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22 January 2015

Ms Sian Giddins
Deputy Clerk
Health & Social Service Committee
National Assembly for Wales
Cardiff Bay
Cardiff

Dear Ms Giddins

HSSC Inquiry – Safe Nurse Staffing Levels (Wales) Bill

As requested, herewith is the evidence of the Board of Community Health Councils in Wales in relation to the above inquiry.

I look forward to attending the meeting of the Health and Social Care Committee that is scheduled for 12th February in order to speak to this submission and take questions from Assembly Members. I would be happy to hear from you should you need to speak with me before then.

Yours sincerely,

Peter Meredith-Smith
Director
Board of Community Health Councils in Wales

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Board of Community Health Councils in Wales



Health & Social Care Committee Submission: Safe Nurse Staffing Levels (Wales) Bill

SUBJECT:	Safe Nurse Staffing Levels (Wales) Bill
STATUS:	Board of CHC Submission to H&SCC Committee (Final Draft)
CONTACT:	Peter Meredith-Smith, Director of the Board of CHCS in Wales
DATE:	22 nd January 2015

INTRODUCTION

This submission to the Health and Social Care Committee of the National Assembly for Wales, relating to the Safe Nurse Staffing Levels (Wales) Bill, is submitted by the Board of Community Health Councils in Wales in advance of their attendance at a meeting of the committee scheduled for 12th February 2015.

Supported by the Board of Community Health Councils (CHCs), the 8 CHCs across Wales represent the interests of and act as the independent voice for the citizens of Wales regarding their NHS services. They fulfil these functions by: (a) continuously engaging with the populations they represent and the health service providers serving those populations, (b) systematically monitoring and scrutinising local health services, through service inspections and visits, (c) supporting the public to engage in consultations about major NHS service changes that have an impact on them and (d) enabling users of the NHS in Wales to raise concerns about the services they receive, primarily by providing an Independent Advocacy Service.

The views represented in this submission are informed by feedback from individual CHCs across Wales relating to this issue of interest to the Health and Social service Committee, and from data and information derived from the Board of CHCs' information systems (pertaining the monitoring of the core functions of the CHCs across Wales).

GENERAL COMMENTARY

The CHCs support the proposal to introduce this legislation. There is a general feeling amongst those who have contributed to this response that without the force of law, against the present background of severe financial restraint within NHS Wales, the well-publicised staffing pressures across our health services will continue. It is likely that this will have a consequent negative impact on the safety, efficacy and quality of patient care.

Feedback from CHC members who are involved in service visiting and scrutiny programmes frequently indicate a health service landscape across Wales that is characterised by a system that is under extreme strain. It is apparent to our members that nursing staffing shortfalls are often contributory factors to this unacceptable situation.

Having clarity about agreed safe staffing levels in clinical areas across the NHS in Wales would assist our members and staff to more effectively fulfil their health service scrutiny role.

We believe that the making of this legislation would be a key step towards strengthening public confidence in the safety of their NHS services.

The three most helpful sources of information available to the Board of CHCs to inform its views on the nursing staffing situation across the NHS in Wales are data and information derived from the CHCs’:

- Continuous Engagement Work
- Service Monitoring and Scrutiny programmes
- Independent Advocacy Service

On the basis of what we learn from our continuous engagement and service monitoring and scrutiny work, it is possible to offer in general terms an overview of what the users of NHS services that we engage with “want” from their NHS. In summary, we are frequently told that they want:

- Services that keep them safe
- Reasonable quality of care
- Care delivery that assures that they are treated with respect
- Their privacy and dignity to be assured whilst in hospital
- Good engagement with clinical staff (being kept informed about their care)
- To be assured that services are safely staffed

Quite clearly, appropriate and safe levels and skill mix of nursing staffing are necessary if these expectations are to be met.

We are also able on the basis of our engagement work to provide a summary of how, in general terms, patients describe their experiences of the NHS. Typical perspectives offered being:

- Despite evident pressures, services are generally adequate
- When things go wrong nursing staffing problems are often significant
- When things go wrong it is not generally the “fault” of individual nurses
- Problems are usually a consequence of the situation that nurses are in
- Lack of nursing workforce stability leads to a lack of continuity of care

Specific themes directly related to nursing staffing that often feature in feedback from our members or the patients and relatives that we engage with include:

- Suggestions that nurses are often not readily available to provide assistance “at the time that they are needed”
- Nursing staff are constantly “rushed with too much to do”
- Nurses seem to be on duty for very long periods and often seem to be very tired at the end of what appear to be very long shifts
- Health Care Support Workers are often more visible than Registered Nurses

The Board of CHCs in Wales’ *Concerns and Complaints Database* is another source of information relevant to this debate. Although the explicit issues of “nursing shortages” or “inadequate nursing staffing levels” do not feature in the data available to us, other information derived from the database may provide a “proxy indication” of staffing deficiencies across the NHS in Wales.

A recent review of information derived from the database indicated that, of the concerns or complaints logged on the system, 14% related to nursing in secondary care. Most of those complaints, in general terms, related either to failures or shortcomings in the “Clinical Practice” (61% of complaints reviewed) or “Poor Engagement or Communication” between clinical staff and patients (19% of complaints reviewed).

Drilling down into these overarching areas highlighted five specific areas of concern or complaint raised by those who contact us. They being:

- Failures in the Fundamentals of Care
- Failures in Treatment Delivery
- Negative Staff Attitudes
- Lack of Information
- Compromised Privacy & Dignity

Again, these are areas of service shortcoming or failure that can directly relate to staffing pressures (be they inadequate staffing numbers or skill mix problems).

The CHCs that have contributed to this response have also provided specific examples of serious issues that they have or are dealing with, that have inadequate nursing staffing as one of the root causes of significant clinical or service failings. For reasons of patient confidentiality, it would not be appropriate to detail these herein.

SPECIFIC QUESTIONS POSED BY THE HEALTH AND SOCIAL SERVICES COMMITTEE

Are the provisions in the Bill the best way of achieving the Bill's overall purpose?

The CHCs who offered a view agreed that the provisions in the Bill are generally the best way of achieving the Bill's overall purpose.

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

The CHCs have offered the following suggestions:

- Inadequate numbers of staff "in the system" to support an acceptable nursing staffing model
- Inadequate numbers of student nurses "in training" to support future nursing staffing needs
- Poor workforce planning throughout the NHS in Wales
- Inadequate financial resources to support an adequate nurse staffing model
- An approach to workforce planning (and workforce management) in Wales that prioritises financial planning over a needs-based workforce

Are there any unintended consequences arising from the Bill?

Because the proposed law would only require safe staffing on adult inpatient wards in acute hospitals, against the background of resource pressures referred to above, there is a risk that HNS managers would denude staffing levels in other clinical areas to ensure that adult in-patient wards are compliant with the law. This would lead to potentially unsafe staffing levels in clinical areas that are not subject to the legislation.

There is a risk that establishing "safe staffing levels" could set a "ceiling on staffing numbers" that could fetter appropriate workforce development – i.e. minimum "safe" staffing levels do not always ensure the best quality care (which may require higher numbers of staff than minimum numbers).

Provisions in the Bill

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.

- The CHCs fully support this provision.
- There must be a standardised methodology for approaching this across all Health Boards. Workforce planning needs to be strengthened from the bedside to the Board (and across Wales).
- The LHB Chief Executive should be clearly identified in the legislation as the accountable officer regarding this provision.
- Safe staffing is not easy to quantify and monitor using current systems and approaches employed in Wales; such systems need urgent development.
- Safe staffing should be included as a key “quantifiable” LHB Health Board performance measure, open to scrutiny in public Board meetings.
- The Francis Report was very specific on the need for enhanced “Ward to Board” ownership and communication of front-line care and performance. Such clear measures could help in addressing this Board-level communication and scrutiny.

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 patient wards in acute hospitals.

- CHCs agree with this but “reasonable steps” need to be defined to avoid ambiguity.
- The sanctions for failure in this duty need to be clear.

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

- Safe staffing should be a legal requirement in all clinical environments, not just adult inpatient wards (this should include community and primary care environments too).

The requirement for the Welsh Government to issue guidance 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)?**

The CHCs very strongly endorse the requirement for guidance to be provided as stated. Welsh Ministers should keep such guidance under continuous review.

- **Includes provision to ensure that the minimum ratios are not applied as an upper limit?**

The CHCs fully support this and regard such an approach as essential (see relevant comments above).

- **Sets out a process for the publication to patients of information on the numbers and roles of nursing staff on duty?**

Such transparency is crucial. It will engender public confidence. Some CHCs have suggested that the *Annual Quality Assurance Statement* could provide a vehicle for informing the public regarding this in general terms .

It is also crucial that patients and their relatives are made aware of the numbers of staff that should be on duty against those that are actually on duty “in real time” at ward level (and other clinical area level). The CHCs would be happy to explore how they might support LHBs to keep the public informed reading safe staffing levels.

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

These protections are absolutely essential and are fully supported by the CHCs. The activities listed in the Bill must be considered and properly accounted for in workforce planning methodologies.

The requirement for Welsh Ministers to consult before issuing guidance?

This is supported by the CHCs.

The requirement for each health service body to public an annual report?

This is supported by CHCs. Such transparency is essential if public confidence is to be maintained.

The requirement for Welsh Ministers to review the operation and effectiveness of the Act?

Supported. CHCs would like firm assurance that Welsh Ministers will review the operation and effectiveness of the Bill. If legislation is agreed, CHCs would expect that regular close monitoring of implementation takes place with regular performance reports provided, with a formal evaluation being undertaken. There should be active involvement from professional and academic bodies to support the development and monitoring of any measures.

View on the effectiveness and impact of existing guidance?

Current guidance has not sufficiently improved staffing levels; hence the need for legislation. We would expect agreed nurse/patient ratios to be met

consistently, although there may be an argument for sensible tolerances to be built into any workforce planning and management systems. Where agreed nursing staffing ratios are not met, we would expect to see urgent recovery plans developed and implemented, and for Welsh Government to take action if problems persist.

Balance between what is included on the face of the Bill and what is left to subordinate legislation and guidance?

No specific comments.

Financial implications of the Bill.

Quite clearly, if nursing staffing establishment have been under-resourced to date, there may be additional cost implications as a consequence of this legislation. However, this could be significantly offset by a concomitant reduction in spend on nursing bank and agency staff and overtime. Additionally, we might expect reduced sickness levels amongst nurses as staffing levels improve (so mitigating the extra costs that might be associated with the introduction of this legislation). Finally, we are aware that international evidence indicates a positive impact on treatment and care outcomes when nursing staffing levels are optimum. It has been argued that this too contributes to cost reduction across the “whole system” of healthcare.

Other Issues

No additional comments.

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