2012 and the 2014 NICE safe staffing guidelines for 'Adult in-patient wards in acute hospitals' in England.

- **Do you have a view on the effectiveness and impact of the existing guidance?**

Cannot comment on the existing guidance other than to argue the case for a Bill as current guidance has not improved staffing levels.

Powers to make subordinate legislation and guidance

The Bill contains provisions requiring Welsh Ministers to issue guidance to health service bodies about their compliance with the duty for staffing ratios, which will initially apply in adult acute wards. Sections 10A(5)(a) to (h) inserted by section 2(1) of the Bill set out the requirements for what this guidance must specify and include. The Bill also contains one provision which enables subordinate legislation to be made (section 10A(3) inserted by section 2(1)). This provision would confer powers on Welsh Ministers to amend the settings to which minimum staffing ratios will apply to extend it to settings other than adult inpatient wards in acute hospitals.

– Do you have a view on the balance between what is included on the face of the Bill and what is left to subordinate legislation and guidance?

We would not want to see a change to minimum set staffing ratio's in future and would wish to see legislation extended to all wards.

Financial implications

– Do you have a view on the financial implications of the Bill as set out in part 2 of the Explanatory Memorandum?

We would wish to see dedicated enabling and identifiable resources made available to the Health Boards if the Bill is adopted, with Welsh Government monitoring the usage of that funding.

Other comments

– Do you have any other comments you wish to make about the Bill or specific sections within it?

- *If the Bill is introduced staff satisfaction surveys should be undertaken at pre-determined times to monitor the effectiveness on staff of the changes.*
- *P3 point 10(d) includes a detailed plan should read 'and include or take account of the guidance'.*
- *Although the CHC Advocacy Service within Cardiff and Vale have not received complaints associated with Staffing Levels, the programme of Secondary Care Monitoring has indicated that in certain acute and non-acute wards there appears to be a need for an increase in staffing levels, especially at night, due to patient acuity.*