Cyflwynwyd yr ymateb i ymgynghoriad y Pwyllgor Iechyd a Gofal Cymdeithasol ar Ddeddf Lefelau Staff Nyrsio (Cymru) 2016: craffu ar ôl deddfu.

This response was submitted to the Health and Social Care Committee consultation on the Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny.

NS02: Ymateb gan: | Response from:

Bwrdd Iechyd Prifysgol Aneurin Bevan / Aneurin Bevan University Health Board

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Dear Sir/Madam

Please find comments on behalf of the Nursing Directorate within ABUHB.

Nurse Staffing Levels (Wales) Act 2016

Enablers

- Since the passing of the Nurse Staffing Levels (Wales) Act 2016 there has been significant focus and investment placed on implementing and embedding the Act in Aneurin Bevan University Health Board.
- The Act supports a systematic and robust approach to reviewing establishments, with professional oversight being front and central.
- It supports a triangulated approach aligning staffing levels, acuity and quality metrics.
- The process ensures ward to board reporting and oversight.
- The act encourages ownership and overview of ward establishments between nursing, workforce and finance to ensure establishments are aligned correctly to ward budgets.
- An operational framework has been introduced to support the requirements of the Act to ensure appropriate and clear escalation occurs when the planned roster is not met and ensures all reasonable steps are taken to maintain nurse staffing levels.
- Bi-annual reviews, annual presentation of establishments and annual assurance reports ensures Board is fully appraised of compliance with the Act and have due regard to their duty in ensuring sufficient nurses to comply with the Act.
- The Act has driven improvements in nursing workforce establishments not only for 25B wards but it has driven focus and attention on all ward and unit establishments.
- The protected uplift applied to Band 7's supports the concept of 'free to lead free to care'.
- The responsibilities within the Act ensures there is a focus on undertaking timely Root Cause Analysis aligned to quality metrics and lessons learnt are shared.

Considerations

- It has been difficult to demonstrate whether the implementation of the Act has demonstrated an impact on patient outcomes. The bar set in reporting of metrics is of such a high level very few incidents are reported. This will potentially change as a consequence of the Duty of Candour whereby moderate harm will be reported going forward.
- Reportable quality metrics have remained the same since the inception of the Act (other than complaints). It has never been made explicit how and why these quality metrics were decided and agreed, what was the evidence and research which informed this decision.
- There does not appear an appetite to consider whether the original metrics were correct, and if these should remain the same. Different metrics should be considered, research based, which may be more effective in demonstrating the impact on patient outcomes.
- Other than falls the quality metrics can be very subjective in determining whether the inability to maintain staffing levels resulted in patient harm.
- Complaints is a particularly difficult quality metrics to determine whether the inability to maintain nurse staffing levels resulted in patient harm. Complaints are more often than not multifaceted - often spanning several wards, departments and professions. This has been raised several times however it continues to be a metric of choice.
- There is little room for manoeuvre when implementing the Act in regards to alternative roles to support patient care. It is overly focused on Registered Nurses and Health Care Support Workers which in a climate of a significant national shortage of registered nurses is not helpful. As a Health Board we have ensured professional judgement is front and central in all decision in regards ward establishments which at times has meant the introduction of alternate roles, this has not always been received positively.
- The pandemic hit the UK in the early stages of the first reporting period to WG in regards compliance with the Act. The pace by which wards had to be repurposed meant, at times, it was impossible to be fully complaint with the Act. IT systems were not able to adapt quickly enough to ensure compliance.
- Appropriate systems were not introduced prior to the Act being implemented, and still remains an issue. This has meant some of the reporting requirements set out in the Act still cannot be complied with.
- The Act is considered uni-professional with no reference to the MDT. To future proof the Act this needs to form a fundamental principle in its implementation with a greater emphasis on multi-professional working and in particular the 'Team Around the patient'.
- At times there is contention between professions as the Act only applies to Nursing. Also, it is perceived that there is heightened focus of 25B wards due to the reporting requirements at potentially the detriment of others areas.
- A great deal of work has been on-going in Health Visiting, District Nursing and Mental Health, to include significant work aligned to impact assessments. There is uncertainty as to how this work will be progressed going forward and who is leading on it.

Regards

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