

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.](#)

NS11: Ymateb gan: | Response from: Unigolyn | An individual



[REDACTED]

[REDACTED]

The information submitted is as an individual and I am over the age of 18 years old. [REDACTED]

[REDACTED]

CONSULTATION RESPONSE.

The operation and effectiveness of the Act to date, including its impact on patient outcomes, impact on nurse recruitment and retention, and barriers to compliance with the legislation.

The Nurse Staffing Levels (Wales) Act (2016) requires health service bodies to have regard for the provision of appropriate nurse staffing levels where nursing services are provided, which includes nursing services commissioned to a third party. I believe that the inclusion of section 25A was intended to minimise the risk of Health Boards/Trusts focusing their attention and resources on ensuring appropriate nurse staffing levels only within section 25B areas. As I do not work operationally within a Health Board/NHS Trust I am not able to comment on whether this has worked in practice, but I believe that organisations are keen to ensure compliance with the Act resulting in greater attention upon staffing levels within adult acute medical and surgical and paediatric inpatient wards

The Statutory Guidance that was issued by Welsh Government to guide and support Health Boards/NHS Trusts to meet the requirements under section 25B and section 25C of the Act and follow a 'Once for Wales' approach has been useful and helped to ensure consistency through a national approach. As the Statutory guidance is statutory and prescriptive Health Boards/NHS Trusts have, through the work of the All-Wales Nurse Staffing Programme, undertaken work to interpret the guidance and the Act to ensure consistency in application and has been used to inform national Operational Guidance. The absence of guidance in relation to section 25A areas has led to variation in how Health Boards/NHS Trusts interpret and comply with section 25A of the Act, however the absence of guidance has also benefitted organisations as they are able to apply the requirements with less restrictions.

The Act has raised the profile of nursing and given recognition to the importance of ensuring that nurse staffing levels are safe and appropriate to meet the needs of patients, which is very positive. In recognition that the Act aims to improve the delivery of high-quality patient care the introduction of Act has been positively welcomed by many, but has also brought about challenges for Health Boards/NHS Trusts and partner agencies/organisations.

The quality indicators set out in the legislation and Statutory Guidance appear to be too broad and are not sensitive enough to provide meaningful data that evidences a correlation between the indicators, nurse staffing levels and patient experience and outcomes.. Following the first reporting cycle these metrics have been reviewed and a proposal to refine these metrics to increase their sensitivity has been proposed and is pending agreement.

For Health Boards/NHS Trusts the introduction of the Act and the importance of embedding the use of national tools, systems and process has been time consuming. In 2022 due to Welsh Government funding each Health Board/NHS Trust appointed local nurse Staffing leads which have proved instrumental in helping to support the national work and ensure Health Boards/NHS Trusts are able to fulfil the requirements of Act. The schedule of actions (bi-annual calculations of the nurse staffing level and reporting (to Board/delegated committee

and Welsh Government) is time consuming and resource intensive with frequent reports being presented to the Board which has ensured that Board members are kept updated on the organisations position and are aware of any challenges and risks.

There are longstanding challenges with staff recruitment, retention and well-being that cannot be resolved simply by increasing staffing levels. Whilst the availability of more staff to ensure appropriate staffing levels will increase the amount of time available to care for patients and in turn could improve staff job satisfaction and morale, this takes time, commitment and a multi-faceted approach is needed to address the contributing factors that have led to the current situation.

A multi-faceted, co-ordinated response is needed to ensure a sustainable supply of nursing staff to meet patient needs and the requirements of the legislation going forward. The Act has brought about changes in the number and skill mix of staff that are required to deliver safe and effective care to meet the needs of patients but during a time when there has been a covid pandemic, there are limited resources and an internal shortage of nurses there has been increased pressure on Health Boards/NHS trusts and the workforce.

Health Boards/Trusts are having to rely on use of supplementary staff, bank and agency staff which can impact on the well-being of staff who work additional hours and overtime and the use of agency staff is expensive and impacts on the ability to provide continuity of care to patients. It is imperative that work continues locally and nationally to find a sustainable pipeline of nursing staff and explore means through which new multi-professional workforce models can be introduced, staff can receive training and support to take on tasks to be able to release time for nurses to focus on delivering care that only they are able to provide given their unique knowledge and skills.

Since the Act came into force there have been longstanding challenges and risks associated with the absence of national informatics systems, digital solutions, and data analytical support. Work has been co-ordinated by the All-Wales Nurse Staffing Programme to inform developments to a national e-rostering and informatics system (RLDatix Safecare) that Health Boards and NHS Trusts have implemented however this system has taken time to enhance and embed with the result that Health Boards/NHS Trusts are at different stages of implementation and have needed to rely on other systems to capture the data required. In November 2023 all Health Boards and NHS Trusts will have implemented the Safecare system into all their section 25B areas. The time taken to identify and enhance a national informatics system has been time and resources consuming and hindered the ability for organisations to easily access the data they need to inform the reporting requirements from the start of the first reporting periods. It is important that wherever possible information is collected once using as few systems as possible and enables the data to be used for multiple purposes to avoid duplication of data entry and release time for staff to care for patients.

Informatics and digital solutions have also had an impact on the workstreams as they have developed and tested the national tools, in preparation for eventual extension of the Act. Whilst systems to capture patient acuity data are either in place or being developed, the absence of national systems and digital solutions to capture data on professional judgement and quality indicators, has meant that this data can only be collected through excel workbooks. As this process is time consuming and burdensome there is a risk that the tools will not be embedded in practice. To support the use of the national tools the means through which operational teams can capture, review, analyse and utilise the data from each of the tools through use of informatics systems or digital solutions for each workstream area is needed and a co-ordinated national approach required.

Progress in developing the evidence base to extend the Act to further settings.

Three workstreams (Mental Health inpatients, District Nursing and Health Visiting) were established as part of the All-Wales Nurse Staffing Programme, to develop national workforce planning tools in relation to patient acuity, quality indicators and professional judgement, in preparation for the eventual extension of the 2nd duty of the Act. The All- Wales Nurse Staffing Programme and the associated workstreams have undertaken extensive work, engaged with a wide range of stakeholders, developed a series of national tools, informed policy, systems, and processes, and influenced projects and other programmes of work, including the use of skill mix and delegation.

The decision not to extend the 2nd duty of the Act to another area at this time (workstream groups - district nursing, health visiting and mental health inpatients) has had an impact on these service areas as extensive work has been undertaken over the last 2-4 years and many operational teams within these areas acknowledge the value of using the tools and are keen to do so. Further work is required to further test the national tools and to identify/ adapt informatics systems to enable the tools to become embedded into practice.

Each workstream is at different stages in developing the evidence base that is required to extend the Act to further settings. In April 2023 a decision was made not to extend the secondments for the project leads who co-ordinated the work for each workstream and the tools were handed over Health Boards/NHS Trusts, with some areas of work being assigned to national forums to progress. The Welsh Levels of Care tool (designed to measure patient acuity & dependency) was issued as a working document as further testing is required to develop the evidence base required to underpin and validate the tool. Dependent upon the work that is undertaken by the Health Boards/ NHS Trusts and national forums further work is likely to be needed to test and finalise some of these national tools and ensure that national informatics systems are in place in the event that there are plans to extend the second duty of the Act in the future.

The extent to which the Act is ‘future-proof’, and will contribute to ensuring that NHS Wales has the future workforce it needs to deliver effective, patient-centred care that meets the needs of all population groups

Since the introduction of the Act and in response to increasing demand and workforce challenges Health Boards and NHS Trusts have created new roles and workforce models with a focus on multi-professional team working, to ensure the prudent use of resources and the delivery of high quality, patient-centred care. The introduction of the Act has brought about benefits but also challenges for Health Boards/NHS Trusts, most notably how they can meet the requirements of the Act given increased demand and limited resources and also how they can implement multi-professional team models across their organisation when the Act is uniprofessional legislation that focuses on nursing and those working under the delegation of a registered nurse. Given the myriad of roles and workforce models that are already in operation across NHS Wales it is imperative that organisations are supported to implement multi-professional team models throughout their organisation, without being restricted by policy and/ or legislation.

In order for the Act to be future proofed to ensure that NHS Wales has the future workforce it needs to deliver effective, patient-centred care that meets the needs of all population groups further action is required to:

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- Issue guidance in relation to section 25A areas to add weight and provide greater consistency to ensure Health Boards/NHS Trusts can ensure appropriate staffing levels within all areas where nursing services are provided and commissioned.

- Amend the Act & Statutory Guidance to include a multi-professional approach to which would highlight the benefits associated with multi-professional working and the use of multi-professional workforce models.
 - Consider the impact and consequences of extending and, not extending, the 2nd duty of the Act to other areas in the future.
 - Ensure a multi-faceted, co-ordinated national approach to address the challenges with recruitment, retention, education, training & development, the introduction of new roles and multi-professional workforce models, etc.
 - Progress the work required to prepare for eventual extension &/or at least seek means of ensuring that the national tools can be embedded in practice and that informatics systems are in place to enable organisations to collate and utilise the data with ease.to inform the deployment of staff and aid workforce planning
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