

Vaughan Gething AC/AM

**Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport**



**Llywodraeth Cymru
Welsh Government**

Ein cyf/Our ref MA-P/VG/2693/17

Dr Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

1 September 2017

Dear Dai

Thank you for your letter of 20 July requesting points of clarification on the guidance supporting the implementation of the Nurse Staffing Levels (Wales) Act 2016 that have been raised with the Health, Social Care and Sport Committee.

Staffing ratios

The previous Committee took evidence from a number of stakeholders on the issue of a fixed nurse staffing ratio on the face of the legislation. The complexities of doing this were discussed in detail and included evidence from the previous Minister for Health and Social Services as well as the Chief Nursing Officer. These discussions are set out in the Committee's report and I thought it would be helpful to reference the comments on the use of CNO and Nurse Directors principle of 1 to 7 nurse to patient (during the day) ratio:

“the ratio is a recommended starting consideration and is not a compulsory requirement in itself [...] While the CNO & Nurse Director principles include the principle of a ratio of 1:7 nurse to patients, this is only a guiding figure to assist local considerations of nurse staffing levels. She emphasised that having a fixed ratio was not particularly helpful for local decision-making, nor was it safe” (P 24)

Page 35 of the Committee's report sets out the Member in Charge's response to this discussion:

Responding to concerns raised about the inclusion of a “minimum” staffing ratio, Kirsty Williams emphasised that safe nurse staffing was not about ratios alone, and referred to the fact that the Bill uses a “triangulated approach” to nurse staffing. She explained that this approach requires three things to be taken into account in order to achieve the overall result of safe nurse staffing levels, namely:

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

- *minimum nurse staffing ratios;*
- *the use of professional judgement; and*
- *evidence based and validated workforce tools (that is, the acuity tools that are used by health bodies at set intervals to determine staffing levels).*

Kirsty Williams stated that safe staffing is more likely to be achieved if these methods are used in combination rather than, for example, using staffing ratios in isolation.

The Minister when giving his evidence specially stated that the legislation as introduced would not be supported by the government without the removal of the reference to a minimum staffing ratio. Recommendation 3 from the Committee supports this view.

In preparing the Statutory Guidance required in section 25D of the Act consideration was given to reference to the CNO and Nurse Director principles issued in 2012. Any reference to a requirement to adhere to them would have undermined the intention of them in the first place, as discussed by the CNO in stage 2, and undermined the triangulated method set out on the face of the Act. Therefore it was decided that these principles, along with other guidance and best practice should form part of the professional judgement of the designated person whom is undertaking the nurse staffing level calculation. Hence the Statutory Guidance states at paragraph 28:

28. The professional judgement of the designated person should be informed by consideration of any relevant expert professional nurse staffing guidance, principles or research.

The guidance cannot undermine the process that the Act requires to be followed in order to calculate a nurse staffing level for a particular ward. The Act sets out a triangulated method of calculating the nurse staffing level. This approach values the professional expertise and integrity of nursing staff and trusts them to use their professional judgement, alongside evidence based workforce planning tools and nurse sensitive patient indicators, to make these calculations. This was the approach agreed by the National Assembly when the Act was amended and passed. The statutory guidance therefore cannot include set ratios or other measures which undermine this fundamental aspect of the legislation.

The responses to the consultation on this issue have been carefully considered and the importance of ensuring that the evidence based workforce planning tool utilises the best available evidence including registered nurse to patient ratios in its algorithms will be reflected in the guidance.

Supernumerary role of ward sister/student nurse mentorship

The statutory guidance that was issued for consultation describes in its definition of the 'required establishment' that this includes "*other functions that reduce their time to care for patients*" (table under paragraph 10). In addition it makes specific reference to the importance of professional judgement. In this section the guidance sets out that this includes:

- *"Services or care provided to patients by other health professionals or other staff (for example, health care support workers), and their qualifications, competencies, skills and experience; in relation to the care that needs to be given, and the requirement for registered nurses to support, delegate and supervise.*
- *The extent to which the nurses providing care are required to undertake administrative functions."* (bullet points 5 & 6 in paragraph 27)

The responses from the consultation on this issue have been carefully considered and the final statutory guidance will be strengthened to make specific reference to the supernumerary status of ward sisters and any regulatory requirements for learners.

Reporting and accountability

The Act is clear about what needs to be included in the guidance; set out under the duties described in sections 25B and 25C. There are no plans to cover other areas in the statutory guidance.

With regard to the monitoring requirements set out in Section 25E, my predecessor the Minister for Health and Social Services, Mark Drakeford, made reference in his evidence during the Bill's progress to the importance of nurses not being pulled away from providing care to complete data capture and the utilisation of existing systems.

I will consider the issuing of separate non statutory guidance to cover monitoring, amongst other areas, aimed at supporting the implementation of the Act across NHS Wales.

Welsh language

The 'More than just words' strategic framework aims to ensure that organisations recognise that language is an intrinsic part of care and that people who need services in Welsh get offered them. This is called the 'Active Offer'. The framework recognises that the use of the Welsh language is not just a matter of choice but a matter of need. It is especially important for many vulnerable people and their families who need to access services in their first language, such as older people suffering from dementia or stroke who may lose their second language or very young children who may only speak Welsh.

The Welsh Language Act 1993 gives the Welsh and English languages equal status in public life in Wales. It places a duty on the public sector to treat both languages equally when providing services to the public. The Welsh Language Act requires public bodies to produce a language scheme to explain which services they will provide in Welsh, how they will do so and when. All health boards and Trusts in Wales have Welsh Language Schemes in place.

In addition the Health and Care Standards set out the Welsh Government's common framework of standards to support the NHS / partner organisations in providing effective, timely and quality services across all healthcare settings. They include Welsh language considerations.

The guidance as consulted on did not seek views on all aspects of the requirements described above, as these standards are already in place. However, to ensure due attention is drawn to these requirements, I will ensure that the published version of the statutory guidance makes clearer reference to the duties Health Boards have with regard to the Welsh Language.

Other settings

As part of the agreement with the Welsh Liberal Democrats, the Welsh Government has committed in this term to ensure "there are more nurses, in more settings, through an extended nurse staffing levels law". Work is being undertaken to develop the robust evidence base needed to demonstrate that new workforce planning tools are fit for use in a Welsh context in these clinical areas.

There is a national work programme for the development of workforce planning tools and work is underway to develop tools for mental health adult inpatient services, paediatric wards, district nursing services, and health visiting services. Exploratory work is also being conducted in care home settings. The tools are at various stages of development and testing in NHS Wales. It is anticipated that staffing principles for district nurse led community nursing service will be issued this autumn to support the Integrated Medium Term Planning round 2018/19.

Next steps post consultation

The consultation on the statutory guidance closed on 7 April. It received 59 responses from members of the public, members of NHS staff, organisations with an interest in the health service, trade unions, local health boards and NHS Trusts. There was a range of views on the guidance and I was very glad to see broad support for the approach taken. It is also clear that a number of the responses contained valuable feedback which will inform the final draft of the guidance.

I am committed to consultations acting as genuine listening exercises and value the engagement with this consultation from the public, NHS staff members and organisations. I was grateful for the responses and value their views.

My officials have conducted a thorough analysis of the consultations responses. This analysis forms the basis of the consultation summary report, which is due to be published at the time of writing this letter. Following publication of the summary report, the final draft of the guidance will be completed ready for publication in the autumn.

Officials will endeavour to incorporate as much of the feedback as possible into the final guidance, some of which has been identified in this letter. However, I know there will be some areas where the changes will not reflect all of the responses, particularly in areas where there is a divergence of opinion amongst responders.

Yours sincerely

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

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