

**SAFE NURSE STAFFING LEVELS (WALES) BILL
STAGE 2 GOVERNMENT AMENDMENTS**

This table provides information about the amendments tabled in the name of Mark Drakeford AM on 11 September 2015.

Note: the text of amendment 38 was revised on 16 November to resolve a technical issue but the purpose and effect are unchanged.

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
38	Long title, page 1, line 1, leave out 'require health service bodies to make provision for safe' and insert 'make provision about Local Health Boards and NHS trusts in Wales establishing'.	Teitl hir, tudalen 1, llinell 1, hepgorer 'i'w gwneud yn ofynnol i gyrff yn y gwasanaeth iechyd wneud darpariaeth ar gyfer lefelau diogel o' a mewnosoder 'i wneud darpariaeth ynghylch Byrddau Iechyd Lleol ac ymddiriedolaethau GIG yng Nghymru yn sefydlu lefelau'.	The purpose of this amendment is to remove the word "safe" from the long title and the reference to "health service bodies". The effect of this amendment is to remove the word "safe" from the long title and refer specifically in the long title to Local Health Boards and NHS Trusts in Wales as these are the health service bodies which the Bill places duties upon.
27.	Page 1, line 6, leave out section 1.	Tudalen 1, llinell 6, hepgorer adran 1.	The purpose and effect of this amendment is to remove section 1, the purpose section, completely from the Bill.
28.	Section 2, page 1, line 12, leave out '1 of the National Health Service (Wales) Act 2006 (promotion and provision of the health service in Wales) after section 10 (Welsh Ministers' arrangements with other bodies)' and insert '2 of the National Health Service	Adran 2, tudalen 1, llinell 13, hepgorer '1 o Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 (hybu a darparu'r gwasanaeth iechyd yng Nghymru) ar ôl adran 10 (Trefniadau Gweinidogion Cymru â chyrrff eraill)' a mewnosoder '2 o Ddeddf y Gwasanaeth	This is a technical amendment, the purpose and effect of which is to insert new sections 25A to 25E into the National Health Service (Wales) Act 2006 at Chapter 4, before section 26. It removes what was required in the Bill as introduced, which was the insertion

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	(Wales) Act 2006 (health service bodies), in Chapter 4 (miscellaneous), before section 26’.	Iechyd Gwladol (Cymru) 2006 (cyrff y gwasanaeth iechyd), ym Mhennod 4 (amrywiol), cyn adran 26’.	of section 10A into the National Health Service (Wales) Act 2006 after the existing section 10.
29.	<p>Section 2, page 1, line 15, leave out –</p> <p>“<i>Safe nurse staffing levels</i> 10A Duty to maintain safe nurse staffing levels (1) 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). (2) In this section “health service body” means— (a) the Welsh Ministers; (b) a Local Health Board; (c) an NHS Trust established by virtue of section 18. (3) The Welsh Ministers may by</p>	<p>Adran 2, tudalen 1, llinell 16, hepgorer –</p> <p>“<i>Safe nurse staffing levels</i> 10A Duty to maintain safe nurse staffing levels (1) 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). (2) In this section “health service body” means— (a) the Welsh Ministers; (b) a Local Health Board; (c) an NHS Trust established by virtue of section 18. (3) The Welsh Ministers may by</p>	<p>The purpose of this amendment is to remove section 10A which section 2 of the Bill as introduced proposed to insert into the National Health Service (Wales) Act 2006 and to insert new sections 25A to 25E into the National Health Service (Wales) Act 2006.</p> <p>The effect is to add new sections about nurse staffing levels to the National Health Service (Wales) Act 2006.</p>

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p>regulations make provision for the duty under subsection (1)(b) to extend to additional settings within the National Health Service in Wales.</p> <p>(4) The Welsh Ministers must issue guidance to health service bodies in Wales about compliance with the duty under subsection (1)(b); and health service bodies must have regard to the guidance.</p> <p>(5) The guidance—</p> <p>(a) must specify methods by which health service bodies may comply with the duty (including methods of the kinds described in subsection (6)), to the extent that the Welsh Ministers consider it practicable;</p> <p>(b) must specify recommended minimum registered nurse:patient ratios (which individual health service bodies may adjust so as to increase the minimum numbers of nurses for their hospitals);</p> <p>(c) must specify recommended minimum registered nurse:healthcare support worker ratios (which individual health service bodies may adjust so as to increase the minimum numbers of registered nurses for their hospitals);</p> <p>(d) must define, or include provision to be used in defining, the terms used in</p>	<p>regulations make provision for the duty under subsection (1)(b) to extend to additional settings within the National Health Service in Wales.</p> <p>(4) The Welsh Ministers must issue guidance to health service bodies in Wales about compliance with the duty under subsection (1)(b); and health service bodies must have regard to the guidance.</p> <p>(5) The guidance—</p> <p>(a) must specify methods by which health service bodies may comply with the duty (including methods of the kinds described in subsection (6)), to the extent that the Welsh Ministers consider it practicable;</p> <p>(b) must specify recommended minimum registered nurse:patient ratios (which individual health service bodies may adjust so as to increase the minimum numbers of nurses for their hospitals);</p> <p>(c) must specify recommended minimum registered nurse:healthcare support worker ratios (which individual health service bodies may adjust so as to increase the minimum numbers of registered nurses for their hospitals);</p> <p>d) must define, or include provision to be used in defining, the terms used in</p>	

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	<p>subsection (1)(b); (e) must include provision for ensuring that the recommended minimum ratios are not applied as an upper limit in practice; (f) must be designed to ensure that the requirements of the duty are met on a shift-by-shift basis; (g) 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; and (h) must include provision which in the opinion of the Welsh Ministers provides the protections mentioned in subsection (7). (6) The methods mentioned in subsection (5)(a) are methods that in the opinion of the Welsh Ministers— (a) involve the use of evidence-based and validated workforce planning tools, which are capable of being applied to calculations by reference to individual nursing shifts; (b) allow for the exercise of professional judgement within the planning process; (c) make provision for the required nursing skill-mix needed to reflect patient care needs and local</p>	<p>subsection (1)(b); (e) must include provision for ensuring that the recommended minimum ratios are not applied as an upper limit in practice; (f) must be designed to ensure that the requirements of the duty are met on a shift-by-shift basis; (g) 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; and (h) must include provision which in the opinion of the Welsh Ministers provides the protections mentioned in subsection (7). (6) The methods mentioned in subsection (5)(a) are methods that in the opinion of the Welsh Ministers— (a) involve the use of evidence-based and validated workforce planning tools, which are capable of being applied to calculations by reference to individual nursing shifts; (b) allow for the exercise of professional judgement within the planning process; (c) make provision for the required nursing skill-mix needed to reflect patient care needs and local</p>	

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	<p>circumstances; and (d) reflect or apply standards, guidelines and national frameworks produced or adopted by professional nursing organisations. (7) The protections mentioned in subsection (5)(h) are protections for— (a) the supernumerary status of student staff and persons performing supervisory functions (such as Ward Sister or Charge Nurse); (b) induction periods for temporary (agency and bank) or newly appointed staff; (c) time to undertake or participate in continuing professional development, including mandatory training, mentorship and supervision roles; and (d) planned and unplanned leave. (8) Before issuing guidance the Welsh Ministers must consult— (a) such persons as appear to them likely to be affected by the guidance; (b) such organisations as appear to them to represent the interests of persons likely to be affected by the guidance; and (c) such other persons as they consider appropriate. (9) The duty under subsection (1), and action to prevent recurrence of any</p>	<p>circumstances; and (d) reflect or apply standards, guidelines and national frameworks produced or adopted by professional nursing organisations. (7) The protections mentioned in subsection (5)(h) are protections for— (a) the supernumerary status of student staff and persons performing supervisory functions (such as Ward Sister or Charge Nurse); (b) induction periods for temporary (agency and bank) or newly appointed staff; (c) time to undertake or participate in continuing professional development, including mandatory training, mentorship and supervision roles; and (d) planned and unplanned leave. (8) Before issuing guidance the Welsh Ministers must consult— (a) such persons as appear to them likely to be affected by the guidance; (b) such organisations as appear to them to represent the interests of persons likely to be affected by the guidance; and (c) such other persons as they consider appropriate. (9) The duty under subsection (1), and action to prevent recurrence of any</p>	

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	<p>failure to comply with it, must be monitored in accordance with any document issued by Welsh Ministers setting out processes in place to monitor progress (such as the NHS Delivery Framework); but this subsection is without prejudice to the health service bodies' responsibility for compliance.</p> <p>(10) Each health service body in Wales must publish an annual report (whether or not as part of a wider report) which—</p> <p>(a) gives details of the methods by which the health service body has aimed to comply with its duty under subsection (1) in respect of that year;</p> <p>(b) gives details of the methods by which the health service body aims to comply with its duty under subsection (1) in respect of the following year;</p> <p>(c) records the number of occasions on which the duty under subsection (1)(b) may have been contravened, and the action taken to prevent recurrence; and</p> <p>(d) includes a detailed plan to prevent recurrence of any other failure to comply with the duty under subsection (1) or to take account of guidance issued under subsection (5).”</p>	<p>failure to comply with it, must be monitored in accordance with any document issued by Welsh Ministers setting out processes in place to monitor progress (such as the NHS Delivery Framework); but this subsection is without prejudice to the health service bodies' responsibility for compliance.</p> <p>(10) Each health service body in Wales must publish an annual report (whether or not as part of a wider report) which—</p> <p>(a) gives details of the methods by which the health service body has aimed to comply with its duty under subsection (1) in respect of that year;</p> <p>(b) gives details of the methods by which the health service body aims to comply with its duty under subsection (1) in respect of the following year;</p> <p>(c) records the number of occasions on which the duty under subsection (1)(b) may have been contravened, and the action taken to prevent recurrence; and</p> <p>(d) includes a detailed plan to prevent recurrence of any other failure to comply with the duty under subsection (1) or to take account of guidance issued under subsection (5).”</p>	
	And insert –	A mewnosoder –	The effect of each individual section is discussed in detail below.

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p><i>“Nursing services</i> 25A Duty to have regard to providing sufficient nurses (1) Subsection (2) applies where a Local Health Board is considering the extent of provision of nursing services for its area necessary to meet all reasonable requirements. (2) The Local Health Board must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively. (3) Where an NHS Trust in Wales provides nursing services it must provide those services to such extent as it considers necessary to meet all reasonable requirements; and subsection (4) applies where an NHS Trust in Wales is considering the extent of the nursing services it provides. (4) The NHS Trust must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively.</p> <p>(5) In this section, and in sections 25B to 25E, references to—</p>	<p><i>“Nursing services</i> 25A Duty to have regard to providing sufficient nurses (1) Subsection (2) applies where a Local Health Board is considering the extent of provision of nursing services for its area necessary to meet all reasonable requirements. (2) The Local Health Board must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively. (3) Where an NHS Trust in Wales provides nursing services it must provide those services to such extent as it considers necessary to meet all reasonable requirements; and subsection (4) applies where an NHS Trust in Wales is considering the extent of the nursing services it provides. (4) The NHS Trust must have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively.</p> <p>(5) In this section, and in sections 25B to 25E, references to—</p>	<p>The effect of sub-sections 25A(1) and (2) is that when a Local Health Board is considering, for its area, the extent of provision of nursing services that are necessary to meet all reasonable requirements (which is one of a Local Health Board’s existing duties), it has an overarching duty to have regard to the importance of providing sufficient registered nurses to allow the nurses time to care for patients sensitively.</p> <p>The effect of subsections 25A(3) and (4) is to place a duty upon NHS Trusts in Wales that provide nursing services to provide such services to the extent that the Trust considers necessary to meet all reasonable requirements.</p> <p>Where an NHS Trust is considering the extent of the nursing services that it provides, it has an overarching duty to have regard to the importance of providing sufficient nurses to allow nurses time to care for patients sensitively.</p> <p>The effect of subsection 25A(5) is to define the term “nurse” to make it clear</p>

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p>(a) a nurse providing care for patients includes the provision of care by a person other than a nurse acting under the supervision of, or discharging duties delegated to the person by, a nurse;</p> <p>(b) a “nurse” means a registered nurse;</p> <p>(c) an “NHS Trust in Wales” means an NHS trust all or most of whose hospitals, establishments and facilities are situated in Wales.</p> <p><i>Nurse staffing levels</i> 25B Duty to calculate and take steps to maintain nurse staffing levels (1) Where a Local Health Board or NHS Trust in Wales provides nursing services in a situation to which this section applies, it must—</p> <p>(a) designate a person or a description of person to calculate the number of nurses appropriate to provide care to patients that meets all reasonable requirements in that</p>	<p>(a) a nurse providing care for patients includes the provision of care by a person other than a nurse acting under the supervision of, or discharging duties delegated to the person by, a nurse;</p> <p>(b) a “nurse” means a registered nurse;</p> <p>(c) an “NHS Trust in Wales” means an NHS trust all or most of whose hospitals, establishments and facilities are situated in Wales.</p> <p><i>Nurse staffing levels</i> 25B Duty to calculate and take steps to maintain nurse staffing levels (1) Where a Local Health Board or NHS Trust in Wales provides nursing services in a situation to which this section applies, it must—</p> <p>(a) designate a person or a description of person to calculate the number of nurses appropriate to provide care to patients that meets all reasonable requirements</p>	<p>that references to nurses in the Bill are to registered nurses. It also defines an NHS Trust in Wales to make it clear what is meant by this term.</p> <p>Subsection 25A(5)(a) makes it clear that in sections 25A, 25B and 25E references to a nurse providing care for patients includes the provision of care to patients by a person other than a registered nurse but who is acting under the supervision of a registered nurse or who is performing duties which have been delegated to them by a registered nurse – this could encompass, for example, health care support workers who are acting under the supervision of a registered nurse.</p> <p>The effect of section 25B is to introduce a duty for Local Health Boards and NHS trusts in Wales - where applicable - to designate a person or a description of person who must calculate the nurse staffing level, using the triangulated approach described in section 25C. Local Health Boards and NHS trusts in Wales must then take all reasonable steps to maintain that level and make arrangements to inform patients of the</p>

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p>situation (the “nurse staffing level”), (b) take all reasonable steps to maintain the nurse staffing level, and (c) make arrangements for the purpose of informing patients of the nurse staffing level.</p> <p>(2) A person designated by virtue of subsection (1)(a) (“a designated person”) must calculate the nurse staffing level in accordance with section 25C.</p> <p>(3) This section applies to the following situations— (a) adult acute medical inpatient wards, (b) adult acute surgical inpatient wards, and (c) such other situations as the Welsh Ministers may by regulations specify.</p>	<p>in that situation (the “nurse staffing level”), (b) take all reasonable steps to maintain the nurse staffing level, and (c) make arrangements for the purpose of informing patients of the nurse staffing level.</p> <p>(2) A person designated by virtue of subsection (1)(a) (“a designated person”) must calculate the nurse staffing level in accordance with section 25C.</p> <p>(3) This section applies to the following situations— (a) adult acute medical inpatient wards, (b) adult acute surgical inpatient wards, and (c) such other situations as the Welsh Ministers may by regulations specify.</p>	<p>nurse staffing level.</p> <p>Subsection 25B(3) specifies the types of settings to which the duty to calculate a nurse staffing level applies.</p> <p>However, Welsh Ministers may expand the scope of the duty to cover other settings; for example to extend the duty to other types of ward. Such regulations are, by virtue of amendment 8, subject to the affirmative procedure.</p> <p>It should be noted that, on a practical level, the duty to calculate a nurse staffing level in section 25B will not currently apply to NHS Trusts as none of the three NHS Trusts in Wales currently have the settings that are listed at subsections 25B(3)(a) and (b).</p>
	<p>25C Nurse staffing levels: method of calculation</p> <p>(1) When calculating a nurse staffing level, a designated person must— (a) exercise professional judgement, and (b) take into account each of the following— (i) the average ratio of nurses to</p>	<p>25C Nurse staffing levels: method of calculation</p> <p>(1) When calculating a nurse staffing level, a designated person must— (a) exercise professional judgement, and (b) take into account each of the following— (i) the average ratio of nurses to</p>	<p>In accordance with subsection 25B(3) a designated person must calculate the nurse staffing level in accordance with section 25C. The effect of section 25C is to prescribe the triangulated approach which a designated person must use when calculating the nurse staffing level.</p>

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p>patients appropriate to provide care to patients that meets all reasonable requirements, estimated for a specified period using evidence-based workforce planning tools;</p> <p>(ii) the extent to which patients' well-being is known to be particularly sensitive to the provision of care by a nurse.</p> <p>(2) A designated person may calculate different nurse staffing levels—</p> <p>(a) in relation to different periods of time;</p> <p>(b) depending on the conditions in which care is provided by a nurse.</p>	<p>patients appropriate to provide care to patients that meets all reasonable requirements, estimated for a specified period using evidence-based workforce planning tools;</p> <p>(ii) the extent to which patients' well-being is known to be particularly sensitive to the provision of care by a nurse.</p> <p>(2) A designated person may calculate different nurse staffing levels—</p> <p>(a) in relation to different periods of time;</p> <p>(b) depending on the conditions in which care is provided by a nurse.</p>	<p>In brief, the triangulated approach requires the designated person, when calculating the appropriate nurse staffing level, to exercise professional judgement; to consider the information generated by evidence-based workforce planning tools (such as an acuity tool), and to take into account the extent to which patients' well-being is known to be particularly sensitive to the provision of care by a nurse.</p> <p>Subsection 25C(2) permits the designated person to calculate different nurse staffing levels at different times and depending on the conditions in which care is provided.</p> <p>The effect of section 25C is that a consistent methodology is used when the designated person calculates the nurse staffing level in the settings defined in subsection 25B(3). The designated person also has a degree of flexibility when calculating a nurse staffing level, which allows for the fast-changing nature of the nursing needs in adult acute medical inpatient wards and adult acute surgical inpatient wards.</p>
	25D Nurse staffing levels: guidance	25D Nurse staffing levels: guidance	The effect of section 25D is to require

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p>(1) The Welsh Ministers must issue guidance about the duties under sections 25B and 25C and Local Health Boards and any NHS Trust to which those sections apply must have regard to the guidance.</p> <p>(2) The guidance may set out, in particular, that when calculating a nurse staffing level a designated person should exercise professional judgement by taking the following into account—</p> <ul style="list-style-type: none"> (a) the qualifications, competencies, skills and experience of the nurses providing care to patients; (b) the conditions in which care by a nurse is provided; (c) the potential impact on care by a nurse of— <ul style="list-style-type: none"> (i) the physical condition and layout of the ward or other situation in which the care is provided, or (ii) the turnover of patients receiving the care; (d) services or care provided by other health professionals or other staff (for example, healthcare support workers) on the ward, and their qualifications, competencies, skills and experience; 	<p>(1) The Welsh Ministers must issue guidance about the duties under sections 25B and 25C and Local Health Boards and any NHS Trust to which those sections apply must have regard to the guidance.</p> <p>(2) The guidance may set out, in particular, that when calculating a nurse staffing level a designated person should exercise professional judgement by taking the following into account—</p> <ul style="list-style-type: none"> (a) the qualifications, competencies, skills and experience of the nurses providing care to patients; (b) the conditions in which care by a nurse is provided; (c) the potential impact on care by a nurse of— <ul style="list-style-type: none"> (i) the physical condition and layout of the ward or other situation in which the care is provided, or (ii) the turnover of patients receiving the care; (d) services or care provided by other health professionals or other staff (for example, healthcare support workers) on the ward, and their qualifications, competencies, skills and experience; 	<p>Welsh Ministers to issue guidance to Local Health Boards and NHS Trusts - where applicable - about the duties under sections 25B and 25C. It sets out a non-exhaustive list of the matters which may be included in the guidance and requires Welsh Ministers to consult with the persons specified in subsection 25D(3) about the guidance before issuing it.</p> <p>Every Local Health Board - and any NHS Trust to which those sections apply - must have regard to the guidance when calculating nurse staffing levels in accordance with sections 25B and 25C.</p>

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p>(e) the extent to which the nurses providing care are required to undertake supervisory or administrative functions.</p> <p>(3) Before issuing guidance the Welsh Ministers must consult—</p> <p>(a) Local Health Boards and any NHS Trust that is under a duty to have regard to the guidance,</p> <p>(b) such organisations as appear to them to represent the interests of persons likely to be affected by the guidance, and</p> <p>(c) such other persons likely to be affected by the guidance as they consider appropriate.</p>	<p>(e) the extent to which the nurses providing care are required to undertake supervisory or administrative functions.</p> <p>(3) Before issuing guidance the Welsh Ministers must consult—</p> <p>(a) Local Health Boards and any NHS Trust that is under a duty to have regard to the guidance,</p> <p>(b) such organisations as appear to them to represent the interests of persons likely to be affected by the guidance, and</p> <p>(c) such other persons likely to be affected by the guidance as they consider appropriate.</p>	
	<p>25E Nurse staffing levels: reports</p> <p>(1) Each Local Health Board and any NHS Trust to which the duty in section 25B applies must submit a report (whether or not as part of a wider report) to the Welsh Ministers which sets out, in respect of the period to which the report relates—</p> <p>(a) the extent to which nurse staffing levels have been maintained;</p> <p>(b) the impact the Board or Trust considers that not maintaining nurse staffing levels has had on care provided to patients by nurses, for</p>	<p>25E Nurse staffing levels: reports</p> <p>(1) Each Local Health Board and any NHS Trust to which the duty in section 25B applies must submit a report (whether or not as part of a wider report) to the Welsh Ministers which sets out, in respect of the period to which the report relates—</p> <p>(a) the extent to which nurse staffing levels have been maintained;</p> <p>(b) the impact the Board or Trust considers that not maintaining nurse staffing levels has had on care provided to patients by nurses, for</p>	<p>The effect of section 25E is to require Local Health Boards - and any NHS Trusts in Wales to which the duty to calculate a nurse staffing level in section 25B applies - to submit a report to the Welsh Ministers, covering the specific criteria listed in subsection 25E(1)(a) to (c). Reports must be submitted within three years of Section 25E's coming into force and every three years afterwards. The Welsh Ministers must lay these reports before the National Assembly for Wales.</p>

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p>example by reference to an increase in incidents of harm caused by—</p> <ul style="list-style-type: none"> (i) errors in administering medication to patients; (ii) patients falling; (iii) patients developing hospital acquired pressure ulcers. <p>(c) any actions taken in response to not maintaining nurse staffing levels.</p> <p>(2) Each report must be submitted to the Welsh Ministers—</p> <ul style="list-style-type: none"> (a) within the period of three years beginning with the date on which this section comes into force, and (b) within each period of three years beginning with the date the previous report was submitted. <p>(3) The Welsh Ministers must lay each report submitted to them before the National Assembly for Wales.”</p>	<p>example by reference to an increase in incidents of harm caused by—</p> <ul style="list-style-type: none"> (i) errors in administering medication to patients; (ii) patients falling; (iii) patients developing hospital acquired pressure ulcers. <p>(c) any actions taken in response to not maintaining nurse staffing levels.</p> <p>(2) Each report must be submitted to the Welsh Ministers—</p> <ul style="list-style-type: none"> (a) within the period of three years beginning with the date on which this section comes into force, and (b) within each period of three years beginning with the date the previous report was submitted. <p>(3) The Welsh Ministers must lay each report submitted to them before the National Assembly for Wales.”</p>	
30.	<p>Section 2, page 3, line 37, leave out ‘an order under section 141(4)’ insert ‘or regulations under section 10A(3)’ and insert ‘containing’ insert ‘regulations under section 25B(3)(c) or’.</p>	<p>Adran 2, tudalen 3, llinell 37, hepgorer ‘an order under section 141(4)’ mewnosoder “or regulations under section 10A(3)’ a mewnosoder ‘containing” mewnosoder “regulations under section 25B(3)(c) or’.</p>	<p>The purpose and effect of this amendment is to make the exercise of the Welsh Ministers’ regulation-making power under subsection 25B(3)(c) of the Bill, subject to the affirmative procedure.</p>
31.	<p>Section 2, page 3, after line 38, insert—</p> <p>‘(3) In section 207 of the National Health Service (Wales) Act 2006 (index of defined expressions) after</p>	<p>Adran 2, tudalen 3, ar ôl llinell 38, mewnosoder—</p> <p>‘(3) Yn adran 207 o Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 (mynegai o ymadroddion wedi</p>	<p>This is a technical amendment.</p> <p>The purpose and effect of the amendment is to insert the expression “nurse staffing level” and the section</p>

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	the entry in the table for “NHS trust order” insert “nurse staffing level” in the first column and insert “section 25B(1)(a)” next to it in the second column.’.	eu diffinio) ar ôl y cofnod yn y tabl ar gyfer “NHS trust order” mewnosoder “nurse staffing level” yn y golofn gyntaf a mewnosoder “section 25B(1)(a)” wrth ei ymyl yn yr ail golofn.’.	where it is defined into the index of defined expressions in section 207 of the National Health Service (Wales) Act 2006.
32.	Page 4, line 2, leave out section 3.	Tudalen 4, llinell 2, hepgorer adran 3.	<p>The purpose and effect of this amendment is to remove the original Section 3 of the Bill as introduced completely.</p> <p>The reporting requirements are now contained in section 25D.</p>
33.	Section 4, page 4, line 24, leave out ‘Royal Assent, and has effect in relation to each financial year of a health service body beginning on or after Royal Assent’ and insert ‘the day on which this Act receives Royal Assent except for section 2 which comes into force on such day as the Welsh Ministers may appoint by order made by statutory instrument’.	Adran 4, tudalen 4, llinell 26, hepgorer ‘pan gaiff Gydsyniad Brenhinol, ac mae’n cael effaith mewn perthynas â phob blwyddyn ariannol corff yn y gwasanaeth iechyd sy’n dechrau ar ddyddiad y Cydsyniad Brenhinol neu wedyn’ a mewnosoder ‘ar y diwrnod y mae’r Ddeddf hon yn cael y Cydsyniad Brenhinol ac eithrio adran 2 sy’n dod i rym ar ddiwrnod a bennir gan Weinidogion Cymru drwy orchymyn a wneir drwy offeryn statudol’.	<p>The purpose of this amendment is to bring the provisions of the Act into force on Royal Assent, except for Section 2, which will be commenced by statutory instrument.</p> <p>The effect of this amendment is to allow Welsh Ministers to commence Section 2 by statutory instrument.</p> <p>It is considered necessary to commence Section 2 by statutory instrument so that Welsh Ministers can have time to develop the guidance required under section 25D.</p>
34.	Section 4, page 4, after line 25, insert— ‘(1) An order under subsection (1) may—	Adran 4, tudalen 4, ar ôl llinell 28, mewnosoder— ‘(1) Caiff gorchymyn o dan is-adran	This is a technical amendment that is consequential to amendment 4.

No.	GOVERNMENT AMENDMENT	GWELLIANT Y LLYWODRAETH	PURPOSE AND EFFECT
	<p>(a) appoint different days for different purposes;</p> <p>(b) make transitional, transitory or saving provision in connection with the coming into force of a provision of this Act.’</p>	<p>(1)—</p> <p>(a) pennu diwrnodau gwahanol at ddibenion gwahanol;</p> <p>(b) gwneud darpariaeth drosiannol, ddarfodol neu arbed mewn cysylltiad â dod â darpariaeth yn y Ddeddf hon i rym.’.</p>	<p>The purpose and effect of this amendment is to allow the Welsh Ministers the flexibility, if they so wish, to commence section 2 at different times for different purposes. It also gives the Welsh Ministers the power to make consequential transitional, transitory or savings provisions, if it is necessary to do so when section 2 is commenced.</p>
35.	<p>Section 5, page 4, line 27, leave out ‘Safe’.</p>	<p>Adran 5, tudalen 4, llinell 30, hepgorer ‘Diogel’.</p>	<p>The purpose of this amendment is to remove the word “safe” from the short title.</p> <p>The effect of this amendment is to change the title to “Nurse Staffing Levels (Wales) Act 2015.”</p>