



Llywodraeth Cymru  
Ymgynghoriad – ymatebion unigol

## Deddf Lefelau Staff Nyrsio (Cymru) 2016

Ymgynghoriad ar Ganllawiau Statudol

Awst 2017

# Nurse Staffing Levels (Wales) Act 2016

## Response 1

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach		X				

#### Section 25B

	1	2	3	4	5	Don't know
Designated person			X			
Reasonable requirements				X		
Nurse staffing level				X		
Reasonable steps				X		
Informing patients		X				
Situations where section 25B applies			X			

#### Overall approach

*No Response*

#### Designated person

who is that? sometimes if a hospital manager that's useless needs to be a trained nurse, too many managers

#### Reasonable requirements

what is reasonable, number of trained nurses should be at least two on night shift to 20 patients and two others, day shift 4 trained and another 4 untrained, depending on area if one to one care required

#### Nurse staffing level

**Nurse staffing level**

as above also not calculated 6 monthly should be done weekly or daily

**Reasonable steps**

*No Response*

**Informing patients**

that is never really properly dealt with in most areas ,talking from being a patient and visitor

**Situations where section 25B applies**

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>		X				
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

**Introduction to section 25C**

*No Response*

**Professional judgement**

*No Response*

**Evidence based workforce planning tool**

*No Response*

**Patient wellbeing is particularly sensitive to care provided by a nurse**

yes too many times now ,patients are not treated with sensitivity and given the best care

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

regards agency staffing ,if you paid the permanent staff double time ,it would save a lot of money to agencies.I do lots of agency work and feel bad that the agency takes the same money as the nurse

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

*No Response*

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

Keep my response anonymous

## Response 2

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>			X			

#### Overall approach

In the introduction place item 3 as number one this will enable the user to understand steps one and two as they will be prompted to read the guidance and act together.

#### Designated person

*No Response*

#### Reasonable requirements

Reasonable requirements could be subjective is there a guideline/definition for reasonable ? based on the evidenced based calculation tool.

#### Nurse staffing level

*No Response*

Reasonable steps

*No Response*

Informing patients

*No Response*

Situations where section 25B applies

What happens if there is a 16 year old on an adult ward ? maybe the age definition is not appropriate could be misinterpreted.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

Introduction to section 25C

*No Response*

Professional judgement

*No Response*

Evidence based workforce planning tool

if we are using an all wales tool could this be referenced

Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

accommodates patients language preference.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

no adverse effects

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes I believe it would as it can therefore not be misinterpreted in addition supports the acts purpose to improve staffing levels to meet the needs of the patient and staff.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

The evidenced based tool used

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Frances Beadle

**Organisation (if applicable)** NWIS

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 3

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>					X	

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>					X	
<b>Reasonable requirements</b>					X	
<b>Nurse staffing level</b>					X	
<b>Reasonable steps</b>					X	
<b>Informing patients</b>					X	
<b>Situations where section 25B applies</b>					X	

#### Overall approach

clear and easy to understand

#### Designated person

understandable and user friendly

#### Reasonable requirements

this may be open to miss interpretation - what is reasonable for one person may be different to someone else

#### Nurse staffing level

clear

### Reasonable steps

abain - same comment as reasonable requirements

### Informing patients

clear

### Situations where section 25B applies

clear

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>					X	
<b>Professional judgement</b>					X	
<b>Evidence based workforce planning tool</b>					X	
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>					X	

### Introduction to section 25C

*No Response*

### Professional judgement

this is open to miss interpretation - what one person thinks may be different to another person- may need to be ore clear

### Evidence based workforce planning tool

*No Response*

### Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

may need to ensure that there is more opporunoty for staff to be offered welsh language training

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

my main concern with this is that it is aimed at acute in patient adult setting. i am a matron for an acute care of the elderly ward, over recent months we have had a huge increase in the amount of patients admitted due to a change of behaviour and require a mental health assessment bed. as there are no beds in the area they are being admitted onto an acute medical ward, mainly cote ward. the safe staffing guidance is very clear in terms of identifying the acuity and dependancy but where we may struggle is defining the acuity and dependancy of the current clientele admitted onto the cote ward which will have an impact on the staffing levels for us. we have been working with our colluages in the older persons mental health unit to oestablish how they flex their staffing to cover the acuity and dependancy of their ward, but workin progress currently.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** eleri evans

**Organisation (if applicable)** bcuhb

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*No Response*

## Response 4

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>			X			

#### Overall approach

I felt this was an easy read and could easily be understood by those it is aimed at or has an interest in this area.

#### Designated person

I was not clear how many designated persons were allocated to a hospital and if that depended on the size of the hospital? It also sounds as if it would be alongside another challenging role. Perhaps there could be a creation of the role of assistant nurse, staff, ration who could feed back to the designated person who would have more time allocated to get a feel for the situation.

#### Reasonable requirements

I think it is worth mentioning the sensitiveness needed for some clients if they are end of life for example or been given bad news. This takes time and patience and is one of those areas that cannot be rushed. Although there is an expectancy that all acute wards will have some of this group of patients, it cannot be anticipated how many are likely at the same time.

#### Nurse staffing level

#### Nurse staffing level

Perhaps alongside the designated person wards could begin to work together and create a shared staff. Therefore in times of need the work could be shared out.

#### Reasonable steps

Wellbeing strategies is a positive implementation however nurses on acute wards particularly, find themselves too busy to have a lunch break never mind leave for a personal reason. This could be considered within the calculation.

#### Informing patients

In my experience this is already the case on many wards. Being part of policy can only develop this further.

#### Situations where section 25B applies

This is ideal as there are different requirements of staff in different specialities. More acute, the greater demand, transferring patients etc.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>					X	
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

#### Introduction to section 25C

A good overall concise introduction given.

#### Professional judgement

I am really pleased this is considered as too many policies neglect this valuable skill that has developed over many years of experience.

#### Evidence based workforce planning tool

No specific tool has been mentioned and perhaps this is an area that could be looked into to help clarify and offer unity across Wales.

Patient wellbeing is particularly sensitive to care provided by a nurse

Of course dealing with sensitive areas of caring i.e. palliative, the nurse: patient ratio needs to be higher. This is highlighted but perhaps could be specifically mentioned.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Of course for those speaking Welsh it is really important that there are Welsh speaking nurses caring for them, however there are many areas in Wales, particularly closer to the English border where Welsh speaking is uncommon. It seems this should be considered but it has not been in this document. There are limited nurses and it would be a wasted resource having Welsh speaking nurses in a geographical area that does not require them.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

I think this would be helpful in this instance. Workforce planning is greatly pro-active but there are times that unforeseen circumstances occur and they should also be considered.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Considering sickness, annual leave and training also. To comply with the retention of staff obligation it would be helpful to be able to offer time to nurses to enhance their study alongside their mandatory obligations. Also to consider winter pressures as staff sickness levels are increased around this time as well as the general populations'.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

The calculation it states will be undertaken every six months. I believe this is too long a period to leave it. I would recommend a 2 monthly meeting to iron out any creases that may be forming.

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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Keep my response anonymous

## Response 5

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>			X			
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>				X		

#### Overall approach

Acceptable; however the need to include nurses in the process would be beneficial.

#### Designated person

It is positive the designated person is a member of the NMC.  
Beneficial to have regular meetings with ward staff.

#### Reasonable requirements

Beneficial

#### Nurse staffing level

Individualised to needs on patients on a specific ward. Assessed weekly/Daily in response to acuity.

**Reasonable steps**

Better training for agency and bank staff.

**Informing patients**

Inform patients of complaint procedures so governance know about staff shortages.

**Situations where section 25B applies**

All wards should be included.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

**Introduction to section 25C**

Nothing to add

**Professional judgement**

Incorporating ground floor nurses would be a positive influence.

**Evidence based workforce planning tool**

More explanation required.

**Patient wellbeing is particularly sensitive to care provided by a nurse**

Nothing to add here.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

This would be beneficial to Welsh speakers; however nurses would need training in Welsh.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Nothing to add

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes and include staff nurses and create policies of community nurses.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Other situations that can affect a patient's care; such as activities of daily living not being met.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Include nurses in future policies.

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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Keep my response anonymous

## Response 6

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>			X			

#### Overall approach

I think the guidance would be complicated for a member of the public to follow and understand. I am a nurse with ward experience and therefore understood the majority of the guidance.

#### Designated person

Satisfactory.

#### Reasonable requirements

Satisfactory.

#### Nurse staffing level

Numerous references are made to making calculations and the triangulated methodology set , without it being explained or addressed at this stage which makes the text a bit confusing.

#### Reasonable steps

#### Reasonable steps

Satisfactory.

#### Informing patients

The guidance does not actually state how the patients will be informed at ward level or in which format it will be. There is not enough information and it is not precise enough.

#### Situations where section 25B applies

Satisfactory.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>		X				
<b>Evidence based workforce planning tool</b>		X				
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

#### Introduction to section 25C

Statement 25 is confusing and difficult to understand. Consider changing the terminology so that it is at a more basic level of understanding.

#### Professional judgement

The term triangulation is used frequently and i'm not sure if all members of the public would understand this term. Consider revising to a more people friendly word.

#### Evidence based workforce planning tool

The explanation of the tool is not clear. What does it actually determine? it is not made clear.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

Satisfactory.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

1. Ensure any members of staff who speak Welsh are utilised appropriately e.g allocated to care for a patient who speaks Welsh as a first language to aid communication.
2. Ensure that when patients are informed of nurse staffing levels at ward level and through public board papers that the format is bilingual.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

No changes required, but need to ensure that the guidance is easily available in Welsh for those who wish it .

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

A more detailed explanation of workforce planning tools and what they achieve would be helpful. In addition, how this then fits into the triangulated approach.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Staff being encouraged to report unsafe staffing levels and unsafe practices.  
Patients being given the information required so that they have the knowledge of how to raise concerns regarding staffing levels where they are being cared for , or how to make a complaints (Clinical governance - listening to patients and staff and learning from mistakes and how to make improvements).

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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Keep my response anonymous

## Response 7

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>		X				
<b>Nurse staffing level</b>		X				
<b>Reasonable steps</b>		X				
<b>Informing patients</b>					X	
<b>Situations where section 25B applies</b>					X	

#### Overall approach

Focus on safe staffing levels may also be interpreted as maximum staffing levels. As a nurse who has experienced working on a unit that relied on day-to-day staffing levels using an acuity meeting BAPM standards, these were also used to limit the number of nurses. If BAPM said the unit needed 8 nurses, only 8 nurses were given. This often didn't equate the actual workload but ward nurses were not permitted to have more nurses than the acuity stated. Whilst these staffing levels are not done as frequent, there is still a danger of this.

#### Designated person

Staffing levels being done by someone who may be out of touch with ward pressures and demands. Also should not be carried out by one person, at least a team.

#### Reasonable requirements

Difficult to provide blanket definitions for reasonable requirements to equate to staffing levels.

#### Nurse staffing level

#### Nurse staffing level

Ward pressures and demands are frequently changing. Also see above.

#### Reasonable steps

*No Response*

#### Informing patients

Agree that the public and patients should be aware so they can challenge that it is not being met.

#### Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>		X				
<b>Evidence based workforce planning tool</b>						X
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>						

#### Introduction to section 25C

Places too much responsibility on one person to make these judgments.

#### Professional judgement

As above. Also very difficult to quantify.

#### Evidence based workforce planning tool

*No Response*

#### Patient wellbeing is particularly sensitive to care provided by a nurse

Unable to foresee future pressures and demands - e.g. If it is predicted to be a quieter time coming up and staffing levels are reduced then it leaves wards short staffed.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Ryan Hare  
**Organisation (if applicable)** NHS

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 8

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of the public

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>					X	
<b>Reasonable steps</b>			X			
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>					X	

#### Overall approach

Quite easy to read but the format is quite off-putting as it looks at first like a legal document.

#### Designated person

It is a little vague as to who the designated person would be therefore there is the possibility of different interpretation.

#### Reasonable requirements

Patients nursing needs are variable and ever changing and the guidance does not appear to address this.

#### Nurse staffing level

*No Response*

#### Reasonable steps

Not strong enough statement. Staffing must be maintained as any failure to do so could have catastrophic consequences.

#### Informing patients

Does not explain what an easily accessible format is. Patients could have hearing or sight problems, dementia, learning difficulties, altered consciousness, unable to understand the language that is used or many other reasons.

#### Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>	X					
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>	X					

#### Introduction to section 25C

Very confusing and hard to understand this section.

#### Professional judgement

*No Response*

#### Evidence based workforce planning tool

No description of what these tools actually are.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

It appears that staffing levels are based on how many falls, errors and ulcers are evident. All areas are different. Just because an area has more incidents does not necessarily mean that they need more staff. Some areas have patients that are less mobile and the patients have greater needs for example.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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## Response 9

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach				X		

#### Section 25B

	1	2	3	4	5	Don't know
Designated person				X		
Reasonable requirements					X	
Nurse staffing level				X		
Reasonable steps					X	
Informing patients					X	
Situations where section 25B applies					X	

Overall approach

*No Response*

Designated person

*No Response*

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

*No Response*

Informing patients

*No Response*

Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>					X	
<b>Professional judgement</b>					X	
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>					X	

Introduction to section 25C

*No Response*

Professional judgement

*No Response*

Evidence based workforce planning tool

*No Response*

Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

In an ideal world, the opportunity to have a welsh speaking member of the nursing staff would be a lovely service to offer, for those patients who wish to converse in their chosen language.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

If appropriate to add, I feel strongly that due to staffing problems, those staff that are working on the shop floor are under a lot of pressure and failing on many occasions to have a break of any kind, which in return adds to poor concentration, stress, anxiety and becoming unwell themselves, which may lead them to go off sick.

## Page 2: Submit your response

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## Response 10

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>	X					
<b>Nurse staffing level</b>		X				
<b>Reasonable steps</b>			X			
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>					X	

#### Overall approach

Quite easy to read but the format is quite off-putting as it looks at first like a legal document. Should have an easier to read format for everyone to be able to understand.

#### Designated person

It is a little vague as to who the designated person should be, therefore there is the possibility of different interpretation. Also why is a person so far removed from how a ward runs make decisions about staffing. Surely that was the point of bringing back Matrons

#### Reasonable requirements

Patients needs are variable and ever changing and the guidance does not appear to address this. It states the number of nurses not only means registered nurses but the number of people that are supervised by them. These staff are not interchangeable and have different roles and as such should not be included in the same calculation otherwise it would be deemed appropriate to fit a healthcare support worker into a staff nurse role if the numbers fit. Unacceptable.

#### Nurse staffing level

#### Nurse staffing level

Every six months is too long a time. Needs change constantly and what is acceptable for one area is downright dangerous in another.

#### Reasonable steps

Reasonable steps is not a strong enough statement. Staffing must be maintained as any failure to do so could have catastrophic consequences.

#### Informing patients

Does not explain what an easily accessible format is. Patients could have hearing or sight problems, dementia, learning difficulties, altered consciousness or be able to understand the language that is being used. How will this be addressed.

#### Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>	X					
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>	X					

#### Introduction to section 25C

Very confusing and hard to understand this section. What is the triangulation process discussed?

#### Professional judgement

There is a lot for the person deciding on staffing levels to think about, considering that they are far removed from the clinical area. Can they know the staff that well? Also the evidence based uplift factor was decided in 2011. Have we not learned anything from the Andrews Report about staffing and safety?

#### Evidence based workforce planning tool

No description of what these tools are or how they work.

Patient wellbeing is particularly sensitive to care provided by a nurse

It appears that staffing levels could be based on how many incidents or errors there are. Some areas may not have as many due to different types of patients but still could be struggling to cope with high workloads, staff illness and low morale which have an impact on staffing.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

As with all languages and instances where patients need help with communication, provision should be sought to assist in this. I cannot see that this guidance would have any effect on the use of the Welsh language.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

This appears to be more of a political question than to actually help ascertain staffing levels.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes, more detail would be necessary to fully understand what needs to be done. This guidance has lots of grey areas.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Already suggested in previous questions. More detail.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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## Response 11

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

*No Response*

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>				X		
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>			X			

#### Overall approach

Complicated for members of general public to understand and participate into consultation.  
Vague. No inclusion of the staff on a ground, plus maximum staffing level could be mentioned.

#### Designated person

Out of touch executives can not always appreciate the demands and pressures.  
poor judgment and high risk of errors.  
Nursing staff levels traditional managed within a ward/unit.  
All nurses are safely practicing within regulation by NMC.

#### Reasonable requirements

What to understand under the term of definition: reasonable requirements?  
Needs holistic approach, human nature assessment, needs are continuously changing.

#### Nurse staffing level

Not demonstrated the particularity of each individual ward/ unit, recommendations on nursing ratio 1:4 were offered in 2014, but in some hospitals 1:6 depends on s level of acuity .  
Take into the account the wellbeing of the staff!!

#### Reasonable steps

Use the Datex to report the unsafe staffing levels.  
Ratios and nursing staffing levels should only include the registered personal, that should be stated strongly.

#### Informing patients

Can be unrealistic challenge, due to emergency situations .  
Make patients and family members about the complaint procedures.

#### Situations where section 25B applies

N/A

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

#### Introduction to section 25C

Involve the staff on a ward/unit for accurate reflection, reassess and evaluate every 6 months.  
Use a skill mix procedures nit only nursing once. Evaluate the levels of safe delegation.

#### Professional judgement

Professional and individual clinical judgement based on management within staff sickness, annual leave and retirement, newly qualified nurses need support. Current lack of staff, difficulties to quantify when safety must come fist.

#### Evidence based workforce planning tool

Not clear what is this tool used for if the understaffing is continuously a problem in the majority of the NHS settings.  
Who should be using this planning tool and when???

#### Patient wellbeing is particularly sensitive to care provided by a nurse

Patient wellbeing is particularly sensitive to care provided by a nurse

NHS covers all areas of patient's care, often the complaint is that staff has no time to care.  
It is impossible to measure each individual settings to predict the future of the emergency situation.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Political question!  
NHS should provide prudent healthcare using the resources and staff available.  
Unrealistic for all members of staff to be bilingual.  
Vary within Wales with geographical areas and population.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

How much relevant to have Welsh speakers on each shift/?  
Facilitate training and courses , recording system if needs to be to encourage staff to learn Welsh.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

More in detail exploration of the planning tool and workforce.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Planning workforce guidance or tool??? Same or different???  
Put patients wellbeing first.  
Include winter pressures and emergency situations.  
Encourage staff members to report the unsafe /low levels of staff.  
Should look into professional moral and pressures.  
Allow patients to express their views upon safe ratio and feedback on quality of service.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Not very clear deliver of such an important discussion.

## Page 2: Submit your response

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## Response 12

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>		X				

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>		X				
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>			X			
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>	X					

#### Overall approach

It appear limited in the overall approach, as this document is open for consultation members of the public may find it a difficult document to understand therefore limiting the consultation purpose. The document overall appears very vague and not purposeful. It may be used in order to place a maximum nurse staffing level in targeted areas rather than having the desired affect for the opposite purpose.

#### Designated person

There is a vague description of who the 'designated person' will be. If a senior member of nursing staff will be employed, they may be unaware of the current ever changing pressures on front line staff. It may prove a large task for one designated person allowing for the risk of errors. The document does not clarify if the 'designated person' will be responsible for one ward / speciality area, multiple wards within one hospital setting or for the whole health board. There is no mention if the 'designated person' will liaise with ward staff to gain a wider knowledge of the current situation the staff on the front line are facing. Professional judgement is mentioned throughout the document, again very vague, a professionals judgement may be reliant on their previous experiences.

#### Reasonable requirements

It is very unclear what 'reasonable requirements' are and difficult to provide a blanket definition for

### Reasonable requirements

such topics. It does not include the notion of patients hygiene needs, mobilisation, toileting, administration of medication and the importance of providing holistic care to the patient and their family. The well being of staff is also omitted from a reasonable requirement. It is a vague notion and open to interpretation on many levels.

### Nurse staffing level

Again due to the vague description of reasonable requirements, there may be conflict with best practice in the interest of the patients, staff and the local health board. Tasks such as patient discharge and transfer to other wards or hospitals may be considered as these can be very time consuming on many levels. The current acceptable nurse patient ratio is not outlined, the World Health Organization (2014) suggest a ratio of 1:4. Reference to the calculation method of utilising a triangulated approach is made. However, the lack of explanation of this triangulated calculation approach within this document proves difficult to consult on the process.

### Reasonable steps

This section of the document details the consideration of Health Care Support Workers (HCSW) yet the document's purpose is to provide guidance on qualified nurse staffing levels. The number of HCSW working on each ward should not have a bearing on the amount of qualified staff nurses required as HCSW have limited responsibility, accountability and skills. The addition of measuring distribution of HCSW staff may allow for inappropriate utilisation of HCSW's adding pressure and accountability to the qualified nursing staff.

### Informing patients

It is not clear from this document, who will inform the patients, how will this be carried out, when will this be carried out and will cultural and communication considerations be included. If there are staff shortages on the ward this will be an additional pressure for front line nursing staff who may encounter aggression and violence during this task. It could be proposed a member of management (such as the bed manager) could carry out this task. Inclusion of the complaints procedure may be introduced as well as the notion of transparency to patients of what methods have been attempted to prevent this situation and how the situation has a possible bearing on their care.

### Situations where section 25B applies

The document outlines its applicability to patients age 18 years and over, however, current guidance within local health boards demonstrates patients may be admitted to acute surgical and medical wards from the age of 16 years. Consideration may also be placed on the amount of patients which may be admitted as 'out lying' patients from alternative specialities. This may increase the workload for the front line staff nurses through the location of appropriate medical professionals and the possibility of accessing equipment and treatment not available on the current ward.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>		X				

#### Introduction to section 25C

Within this section of the document there appears to conflicting principles, 'reasonable requirements' and the patients 'well being'. It could be considered these two principles may be opposing or occasionally similar, clarification is required as it may be subject to various interpretation. A proposal to include staff well being, a measurement of staff skills, experience within the specific clinical area within the acuity of patient condition may be considered. The notion of 'out lying' patients should be considered when assessing the acuity of the patients condition. It may be proposed the 'designated person' should meet face to face with ward staff to observe the current situation, also more frequent calculations may be required monthly or weekly depending on clinical need, six monthly meetings may be inadequate.

#### Professional judgement

Terminology within the second sentence (27) of professional judgement guidance appears vague, stating each calculation 'can' include all or any of the following aspects. It could be proposed this should be amended to each calculation will include all or any of the following aspects, again the guidance is open to differing interpretation. Staff training is inclusive in this area of guidance but no emphasis on statutory staff breaks, yet the current pressures within nursing do not promote such crucial well being contributory factors. The frequent turn over of staff may prove difficult within this area as well as the inability to quantify nurse experience and skill.

#### Evidence based workforce planning tool

It is unclear who will be required to utilise this tool and how frequently, it must be noted if nursing staff who are already under pressure from staff shortages have the responsibility to carry this out it may be at the expense of patient care. The guidance does not outline what tool will be used or how it is validated, again could this be reliant on varying interpretation?

#### Patient wellbeing is particularly sensitive to care provided by a nurse

There are clearly many other areas for consideration such as, communication, mental health, hygiene, toileting, infection control, violence and aggression, palliative care and end of life care inclusive of family support. It is discouraging only a few areas have been noted within the guidance yet thought provoking as to why they have been included and not others.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

By the implementation of prudent health care staff may be utilised in a manner where bi-lingual staff will be distributed throughout departments. This appears a political question and caution must be taken not to discriminate or disadvantage those who speak alternative languages to English or Welsh. It could be proposed the person who will be responsible for communicating the staffing difficulties with patients may be a bi-lingual member of staff, whilst ensuring they are at no disadvantage from an additional pressure or role. Although the Welsh language is viewed as an

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

important factor when considering policy implementation it should not deviate the focus from the matter at hand.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

It would be favourable to employ bi-lingual staff and the local health boards may consider providing welsh language courses for its staff.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes, more detail on the exact tool being implemented is required.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Consideration for winter pressures within the NHS need inclusion as well as details of how the tool is used. Staff well being should be taken into consideration and the ability to have their unpaid statutory break off the ward setting. Who has validated this workforce planning tool? Inclusion of an uplift figure in order to retain staff is required. It could be proposed the tool is utilised more frequently.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Encouragement must be given to staff and patients alike to report unsafe / low staffing levels (via Datix for staff). Evaluation of patient care should be carried out frequently particularly during staff shortages to demonstrated the current evident issues faced.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Hannah Roberts  
**Organisation (if applicable)** ABMU NHS Trust

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*No Response*

## Response 13

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>			X			
<b>Informing patients</b>					X	
<b>Situations where section 25B applies</b>					X	

#### Overall approach

Aims clear

#### Designated person

Duty to define but I feel this must reflect opinion of clinical nursing staff.

#### Reasonable requirements

Agree but again : "reasonable" can be subjective and clinical staff must recognize this as so.

#### Nurse staffing level

Agree, needs defining but crucial how that will be done and must reflect a clinical nurse's definition.

#### Reasonable steps

Reasonable steps

Subjective

Informing patients

Absolutely vital - not sure best way forward but per shift and Ward visible information I agree with.

Situations where section 25B applies

Totally agree with necessity in Acute medical wards.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

Introduction to section 25C

Fine.

Professional judgement

Identified importance of how this is calculated ( How will it be?). Physios often document an "unmet need "in patient's notes and I think nurses as professionals should routinely report unmet needs due to staffing.

Evidence based workforce planning tool

Has to be robust and tested tool.

Patient wellbeing is particularly sensitive to care provided by a nurse

Crucial- patient satisfaction paramount and any measurements that reflect this are essential.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Nothing here.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

no recommendations.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Specific measurement and guidance related to appropriate response in areas where staff sickness / work stress can be attributed to poor staffing levels to further inform and fine tune what levels are safe for staff well being .

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Not totally sure of extent of information but as 7. Unpaid extra work or missing breaks is " goodwill" that is not measured and can hide the issue of short staffing as staff fill the gaps rather than compromising care.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

I cannot provide data but I personally find periods of poor staffing impacts on my work and causes stress and feelings of helplessness and being undervalued. I know of many instances where myself or colleagues stay in own time to finish work to a standard they are professionally happy with.

## Page 2: Submit your response

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## Response 14

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>				X		

#### Overall approach

Overall approach was good and informative however, the nurse staffing guidance needs to apply to all clinical areas due to the wide variance of needs/ demands/ services.

#### Designated person

I think its good to have a designated person responsible for overseeing the issues that come with poor staffing levels and the method of calculation for the level of care required, as this gives you a central point of access as opposed to many different variances. I also think that the designated person needs to have a good knowledge of the clinical area in which they are responsible for and the patient groups that are being nursed within that area in order to understand what requirements are needed to provide the most appropriate patient centred care when calculating the amount of nurses needed. There should be a designated person overseeing staffing issues within the community. Due to a recent shift in the community services, increased number of nurses leaving the community and an increased number of complex cases that are now coming out of hospital, staffing levels need to be reviewed.

#### Reasonable requirements

The guidance specifies that reasonable requirements are the patients nursing needs as assessed by the ward nursing team. However, I feel that patient requirements on a ward varies greatly as

#### Reasonable requirements

opposed to their nursing requirements needed in their home. Some assessments are not always carried out on the wards and therefore does not always reflect their requirements needed at home.

#### Nurse staffing level

Its good to have staffing levels reviewed regularly or when there is change of use/ services as it allows problems to be identified sooner rather than later. Again this is aimed at staffing levels on the wards and not within the community setting.

#### Reasonable steps

Steps should be taken immediately (as soon as someone leaves their role) to recruit replacements, as previously this has taken in some cases many months to do. If you have one or more members leaving at the same time the pressure placed on other nurses to fulfil their roles until new staff are recruited causes more strain and can compromise patient care. Further support is needed for nurses when staffing levels drop to a critical point. Moving staff to other areas of clinical practice to help alleviate staffing pressures don't always work as it can leave that particular area short too.

#### Informing patients

Patients definitely need to be made aware of staffing issues as this gives them an insight into the pressures of providing nursing care and the need for prioritisation. This is not always easy as the expectation to provide nursing care can be taken for granted and there is an increase in demand.

#### Situations where section 25B applies

Again, the guidance should apply to other clinical areas such as community.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

#### Introduction to section 25C

Introduction is good, informative and easy to read.

#### Professional judgement

#### Professional judgement

Looking and identifying nurses competencies, experiences and skills is good as it allows the designated person to calculate whether or not more staff is needed initially until all skills have been achieved to meet the needs of the patients for that clinical area.  
More time is now needed to nurse and support patients and their families with language barriers, we are seeing more and more patients from other countries.  
More staff may be required due to the increase in single room cubicles.

#### Evidence based workforce planning tool

An evidence based workforce planning tool is a good idea as it will provide visual evidence that more staff is needed particularly on the wards, as the wards have a maximum capacity. Not so sure it would work in the community due to variances in the caseloads.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

This is more specific to the wards as opposed to patients homes. However, data such as medication errors can indicate whether the nurse staffing level contributed towards the errors being made.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

I personally don't think that this guidance would have any different effects on the welsh language with regards to opportunities for people to use welsh.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes, being made aware of these guidance's would encourage members of the organisation to come forward to express concerns or ideas as opposed to trying to cope with the pressures/ demands of patient requirements.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Not sure

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

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Keep my response anonymous

## Response 15

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>	X					

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>		X				
<b>Reasonable requirements</b>	X					
<b>Nurse staffing level</b>	X					
<b>Reasonable steps</b>	X					
<b>Informing patients</b>	X					
<b>Situations where section 25B applies</b>	X					

#### Overall approach

The overall approach is very vague with no inclusion of ground staff having any input on the guidance.  
The guidance could be used as a maximum staffing level instead of minimum.  
It is very complicated for members of the public to consult on.

#### Designated person

The Executive Director of Nursing is probably not the best person to calculate the number of nurses needed on a particular ward as they are not front line workers so may not be fully aware of the nursing pressures and demands being faced. It should be the role of the Nurse in Charge/Ward Manager to make such decisions as they know their nurses and the demands of their wards. It is a big responsibility for one person to have, increasing risk of error and/or poor judgement. It also doesn't state how many wards this person will be responsible for. It is appropriate that they have an NMC registration.

#### Reasonable requirements

It is very difficult to provide a blanket term for "reasonable requirements". There are many factors to consider; hygiene, nutrition, mobility, privacy, mental health, infection control, palliative care, violence and aggression etc - all of which can change on a daily basis. We should be using an holistic

### Reasonable requirements

approach to provide care.  
It mentions using the "Triangulated Methodology" to calculate nurse staffing levels but it doesn't state clearly enough, what this is or how to implement it.

### Nurse staffing level

The Nurse Staffing level is not stated anywhere. The WHO (2014) recommend a 1:4 nurse staffing level and I think this guidance should be more specific. At the very least you should stipulate a maximum nurse:patient ratio so that the Designated person has guidelines to work with.

### Reasonable steps

You should state that Datix forms are to be completed when a nurse has to work with unsafe nursing levels.  
I do not think healthcare support workers (HCSW) should be included in this guidance as it should focus on Nursing levels.

### Informing patients

Who is suppose to inform the patients and at what point?  
What information are we giving? A patient should never be put in a position where the lack of nursing staff will have a detrimental affect on the care they receive. The operational steps are reasonable but it has to be clear that the Nurse-in-Charge is able to ask for more staff or close beds if there are not enough Nurses on duty to run the ward safely (without any pressure from management).  
State to make the patients aware of the complaints procedure.

### Situations where section 25B applies

The ward staff have to be consulted to gain an accurate reflection of the ward.  
The meetings should be monthly as 6 months seems to long.  
The responsibility on the Designated person is too much.  
You need to take into account skill mix, not just the number of nurses.  
What about outlying patients?

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>	X					
<b>Professional judgement</b>	X					
<b>Evidence based workforce planning tool</b>	X					
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>	X					

### Introduction to section 25C

Introduction to section 25C

*No Response*

Professional judgement

The Designated person does have an NMC registration but it is the Executive Director of Nursing so they are not a front line worker facing the daily pressures of the job. Liaison with Nurse-in-Charge/Ward Managers is essential.

Evidence based workforce planning tool

What is this tool?  
Who uses it?  
Who has validated it?  
Very unclear.

Patient wellbeing is particularly sensitive to care provided by a nurse

As this is a Nurse staffing level guidance, I do not think HCSW should be included. I would be concerned that including HCSW can lead to them being used instead of a qualified nurse. This guidance should provide a qualified nurse:patient ration that is deemed safe practice. HCSW are there to support and not substitute a qualified nurse.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

The Welsh language has no bearing on staffing levels.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes. Explain what it is. Who uses the triangulated method tool?

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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## Response 16

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach			X			

#### Section 25B

	1	2	3	4	5	Don't know
Designated person				X		
Reasonable requirements				X		
Nurse staffing level				X		
Reasonable steps				X		
Informing patients				X		
Situations where section 25B applies				X		

#### Overall approach

*No Response*

#### Designated person

Description of designated person not given. Would this be a ward manager or senior nurse? Senior nurses don't work on the wards and so are relying on information provided to them. What is sufficient seniority?

#### Reasonable requirements

Reasonable requirement left to the judgement of the nursing team- who would this involve?

#### Nurse staffing level

Calculation of nurse levels to be renewed every 6 months. Does this need to be more frequent? Due to sickness/ long term sickness, staff turnover etc.

### Reasonable steps

What is meant by temporary workers? Who would fund these? How would you recruit? What is 'reasonable steps to maintain the nurse staffing levels?'

### Informing patients

Good that information should be accessible for patients as now if patients are able to complain there maybe a change in numbers. What is public board paper? - do patients know about this?

### Situations where section 25B applies

What will happen to staffing numbers on acute admissions/ assessment units?

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

### Introduction to section 25C

So the ratio of patients to nurse could change on a day/day basis, providing on what type of patient and care needs are being looked after on that day.

### Professional judgement

Good that the designated person will look at the qualifications, competencies, skills and experience of the nurses, but again using temporary staff. This won't provide continuity of care to patients. Would need a multi cultural team- is this possible?

### Evidence based workforce planning tool

*No Response*

### Patient wellbeing is particularly sensitive to care provided by a nurse

The business of the ward needs to be considered ie, what type of patients are on the ward at this time.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

i) there isn't always a member of staff on the ward who can speak Welsh.

ii) Good idea but how will this work in practice?

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

i) maybe to offer Welsh language course to all staff to be able to learn the language or to even brush up on existing skills.

ii) Ask patient's are they Welsh speakers and if so try to find a nurse who is able to communicate with them.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

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## Response 17

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>					X	
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>				X		

#### Overall approach

Comprehensive, succinct and free of unnecessary jargon.

#### Designated person

I agree that the designated person should be registered with the Nursing and Midwifery Council. I do feel though, that the designated person should not be making decisions in isolation, but work in close contact with all grades of nursing staff, enabling a more realistic assessment of the staffing levels needed to deliver safe patient centred care.

#### Reasonable requirements

I agree with this statement.

#### Nurse staffing level

This should be looked at more regularly than six monthly, as many factors could challenge the number of staff to be allocated to a particular area. Staff sickness being a major factor.

#### Reasonable steps

This is a fair statement.

#### Informing patients

I am concerned that by choosing to inform ward patients of the present staffing level, could be detrimental to their psychological and emotional well being, if staffing levels were determined to be under the required quota for that day. This could in turn undermine the patients confidence in the remaining staff manning the wards, especially if agency staff were bought in to boost the numbers. I am not entirely sure what this would achieve.

#### Situations where section 25B applies

No further comment.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>					X	
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

#### Introduction to section 25C

Comprehensive and accurate considerations.

#### Professional judgement

Safe criteria for the basis of professional judgement.

#### Evidence based workforce planning tool

The workforce planning tool, would need to address, and take into consideration any specialist needs of the area being assessed.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

No additional comment required.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

I do not believe that the guidance will prevent people from using the Welsh language. Wales is a diverse community, and Health Care Professionals are already actively supporting an individuals desire to express themselves in their first language as part of holistic patient centred pathway. Whether that be the Welsh language or not.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

No comment.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

No comment.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

No comment.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

None identified.

## Page 2: Submit your response

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*No Response*

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*No Response*

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Keep my response anonymous

## Response 18

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>				X		

#### Overall approach

The overall aim is clear. There is no explanation of the historical context for this.

#### Designated person

This is clear

#### Reasonable requirements

Should the ward "safe" staffing levels come in here in order to deliver safe patient care?

#### Nurse staffing level

Clear but it sounds complex to calculate.

#### Reasonable steps

**Reasonable steps**

This is explained well.

**Informing patients**

How this will be done is not made explicit

**Situations where section 25B applies**

This section is clear

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

**Introduction to section 25C**

Good

**Professional judgement**

Clear

**Evidence based workforce planning tool**

Can a tool be named?

**Patient wellbeing is particularly sensitive to care provided by a nurse**

The examples (iv 32-36) are all negative - can (iv) be expressed in positive terms also?

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

The tools would have to be provided in both languages to meet the criteria listed in (i) & (ii)

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

As long as the guidance is provided in both languages English & Welsh, it will have no adverse effects on opportunities to use the Welsh language, as far as I can tell.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Perhaps non statutory guidance would be sufficient to help wards/hospitals to apply the principles outlined in the statutory guidance.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

A named Evidence Based Workforce Planning tool and examples of how the tool and the triangulation process work in practice.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

I am not convinced that statutory guidance on nurse staffing levels will solve the fundamental problems of not being able to recruit or retain enough nurses. It may simply result in even more pressure falling on existing nurses to work more hours to meet statutory staffing levels, add another administrative burden to senior staff in applying the Tools and increase the cost of agency work even more.

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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*No Response*

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Keep my response anonymous

## Response 19

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>			X			
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>			X			

#### Overall approach

although it is discussed that it is not for all departments, this should possibly be revised to cover all departments.  
it is also very vague, and did not include ground floor staff. the ones who are in the front line.

#### Designated person

could possibly be a nurse in charge of a ward, as they would know how the ward runs on a day to day basis. will also have the expertise to risk assess and manage the staff and how many staff are required.

#### Reasonable requirements

recognizing your setting.

#### Nurse staffing level

it is not actually stated within the document. the world health organisation states 1 nurse to 4 patients.

Reasonable steps

*No Response*

Informing patients

do patients need to know, patients should be given the best possible care regardless of staffing levels and if patients are not experiencing this this should be dealt with immediately.

Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

Introduction to section 25C

should include meetings with ground floor staff to evaluate the staffing levels on a weekly basis.

Professional judgement

this may be difficult due to the number of staff retirements and possibly newly qualified staff being put into these posts. this may then need to fall on to ward managers.

Evidence based workforce planning tool

validated by who????  
when is it validated?  
and who is it used by?

also this tool needs to be more robust and easier to use on a ward level.

Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

this is not realistic and could possibly be required only in certain geographical areas.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

is this relevant to staffing levels?

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

yes as previously said a possible more robust tool should be formalated. a tool that can be used at ground floor level by the staff on the ward.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

who is validating this tool?

and is evaluation every 6 months too long, evaluation should be done more regularly to allow for a more evidence base argument when it comes to telling the government that wards are understaffed.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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## Response 20

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>		X				
<b>Reasonable steps</b>			X			
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>			X			

#### Overall approach

The overall approach to the guidance is vague and does not specify an actual safe nursing staff level; the consultation did not include nurses at ground floor level and therefore the members of the team implementing these acts may not understand the nurse to patient ratio required at ground level. The act only includes acute surgical and acute medical wards; there is room for exploration of Intensive care and community settings.

#### Designated person

Whilst acknowledging that the designated person is suggested to be a NMC registrant; it is also stipulated that this person is to be someone of seniority such as a clinical nurse director. The issues surrounding this decision include that there seems to be too much workload put on one person; therefore increasing the chance of error; a nurse director may also be out of practice of the day to day work a staff nurse is required to carry out on the ward. Therefore a suggestion for a ward manager to have the autonomy to manage their ward using acuity tools and therefore maintaining safety of both patient and staff; maximising the level of care patients require.

#### Reasonable requirements

There is a reference to triangulated methodology in this consultation however it doesn't explain what it is and the purpose of it; which makes this document difficult to apprise. The reasonable

#### Reasonable requirements

requirements are lacking in basic nursing needs; such as the activities of daily living- basic hygiene, nutrition, mobilising and this document does not identify the ever changing needs of patients; and with a growing population the complex needs these patients may have.

#### Nurse staffing level

There is no nurse to patient ratio stated; however it may be important to note that The World Health Organisation (2014) recommend 1:4 nurse to patient ratio for acute settings.

#### Reasonable steps

Whilst recognising that Health Care Support workers are a valuable member of any nursing team; it isn't however thought that using HCSW numbers in nursing staff levels is safe practice due to the complex role of the staff nurse as a high number of tasks can not be delegated. It should also be noted that all incident reports made by nurses for unsafe staffing levels should be notified and dealt with accordingly and levels should be addressed as soon as possible.

#### Informing patients

Patients should be informed of the complaints procedure if their basic needs are not being met.

#### Situations where section 25B applies

N/A

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

#### Introduction to section 25C

A recommendation for practice includes meeting with ward staff to identify needs of the ward and a true reflection of staffing levels needed.

#### Professional judgement

It is paramount to note that it is difficult to judge the amount of staff that will be available due to staff

Professional judgement	movement, sickness, new staff and ward acuity.
Evidence based workforce planning tool	The evidence based workforce planning tool appears to be a useful idea; however it would be instrumental to note who uses the tool and how the tool has been validated.
Patient wellbeing is particularly sensitive to care provided by a nurse	Many areas have not been considered in the consultation document such as communication, hygiene needs, mental health, infection control, aggression and palliative patients. For future consultations it would be beneficial to include ground floor nursing staff.
Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.	Whilst opportunities to use the Welsh language would be desirable it is however unrealistic to have a few members of the team that speak welsh in a crisis point for nurse staffing levels.
Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.	As stipulated in the previous question; the ability for staff nurses to speak the welsh language is desirable and extra training would be beneficial, however relevance to staffing levels can be questioned.
Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.	The actual ratio of nurse to patient ratio would be beneficial.
Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?	The tool does not include winter pressures, well-being for staff is not accommodated on the ward and this would be paramount to address with an increasing number of sickness rates.
Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.	Allowing ward managers and staff nurses the autonomy to identify and use professional judgment when a number of nursing staff is not safe and for the management to listen, act and implement change to improve patient care.

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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## Response 21

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of the public

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach				X		

#### Section 25B

	1	2	3	4	5	Don't know
Designated person				X		
Reasonable requirements				X		
Nurse staffing level				X		
Reasonable steps				X		
Informing patients					X	
Situations where section 25B applies			X			

Overall approach

*No Response*

Designated person

*No Response*

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

*No Response*

Informing patients

*No Response*

Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>					X	
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>					X	

Introduction to section 25C

*No Response*

Professional judgement

*No Response*

Evidence based workforce planning tool

*No Response*

Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

The guidance is in English therefore those who's first language is Welsh would be a disadvantage. By ensuring the guidance is written in both English and Welsh would demonstrate Welsh is treated the same as the English language.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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**Organisation (if applicable)**

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## Response 22

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>				X		

#### Overall approach

The guidance relates only to establishments and rosters and would benefit from being explicit that professional judgement or objectively assessed need may identify a significantly increased level of patient need on any particular day, beyond the level of variation anticipated and planned for when determining the required roster.

#### Designated person

Senior Registered nurse is certainly a necessary requirement, but should there be a requirement for training in the tool that is used by both the designated person and those undertaking assessments?

#### Reasonable requirements

As above: there should be a requirement for training in the tool that is used by both the designated person and those undertaking assessments.

#### Nurse staffing level

#### Nurse staffing level

The existing tools are relatively mute on issues such as skill mix and deployment of staff throughout the day. It is important to acknowledge that professional judgement must be exercised to determine these matters and to emphasise that the evidence base currently makes it clear that maintaining registered nurse staffing levels is the essential element for maintaining patient safety, established through research evidence.

Section 11 states: "The calculation should be undertaken every six months when the tool data is entered.." This is unclear – for clarity it should be specified that review is required at least every 6 months or more frequently.

#### Reasonable steps

*No Response*

#### Informing patients

*No Response*

#### Situations where section 25B applies

It is specified that "Acute admission/assessment units are distinctly different to acute medical inpatient wards." This could be said of almost any ward type within the broad definition of medical / surgical general wards given – since methods are available to determine the needs of patients in these units it is unclear why this is excluded, given the broad definition of acute general wards. Other ward types that might not be excluded could be more problematic.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

*No Response*

#### Introduction to section 25C

At several points a 'triangulated' approach is referred to. This term has no general meaning and although it is implicit as it being referred to here I think it should be made more explicit from the outset (when first referred to): use of a formally validated (evidence-based) tool combined with professional judgement and consideration of nurse sensitive quality / outcome indicators (including but not limited to patient experience and their perceptions of nurse staffing adequacy).

#### Professional judgement

*No Response*

#### Evidence based workforce planning tool

Determination of the evidence base for any tool that is deemed to be compliant with the guidance is crucial. The processes to be used for this are very important, particularly in the light of the current evidence about these tools, as summarised by NICE for example, which deemed none to have sufficient validation to demonstrate (cost) effectiveness.

#### Evidence based workforce planning tool

It is important that any approach takes into account both acuity of patients and the turnover (admissions / discharges) of patients.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

There is no really clear evidence to show that the specific indicators listed are sufficiently sensitive to staffing at a ward level to be used in a practical way, although investigation to determine if staffing was related to any incidents is merited. However, for medication errors in particular exploration of rates of error should not be limited to events that cause harm since it may be an indicator of pressure and many errors will not lead to harm.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

English and Welsh are referred to in equivalent terms in the document implying that additional work is only likely to be associated with those who speak neither. Meeting the needs of Welsh speakers where nursing staff speak primarily English (or vice versa) should also be identified as a potential issue.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Guidance on the criteria to be used in order to identify a valid tool.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name**

Peter Griffiths

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Organisation (if applicable)** University of Southampton

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*No Response*

## Response 23

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of the public

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach				X		

#### Section 25B

	1	2	3	4	5	Don't know
Designated person			X			
Reasonable requirements			X			
Nurse staffing level		X				
Reasonable steps			X			
Informing patients	X					
Situations where section 25B applies			X			

Overall approach

*No Response*

Designated person

*No Response*

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

*No Response*

## Informing patients

18. Rhaid i'r Bwrdd ystyried unrhyw ofnion o dan Safonau'r Gymraeg ar gyfer darparu'r wybodaeth hon.

A yw'r gair "ystyried" yn ddigonol yma ar gyfer y safonau? Yng ngogledd Cymru fe allwch gael ward gyfan a chleifion iaith gyntaf yn Gymraeg - ydi hynny efallai yn golygu bydd rhaid cael staff sydd i gyd yn siarad Cymraeg er mwyn sicrhau gofal sy'n ddiogel ac o ansawdd?

17. Dylai'r wybodaeth hon gael ei darparu mewn fformat hygyrch sy'n ddealladwy i gleifion.

Beth mae hyn yn ei olygu? Rhaid darparu gwybodaeth ddwyieithog, sydd hefyd yn addas ar gyfer ein cleifion fwyaf bregus yn ein cymdeithas, pobl ag anableddau dysgu, defnydd o luniau, BLS, Makaton a Braille e.e.

Rhaid sicrhau bod y cleifion yn ymwybodol mai dim ond am lefel y staff nyrsio mae hwn yn berthnasol i, oherwydd ar wardiau mae llawer o bobl yn cyfrannu at eu gofal, ffisiotherapi, meddygon, gweithwyr cymdeithasol, nyrs arbenigwyr ayb

## Situations where section 25B applies

Rhaid datgan fod unedau gwasanaeth anabledd dysgu yn eithriad hefyd?

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>		X				

## Introduction to section 25C

*No Response*

## Professional judgement

*No Response*

## Evidence based workforce planning tool

Tystiolaeth gan y claf yn bwysig hefyd?

## Patient wellbeing is particularly sensitive to care provided by a nurse

Patient wellbeing is particularly sensitive to care provided by a nurse

36. Yn ogystal â'r tri dangosydd a nodir uchod, gall y person dynodedig ystyried unrhyw ddangosydd arall sy'n sensitif i lefel y staff nyrsio y tybiant sy'n briodol i'r ward lle mae lefel y staff nyrsio yn cael ei chyfrifo.

E.e. "Reasonable adjustment" / addasiad rhesymol ar gyfer pobl fregus / ag anabledd dysgu "Equality Act"?

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Dyma gyfle gwyh i sicrhau bod y byrddau iechyd yn gofalu bod nyrsys sy'n siarad Cymraeg ar gael ym mhob ward a bod y cynnig rhagweithiol yn cynnig clir a real i'r claf. Mae hyn yn fater i recriwtio i'r Prifysgolion i baratoi gweithlu'r dyfodol ag i'r byrddau iechyd i annog ei staff i gynnig gwasanaeth yn y Gymraeg. Gall edrych ar y data i sicrhau bod y wardiau sydd â chleifion Cymraeg ei iaith yn derbyn gofal yn y Gymraeg, efallai cwota o staff ar bob ward?

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Mae canllawiau "Mwy na Geiriau" ar gael yn barod, mae rhaid i'r byrddau iechyd gwrdd ar safonau does dim angen trafod hyn, rhaid i'r byrddau iechyd ddangos eu bod yn cwrdd ar safonau!

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Na, fe dyle'r mae'r Gymraeg fod yn annatod yn y canllawiau, nid pwnc ar wahân yw'r Gymraeg. Mai yn bwysig i bawb y Cymry ar di-Gymraeg.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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Keep my response anonymous

## Response 24

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>		X				
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>	X					
<b>Reasonable steps</b>		X				
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>		X				

#### Overall approach

Not fully explained in layman terms

#### Designated person

Not fully explained in layman terms

#### Reasonable requirements

Okay

#### Nurse staffing level

Understood

#### Reasonable steps

#### Reasonable steps

okay

#### Informing patients

okay

#### Situations where section 25B applies

Not fully explained in layman terms

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>		X				
<b>Evidence based workforce planning tool</b>		X				
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

#### Introduction to section 25C

*No Response*

#### Professional judgement

*No Response*

#### Evidence based workforce planning tool

*No Response*

#### Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

It seems that welsh language is pushed to the extreme without consideration to the environment regarding paperwork being in both languages. We do not do this for polish,chinese etc. If someone required welsh language paperwork, I am sure they would ask for it.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

I have seen job applications in welsh for a welsh speaking post but not translated into english. This is where equality fails.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name**

**Organisation (if applicable)**

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## Response 25

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach			X			

#### Section 25B

	1	2	3	4	5	Don't know
Designated person					X	
Reasonable requirements					X	
Nurse staffing level						X
Reasonable steps					X	
Informing patients				X		
Situations where section 25B applies						X

#### Overall approach

No mention of community nursing or primary care.

#### Designated person

*No Response*

#### Reasonable requirements

*No Response*

#### Nurse staffing level

*No Response*

#### Reasonable steps

There should be a revision of the allocation of bank nurses. At present, there is no continuity of care

Reasonable steps

and time is wasted whilst familiarising with the surroundings.

Informing patients

*No Response*

Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>					X	
<b>Professional judgement</b>					X	
<b>Evidence based workforce planning tool</b>					X	
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>					X	

Introduction to section 25C

*No Response*

Professional judgement

*No Response*

Evidence based workforce planning tool

*No Response*

Patient wellbeing is particularly sensitive to care provided by a nurse

The implementation of more tools to be followed for each category of condition to stop patients getting problems e.g. pressure ulcers.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Ruth Vaughan

**Organisation (if applicable)** NHS

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*No Response*

## Response 26

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>					X	
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>					X	

#### Overall approach

No Comment

#### Designated person

No Comment

#### Reasonable requirements

The word reasonable is open to a wide interpretation or even misinterpretation

#### Nurse staffing level

No Comment

#### Reasonable steps

#### Reasonable steps

No Comment

#### Informing patients

Much greater clarity is needed on why we are informing patients, what information should actually be provided, how often that information should be changed/updated and how much detail is required? Welsh Government may like to consider producing a template for all Wales reporting which would support consistency of information in all Health Boards.

#### Situations where section 25B applies

No Comment

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>	X					
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

#### Introduction to section 25C

As the guidance stands there is reference to the use of an evidence based workforce planning tool, however there is currently no such workforce planning tool provided. Including the tool within the consultation would enable meaningful comment to be given on whether the proposed tool is likely to ensure a prescribed and consistent method of calculating staffing.

#### Professional judgement

The guidance is clear but in the absence of the prescribed tool using professional judgement alone could be less robust

#### Evidence based workforce planning tool

There is no actual prescribed evidence based tool within the guidance to make comment on.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

The guidance in itself is clear. It is unusual to see pressure ulcers as the term used rather than pressure damage.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

As there is no specific guidance in this section it is difficult to comment but NHS Wales frequently uses impact assessments to identify areas where specific groups might be disadvantaged.

Caution should be used if it is considered that NHS Wales would need to recruit a specified number of Welsh speakers which may inadvertently have a negative impact on recruitment which is already somewhat strained.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

No further guidance needed.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

No

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

None

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Rhiannon Jones (Director of Nursing)

**Organisation (if applicable)** Powys Teaching Health Board

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Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 27

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

*No Response*

Section 25B

*No Response*

Overall approach

*No Response*

Designated person

*No Response*

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

We are concerned at the shortage of nurses available to provide care and support in the community, whether to members of the public generally or those in receipt of social care in their own homes or care homes.

We are concerned that an unintended consequence of this legislation is that it could draw nurses away from providing care and support in the community. This is at a time when the Welsh government's policy is trying to encourage more delivery in the community.

For that reason we believe that the 'reasonable steps' required of local health boards and NHS Trusts in Wales under section 25B(1)(b) to consider in maintaining a nurse staffing level within the NHS should include:

- Workforce planning for long term staff supply of nurses providing services in the community
- Demand for nursing staff in the community

Informing patients

Informing patients
<i>No Response</i>

  

Situations where section 25B applies
<i>No Response</i>

  

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C
<i>No Response</i>

  

Introduction to section 25C
<i>No Response</i>

  

Professional judgement
<i>No Response</i>

  

Evidence based workforce planning tool
Further to our answer to question 2 we believe that the demand for nursing in the community needs to be taken into account in calculating the nurse staffing levels for the NHS. Specifically, the evidence-based workforce planning tool referred to in paragraph 30 of the draft guidance should include data on the local demand for nurses in the community.

  

Patient wellbeing is particularly sensitive to care provided by a nurse
<i>No Response</i>

  

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.
<i>No Response</i>

  

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.
The Care Council for Wales sits on the implementation group for the Welsh Government's strategy for the Welsh language in health and social care. It would be beneficial if the guidance made clear reference to the health service's obligation to actively offer the provision of services in Welsh on behalf of the NHS.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

The Care Council for Wales is Welsh Government sponsored body, responsible for the regulation and development of the social care workforce. In April 2017 we will become Social Care Wales with a wider remit including research and improvement.

We are concerned at the shortage of nurses available to provide care and support in the community, whether to members of the public generally or those in receipt of social care in their own homes or care homes.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Gerry Evans (Director of Regulation)

**Organisation (if applicable)** Care Council for Wales

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 28

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>		X				

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>		X				
<b>Nurse staffing level</b>		X				
<b>Reasonable steps</b>		X				
<b>Informing patients</b>	X					
<b>Situations where section 25B applies</b>						X

#### Overall approach

Too legislation focussed, doesn't flow in the structure

#### Designated person

Clear, but doesn't demonstrate accountability of chief executive and the board

#### Reasonable requirements

Definition is not defined adequately or applied to the designated person role/responsibility/accountability

#### Nurse staffing level

Needs to be clear that the ward sisters should use the triangulated methodology of a validation tool, outcomes at all levels from ward to board

#### Reasonable steps

#### Reasonable steps

What to do where there is a supply and a reasonable assessment of substantiated roles has been undertaken. Conflict with other national priorities such as RTT

#### Informing patients

Needs to be more explicit, very weak, not clear on the methodology. Number of patients on pathways should be an all-Wales approach

#### Situations where section 25B applies

What happens in Continuing Care wards as definition still open to misinterpretation. Should CHC wards be excluded and may benefit from different MTD team and skill mix

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>	X					

#### Introduction to section 25C

Section 29 clear however bullet point 28 unclear due to empowering ward sisters programme

#### Professional judgement

Should be clear it's it designated persons from the professional nursing structure ward to board that advises

#### Evidence based workforce planning tool

Need to be clear on the validated Workforce tool to be used for NHS Wales Surgical & Medical wards

#### Patient wellbeing is particularly sensitive to care provided by a nurse

Need to define "sensitive". Risk only focuses on described indicators. No family/Carer indicator/patient indicator

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Unlikely to impact

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

To integrate monitoring into current systems within NHS Wales they already utilise Welsh

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes as the current workforce planning tools are historical and poorly applied in practice

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Explicit guidance needs to be included in IMTP 3 tier planning cycle

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Consequences if boards are not able to meet requirements despite strong evidence of reasonable steps e.g. greater than 250 vacancies across medical wards, overseas recruitment , ageing profile, poor workforce planning

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name**

**Organisation (if applicable)**

If you want to receive a receipt of your response, please provide an email address. Email address

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Keep my response anonymous

## Response 29

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>				X		

#### Overall approach

The response document is unnecessarily repetitive and contains little actual additional guidance. It was found that the document was largely a repeat of the information set out in the Act.

#### Designated person

There is confusion regarding how many designated people there will be. The text in some areas suggests a single person and in others that the ward nursing team as a whole could be the 'designated person'. If numerous people can be involved who would have the final say?

#### Reasonable requirements

As documented.

#### Nurse staffing level

It would be beneficial to include that forward planning is imperative.

#### Reasonable steps

It would be beneficial to establish that limited use of agency nurses should be as a last resource.

#### Informing patients

There is confusion regarding how and when patients should be informed about staffing levels. Should this be daily or per shift? It should be ensured that the information provided is easy for patients to understand.

#### Situations where section 25B applies

It is felt that paediatric and neonatal intensive care units should be added. However, it is also felt that the guidance is quite vague in this section.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

#### Introduction to section 25C

It is felt that the guidance should be more definite about the rationale for determination of the priority of the three elements.

#### Professional judgement

As documented.

#### Evidence based workforce planning tool

It is felt that the guidance is very vague in this section. An explanation between 'theoretical' and 'actual' planning tool is required

#### Patient wellbeing is particularly sensitive to care provided by a nurse

Nurse sickness and absence levels should be closely monitored.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

It is felt that the guidance will have a positive effect on both aspects.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

The guidance is more concerned with determining the staffing levels and so could go further to ensure that there are positive effects and no adverse effects. It would be important to ensure that there are sufficient Welsh speaking nurses included in the hospital staffing establishment to meet patient's requirements.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

It is felt that this would be beneficial. In particular, a strategy should be established to encourage and attract Welsh speaking persons into the nursing profession.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

It is important to ensure that patients are aware that Welsh speaking nurses are available to meet their language needs.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

The repeated use of the word 'reasonable' suggest a degree of flexibility in the interpretation of the requirements of good nursing care. It is also unclear who reports to whom and what the consequences are of not meeting the staffing level requirements once agreed.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name**

**Organisation (if applicable)** Aneurin Bevan Community Health Council

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Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 30

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>					X	
<b>Reasonable steps</b>				X		
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>				X		

#### Overall approach

Good

#### Designated person

Good

#### Reasonable requirements

No Change

#### Nurse staffing level

There is no mention of Speciality or requirements of nurses safely crossing between areas

#### Reasonable steps

Reasonable steps
Good

Informing patients
Good? But how practical in some areas and patients abilities

Situations where section 25B applies
Good

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C						
	1	2	3	4	5	Don't know
Introduction to section 25C					X	
Professional judgement					X	
Evidence based workforce planning tool				X		
Patient wellbeing is particularly sensitive to care provided by a nurse				X		

Introduction to section 25C
NA

Professional judgement
NA

Evidence based workforce planning tool
Good

Patient wellbeing is particularly sensitive to care provided by a nurse
Good

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.
In my employment staff and patients alike on the ward and hospital environment on request have all

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

opted for English.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

No Comment

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

No

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

None

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

I feel not all staff are fully understanding of technology used within the establishment they are working under.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Nancy Thomas (Co-opted Member)  
**Organisation (if applicable)** Aneurin Bevan Community Health Council

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 31

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>			X			
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>				X		

#### Overall approach

The guidance is of a suitable length and tries to focus on the pertinent points within the Act, setting out how it applies to the relevant situations. Some of the language used within the guidance could be made simpler, as parts read as if it is taken directly from the Act.

#### Designated person

This section appears clear and clearly states the expectations of the Act. We agree that the Designated person should be a registrant however we are concerned that the responsibility and accountability sitting with one person is disproportionate.

#### Reasonable requirements

This section appears clear but perhaps should also stress the element of professional judgement.

We are of the opinion that 'reasonable requirements' should include Welsh language needs and this should be explicitly stated within the guidance document and in related documents.

#### Nurse staffing level

#### Nurse staffing level

This section sets out how the calculations must result in the required establishment. It does not however stipulate what Health Boards/ Trusts must do if they are unable to recruit sufficient numbers of nurses. No reference is made to the escalation steps that will be required if levels cannot be met.

#### Reasonable steps

This section clearly sets out the reasonable steps required to maintain nurse staffing levels. In section 13 it refers to the professional opinions of a number of Executive Directors, and while we appreciate the importance of finance, workforce etc, the emphasis should be on the professional opinion of the Executive Director for Nursing.

Reference is made to professional judgement and it is therefore important that the risks and benefits of this judgement are underpinned by an appropriate evidence base, to lessen potential risks and impact of subjectivity bias in the application of this judgement.

#### Informing patients

This section appears clear. We welcome the inclusion in the guidance of reference to the Welsh Language Standards. The guidance could be more explicit to include the number of welsh speaking nurses on duty, or other languages where the needs dictates.

#### Situations where section 25B applies

The descriptions of the wards where this applies appears clear with exclusions clearly stated.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>		X				
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

#### Introduction to section 25C

The introduction states that the rationale for determining the nurse staffing level should be recorded. It would be helpful to articulate where this is to be recorded.

#### Professional judgement

We totally support that this decision should be based on professional judgement and the examples provided are helpful. We suggest that the wording be changed to 'supporting patients and families in their first language, whether that be English, Welsh or other'.

#### Professional judgement

Reference is made to professional judgement and it is therefore important that the risks and benefits of this judgement are underpinned by an appropriate evidence base, to lessen potential risks and impact of subjectivity bias in the application of this judgement.

#### Evidence based workforce planning tool

It appears from this section that there is a choice of tools available for use in the ward area. It is difficult to distinguish between the two bullet points.  
It would appear sensible to mandate the use of a single tool so that there is consistency across Wales.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

Whilst specific circumstances have been provided within this section of the guidance this remains open to interpretation. Additional guidance might be helpful to define what is meant by 'other indicators'.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Particular consideration should be given to the section in the guidance entitled 'Informing Patients'. It is vital that information should be available in an easily accessible format in Welsh and English.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

We have no comments to add to section 6

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

If it is identified that increased positive effects could be created then additional guidance should be issued.

Additional guidance could be considered in relation to the number of Welsh speaking nurses on duty on the wards to which the Act applies as this impacts on providing care for patients sensitively.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

We have no comments to add to section 8.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Whilst Public Health Wales does not have acute medical or surgical wards it recognises the importance of having appropriate nurse staffing levels, and is grateful for the opportunity to comment on the statutory guidance.

We also appreciate that in the future the duties under the Act may be extended, which may have a greater impact in our work.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Rhiannon Beaumont-Wood

**Organisation (if applicable)** Public Health Wales

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 32

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>					X	
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>			X			
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>				X		

#### Overall approach

Provide mock examples of situations and of tools to be used

#### Designated person

Overall accountability should be chief nurse of HB. However, on assessing individual areas this should be the band 8a senior nurse/ matron and then authorised by the head of nursing for each division and then signed off by the chief nurse.

#### Reasonable requirements

Be specific or HBs may cut corners with their interpretation due to increased staffing costs coming out of an already "stretched to the limit" budget for each department/ division.

#### Nurse staffing level

Parity across all HBs in selected tool and this must take in to account of acuity scoring at differing times of the day particularly in surgical areas and flow of patients there in relation to theatre activity

### Reasonable steps

Specifically Define what is 'reasonable' or this may again push HBs to cut corners to justify reduced staff as a result of funding out of an already stretched budget!

### Informing patients

As in NHS England,  
Clearly visible to visitors on arrival to ward with what's required and what's on duty!

### Situations where section 25B applies

Provide clear mock examples

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

### Introduction to section 25C

*No Response*

### Professional judgement

Overall accountability must lie with chief nurse of HB however, it should be the band 8a/8b matron/senior nurse who makes decisions and set 'out of hours' SOP for dealing with issues.

### Evidence based workforce planning tool

There must be parity in every HB with no opportunity to find loop holes to cut corners.

### Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

I am a Welsh speaker and in my opinion I cannot see why Welsh language should be considered by this consultation. It is ridiculous that the cost already in relation to Welsh language exists let alone to burden HBs further if the language issue is brought in to this guidance and Act!

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

How can you possibly increase the opportunity for this when the reality is that HBs may need to rapidly recruit from overseas to fulfil the nursing shortfall who can competently master the the English language but surely will not master the Welsh, just like the majority of the Welsh population who cannot pronounce many Welsh words let alone speak Welsh!

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes, to be specific with tolerances and ensure mandatory parity in all HBs

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

There will be a significant issue when this Act is mandatory when there is already a significant shortfall of substantive RN staff due to reduced nursing school Intakes, experienced nurses retiring, disgraceful lack of salary increase in line with inflation, crippling costs to HBs as a result of the Act by increased agency costs to fulfill minimum staff levels and when every HB is trying to maintain this act, each and every one will be battling to recruit from an already non existent workforce. However, for the sake of the patient it is crucial that this act is in place however the government must increase funding to HBs to support the need for increased ward establishments and not simply make them suffer further by making them fund this through their already stretched budget!

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** V.D.

**Organisation (if applicable)**

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 33

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>				X		

#### Overall approach

The guidance overall is very clear and concise and does help in the overall interpretation of the Act. There are sections where greater detail would better inform the operationalisation of the Act.

#### Designated person

The Act details the process whereby the number of nurses caring for patients should be determined. As the evidence based tools and the role of professional judgement are key components of this process it is crucial that the delegated person has the necessary professional knowledge and accountability. The requirement to be registered with the Nursing and Midwifery Council is thus essential. It is also important that the guidance recognises that this is within the Boards governance framework and is a delegated role.

#### Reasonable requirements

It is important that there is an acknowledgement that care is delivered by a team and that nursing teams do not work in isolation from other professional groups. The guidance is clear that in terms of the Act the only workforce to be considered are those staff that have duties delegated to them by a registrant. This could lead to a misinterpretation of where the Act is applicable. Registrants may delegate tasks to many other groups of staff that are not part of the 'rostered establishment' and this needs to be articulated in the guidance. It is suggested that the term delegation is clearly defined in

#### Reasonable requirements

its narrowest sense.

Reasonable requirements are to be determined by the nursing team. This is slightly vague and necessarily this is a subjective measure. Would it be reasonable to suggest that this is the dialogue that happens as part of the triangulation process and governance framework that supports the decision by the delegated person?

#### Nurse staffing level

It is helpful to have the nurse staffing level defined. The guidance is clear in stating that the revenue allocation is for actual staff in post which is essential in setting budgets that are reflective of the current state and not set at mean of scale.

In the definition of a required establishment it details that there should be a resource to cover all staff absences. It needs to be made clear that this is not simply the 'uplift' which reflects only sickness, annual leave and study leave but must also reflect maternity leave etc.

#### Reasonable steps

In reasonable steps the guidance states that the number of 'registered nurses and health care support workers' needs to be maintained. This is in contrast to the earlier section which details the 'number of nurses' as registrants

and persons providing care under the supervision of or discharging duties delegated to the person by a registered nurse. It would be helpful if there was clarity throughout the guidance as to the meaning of nurse staffing levels.

It is important that there is recognition in this section that the decision made by the delegated person in respect of the calculation of staffing numbers is distinct from the responsibility to maintain those levels. This rests with the wider team of nursing, finance, workforce and operations. Within a framework determined by the Board this provides clarity in areas of responsibility. This is reasonable as the steps to consider include areas where other professional groups hold the intelligence and responsibility, for example, strategies for the retention and well-being of staff.

As workforce planning includes the commissioning of nursing students and the changing and expanding roles of nurses could there be a recognition that these steps are in partnership and with the support of Welsh Government and educational providers?

#### Informing patients

It might be of use in this section of the guidance to detail again that the information given to patients is the 'nurse staffing level'. This has been defined as the 'required establishment and the planned roster'. So for clarity it might be appropriate to state that there would not be a statutory requirement to detail the actual number of staff on duty in terms of the planned roster. Although most wards would chose to display this information within a ward area where the context of this staffing could be framed, this is an important distinction.

#### Situations where section 25B applies

The definition of a medical and surgical ward :-

- could there be clarity of the term 'active' treatment
- requiring 'medical intervention' is a determiner of inclusion so does this exclude areas where the interventions are delivered by other members of the multi disciplinary team?

### Situations where section 25B applies

- day care units are specifically excluded so wards which are predominantly day care with some inpatient beds are excluded?
- how should areas with a mixture of acute and non acute patients be handled?

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

### Introduction to section 25C

The introduction states that the designated person must take into account the average ratio of nurses to patients using the workforce planning tool. The workforce tool does not provide an 'average ratio'. Although the ratio of nurses to patients is clearly important, averages are not helpful in the context of roster planning. The workforce planning tool provides workforce data and a pattern of acuity over a distinct time period. Potentially a more useful measure on which to determine the number of nurses required could be a model whereby the most commonly occurring ratio is the most significant determinant of the numbers needed?

It is not clear what is meant by 'the extent to which the patients well being is known to be particularly sensitive to the provision of care by a nurse'. How does this differ from the information collated from the workforce planning tool? In terms of the details in the other sections does this refer to the nurse sensitive indicators of falls, pressure ulcers and medication administration errors? For clarity this could be made clearer.

### Professional judgement

The professional judgement section is helpful and the areas for consideration are reflective of the aspects of organisation which will influence staffing requirements.

This section refers to other activities on the ward including outpatient treatments and the use of flexible beds which seems to suggest that wards which have inpatient and day cases are included under the Act. What is the definition of a 'flexible bed' and at what point do wards fall into section 25b?

Is the 26.9% uplift a recurring figure or the total number? So for example if you employ an extra 26.9% of staff to cover absence should 26.9% of that figure be added to cover these extra nurses absence?

### Evidence based workforce planning tool

*No Response*

### Patient wellbeing is particularly sensitive to care provided by a nurse

Patient wellbeing is particularly sensitive to care provided by a nurse

The guidance requires health boards to analyse the data on:

Patient falls – this is detailed as ‘any fall that a patient has experienced’ so for clarity all falls need to be analysed in terms of if the nurse staffing level contributed? The guidance states that analysis should review if nurse staffing levels contributed to harm which is suggesting that only falls where the patient suffered harm should form part of the analysis?

Pressure ulcers – again is this all pressure ulcers irrespective of category.

Medication administration errors – as in falls is it only errors which have resulted in harm as suggested by the guidance or all medication administration errors. How is harm defined in this context?

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

We don't believe the guidance will have an adverse effect on the Welsh Language.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Information to the public would need to be available in the Welsh Language.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

No we believe this guidance is relevant to one professional group. The integrated service model will influence staffing in the round and decisions will not be made in isolation to other professional groups.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

We do not believe anything further is required at this time.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

None

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name**

Ruth Walker (Executive Nurse Director)

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Organisation (if applicable)**      Cardiff and Vale University Health Board

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 34

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>		X				
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>		X				
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>		X				

#### Overall approach

Some areas of the guidance are vague and therefore open to interpretation. However the guidance is welcomed as a step forward.

#### Designated person

Welcome the requirement for a designated person. However the guidance could be more definitive and state that this must be the Executive Director of Nursing.

The guidance would be more valuable if it could outline the actual expectation of the designated person, a requirement for the board to abide by the staffing levels determined by the designated person and record on Board minutes any reasons the board would have to call into question the advice of the designated person.

#### Reasonable requirements

This section is not clear regarding what constitutes reasonable requirements.

This is therefore open to interpretation.

'Nursing needs as assessed by the ward nursing team' suggest add and verified by the ward manager

Reference here to "the number of registered nurses and number of persons providing care under the

#### Reasonable requirements

supervision of a registered nurse.....' Leaves the determination of skill mix open to interpretation with no guidance of what constitutes safe in terms of numbers of registered nurses as opposed to unqualified staff or the addition of AHPs.

#### Nurse staffing level

While the section on nurse staffing level is helpful it does not go far enough.

Re The required establishment – this section of the guidance would be more valuable if it would include the agreed percentage uplift of 26.9% referred to later in the guidance here also.

The guidance would also be more valuable if it mandated the role of the nurse in charge to be supervisory at all times (i.e. not counted in the numbers to meet required need)

In terms of funding from local health board's revenue allocation the guidance is not clear – the funding available should be for the determined required needs (required funded establishment) and not only for the actual staff employed.

There is also a need for a consistent agreement for the funding of nurse staffing, to reflect the actual cost of staff employed.

As stated above the calculation, every 6 months would be the minimum. Current method e.g. January data results come back to HB in March. This needs to be more responsive as stated in guidance, to be done when there is a change of use/service.

There is a cost implication for the HB to purchase electronic systems and software to achieve this see note below in section 8

The guidance would be more helpful and valuable if it could clarify the definition of change of use /service.

#### Reasonable steps

Section 12: Vacancies and the national issue of nurse recruitment impacts significantly. The ability to plan a required roster is affected. Note this guidance states temporary workers can be engaged, the reality is that this is essential given the vacancy factor across Wales.

Section 13: This section refers to evidence and professional opinion from 4 executive directors, further guidance or clarity would be helpful on the role and expectation of each and on what this means and how it aligns to the described role of the designated person. (see note above )

Section 14: We would suggest that the statement 'workforce planning for long term staff supply' should read workforce planning for continued supply of required staff to meet assessed needs.

Additional guidance here would be helpful in terms of the responsibility of the education sector and WEDs to work in partnership with health boards to agree the numbers of commissioned student placements considered necessary to meet needs.

Section 14: operational steps.

We would also suggest that reference be made to the use of risk assessment when using temporary staffing and advocating the closure of beds. Also question of recognising the contribution of other health care professionals to care delivery.

#### Informing patients

It would be helpful if the guidance would stipulate clearly what information should be given to patients and how it should be given to patients thereby ensuring there is a consistent approach

### Informing patients

across Wales.

It would be helpful if this information could be required by all wards in hospitals across Wales and not only those included in the Act at this time.

### Situations where section 25B applies

The definition of wards needs to be clearer. Issues identified related to e.g. when a ward has outliers and what % of patients it takes to meet the definition criteria.

It would be helpful if the guidance could clarify 'Active treatment'

It would also be helpful if the guidance could be clear about the inclusion of older people's wards in acute hospitals and if this is included in the definition of acute medical wards given the complexity of needs in older peoples wards.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>		X				

### Introduction to section 25C

It would be helpful to use the terminology professional expert advice/professional expertise rather than judgement.

### Professional judgement

*No Response*

### Evidence based workforce planning tool

The guidance should be clear that different workforce planning tools are required for different areas and that it is not a one tool fits all scenario.

### Patient wellbeing is particularly sensitive to care provided by a nurse

We accept that this is a helpful section, however it would be strengthened if it would stipulate that the designated person can over ride the outputs of the evidence based tool using his/her expertise and knowledge of the well being needs of particular groups of patients

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Nothing to add

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Nothing to add

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Referred to throughout the response above

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

It would be beneficial to have improved access to data in terms of educational commissioning numbers and be involved in the decision making process regarding commissioning numbers at an earlier stage. It would also be helpful if Health Boards could have access to how decisions are made about the allocation of commissions.

Undergraduate demographic details in terms of registered location would be useful, due to potential impacts on attrition numbers from Wales. The risk of attrition may change in light of new bursary recommendations and tie in for 2 years, but does still need to be mapped and modelled.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

#### Varying Nurse staffing Levels

This section is helpful however it could be strengthened with the inclusion of graduated staffing levels to cover for the care of patients as they move through a pathway of care i.e. the ratio of registered nurses to AHPs and HCSW will change for patients with Fractured neck of Femur as they recover from surgery and prepare to go home.

#### Three further points

- It would be helpful for the guidance to include more detail and greater clarity with regard to the overarching duty to ensure a consistent understanding and approach.
- How well will the Guidance as currently drafted required for section 25D apply when rolled out to other care settings, particularly community?
- It would be helpful if the guidance would outline the extent to which the designated person will be held accountable for the staffing levels in his/her Health Board
- It would be helpful to have clarity about any intentions to introduce sanctions where the Health Board fails in its duty according to the Act
- Compliance with the Act will be dependent on Health Boards having access to appropriate electronic systems and it would be helpful to be clear about any funding streams that are likely to be made available to assist in the procurement of these.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Bronagh Scott (Executive Director of Nursing)

**Organisation (if applicable)** Aneurin Bevan University Health Board

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 35

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

*No Response*

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>				X		

#### Overall approach

No specific comments to put forward.

#### Designated person

Some respondents from within the organisation commented that paragraph 6 would be clearer if the sentence 'it must designate a person or a description of a person, known as the "designated person" was revised for example to say something like 'it must identify a "designated person" to calculate the required nurse staffing levels'. Respondents from within the organisation generally offered that Paragraph 7 is clear. Some respondents were reassured that the guidance makes explicit the requirement for the 'Designated Person' to be a nurse registered with the Nursing and Midwifery Council (NMC), and would be concerned if there was potential for the role to be further delegated to a general manager or finance lead. Some respondents felt that the guidance would be strengthened if it was acknowledged that individuals in relevant clinical areas may undertake calculations to inform the Designated Person's overall calculation, but these individuals must also be nurses registered with the NMC.

#### Reasonable requirements

Some respondents from within the organisation commented that Paragraph 8 is a bit wordy, otherwise no specific comments to put forward.

### Nurse staffing level

Some respondents from within the organisation felt that the definition was clear, and were pleased to note that the guidance makes explicit that the required nursing establishment must be funded from within the Health Boards revenue allocation, although offered that reference to the evidenced based uplift (26.9%) to allow for predictable absence from the ward due to for example, annual leave, education/training, sickness and maternity cover should be included. Some respondents also acknowledged the importance of specifying that the calculation, whilst required to be undertaken every six months, should be revisited if a change of use or circumstance indicated this to be necessary.

### Reasonable steps

Respondents indicated that Paragraphs 12, 13, 14 and 15 were generally clear. Some respondents from within the organisation were pleased to note that the guidance specifies that the nurse staffing requirement should be met with employed staff whenever possible but acknowledged the need to access temporary workers on an exception basis to ensure nurse staffing levels are maintained. Some respondents within the organisation questioned whether there should be a standardised escalation process from Ward to Board across Wales. That the guidance makes explicit that the responsibility for decisions relating to the maintenance of the nurse staffing level rests with the Board and should take account of the professional opinions of relevant Executive Directors was welcomed, and was seen as promoting shared accountability and responsibility for decision making.

### Informing patients

Some respondents from within the organisation suggested that there should be a standardised approach across Wales to the way in which information is presented for patients and/or relatives at ward level. It was noted that the guidance does not address the potential for patients and/or relatives to be concerned and/or distressed if the required nurse staffing level is not maintained on a particular occasion, or how such concern should be responded to.

### Situations where section 25B applies

Generally respondents within the organisation felt this section to be clear. Comment was offered that adult wards, defined in the guidance as wards where patients aged 18 or over receive care, are sometimes required to care for patients aged 16 and 17 years and that this should be acknowledged in the guidance as particular consideration/professional judgement may be exercised to meet the needs of this patient group. It was accepted however that the predominant patient population will be aged 18 years plus.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

### Introduction to section 25C

#### Introduction to section 25C

No specific comments to put forward.

#### Professional judgement

Some respondents from within the organisation expressed the view that whilst this section is generally clear it could be improved in terms of language and format. Some respondents also commented that if the guidance were to make explicit that individuals in relevant clinical areas may undertake calculations to inform the Designated Person's overall calculation, that these individuals should also be of sufficient seniority and experience to remove as much subjectivity as possible. Comment was offered that reference to the required uplift to allow for predictable cover arrangements should also be included in the method of calculation section.

#### Evidence based workforce planning tool

No specific comments to put forward.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

Some respondents within the organisation felt that acute deterioration incidents should be specifically identified as a circumstance where patient well-being is particularly sensitive to care provided by a nurse. Other respondents from within the organisation acknowledged that the guidance specifies in Paragraph 36 that any other indicator may be considered by the Designated Person, and suggested that continence, nutrition and hydration levels could be considered.

#### Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Some respondents from within the organisation expressed the view that the guidance should be available in Welsh.

#### Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Some respondents from within the organisation expressed the view that the guidance should be available in Welsh.

#### Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

No specific comments to put forward.

#### Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Some respondents from within the organisation offered comment that future workforce planning guidance should address changes in the workforce profile as new roles are developed e.g. non registered nursing roles where individuals have an enhanced skill set.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

No specific comments to put forward.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Jayne Elias  
**Organisation (if applicable)** Velindre NHS Trust

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 36

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Other group not listed above

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach			X			

#### Section 25B

	1	2	3	4	5	Don't know
Designated person			X			
Reasonable requirements			X			
Nurse staffing level				X		
Reasonable steps			X			
Informing patients			X			
Situations where section 25B applies			X			

Overall approach

*No Response*

Designated person

The designated person needs to be independent of the associated health boards financial constraints with enough power to implement the changes despite financial constraints placed on the health board. If this does not happen then financial pressure will reduce the efficacy of this intervention

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

Reasonable steps

*No Response*

Informing patients

*No Response*

Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

Introduction to section 25C

*No Response*

Professional judgement

*No Response*

Evidence based workforce planning tool

*No Response*

Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name**

**Organisation (if applicable)**

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

Keep my response anonymous

## Response 37

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>		X				
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>					X	
<b>Informing patients</b>					X	
<b>Situations where section 25B applies</b>				X		

#### Overall approach

Overall it is a good piece of work as a starting point however it doesn't have any real usable substance - there is no real guidance on what staffing levels look like.

#### Designated person

I strongly believe the level of designated person should be lower than Executive Director of Nursing for the board as this post is too removed from the real working level of the ward. They are likely to be years out of clinical practice and as such will not have the respect for such decisions from the ward staff - after all has anyone met the Exec Dir of Nursing on a real ward?  
A Matron is far better suited but only with consultation with the Ward Managers.

#### Reasonable requirements

Nurses will always over report "the patients' needs" unless they have a dependency tool.  
A dependency tool should be spoken about in this doc.

#### Nurse staffing level

#### Nurse staffing level

Like that the staffing level calculation should be undertaken every 6 months.

#### Reasonable steps

Good section as it has clear responsibility levelled at the NHS trusts.  
Only point of comment is about closure of beds - I worry that Trusts will do this instead of recruiting Nurses if their budget is low, this will have an impact on patient care as there will be no beds to admit to.

#### Informing patients

Great step

#### Situations where section 25B applies

The next step is to include other settings such as palliative care and community

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>	X					
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

#### Introduction to section 25C

*No Response*

#### Professional judgement

This is where an Exec Dir of Nursing will not be appropriate as I doubt they know qualifications, skills and experience of the nurses, the amount and impact of temp staff used, the turnover of patients, the qualifications of HCSW, and how much time nurses spend on admin. Matrons and Ward Managers will be better suited.

No.28 Where is the expert professional nurse staffing guidance principles or research? I expected this guidance would have stated the principles or at least recommend where to find this. If there is none to recommend the Welsh Government should commission this.

#### Evidence based workforce planning tool

Does the tool really help or is it as vague as this document?

Patient wellbeing is particularly sensitive to care provided by a nurse

Good section however should other incidents be included such as infections, and staff sickness (such as stress/depression).

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Not able to comment as I am not a Welsh speaker

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

unable to comment

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

I think it is essential to have an approved or government commissioned guidance on how to calculate staffing levels - all we want to know is if you have x number of patients with y conditions/influencing factors you such have z number of nurses.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Where will extra permanent staff come from as it is difficult to recruit in North Wales?  
Should there be preceptorship posts for newly qualified nurses to attract them into posts?  
Could retiring nurses be offered incentives to stay or be offered part-time training posts to pass on the skills they have.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

This is a great start, other areas need to be covered but to be honest the guidance is so vague it could be used in any setting.

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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Keep my response anonymous

## Response 38

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>		X				

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>			X			
<b>Reasonable requirements</b>		X				
<b>Nurse staffing level</b>		X				
<b>Reasonable steps</b>		X				
<b>Informing patients</b>	X					
<b>Situations where section 25B applies</b>						X

#### Overall approach

Too legislation focussed, doesn't flow in the structure

#### Designated person

Clear, but doesn't demonstrate accountability of chief executive and the board

#### Reasonable requirements

Definition is not defined adequately or applied to the designated person role/responsibility/accountability

#### Nurse staffing level

Needs to be clear that the ward sisters should use the triangulated methodology of a validation tool, outcomes at all levels from ward to board

#### Reasonable steps

#### Reasonable steps

What to do where there is a supply and a reasonable assessment of substantiated roles has been undertaken. Conflict with other national priorities such as RTT

#### Informing patients

Needs to be more explicit, very weak, not clear on the methodology. Number of patients on..... pathways should be and all-Wales approach

#### Situations where section 25B applies

What happens in Continuing Care wards as definition still open to misinterpretation. Should CHC wards be excluded and may benefit from different MTD team and skill mix

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>	X					

#### Introduction to section 25C

Section 29 clear however bullet point 28 unclear due to empowering ward sisters programme

#### Professional judgement

Should be clear it's it designated persons from the professional nursing structure ward to board that advises

#### Evidence based workforce planning tool

Need to be clear on the validated Workforce tool to be used for NHS Wales Surgical & Medical wards

#### Patient wellbeing is particularly sensitive to care provided by a nurse

Need to define "sensitive". Risk only focuses on described indicators. No family/Carer indicator/patient indicator

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Unlikely to impact

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

To integrate monitoring into current systems within NHS Wales they already utilise Welsh

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes as the current workforce planning tools are historical and poorly applied in practice

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Explicit guidance needs to be included in IMTP 3 tier planning cycle

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Consequences if boards are not able to meet requirements despite strong evidence of reasonable steps e.g. greater than 250 vacancies across medical wards, overseas recruitment , aging profile, poor workforce planning

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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Keep my response anonymous

## Response 39

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>						X

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>						X
<b>Reasonable requirements</b>						X
<b>Nurse staffing level</b>						X
<b>Reasonable steps</b>						X
<b>Informing patients</b>						X
<b>Situations where section 25B applies</b>						X

#### Overall approach

I think the guidance would be better laid out under each section of the act so it is clear what needs to be done under each section

#### Designated person

Designated person – this is relatively clear but perhaps needs to be made more specific i.e. who is responsible/ who is accountable/ how and who this responsibility/accountability can / may be delegated to

#### Reasonable requirements

This section is not clear at all and really relates to section 25C so would be better putting this into this section (further comments on next section of feedback form)

#### Nurse staffing level

This relates to section 25 C so again would be better put into that section as opposed to section D (further comments on next section of feedback form)

### Reasonable steps

The statement on section 14 of the guidance which describes closure of beds needs very careful consideration regarding interpretation and would warrant further discussion/exploration at a senior level.

### Informing patients

I believe the approach taken by NHS England (uplifting data onto a Department of Health data base (Unify) which is then published monthly should be strongly considered by Welsh Government. In this way a standardised approach will be enabled for each Health Board to report using the same methodology.

Board papers would then replicate this and also allow narrative to go alongside the data for Board assurance.

In relation to ward level information again there is evidence of what does/doesn't work from NHS England acute Trusts but again I believe a standardised board for each Health Board should be agreed with defined narratives to go with the staffing levels/numbers on duty for the actual shift and the following 2 shifts. Defined narratives would be such to describe 3 scenarios – staffing levels were in place as planned (planned and actual being the same); staffing levels (actual more than planned e.g. supervision/ additional staff for specific patient needs) ; staffing levels actual less than planned – here a standardised description needs to be on the ward board to qualify how risk has been mitigated/ escalated.

Happy to be involved in design of Boards/narratives etc.

### Situations where section 25B applies

The guidance around this seems clear.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>						X
<b>Professional judgement</b>						X
<b>Evidence based workforce planning tool</b>						X
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>						X

### Introduction to section 25C

I think the guidance would be better laid out under each section of the act so it is clear what needs to be done under each section

### Professional judgement

This section needs further clarity regarding whether this is relating to day to day professional judgement or the "designated person".

There needs to be some more careful guidance regarding who would be accountable/responsible for

Professional judgement

the professional judgement etc.

Evidence based workforce planning tool

Whilst accepting this is critical it does not seem to link with section 25 C ?  
Probably need further exploration as this should be calculated on a shift by shift basis and will require information technology systems to be put in place to enable this to be real time/ live data to ensure redeployment of staff occurs in a timely manner and robust capture of data (currently paper based system)

Patient wellbeing is particularly sensitive to care provided by a nurse

This needs clarification as it appears to be referencing a retrospective review of a particular area and I would suggest needs to be collected as part of a ward dashboard information and needs some careful clarification to ensure no confusion in implementation across Health Boards

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Please see comments above

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Please see comments above re. NHS England

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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Keep my response anonymous

## Response 40

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach					X	

#### Section 25B

	1	2	3	4	5	Don't know
Designated person					X	
Reasonable requirements					X	
Nurse staffing level					X	
Reasonable steps					X	
Informing patients				X		
Situations where section 25B applies					X	

Overall approach

*No Response*

Designated person

*No Response*

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

*No Response*

### Informing patients

Guidance needs to stipulate if it is the actual staffing levels for that shift that is displayed against agreed staffing levels. Clarification is required as to how this is achieved in a practical and easily accessible format.  
For example how is this information communicated in a meaningful way to a bed bound elderly frail patient.

### Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

### Introduction to section 25C

Need further clarification around which workforce planning tool is recommended and 3rd paragraph of point 24 is too ambiguous, easily be manipulated.

### Professional judgement

Some of the points in reality are not attainable within the constraints of the current workforce market.

### Evidence based workforce planning tool

Need clarification as to how often the workforce planning tool is used. Currently every 6 months.

### Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

We currently encourage the use of the Welsh Language and those staff who are fluent in speaking Welsh have a clearly identifiable label on their tunic.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Current processes in place to promote the Welsh Language

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Unsure if this relates to the previous 2 questions on welsh language, if so then the answer is no. However if it relates to improving staff awareness regarding workforce planning then this would be welcomed.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

It is not necessarily any further information which is required rather than the need for workforce planning to be understood ward based staff.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

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**Name**

**Organisation (if applicable)**

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Keep my response anonymous

## Response 41

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>				X		

#### Overall approach

Guidelines are relatively clear if changes outlined could be considered, however there significant emphasis on legislation. However the needs to be an easy read version for the public.

#### Designated person

No change, however the Executive and Board accountabilities need to be emphasised.

#### Reasonable requirements

There needs to be further emphasis in the guidance on why this is so important to improve the care provided to and for patients. This needs to be strengthened throughout the document.

##### Section 8

Clarity on delegated members, consideration of a definition would be helpful?

##### Section 9

This section needs to be strengthened. Rather than just state 'patients nursing needs as assessed by the ward nursing team'. Should we be referencing such things as:-

- Acuity / dependency tool.

### Reasonable requirements

- Health Board Assurance Framework and Audits.
- Fundamental of care reports
- Feedback from other quality indicators such as number of incidents, complaints, POVAs etc.

Are we able to explicitly refer to Guiding Principles in part of the document as they are evidence based?

### Nurse staffing level

The designated person will not be the person calculated the ward requirement this needs to be explicit in the guidance.

#### Point 11

What is meant by 'tool data'. A more robust explanation is required of this in terms of the All Wales Acuity / Dependency tool.

Similarly there needs to be more details around 'change of use / service' with some explanations, e.g. number of beds, specialty.

Reference to the sentence 'there should be a formal presentation...' deems it necessary.

Services undergo changes on a regular basis and is it realistic and achievable to present changes to the Board on every occasion, should it be the Executive Team?

### Reasonable steps

The word reasonable is open to wide interpretation or even misinterpretation?

'Employed staff' – should this be 'substantive staff'.

'Temporary workers' – should this be temporary workforce.

#### Point 13

'Professional opinion' not 'opinions'.

We agree that responsibility relating to the maintenance of the nurse staffing levels should be shared responsibility at Board level. Particularly with the Director of Finance, Chief Operating Officer, Director of Workforce and Director of Nursing as the Designated Individual.

#### Point14

Under strategic corporate steps, should it include annual setting of the nurse staffing levels and report to the Board.

Under operational steps:

Should it read:

The support of staffing levels could include:

- Review of the skill mix
- Use of the temporary nursing workforce e.g. additional hours, overtime, bank and / or agency
- Reconfiguration of beds / service
- Closure of beds

### Informing patients

Much greater clarity is needed on why we are informing patients, what information should actually be provided, how often that information should be changed/updated and how much detail is required? Welsh Government may like to consider producing a template for all Wales reporting which would support consistency of information in all Health Boards.

### Situations where section 25B applies

#### Additions and considerations

Many wards have patients aged 16-18 years this needs further consideration this requires additional discussion.

Wards that are designated for patients with continuing health care needs are these included?

What is active treatment?

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>		X				
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

### Introduction to section 25C

As the guidance stands there is reference to the use of an evidence based workforce planning tool, however there is currently no such workforce planning tool provided. Including the tool within the consultation would enable meaningful comment to be given on whether the proposed tool is likely to ensure a prescribed and consistent method of calculating staffing.

#### Point 24

'period using workforce planning tools'.

Should be more specific and reference the workforce planning tools referred to, e.g. Acuity / Dependency Tool.

May also need to refer to professional standards / guidelines and professional judgment at this point.

### Professional judgement

The guidance is clear but in the absence of the prescribed tool using professional judgement alone could be less robust.

Also clarity on that it is the designated person from the professional nursing structure ward to board that advises.

### Evidence based workforce planning tool

There is no actual prescribed evidence based workforce planning tool within the guidance to make comment on.

### Patient wellbeing is particularly sensitive to care provided by a nurse

Patient wellbeing is particularly sensitive to care provided by a nurse

The guidance in itself is clear.

It is unusual to see pressure ulcers as the term used rather than pressure damage

Additional required

What is "sensitive"

Clarity on what is harm

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

As there is no specific guidance in this section it is difficult to comment but NHS Wales frequently uses impact assessments to identify areas where specific groups might be disadvantaged.

Caution should be used if it is considered that NHS Wales would need to recruit a specified number of Welsh speakers which may inadvertently have a negative impact on recruitment which is already somewhat strained.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

As above, the need for translation of guidelines into Welsh and publication of nurse staffing levels for the public report writing etc. Would need to be determined at a local level according to demographic need.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes, there is reference to workforce planning but there is no specific tool that operational leads can use to make this activity easier. Step by step tools for workforce planning would be useful. This would need to be aligned to workforce modernization, role re-design and new roles.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

As above. On-line tools should be available that support front line staff to consider their workforce plan. These should be very simple and easily down-loadable and accessible through the internet. We have had a tendency to over-complicate this in the past.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

There is a need for WG to be explicit in terms of what it wishes organisations to report on and when. A template would be very useful as the "overarching duty" component of the Act could be a subject of misinterpretation across Wales. This concept requires much more clarity. Consideration of a "plain English" version for patients/relatives and the multi-disciplinary team to understand.  
Needs to be explicit in Health Boards IMTP that is signed off by the Boards.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

What are the consequences for Boards that are non-compliant?

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Wendy Herbert on behalf of the All Wales Assistant Directors of Nursing

**Organisation (if applicable)** All Wales Health Boards and NHS Trusts

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*No Response*

## Response 42

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>			X			
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>				X		

#### Overall approach

The Welsh NHS Confederation welcomes the clarity brought about by the guidance on these sections of the Act. It is felt generally that the guidance is of an appropriate length and sets out clearly the expectations of the Act.

There are sections where further detail would be welcomed to inform the operationalisation of the guidance and remove the potential for subjective interpretation. However overall it is our view that the guidance addresses clearly the ways in which the law applies in relevant situations and is a useful step towards understanding fully the interpretation and implementation of the Nurse Staffing Levels (Wales) Act.

#### Designated person

Overall, we are supportive of this obligation and agree that the designated person should be a registrant.

We are concerned however that the burden of such a responsibility and the accountability which it brings are significant and feel therefore that this may be disproportionate.

Furthermore, the guidance could be made more definitive if it stated clearly that the designated person in question must be the Executive Director of Nursing.

We also feel that the guidance could have gone a step further by outlining the practical expectations

#### Designated person

of the designated person within these circumstances and the requirement for the Board to abide by the staffing levels determined by the designated person.

Finally, it must be recognised that the evidence-based tools and the role of professional judgement within such a process is crucial – thus it is essential that the person in question has the necessary professional knowledge and accountability to undertake these responsibilities. To this end, it may be that registration with the Nursing and Midwifery Council ought to be considered an essential requirement.

#### Reasonable requirements

The reference to reasonable requirements is sufficiently clear in terms of how these responsibilities are intended in practice, but there is a degree of uncertainty in terms of what exactly constitutes a 'reasonable' requirement. The subsection is vague on this point and is therefore at the discretion of the nursing team. This leaves the determination of skill mix also open to interpretation with no guidance on what constitutes 'safe' staffing levels in terms of the number of registered nurses (as opposed to unqualified staff or the addition of AHPs) that would be required to fulfil this criteria.

Furthermore, it is important to acknowledge that the unceasing nature of day-to-day hospital activity means that nursing teams do not work in isolation from other professional groups – it is entirely plausible to suggest therefore, given the busy nature of an environment where time is of the essence, that other members of staff may carry out some duties a nurse would usually carry out, at least for a short time. The subsection makes it clear how these arrangements work in practice where the delegated person has had duties delegated to them by a registrant, but how this works in a situation where the member of staff is from another team, a team not part of the 'rostered establishment', is left unclear. The subsection could be improved therefore by addressing this concern and providing a clear definition of the term 'delegation' in the narrowest sense.

Finally, it is our view that 'reasonable requirements' should include Welsh language needs and that this be explicitly stated within the guidance and in related documents.

#### Nurse staffing level

The final part of the subsection sets out the ways in which the calculations must result in the required establishment. The guidance is clear in stating that the revenue allocation is for actual staff in post as this information is essential for setting budgets reflective of the current situation and not set at mean of scale. However, it is left unclear as to what action a Health Board or Trust must take in a situation where they are unable to recruit a sufficient number of nurses.

Moreover, no reference is made to the escalation steps that will be required if levels cannot be met. Also, the guidance would be made more valuable if it mandated the role of the nurse in charge to take on a supervisory role at all times. It is suggested that this person would not be included in the number of nurses required to meet the minimum criteria so that there would always be an appropriate number of nurses present on a hospital ward.

#### Reasonable steps

While we believe this section is generally clear, we are concerned that there may be confusion around what exactly is meant by the phrase 'nurse staffing levels'. This section makes it clear that the number of 'registered nurses and healthcare support workers' must be maintained – this is in contrast to the previous section, which provides that the number of nurses as registrants, and persons providing care under the supervision of, or delegated by, a registered nurse, will be taken into account. In short, the section casts a degree of doubt over whether or not members of other professional groups (whether they have been delegated by a registered nurse or not) ought to be accounted for in the calculations.

It is also worth pointing out that the guidance states that temporary workers 'can be engaged' – the

### Reasonable steps

vacancy factor across Wales means that, in reality, this is essential. Moreover, it should be stated within the guidance that workforce planning responsibilities of Health Boards and Trusts are discharged within the context of a Wales planning system, with responsibility for action including Welsh Government and Education Commissioning providers. Additional guidance here would also be helpful in terms of the responsibility of the education sector and WEDs to work in partnership with Local Health Boards to agree the numbers of commissioned student placements considered necessary to meet needs.

Finally, it should be made clear that “nurse bank” and “nursing agency” includes the provision of healthcare support workers as this is not made sufficiently clear.

### Informing patients

This section appears sufficiently clear, and the reference to the Welsh language standards is particularly welcomed. It may be of use however to detail again that the information given to patients is the ‘nurse staffing level’. This has been defined previously as the ‘required establishment and the planned roster’. For clarity therefore, it may be appropriate to state that hospitals will not be required to detail the actual number of staff on duty at any particular time in terms of the planned roster. Adopting such an approach would allow for consistency in approach across hospital settings in Wales and not only for those included in the Act at this time.

### Situations where section 25B applies

The definition of ‘wards’ here needs to be made clearer. In particular, it is our view that the guidance could be clearer on the definitions of ‘active’ care and medical and surgical wards - day care units, for example, are specifically excluded from this section, so does it follow therefore that wards which are predominately day care but contain some inpatient beds are also excluded? It would be helpful also if the guidance was made clearer on the inclusion of older people’s wards in acute hospitals given the likely complexity of needs and the presence of multi-disciplinary teams working in these wards.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

### Introduction to section 25C

It is not helpful to use the average ratio of nurses to patients for the purposes of workforce planning. The workforce planning tool provides workforce data and a pattern of acuity over a distinct time period, which is unlikely to be a representative example of the numbers needed.

We would suggest that rather than using the average ratio, the most commonly-occurring would be more appropriate.

#### Introduction to section 25C

Finally, it should be stated that the guidance on the method of calculation supersedes all previous guidance e.g. CNO principles as they relate to the clinical areas covered by the Act.

#### Professional judgement

We particularly support this part of the guidance and would add that the risks and benefits of the professional judgement are underpinned by an appropriate evidence base to lessen potential risks and subjectivity bias in the application of this judgement. The examples provided within the guidance too are helpful.

#### Evidence based workforce planning tool

It is our view that there is no need for more than one workforce planning tool available for use in hospital wards. Indeed, it is difficult to distinguish between the two bullet points and it would appear sensible to mandate the use of a single tool so that there is consistency in application across Wales.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

While this is a helpful section, there are a number of instances where further detail could be provided.

For example, while it is helpful to have Health Boards analyse the data relating to patient falls and the activities of the nurses in treating them, it is unclear whether all falls are to be included or only those where the patient suffered harm (the number of nurses required to treat a patient will vary depending on the extent of the harm).

It would be helpful also if the guidance provided greater clarity on what is meant by 'other indicators'.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Particularly under the section 'informing patients', it is vital that information be made available and easily accessible in both English and Welsh. This is critical not only to delivering care in a sensitive and comforting manner, but also to enhancing patient understanding of their treatment and therefore encourages them to take greater responsibility for their own health in line with the Welsh Government's prudent healthcare agenda.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Public information would need to be made available and easily accessible in the Welsh language.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

We believe the guidance is sufficient on workforce planning and do not believe that any additional

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

guidance would be required. This guidance is relevant for one professional group, so the integrated service model will influence staffing in the round and decisions will not be made in isolation.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

It may be beneficial to have improved access to data in terms of educational commissioning numbers and to increase Health Board/Trust involvement in the decision making process around commissioning numbers at an earlier stage.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

The Welsh NHS Confederation

We welcome the opportunity to respond to the National Assembly's consultation on the statutory guidance required by Section 25 of the Nurse Staffing (Wales) Act 2016.

The Welsh NHS Confederation represents the seven Health Boards and three NHS Trusts in Wales. We support our members to improve health and well-being by working with them to deliver high standards of care for patients and best value for taxpayers' money. We act as a driving force for positive change through strong representation and our policy, influencing and engagement work.

In response to the final question of the consultation which calls on our members to raise any related issues not specifically addressed by the previous sections of the guidance, we would like to see further clarification on the extent to which the designated person will be held accountable for the staffing levels within his/her relevant Health Board or Trust.

Furthermore, it must be acknowledged that compliance with the Act will depend largely on Health Boards and Trusts accessing the appropriate electronic systems. To this end, the guidance could have gone a step further by providing further information around the availability of any funding streams in the near future to assist in the procurement of these.

Finally, as the Nursing and Midwifery Council has now agreed to regulate the role of Nursing Associates, the guidance should make clear how this role should be treated in reference to sections 25B and 25C, specifically in relation to the Act's reference to a 'nurse' and a 'registered nurse'.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Callum Hughes  
**Organisation (if applicable)** The Welsh NHS Confederation

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Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 43

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach				X		

#### Section 25B

	1	2	3	4	5	Don't know
Designated person				X		
Reasonable requirements		X				
Nurse staffing level		X				
Reasonable steps		X				
Informing patients		X				
Situations where section 25B applies		X				

Overall approach

*No Response*

Designated person

*No Response*

Reasonable requirements

Yn unol â Fframwaith Strategol 'Mwy na Geiriau' (LIC, 2016) a'r Safonau Iaith (Sector Iechyd), dylai'r person dynodedig gyfrifo nifer y nyrsys sy'n briodol i ddarparu gofal sy'n canolbwyntio ar y claf ac i roi'r 'cynnig rhagweithiol' ar waith.

Nurse staffing level

Ac ystyried pa mor gyfnewidiol yw'r gweithlu, dylid cynnal y cyfrifiad pob mis pan gaiff data'r adnodd eu mewngofnodi.

### Reasonable steps

Yn unol â Fframwaith Strategol 'Mwy na Geiriau' (LIC, 2016) a'r Safonau Iaith (Sector Iechyd), ac er mwyn rhoi'r 'cynnig rhagweithiol' ar waith, dylid ychwanegu cymal at y camau corfforaethol strategol fel a ganlyn:

- Cynllunio'r gweithlu er mwyn sicrhau cyflenwad priodol o siaradwyr Cymraeg

### Informing patients

Dylid hysbysu cleifion o lefel y staff nyrsio sy'n siarad Cymraeg

### Situations where section 25B applies

Dylid ehangu'r dyletswydd i gyfrifo lefelau staff nyrsio ar draws lleoliadau eraill, gan gynnwys holl adrannau ysbytai a gwasanaethau cymunedol. Mae Fframwaith Strategol 'Mwy na Geiriau' (LIC, 2016), sy'n seiliedig ar dystiolaeth ymchwil, yn datgan fod rhai siaradwyr Cymraeg yn agored i niwed os na chant dderbyn gwasanaethau trwy'r Gymraeg. Mae rhain yn cynnwys aelodau'r henoed, plant ifanc, pobl gyda phroblemau iechyd meddwl a phobl gydag anableddau dysgu. Mae'r grwpiau hyn yn derbyn gwasanaethau ar draws lleoliadau eang ac mae'n bwysig cynllunio ar eu cyfer er mwyn rhoi'r 'cynnig rhagweithiol' ar waith.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>		X				
<b>Evidence based workforce planning tool</b>		X				
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>		X				

### Introduction to section 25C

Yn unol â'r dystiolaeth a gyflwynir yn Fframwaith Strategol 'Mwy na Geiriau' (LIC, 2016), dylid esbonio fod rhai siaradwyr Cymraeg yn arbennig o sensitif i'r gofal a roddir gan nyrs pan nad yw'r gwasanaeth ar gael drwy'r Gymraeg.

### Professional judgement

Dylid cynnwys siaradwyr Cymraeg yn yr esiampl a roddir o'r amodau sy'n berthnasol i'r gofal a roddir gan nyrs sy'n cynnwys ystyriaethau'n ymwneud â diwylliant a dynameg timau ambroffesiynol.

### Evidence based workforce planning tool

Dylid sicrhau fod adnodd o'r fath yn ystyried cynllunio gweithlu dwyieithog sydd â'r gallu i roi'r 'cynnig rhagweithiol' ar waith.

Patient wellbeing is particularly sensitive to care provided by a nurse

Yn unol â'r dystiolaeth a gyflwynir yn Fframwaith Strategol 'Mwy na Geiriau' (LIC, 2016), dylid esbonio fod rhai siaradwyr Cymraeg yn arbennig o sensitif i'r gofal a roddir gan nyrs pan nad yw'r gwasanaeth ar gael drwy'r Gymraeg.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Ac ystyried y sylwadau uchod, rydym o'r farn fod y canllawiau yn diystyru negeseuon sylfaenol Fframwaith Strategol 'Mwy na Geiriau' (LIC, 2016) a phrif egwyddorion y Safonau Iaith (Sector Iechyd) o ran rhoi'r 'cynnig rhagweithiol' ar waith. Am hynny, NID yw'n hybu na gwarchod cyfleoedd i bobl ddefnyddio'r Gymraeg. Ymhellach, oherwydd y diffyg sylw at y Gymraeg o fewn y lefelau staff nyrsio, NID yw'r canllawiau hyn yn sicrhau na chaiff yr iaith Gymraeg ei thrin yn llai ffafriol na'r Saesneg.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Gweler y sylwadau uchod

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Mae angen canllawiau statudol ar gyfer cynllunio'r gweithlu er mwyn rhoi'r 'cynnig rhagweithiol' ar waith. Mae'r dull system-gyfannol a gyflwynir yn Fframwaith Strategol 'Mwy na Geiriau' (LIC, 2016) yn cynnig ffordd ymlaen o ran nodi anghenion, asesu capasiti a chynllunio gwasanaeth.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Nifereodd a chanran y nyrsys sy'n siarad Cymraeg o fewn bob gwasanaeth.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Gwerfyl Roberts

**Organisation (if applicable)** Ysgol Gwyddorau Gofal Iechyd, Prifysgol Bangor

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*No Response*

## Response 44

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Member of NHS staff

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>		X				
<b>Reasonable requirements</b>		X				
<b>Nurse staffing level</b>		X				
<b>Reasonable steps</b>		X				
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>		X				

#### Overall approach

Fairly logical if not brief

#### Designated person

Only really refers to the director of nursing. Where are the Ward Managers in this process. They are not mentioned once, only really refers to corporate nurses who will make a broader sweep and assessment without fully appreciating each areas issues  
Also I believe you will cause confusion with this term. in point 7 you state the "designated person should also be of sufficient seniority within the organisation, such as executive Director of Nursing for the Board "  
And yet in Point 37 you state that in Section 25C(2) allows a different designated person to calculate differing nurse staffing levels..... depending on conditions..... they should be in the planned roster of the required establishment"  
Clarity is needed across this issue

#### Reasonable requirements

Where is the Ward manager in this???

#### Nurse staffing level

Nurse staffing level fails to mention anything regarding Chief Nursing Officer of Wales guidance. only refers to acuity tool./triangulation etc will it be the same across Wales or will Health Boards "manage " their own acuity tools

#### Reasonable steps

Again what are the reasonable steps, what time frames should a ward be covered with their staffing numbers. Greater the layers to decide the longer and less likely a ward will be covered

#### Informing patients

appears basic, but would general public actually know if we say we are 5 nurses on. Or would it be more appropriate to state we 2 nurses short of level in that area

#### Situations where section 25B applies

Concerned regarding the wording as increasingly patients go to high speciality areas then can be moved to differing wards. Under this wording, non acute wards could be used to remove some wards from this requirement.( as they are not the areas provide the immediate care on admission)

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

#### Introduction to section 25C

Again very basic

#### Professional judgement

States from designated person- ie Director of Nursing. But where are the Ward Managers who ultimately are responsible for their wards. Again appear to have been overlooked. Where is the written structure for this, although examples given such as ward layout etc. The designated person would not know this, ultimately this would come down to local sites for each Matron to review. But it is the Ward Manager that knows their ward, flow,layout, individual issues etc

#### Evidence based workforce planning tool

Evidence based workforce planning tool

Again not specific regarding which tool always open to interpretation within acuity/dependency levels

Patient wellbeing is particularly sensitive to care provided by a nurse

research shows all patients benefit from nurses care, again this can be open to widely varying beliefs. However the 3 areas you have identified are most potential in elderly frail population, which can be excluded in terminology from "acute wards" as can be placed on various named wards such as rehabilitation, slow stream etc where their dependency is extremely high

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Currently there are not enough staff to provide this and very little support for staff to change this with in house learning etc

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

yes, where is the CNOs guidance as we are not complying with this at present across Wales. In allocated headroom of 26.9% it is generally accepted that 4% only is study leave, whilst the rest is annual leave 18% and sickness. There is NO provision for maternity/parental leave. If we are to have a sustainable workforce on-going education must take a more prominent role in maintaining high standards of patient care

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Would the Designated person meet with the ward manager or only as it appears to meet with heads of finance and senior teams. Again top down only nothing from an overview of ward from Ward Manager

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Christine Edwards Jones

**Organisation (if applicable)**

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*No Response*

## Response 45

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>				X		

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>			X			
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>					X	

#### Overall approach

- Some members feel that some areas of the guidance are vague and there are sections where greater detail would better inform the operationalisation of the Act.
- Need clarify whether this section is referring to the "Duty to Calculate?"
- Focuses too much on legislation.
- (Paragraph 4) need to include reference to clinical or care setting
- If the Act is extended specific guidance applicable to the area will be required.

#### Designated person

- Need to explicitly state that the designated person must be the Executive director of Nursing.
- Need to reference the actual expectations and role of the designated person in paragraphs 4&5 when referring to the duty to calculate
- Need to include responsibilities of the Chief Executive and the Board.
- Could some duties could be delegated by the designated person?
- As the evidence based tools and the role of professional judgement are key components of this process it is crucial that the delegated person has the necessary professional knowledge and accountability. It is also important that the guidance recognises that this is within the Boards governance framework and is a delegated role.

#### Reasonable requirements

## Reasonable requirements

- This section is not clear regarding what constitutes reasonable requirements and is therefore open to interpretation.
- This is the first part in the guidance where reference is made to patient centred care. Should this be consistently used throughout each section as a reinforcement of its priority/need. The term “patient centred care” should be defined.
- Definition is not defined adequately or applied to the designated person in terms of their role /responsibility/accountability

### (Paragraph 8)

- “The number of registered nurses and number of persons providing care under the supervision of a registered nurse.....’ Leaves the determination of skill mix open to interpretation with no guidance of what constitutes safe in terms of numbers of registered nurses as opposed to unqualified staff or the addition of AHPs.
- The terminology for ‘the number of nurses’ is confusing as it suggests it includes the whole nursing workforce including Health Care Support Workers who are not nurses. Suggest using terminology “Nursing workforce”.
- The ‘number of nurses’ includes registrants and those to who they delegate tasks. This is a very broad interpretation as registrants delegate to other members of the MDT who are not included in a ward roster. This may also include nursing students and volunteers. The term “delegation” should be clearly defined
- Suggests that the designated person must calculate each ward. This should be done in collaboration with ward managers/ senior Nurse. Could this paragraph say ‘must oversee and be professionally satisfied with the evaluation methodology, outcome and calculation of the number of nurses’.

### (Paragraph 9)

- Requires further clarity. Would it be reasonable to suggest that this is the dialogue that happens as part of the triangulation process and governance framework that supports the decision by the delegated person?
- The patients nursing needs as assessed by the ward nursing team, should say the named nurse and in addition this sentence should include “verified by the ward manager” and the assessment should be recorded in the patients notes.
- There needs to be an acknowledgement that care is delivered by a team and that nursing teams do not work in isolation from other professional groups.
- Registrants may delegate tasks to many other groups of staff that are not part of the ‘rostered establishment’ and this needs to be articulated.
- In addition should also consider
- Acuity / dependency tool.
- Health Board Assurance Framework and Audits.
- Fundamental of care reports
- Feedback from other quality indicators such as number of incidents, complaints, POVAs etc.

## Nurse staffing level

- This section and the definition of the “Nurse Staffing Level” needs more clarity and explanation.

### (Paragraph 10)

- “funded from the local health board’s revenue allocation” is not clear – the funding available should be for the determined required needs (required funded establishment) and not only for the actual staff employed.
- Need for a consistent agreement for the funding of the nurse staffing, to reflect the actual cost of staff employed and this should take into account incremental differences.
- Reference is made to the designated person which implies that this person will be responsible for undertaking the calculation for each ward, this is not feasible if the designated person is the DON.
- “Required establishment” should make specific reference to other tasks eg: training, support students etc that need to be considered
- Needs to be made clear that this is not simply the ‘uplift’ which reflects only sickness, annual leave and study leave but must also reflect maternity leave etc.
- Needs to include the agreed percentage uplift of 26.9% that is referred to in section 29.

### Nurse staffing level

- The guidance would also be more valuable if it mandated the role of the nurse in charge to be supervisory at all times (i.e. not counted in the numbers to meet required need)
- Needs to be clear that the ward sisters should use the triangulated methodology of a validation tool, outcomes at all levels from ward to board.
- Some members felt that there should be reference to the CNO principles. Which could be subject to a formal process of annual review via an All Wales professional forum

(Paragraph 11)

- Need clarity on the following:
  - What circumstances would necessitate the designated person 'deeming it necessary'.
  - The term "tool data". Which is referred to as "workforce planning tool" in other sections. The more commonly used term is "acuity tool".
  - 'change of use / service' with some explanations, e.g. number of beds, specialty.
- Reference to 'there should be a formal presentation...' as services undergo changes on a regular basis is it realistic and achievable to present changes to the Board on every occasion, or should it be the Executive Team?

### Reasonable steps

- The word "reasonable" is open to a wide interpretation/ misinterpretation. Is 'reasonable' equal to 'maintaining', which is defined as 'having'.
- Need to acknowledge that sometimes all reasonable steps can be exhausted, but the levels of staff on shift are below what is required.
- Need further advice on what action is required when a reasonable assessment of substantiated roles has been undertaken. Conflict with other national priorities such as RTT

(Paragraph 12)

- states that the number of 'registered nurses and health care support workers' needs to be maintained. In the earlier section describes the 'number of nurses' as registrants and persons providing care under the supervision of or discharging duties delegated to the person by a registered nurse.
- Require a definition/understanding of the term "employed/temporary workers" .
- The guidance states temporary workers can be engaged, however this is a necessity given the number of vacancies nationally.

(Paragraph 13)

- Require further guidance on the "evidence provided by and the professional opinions" of the Executive Directors, should this say information and evidence
- Need clarity on the roles and expectations of each of the Executive Directors and how they aligns to the described role of the designated person.
- Require guidance relating to the required 'operating framework' to provide consistency

(Paragraph 14 – strategic corporate steps)

- 'workforce planning for long term staff supply' should read "workforce planning for continued supply of required staff to meet assessed needs".
- Additional guidance on the responsibility of the education sector, WG and WEDs to work in partnership with health boards to agree the numbers of commissioned student placements considered necessary to meet needs.
- Need to include a reference to the experience, skills and competency of staff to ensure the workforce have the training and skills required to deliver safe and effective care.
- Also include annual setting of the nurse staffing level and report to the Board.

(Paragraph 14 – operational steps)

- Do the operational steps contradict what is stated previously re: staff to be employed.
- Change in language to 'Employed staff' – changed to 'substantive staff', 'Temporary workers' – changed to 'temporary workforce.'
- Need for the use of risk assessment when using temporary staffing and advocating the closure of beds.

### Reasonable steps

- Recognise the contribution of other health care professionals to care delivery.  
To also include:
- Review of the skill mix
- Use of the temporary nursing workforce e.g. additional hours, overtime, bank and / or agency
- Reconfiguration of beds / service
- Use of non ward based nursing staff
- Need recognition that the decision made by the delegated person in respect of the calculation of staffing numbers is distinct from the responsibility to maintain those levels which rests with the wider team of nursing, finance, workforce and operations.
- As workforce planning includes the commissioning of nursing students and the changing and expanding roles of nurses could there be a recognition that these steps are in partnership and with the support of Welsh Government and educational providers?

(Paragraph 15)

- Need clarity on the “escalation policy”

### Informing patients

- Confirm that the information given to patients is the ‘nurse staffing level’ and this should be clearly explained in simple language for patients
- Need confirmation that there would not be a statutory requirement to detail the actual number of staff on duty in terms of the planned roster.
- Greater clarity is needed on why we are informing patients, what information should actually be provided, how often that information should be changed/updated and how much detail is required?
- Need a consistent standardised approach to informing patients to ensure equitable/not confusing patients in situations where they may be admitted to one HB and transferred to another, relatives living outside of areas and familiar with one approach and visiting someone in another area with a different approach or model. A national reporting template would be useful and ensure consistency.
- This information should be required by all wards in hospitals across Wales and not only those included in the Act at this time.

### Situations where section 25B applies

- The definition of wards needs to be clearer and guidance given in relation to outliers and what % of patients it takes to meet the definition criteria.
- Need clarification on the inclusion of older people’s wards in acute hospitals and if this is included in the definition of acute medical wards given the complexity of needs in older peoples ward
- Need clarity of the following:
  - The term ‘active’ treatment.
  - If requiring ‘medical intervention’ is a determiner of inclusion so does this exclude areas where the interventions are delivered by other members of the multi disciplinary team?
  - As day care units are specifically excluded should wards which are predominantly day care with some inpatient beds be excluded?
  - How areas with a mixture of acute and non acute patients should be handled?
  - Should CHC wards be excluded and may benefit from different MTD team and skill mix
- Adult wards accept patients 16 years and over. The 16-18yr age group can have specific needs and are often viewed as a “grey” age group to care for as they do not neatly fit into paediatric or adult definition. If guidance stays at 18yrs and above it will not necessarily be a true representation of the patient groups on the wards.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

<b>Introduction to section 25C</b>	X				
<b>Professional judgement</b>		X			
<b>Evidence based workforce planning tool</b>		X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>		X			

#### Introduction to section 25C

(paragraph 23)

- Use the terminology “professional expert advice/professional” expertise rather than “judgement”.
- “describes” not “prescribe”?
- Need to describe the term and concept of triangulation earlier in the document.

(Paragraph 24)

- Need to be clear what are the responsibilities of the designated person and other staff (eg:ward managers).
- If this is the role of the designated person how is this going to work in practice.
- The tool does not provide the ‘average ratio’. Whilst the ratio of nurses of nurses to patients is important, averages are not helpful in the context of roster planning. A more useful measure on which to determine the number of nurses required could be a model whereby the most commonly occurring ratio is the most significant determinant of the numbers needed?
- Need clarity on “the extent to which the patients well being is known to be particularly sensitive to the provision of care by a nurse”. How does this differ from the information collated from the workforce planning tool? Does this refer to the nurse sensitive indicators of falls, pressure ulcers and medication administration errors? Requires clarity.
- “period using workforce planning tools” – this should be more specific.
- “use of an evidence based workforce planning tool” there is currently no such workforce planning tool provided. Need to make reference and include the workforce planning tools e.g. Acuity / Dependency Tool.
- Need to refer to professional standards / guidelines and professional judgment.

(Paragraph 26)

- “Rationale for the determination should be recorded”- where will be this be recorded, for who, where and on what as part of governance arrangements/assurances etc. Should this form part of the Nurse Staffing Level report?

#### Professional judgement

- Would be easier to change bullet points to numbers.
- Term “Professional judgement” is ambiguous in this context e.g. does the professional making this judgment need to be of a certain experience, will it be the lead person for that shift on each ward?
- Need clarity
- Need clarity that it is the designated persons from the professional nursing structure ward to board that advises
- Use the word “environment” when referring to the physical condition of ward layout.
- Need clarification on what is a ‘flexible bed’ and at what point do wards fall into section 25b?
- Other functions in addition to administrative functions, need to be included such as managerial tasks and in some areas this will also include food service, cleaning tasks
- (Paragraph 29)
- Need clarity Is the 26.9% uplift a recurring figure or the total number? So for example if you employ an extra 26.9% of staff to cover absence should 26.9% of that figure be added to cover these extra nurses absence?
- The uplift should also include maternity and staff training & development.

#### Evidence based workforce planning tool

- There is no prescribed evidence based tool within the guidance to make comment on.
- The guidance should be clear that different workforce planning tools are required for different areas and that it is not a one tool fits all scenarios.

(Paragraph 30)

- Need to be explicit on the term “workforce planning tool”, and which tool will be used.

(Paragraph 31)

- Is it sufficient for the designated person to only “consider” the results, should the requirement for them to act also be included.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

- Require supporting references for the use of the identified 3 indicators and evidence to support that they are directly related to low staffing levels.
- Need to consider family/Carer indicator/patient indicator
- Need to define “sensitive”.
- “Sensitive to care” should also include acute deterioration episodes.
- Need to stipulate that the designated person can over ride the outputs of the evidence based tool using his/her expertise and knowledge of the well being needs of particular groups of patients
- How is the term “harm” defined, requires clarity

(Paragraph 33)

- ‘any fall that a patient has experienced’ - do all falls need to be analysed or simply injurious falls? Do they include controlled falls (eg: during therapy interventions?). The guidance states that analysis should review if nurse staffing levels contributed to harm which is suggesting that only falls where the patient suffered harm should form part of the analysis?

(Paragraph 34)

- All pressure ulcers irrespective of category and causation?
- Use term “pressure damage”, rather than “pressure ulcers”

(Paragraph 35)

- Only errors which have resulted in harm as suggested by the guidance or all medication administration errors.

(Paragraph 36)

- Is this a ‘catch all’/ any other and if so why and how will this ensure standardisation

(Paragraph 37)

- “Varying Nurse staff levels”- Should this have a bolded heading as its under the same category.
- Needs to be strengthened and include graduated staffing levels to cover for the care of patients as they move through a pathway of care.

#### Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

The group is pleased to see Welsh language highlighted in the guidance, recognising the importance of this.

Some members don't believe that the guidance will have an adverse effect on the Welsh language. If the guidance meets the requirements of the Welsh Language Act and is publicised bilingually then this will enable opportunities for the guidance to be considered in the medium of Welsh.

There will need to be a version of the document in Welsh and for Health Boards to use the guidelines as they see fit.

As there is no specific guidance in this section it is difficult to comment but NHS Wales frequently uses impact assessments to identify areas where specific groups might be disadvantaged.

Caution should be used if it is considered that NHS Wales would need to recruit a specified number of Welsh speakers which may inadvertently have a negative impact on recruitment which is already strained.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Consideration of Welsh Language requirement when setting nurse staffing levels to take account of Bilingual Skills strategy and % target based on population census of Welsh  
Information for the public would need to be available in the Welsh language

Need to translate guidelines and publication of nurse staffing levels for the public report writing etc. into Welsh

Would need to be determined at a local level according to demographic need.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Some members of the group would welcome further statutory guidance on workforce planning, including useful step by step tools to assist operational leads to undertake robust workforce planning. This would need to be aligned to workforce modernisation, role re-design and new roles. There is concern that the guidance is relevant to one professional group. The integrated service model will influence staffing in the round and decisions will not be made in isolation to other professional groups.

Guidance needs to be cross referenced with IMTP guidance re workforce planning

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

- The guidance on the WEDS website is sufficiently detailed to support the workforce planning process. WEDS support for workforce planning training would be beneficial for organisations. Due to senior turnover many of the skills and experience regards workforce planning has been lost, therefore this remains a gap.
- Current workforce data is also not significantly detailed at a service level to support workforce planning and education commissioning.
- The responsibilities of the various elements of the NHS Wales workforce planning system should be clearly explained.
- Responsibility for decisions based on evidence and professional opinions provided by execs including WODD and how this is likely to relate to workforce information that WODDs have access to (including vacancy data).
- On-line tools should be available that support front line staff to consider their workforce plan. These should be very simple and easily down-loadable and accessible through the internet.
- It would be beneficial to have improved access to data in terms of educational commissioning numbers and be involved in the decision making process regarding commissioning numbers at an earlier stage. It would also be helpful if Health Boards could have access to how decisions are made about the allocation of commissions.
- Reporting template devised on an All Wales basis to assist Health Boards in ensuring they report consistently
- Undergraduate demographic details in terms of registered location would be useful, due to potential impacts on attrition numbers from Wales. The risk of attrition may change in light of new bursary recommendations and tie in for 2 years, but does still need to be mapped and modelled.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

- It would be helpful for the guidance to include more detail and greater clarity with regard to the overarching duty to ensure a consistent understanding and approach.
- How well will the Guidance as currently drafted required for section 25D apply when rolled out to other care settings, particularly community?
- It would be helpful if the guidance would outline the extent to which the designated person will be held accountable for the staffing levels in his/her Health Board and whether there will be sanctions introduced where the Health Board fails in its duty according to the Act
- Compliance with the Act will be dependent on Health Boards having access to appropriate electronic systems. As there is a cost implication for the HB to purchase electronic systems and software, it would be helpful to be clear about any funding streams that are likely to be made available to assist in the procurement of these.
- The prohibition of the use of non-Welsh validated tools will mean that Wales could move slower than other countries as it takes time to validate.
- It would have been beneficial if community inpatient facilities were included as the acuity of patients is increasing and it would support a consistent staffing level based on clinical judgment to similar patient groups.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

- 1) We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.
- Welsh Government need to be explicit in terms of what it wishes organisations to report on and when. A template would be useful as the “overarching duty” component of the Act could be a subject of misinterpretation across Wales. This concept requires much more clarity.
  - Some of the guidance is subjective particularly around reasonable requirements and other patient outcome indicators that may be sensitive to staffing levels e.g. continence, nutrition and hydration
  - Some concern that strict statutory guidance may be difficult to update in the presence of rapidly changing healthcare needs and specialities.
  - Would welcome the addition of a simple glossary of key terms.
  - Would like guiding principles, which are evidence based, to be included within the guidance.
  - Need clarity on what an escalation policy for staffing would look like. Are there plans for central guidance so that there is a standardised accountability framework in place?
  - Explicit guidance needs to be included in IMTP 3 tier planning cycle
  - Information regarding the consequences if boards are not able to meet requirements despite strong evidence that all “reasonable steps” have been taken.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name**

**Organisation (if applicable)**

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

Keep my response anonymous

## Response 46

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>			X			
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>			X			
<b>Informing patients</b>			X			
<b>Situations where section 25B applies</b>			X			

#### Overall approach

Para 4 – would it better qualify the terminology being used if 'clinical' or 'care' was added before the word 'setting' each time that term was used throughout the document ?

#### Designated person

Agree that a designated person is required so that accountability for at Board level is made explicit through Board scheme of delegation.

We would endorse that the Designated person should be the most senior nurse in the organisation i.e. Nurse Executive and as this is in itself a statutory post on the Boards, would suggest that the words 'such as (the executive director of nursing)' in the last sentence of para 7 be removed.

In this section, should there be some reference in this section that ensures that even though there is a designated person, they must involve the organisational professional heads of nursing employed to lead for specific fields/part of the register, otherwise there is a potential risk of disempowerment of these staff ?

#### Reasonable requirements

The wording of the two paras in this section could be interpreted as meaning the calculation (by the

## Reasonable requirements

designated person) is required on a (potentially) daily basis, based on the assessed needs of patients which can vary from day to day . Can the wording in Para 8 be amended to somehow reflect that the calculation is based on the 'average' of the assessed needs of patient, albeit the average is taken from data collected over a period of time (of no less than a month through the twice yearly acuity audit exercises)

Should there be a definition for 'patient centred care ' (para 8)

Through the wording in para 8, do we need to be sure that the 'number of nurses' should exclude student nurses and volunteers as these might otherwise be included as they would fit the criteria of being 'the supervision of/discharging duties delegated by' the registered nurses?

In para 9 - do we need to add the section in bold so that it reads '..' the nursing needs are assessed and documented in the patients' nursing care record by the ward ...' so this reflects the need for /benefit of an all wales nursing care record document which of course is currently under development

## Nurse staffing level

Para 10 - will the planned roster not need to inform the calculation of the establishment rather than be the result of the calculation ? Should it state that ' the required establishment must be able to provide sufficient staff to cover the planned roster (for each area)'

Para 10 The final sentence is a welcome recognition of the wide potential variation in ward staffing establishment budget requirements if the incremental point of staff on the same band varies significantly within and across teams- however , should this be more explicitly stated e.g. ....taking into account the incremental points of the actual staff members employed on the wards?

As there are examples given in Para 27 as to what factors influence professional judgement, should there be examples given (in the definition box section) as to what the 'other functions that reduce their time to care for patients' are e.g. attendance at required training; mentoring of students; undertaking audits of practice

Para 11 -

At this stage of the document, the 'tool data' is not a phrase that is meaningful as the definition /explanation of 'the tool' comes later in Section 25c. Perhaps there should be a reference to the Para where the 'tool' is first explained. Also the language as to what 'tool' we are talking about needs to be consistent throughout the document, with this being the first key reference to it .

Should there be included here reference to the existence of the CNO principles re nurse staffing levels

(see section 25c Professional Judgement also)  
which should

- 1) be required to exist as part of this guidance;
- 2) be subject to annual review for continued appropriateness and fitness for purpose by a professional forum such as the Directors of Nursing/CNO forum); and
- 3) exist for guidance , with the rationale for any deviation being specified within the required reports to Board re nurse staffing levels (e.g. when the generally appropriate 60:40 ratio of Registered to non-registered staff is not necessarily the best way of meeting the assessed care needs of patients because additional HCSW staff are required to provide closer support for patients with cognitive impairment)

## Reasonable steps

Para 13- Should there be any central/WG guidance relating to the required 'operating framework' for the decisions as there are going to/should be some consistent principles applied across all Boards.

Para 14 - should the responsibilities of WG/WEDS (and successor bodies) in relation to long term

### Reasonable steps

supply of staff also be made explicit here?

Para 14 - Should workforce planning reference here (strategic corporate steps) refer only to the long term staff supply (which implies a reference to only the numbers of staff available)? Should it also refer to the skills and competence of staff (i.e. qualitative element of the supply of staff) - and thus make some reference to the requirement for a Training Needs Analysis to be conducted - to ensure that both elements are given weighting as part of each Health Board's strategic corporate steps?

Para 15. The reference to the Board's 'escalation policy' is currently quite vague - this should be more explicit as there are several escalation policies within the Health Board.

The requirement to involve the designated person (or their delegated deputy) to provide a professional view in any operational escalation decision making needs to be explicit, otherwise it undermines the value of the designated person calculating the staffing levels in the longer term arrangements.

### Informing patients

Section 16 appears to state that it is the nurse staffing levels as defined on section 10 that is what patients must be informed of - is this accurate as this therefore requires only that patients are informed of the establishment and the planned roster for each ward area - if this was provided, is this meaningful to patients ?

Detail should be provided within the statutory guidance in relation to the structure of the reports/ information required to be provided to patients so that there is consistency/ minimal variation in the nature and level of detail being provided to our patients across Wales.

Without this, patient confidence in our services could be affected - and Freedom of Information requests are likely to arise (as they do currently on a regular basis) as some organisations could be perceived as having negative motives if they are not providing as much information as other NHS Wales organisations; or are presenting it in a different manner. Our patients move regularly between our Health Boards and Trusts for their health care and so such consistency is required for any information provided to be as accessible and as meaningful as possible to them.

### Situations where section 25B applies

Section 20 might need wording to be slightly amended to reflect that sometimes patients aged 18 , at their own choice, can be cared for in paediatric areas, which this legislation is not intending to cover. Perhaps the wording should be 'where the majority of patients are aged 18 and over and are in receipt of active treatment.....

Should there be a statement about wards which provide a mix of acute and non acute care ? We are thinking here about e.g. stroke wards - where some patients will be receiving active treatment during the acute phase of their illness which will be provided by an acute physician; and where some (but probably not the majority) will not be in the acute phase of their illness.

Para 20 and 21 - if any change to one of these paragraphs is made it must be made to them both to ensure ongoing consistency in the language used ?

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>			X			

#### Introduction to section 25C

Para 24 – we are not sure if the third bullet point says what is meant ? What we understand to be meant is that the ‘designated person must ‘take into account, using nurse sensitive care quality indicators, the extent to which patient well-being in this clinical area has been shown to have been/has potentially been impacted upon by the nurse staffing levels’

Also, should there be reference here (as well as in Para 33/34) to what these nurse sensitive indicators are: i.e. Falls pressure damage and medication errors as well as ‘others deemed appropriate by the designated person?

Should there be some reference in this paragraph or elsewhere that makes explicit a requirement that the designated person ‘seek the appropriate advice from the lead registrant employed within the Health Board/Trust in the specific field of practice’ in making the calculation.

Para 26 – second sentence : should the word used here be ‘judgement’ instead of ‘discretion’ ?

Third sentence : Should ‘the rationale for this determination’ not only be recorded but it be a requirement that this forms part of the required report to the Board ?

#### Professional judgement

Para 27 second bullet point: ‘Multi-professional treatment’ – it is far from clear what type of care is being referred to here – can this be made more explicit please?

Para 27 bullet point 4 – the use of the term ‘flexible beds’ is open to wide interpretation – please can this be specified- e.g. is it beds used during a surge of activity across a service/hospital (so-called surge beds?) or is it beds which can be used for different specialties or for a mix of 24 hour or just for day care? If the former – would appropriate wording be ‘ beds that are above the funded establishment and current roster’ ?

Para 27 final bullet point – it isn’t just the extent of administrative functions undertaken which need to be taken into account, as which staff groups undertake some cleaning and food service duties will also be variable between across ward and which will need to be taken into account as part of the professional judgement criteria - can this be added ? In addition, might it be helpful (for consistency) if it was stated that posts which relate to ‘other ward functions; are to be excluded from the calculation and then these could be defined specifically as: ward clerks; Hotel facilities staff; Porter staff; Therapies and AHP staff (and there may be others)

Para 29 – why are we being specific about stating the 26.9% uplift element of the CNO principles but not referring to any of the other principles anywhere in the document ? (What if this changes in time e.g if amount of mandatory training which has to be attended ; or of annual leave altered ? This would then require a rewrite of the statutory guidance?

Would it be better to include reference to (all) the CNO principles as existing, and this is stated as being subject to a formal process of annual review via an All Wales professional forum e.g. DoN

#### Evidence based workforce planning tool

The tool is referred to here as a workforce planning tool; in other places in document as a ‘data tool’; and in everyday language currently across NHS Wales it is referred to as an acuity tool - consistency is required in all documentation used in relation to the adjective used to describe this tool! .

#### Evidence based workforce planning tool

Para 31 replace ' and the results of the tool...' with 'and the results of the data collection exercise...'

With reference to the questions asked in Q 5/6 of this consultation, if further guidance was required in relation to the welsh language skills of the workforce, might this be something that this guidance could usefully refer to ?

#### Patient wellbeing is particularly sensitive to care provided by a nurse

See comment above (Introduction to section 25C) regarding whether the heading used here accurately explains what is contained within this section.

Para 32 – use of the word 'circumstances where patient well-being .....' might be better replaced by 'the aspects of the assessed care needs where patient well-being ....'

Will there be a requirement – and if so should this section state that - the data collected on the three areas specified in Paras 33,34 and 35 must be in line with All Wales definitions and data capture methodology for these care quality indicators.

There is a requirement that this Act does not increase any administrative burden on Ward Sisters and staff: Standardisation of definitions and reporting templates would assist with limiting this risk.

#### Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

As the guidance is currently written it feels neutral in respect of the Welsh language: The requirements in relation to providing information about staffing levels to our patients and the public will obviously be met in both English and Welsh.

Although we do always pay full heed to it when planning rosters, we would caution against including the welsh-language speaking skills of staff being included in statutory guidance as a specific skill to be taken account of when exercising professional judgement in Section 27. The reason for this is that this could potentially have a negative impact on recruitment in a system which is already strained.

#### Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Providing guidance on creative ways of presenting the nurse staffing levels information for our patients (in English as well as Welsh) could provide a positive opportunity for use of the Welsh language within the NHS in Wales.

#### Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes.

As this is an Act that applies across Wales; and workforce planning is at least in part, undertaken as an All Wales activity, guidance that provides for a consistent approach across Wales would be both welcomed and appear eminently appropriate. Any guidance will of course need to be cross referenced with IMTP guidance re workforce planning.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

The Guidance should also include an explanation of the responsibilities at a national level – and should make explicit which part(s) of the NHS Wales organisational structure is responsible for which aspects of workforce planning and supply.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

The responsibilities of the various elements of the NHS Wales workforce planning system must be called out in this guidance so there is transparency in relation to the whole system for our patients and the public. Even if this is available elsewhere it needs to fit/be referenced here so all pertinent information can be found in one place.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Section 37: This section is unclear in exactly what is meant as there are several non-specific phrases used - 'different periods of time'; 'depending on the conditions' – and it also appears to have been added as an after thought as it doesn't flow on from rest of this section (although we acknowledge it relates to Section 25c so assume that is why it is placed here ) - it at least needs to be cross referenced to the section relating to Nurse Staffing levels (section 25B) .

The report required by the Act would be better supported by a template set by WG in order to make it as meaningful as possible to our patients which inevitably will want to be able to look across Wales as well as to their own local hospitals and a consistent approach to this, as well as to local, ward by ward staffing levels information, seems to be in patients' best interests

Given that the Act allows for the extension of application from Adult medical and surgical wards then it would be helpful for both the professional leads as well as the patients with an interest in these other areas to have some sense of the likely timetable and sequencing of the extension of the Act to encompass these areas. Is this something that WG would consider preparing for the profession and the public in Wales during 2017/18?

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Chris Hayes  
**Organisation (if applicable)** Hywel Dda University Health Board

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*No Response*

## Response 47

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Local Health Board / NHS Trust

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>				X		
<b>Reasonable requirements</b>				X		
<b>Nurse staffing level</b>				X		
<b>Reasonable steps</b>				X		
<b>Informing patients</b>				X		
<b>Situations where section 25B applies</b>				X		

#### Overall approach

Helpful with comments below.  
Guidelines are relatively clear if changes outlined could be considered.

#### Designated person

No change.

#### Reasonable requirements

##### Section 9

This section needs to be strengthened. Rather than just state 'patients nursing needs as assessed by the ward nursing team'. Should we be referencing such things as:-

- Acuity / dependency tool.
- Health Board Assurance Framework and Audits.
- Fundamental of care reports
- Feedback from other quality indicators such as number of incidents, complaints, POVAs etc.
- Are we able to explicitly refer to Guiding Principles in part of the document as they are evidence based.

### Nurse staffing level

#### Point 11

What is meant by 'tool data'. A more robust explanation is required of this in terms of the All Wales Acuity / Dependency tool.

Similarly there needs to be more details around 'change of use / service' with some explanations, e.g. number of beds, specialty.

Reference to the sentence 'there should be a formal presentation...' deems it necessary.

Services undergo changes on a regular basis and is it realistic and achievable to present changes to the Board on every occasion, should it be the Executive Team?

### Reasonable steps

'Employed staff' – should this be 'substantive staff'.

'Temporary workers' – should this be temporary workforce.

#### Point 13

'Professional opinion' not 'opinions'.

Agree that responsibility relating to the maintenance of the nurse staffing levels should be shared between DoF, COO and DWOD as well as DoN as Designated individual.

#### Point14

Under strategic corporate steps, should it include annual setting of the nurse staffing level and report to the Board.

Under operational steps:

Should it read:

The support of staffing levels could include:

- Review of the skill mix
- Use of the temporary nursing workforce e.g. additional hours, overtime, bank and / or agency
- Reconfiguration of beds / service
- Closure of beds

### Informing patients

No change.

### Situations where section 25B applies

No change.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>			X			

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

**Patient wellbeing is particularly sensitive to care provided by a nurse**

X

#### Introduction to section 25C

##### Point 24

'period using workforce planning tools'.

Should be more specific and reference the workforce planning tools referred to, e.g. Acuity / Dependency Tool.

May also need to refer to professional standards / guidelines and professional judgment at this point.

#### Professional judgement

No change.

#### Evidence based workforce planning tool

Need to be more explicit in what is meant by 'workforce planning tool'.

#### Patient wellbeing is particularly sensitive to care provided by a nurse

No change.

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

There will need to be a version of the document in Welsh and for Health Boards to use the guidelines as they see fit.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

As above, the need for translation of guidelines into Welsh and publication of nurse staffing levels for the public report writing etc. Would need to be determined at a local level according to demographic need.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes, there is reference to workforce planning but there is no specific tool that operational leads can use to make this activity easier. Step by step tools for workforce planning would be useful. This

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

would need to be aligned to workforce modernization, role re-design and new roles.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

As above. On-line tools should be available that support front line staff to consider their workforce plan. These should be very simple and easily down-loadable and accessible through the internet. We have had a tendency to over-complicate this in the past.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

There is a need for WG to be explicit in terms of what it wishes organizations to report on and when. A template would be very useful as the "overarching duty" component of the Act could be a subject of misinterpretation across Wales. This concept requires much more clarity.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Lesley Bevan

**Organisation (if applicable)** Cwm Taf University Health Board

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*No Response*

## Response 48

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Other group not listed above

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
Overall approach				X		

#### Section 25B

	1	2	3	4	5	Don't know
Designated person				X		
Reasonable requirements				X		
Nurse staffing level				X		
Reasonable steps				X		
Informing patients				X		
Situations where section 25B applies				X		

Overall approach

*No Response*

Designated person

*No Response*

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

*No Response*

Informing patients

*No Response*

Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>				X		
<b>Professional judgement</b>				X		
<b>Evidence based workforce planning tool</b>				X		
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>				X		

Introduction to section 25C

*No Response*

Professional judgement

*No Response*

Evidence based workforce planning tool

*No Response*

Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Unable to comment

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

Unable to comment

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Zoe Packman  
**Organisation (if applicable)** NHS Improvement

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Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 49

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Other group not listed above

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

*No Response*

Section 25B

*No Response*

Overall approach

*No Response*

Designated person

*No Response*

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

Para 14: Statutory Corporate Steps: It should be stated that workforce planning responsibilities of health boards and trusts are discharged within the context of a Wales planning system with responsibility for action including Welsh Government and Education Commissioning providers.

Para 14: Operational Steps: Clarification should be included that a “nurse bank” and “nursing agency” includes the provision of health care support workers (as referred to in paragraph 27, bullet point 5)

Informing patients

*No Response*

Situations where section 25B applies

Situations where section 25B applies

*No Response*

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

*No Response*

Introduction to section 25C

It should be stated that the guidance on the method of calculation supersedes all previous guidance, for example, CNO Principles as they relate to the clinical areas covered by the Act.

Professional judgement

Given the timescale since the uplift of 26.9% was calculated this should be reviewed and the rationale behind the percentage restated.

Evidence based workforce planning tool

*No Response*

Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

We do not believe that statutory guidance on workforce planning is required or would be beneficial. Guidance is already available for organisations and workforce planning is an integrated part of planning alongside service and financial plans.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

As the NMC has now agreed to regulate the role of Nursing Associates the guidance should make clear how this role should be treated in reference to Section 25B and 25C in relation to the act's definition of: "references to ....(b) a " 'nurse' mean a 'registered nurse' ".

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Andrew Davies

**Organisation (if applicable)** NHS Wales Employers on behalf of All Wales W&OD Directors

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 50

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>		X				

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>		X				
<b>Reasonable requirements</b>		X				
<b>Nurse staffing level</b>	X					
<b>Reasonable steps</b>			X			
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>			X			

#### Overall approach

The Royal College of Nursing Wales has serious concerns regarding the draft guidance and cannot support the document in its current form. The intention of the Act was to improve patient safety and care provided to patients during care administered by Registered Nurses and Support staff. We know from research that patient mortality rates are significantly higher with low registered nurse staffing levels and all other outcomes for patients are also significantly lower with low nurse staffing levels.

Introducing statutory guidance that is weaker and extremely vague and also less than the current non-statutory guidance will result in poorer care for patients and a likely increase in patient mortality and morbidity.

We have consistently maintained that the CNO's Principles should be reflected explicitly in the guidance, and that this must include the principle that "the number of patients per Registered Nurse should not exceed 7 by day". There is no reference to a 7:1 patient to nurse ratio in the draft guidance. We do not accept that this will be too prescriptive and restrictive, and indeed because it is in guidance can over a period of time be subjected to review provided this is accepted as guidance and not excluded completely.

We also believe that when the CNO principles were issued there was a requirement for health boards to implement the principles, the change in behaviour to this implementation we believe has been in a direct response to the legislation and without it is simply relates to the act having no power in terms of protecting the principles.

There is also no recognition of the supernumerary role of the Ward Sister/ Charge Nurse. The level of responsibility and multi-faceted demands of this role mean that they should not be included in

#### Overall approach

calculations of nurse to patient ratio. It is essential they are afforded sufficient time to fulfil their duties to the highest possible standard. The role of this professional in multi – faceted and does require an overall ability to seek to work with patients when demand requires as an additional resource to complement existing provision by the primary Registered Nurse who will requires expertise from the ward sister, if they are included in the numbers this would be in addition to all other elements of the role and if included in the overall numbers would result in lack of time to provide care requirements to those in need.

Additionally, the guidance does not adequately reflect the fact that many nurses on acute wards will be as part of their role and part of the Nursing and Midwifery Council requirements ( NMC Professional regulator - non devolved to Wales role ie required to meet UK standard of regulation) will be mentoring student nurses, and therefore have additional demands on their time. This must be explicitly mentioned as a factor when calculating nurse staffing levels.

The reporting and accountability processes of Health Boards is another area which the Royal College of Nursing is very concerned about.

Whilst we understand that there is no requirement for the Welsh Government to issue Statutory Guidance under section 25E of the Act, the Royal College would maintain that it is essential that guidance is issued, and that whilst it might not be included as statutory guidance it may be issued as non-statutory guidance and that this must be issued to Health Boards in order to assist them in collecting and reporting this data.

Consistency between Health Boards in their approach to collecting and reporting the data will be crucial to workforce planning and public scrutiny. This is not a process currently that is robust and we believe does not therefore relate to accurate staffing criteria being implemented.

#### Designated person

The wording “sufficient seniority” in point 7 is open to interpretation. It may be helpful to consider whether grading or banding should be specified. This will enable staff of relevant experience and seniority to use high levels of professional experience and therefore enable a more accurate assessment of need.

#### Reasonable requirements

It is important that patient’s nursing needs are accurately and expertly assessed. At point 9, the “ward nursing team” should therefore include a specified level of seniority to ensure that the assessment of patient need is made by a nurse with an appropriate level of experience and training. We are very concerned to ensure that we require the recording of a Registered Nurse as being on the Highest level of registration and not Nursing Associate level should the NMC confirm registration of the Associate level.

#### Nurse staffing level

In the table at point 10 specifying the required establishment, the final sentence states “This includes a resource to cover all staff absences and other functions that reduce their time to care for patients.” It is here that there must be explicit reference to the mentoring of student nurses, any Continuous Professional Development (CPD) any further training requirements, in addition to the supernumerary role of the Ward Sister/Charge Nurse. All of these demands will reduce the amount of time that registered nurses are able to spend caring for patients and subsequently meeting the required standards for providing safe care and preventing patients being put at risk. These should be explicitly listed so as to ensure that they are always factored in when making the staffing calculations.

We would also question the requirement to undertake the calculation every six months and whether or not this is sufficient, given how frequently the make-up of a ward can change (often on a daily or even hourly basis). As outlined in points 23 to 26 in the Introduction to Section 25C, there are a

#### Nurse staffing level

number of factors which the designated person must be mindful of when making the calculation, all of which are very changeable.

The important thing is that the designated person is alerted to any changes which may result in the need to recalculate the required nurse staffing level, and that the guidance allows for enough flexibility for an informed judgement to be made. We are concerned that it is too prescriptive to state “every six months” and that this will result in external factors which may affect the required staffing level not being taken into account. A more regular review would be monthly with quarterly reporting but stating exception reports when clear issues of concern are raised this is reported directly, and these times are also recorded for review.

#### Reasonable steps

Important that there is parity between the different professional portfolios in terms of how their professional opinions are taken into account.

#### Informing patients

More detail is required in this section to advise Health Boards of how they might present this information i.e. where and in what format. This would not be designed to be too prescriptive, but rather provide suggestions as to how patients could be informed of the staff level. One suggestion for instance might be a sticker or poster similar to a food hygiene rating which could be displayed on the doors to the ward, or notice board in the ward. We do also feel that this should be available to patients as part of their admission pack clearly engaging with patients and advising them that the Board take their care and safety seriously.

#### Situations where section 25B applies

Content with this section.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>		X				
<b>Professional judgement</b>	X					
<b>Evidence based workforce planning tool</b>			X			
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>		X				

#### Introduction to section 25C

*No Response*

#### Professional judgement

## Professional judgement

Point 27 should state “each calculation must include all of the following”, rather than “can include all or any of the following”. Each one of the considerations listed is imperative to making an informed professional judgement and should not therefore be treated as an either/or list.

The 5th bullet point relating to qualifications, competencies, skills and experience needs further elaboration and clarification.

Student nurses should be included in the listing “health professionals or other staff” as Registered Nurses who are mentoring these student nurses will be required to delegate tasks and supervise where appropriate and also assess competency and record this for the student record as part of the regulatory requirements.

Further detail could also be included on the final bullet point relating to administrative functions. This is a very broad term and it would be helpful to specify that this could include the following:

- Patient discharge (often a complex and lengthy administrative process)
- Documenting progress of student nurses and providing written feedback
- HR management such as sickness and absence management, appraisals and disciplinary procedures (particularly relevant for Ward sisters)
- Ward rotas and rostering
- Responding to Inspectorate documentation and visits
- Ward stocks and refurbishment and equipment documentation
- Compliance to Health and Safety requirements etc

## Evidence based workforce planning tool

Content with this section

## Patient wellbeing is particularly sensitive to care provided by a nurse

It would be useful at point 36 to include a list of example such as dementia, mental health issues, complex diabetic needs, learning disabilities etc.

The NICE guidance on safe staffing for nursing in adult inpatient wards in acute hospitals recommends that factors to determine nurse staffing requirements include a need for a:

“holistic assessment of each patient's nursing needs and take account of specific nursing requirements and disabilities, as well as other patient factors that may increase nursing staff requirements, such as:

- difficulties with cognition or confusion (such as those associated with learning difficulties, mental health problems or dementia)
- end-of-life care
- increased risk of clinical deterioration
- need for the continuous presence of a member of the nursing team (often referred to as 'specialing' care).”

We would recommend that the statutory guidance includes a specification of requirements such as this.

## Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

Given the current Welsh language strategy More Than Just Words and the context of the forthcoming NHS Wales Standards, it is surprising that the Welsh Language is given no specific reference, apart from in relation to Informing Patients. We welcome that the guidance states that consideration must be given to supporting patients and families whose first language is not English or Welsh, and yet this makes even more starkly the fact that the needs of Welsh language speakers have been completely omitted.

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

In addition to the bullet point under point 27 relating to the Welsh language, the Welsh Government strategy More than Words states there must be an “active offer” of services available in the Welsh language. This must be made to all patients. Moreover the guidance should be compatible with the forthcoming NHS Welsh Language Standards. Therefore, the guidance should state that designated person must consider the recruitment and deployment of Welsh speaking staff.

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

This question is unclear in its meaning.

Further guidance on workforce planning would certainly be beneficial, and we would strongly advocate for additional guidance relating to the accounting and reporting mechanisms for Health Boards. The intent at the Bill stage was clear – a key enforcement of this legislation was intended to be through increased public transparency.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

The CNO's principles must be incorporated explicitly in the guidance. Without this incorporation the 2012 document will undoubtedly be deemed superseded and patient care and safety will not be central to workforce planning.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

The Royal College of Nursing campaigned passionately for the introduction of this landmark legislation, and we did so in the name of saving lives and improving patient care.

Section 25 D this section places a duty on Welsh Ministers to consult upon the issue of guidance we are disappointed that whilst participating in two consultative periods none of the results of those meetings were incorporated in this current consultation which challenges why the two meetings took place and why our opinions and those of other were not taken into account

Research shows that poor nurse staffing levels increase mortality rates compared to better staffed wards. It is our belief that the statutory guidance as drafted will not ensure that sufficient staffing levels are maintained and that patient care is improved.

The introduction of the California law on staffing levels (with an explicit ratio) reduced 30 day mortality rates by between 10 and 13%. We cannot see that such similar benefits will be achieved in Wales without similar safeguards.

The Royal College of Nursing have been closely involved throughout the development of this guidance, and have played an active part in the stakeholder engagement events. We are disappointed therefore that a number of our key recommendations have not been included in the draft guidance. As a result, the Royal College of Nursing cannot support the guidance as currently drafted. The key areas which we need significant strengthening in the guidance, much of which has been covered in our response above, are outlined below:

Staffing ratio

The Royal College of Nursing Wales have maintained consistently that the Nurse Staffing Principles,

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

published by the Chief Nursing Officer in 2012, should be explicitly reflected in the statutory guidance. This includes the principle that “the number of patients per Registered Nurse should not exceed 7 by day”. There is no reference to a 7:1 patient to nurse ratio in the draft guidance.

#### Supernumerary role of Ward Sister

Equally important is that the Ward Sister or Charge Nurse should not be included in the numbers when calculating patients per Registered Nurse. Ward Sisters are central to the running of a ward; as well as being key to ensuring high standards of patient care, they also play a key part in providing staff learning and development opportunities, HR management, recruitment, sickness and absence management, appraisals and disciplinary procedures. Their ability to manage these multiple demands can determine the morale of the team and therefore the quality of care provided in hospitals. It is vital therefore that they are not included in the calculations of nurse to patient ratio so that they have sufficient time to fulfil these vital duties.

#### Student nurse mentorship

Some nurses on a ward will be acting as mentors for nursing students. The role as a mentor is critical in helping to facilitate the development of future generations of nurses. Some of the duties involved in mentoring student nurses includes: assessing, evaluating and giving constructive feedback; observing students practising skills under the appropriate level of supervision; providing time for reflection, feedback and monitoring; and documenting the student's progress. As is the case with the Ward Sister/Charge Nurse, this is an important role which is ultimately about protecting the public. We do not feel this has been adequately reflected in the guidance. Nurse mentors must be afforded sufficient time to perform the role properly (for the benefit of students and patients), and this must be taken into account when calculating the nurse staffing levels.

#### Reporting and accountability for the Health Boards

Another fundamental issue is that of reporting and monitoring. Whilst we understand that there is no requirement for the Welsh Government to issue statutory guidance under section 25E of the Act, the Royal College would maintain that it is essential that guidance in some form, statutory or non-statutory, is issued to Health Boards in order to assist them in collecting and reporting this data. Consistency between Health Boards in their approach to collecting and reporting the data will be crucial to workforce planning and public scrutiny. Without clear guidance for Health Boards on how to show compliance with the legislation and on monitoring their progress towards meeting the required staffing levels, demonstrating the Act's success will be impossible.

As a Royal College we worked extremely hard to see this the Nurse Staffing Levels Act become reality and we are immensely grateful for support the legislation received from the Welsh Government and from all the political parties involved in shaping it.

The statutory guidance that sits alongside the Act will be key to its successful and effective implementation. Unfortunately it is our belief that the statutory guidance as drafted will not ensure that sufficient staffing levels are maintained and that patient care is improved. This consultation is an opportunity for the Welsh Government to strengthen thus guidance and in doing so ensure that the benefits of the Nurse Staffing Levels (Wales) Act are full realised and that the good intentions and hopes of the legislators who passed the Act are achieved.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name**

**Organisation (if applicable)** Royal College of Nursing Wales

If you want to receive a receipt of your response, please provide an email address. Email address

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 51

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

*No Response*

Section 25B

*No Response*

Overall approach

- No specific comments to put forward.

Designated person

- Paragraph 6 could be clearer, sentence 'it must designate a person or a description of a person, known as the "designated person"' could be reworded
- Paragraph 7 is clear
- Good that the guidance makes explicit the requirement for the 'Designated Person' to be a nurse registered with the NMC – should not be a general manager or finance lead
- Maybe need to acknowledge that individuals in relevant clinical areas may undertake calculations to inform the Designated Person's overall calculation – such individuals should also be registered with NMC

Reasonable requirements

- Paragraph 8 is a bit wordy.

Nurse staffing level

- Definition clear
- Good that guidance specifies that required nursing establishment must be funded from revenue allocation
- Important that calculation should be revisited if a change of use or circumstance indicated this to be necessary

Reasonable steps

- Section generally clear
- Good that the guidance specifies that staffing requirement should be met with employed staff whenever possible (although recognise need to access temporary workers if necessary to ensure

Reasonable steps
<p>staffing levels are maintained)</p> <ul style="list-style-type: none"> <li>• Query whether there should be a standardised escalation process from Ward to Board</li> <li>• That responsibility for decisions about maintenance of the nurse staffing level is with Board taking account of relevant Executive Director opinion good to promote shared accountability and responsibility for nurse staffing levels</li> </ul>
Informing patients
<ul style="list-style-type: none"> <li>• Query if there should be a standardised approach for presenting information at ward level</li> <li>• The guidance does not address the potential for patients and/or relatives to be concerned and/or distressed</li> </ul>
Situations where section 25B applies
<ul style="list-style-type: none"> <li>• Section is clear</li> </ul>
Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C
<i>No Response</i>
Introduction to section 25C
<ul style="list-style-type: none"> <li>• No specific comments</li> </ul>
Professional judgement
<ul style="list-style-type: none"> <li>• Needs an edit</li> <li>• Risk of subjectivity – level of seniority and experience may reduce this</li> <li>• Evidence based uplift should also be included in the method of calculation section</li> </ul>
Evidence based workforce planning tool
<ul style="list-style-type: none"> <li>• No specific comments</li> </ul>
Patient wellbeing is particularly sensitive to care provided by a nurse
<ul style="list-style-type: none"> <li>• Query if acute deterioration incidents should be included</li> <li>• Paragraph 36 allows for any other indicator to be considered some staff suggested continence, nutrition and hydration levels</li> </ul>
Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.
<i>No Response</i>

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

*No Response*

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

*No Response*

If you want to receive a receipt of your response, please provide an email address. Email address

*No Response*

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 52

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

*No Response*

Section 25B

*No Response*

Overall approach

The above parts of the guidance are helpful. It is good that the Act allows for the extension of its powers to other nurse staffing levels in different settings.

As an organisation we remain concerned as to how 'robbing Peter to pay Paul' can be avoided as a side effect of the implementation of this well intended legislation. During the time of the first implementation of the Act there is a danger that nurse staffing levels in other settings could be adversely depleted, and overall, now and in the long term, there is a risk of this happening to other health care professionals'/workers' staffing levels.

Designated person

With regard to the designated person who will be responsible for implementation of the Act within each Health Board or Trust, there needs to be more detail on how this person will link with ward areas and those working there who will have the detailed knowledge required for calculating the staffing level. Clearly part of this person's role is to work with other board members within the overall financial context of the Board or Trust. Once again though this raises the question of how they can avoid the 'robbing Peter to pay Paul' scenario.

Reasonable requirements

*No Response*

Nurse staffing level

*No Response*

Reasonable steps

*No Response*

Informing patients
<i>No Response</i>

  

Situations where section 25B applies
<i>No Response</i>

  

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C
<i>No Response</i>

  

Introduction to section 25C
<p>Point 10 in the guidance document seems unclear. Presumably it refers to the experience and particular skills of individual nurses.</p> <p>How will variations in clinical needs on wards, which may occur hour to hour, be incorporated into calculations? Also we believe there is insufficient information about what would lead to a review of nurse staffing levels.</p> <p>Other nursing activities, including continuing professional development, audit and research, and leadership, should be part of the consideration of necessary staffing levels.</p>

  

Professional judgement
<i>No Response</i>

  

Evidence based workforce planning tool
<i>No Response</i>

  

Patient wellbeing is particularly sensitive to care provided by a nurse
<i>No Response</i>

  

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.
<i>No Response</i>

  

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.
<i>No Response</i>

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

*No Response*

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

*No Response*

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

We would have liked more discussion in relation to informing patients. It is acknowledged in the guidance that information about staffing levels for the public needs to be accessible. However a balance has to be maintained between being accurate yet not causing distress and alarm to patients and their families.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Alison Scouller

**Organisation (if applicable)** Socialist Health Association Cymru Wales

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 53

### Page 1: Nurse staffing levels (Wales) Act 2016

I am a/an (please select one from the following)

Organisation with an interest in the health service

Question 1 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)

	1	2	3	4	5	Don't know
<b>Overall approach</b>			X			

#### Section 25B

	1	2	3	4	5	Don't know
<b>Designated person</b>					X	
<b>Reasonable requirements</b>						X
<b>Nurse staffing level</b>			X			
<b>Reasonable steps</b>			X			
<b>Informing patients</b>		X				
<b>Situations where section 25B applies</b>			X			

#### Overall approach

UNISON supports the duty to calculate and take all reasonable steps to maintain nurse staffing levels. There is a lack of clarity over what are considered to be reasonable steps and how these will be measured.

A set of tests should be established to determine what is reasonable in relation to maintaining nurse staffing levels. These tests should be consistent across all Health Boards and Trusts. Until there is more detail on what is considered reasonable, it is impossible for there to be any meaningful comment on how helpful the guidance is.

We believe the guidance should be explicit on how the staffing levels are communicated to patients and, again, this should be consistent across NHS Wales. Such guidance would need to take into account accessibility issues around that communication, as well as who ultimately holds the responsibility for ensuring the communication occurs. For instance, we do not believe it would be satisfactory to only have notice pinned up indicating the levels.

All elements of the guidance need to be regulated across the whole of NHS Wales. The workforce and service users alike should expect consistency and fairness across the board. Appropriate checks and balances need to be determined in order to measure consistency and address any issues that arise.

#### Designated person

#### Designated person

We agree with the outlined criteria for the 'designated person' but feel it is important to highlight that any designated person must be appropriately banded through Agenda for Change job evaluation.

#### Reasonable requirements

*No Response*

#### Nurse staffing level

The guidance calls for the calculation of the nurse staffing level to be undertaken every six months unless there is a change of use/service or the designated person deems it necessary. In our view, this may not be enough and we recommend that a quarterly calculation would be more appropriate.

The guidance should include a mechanism for members of the workforce to raise concerns over staffing levels. Frontline staff experience staffing pressures that aren't easily identifiable at a management level and so a mechanism to allow concerns to be made will benefit the system as a whole.

The guidance could be strengthened by building in a second check to the system. This will not only allow for continuity should the designated person be unavailable, but also acts a further safety measure to ensure guidance is being applied correctly and consistently.

#### Reasonable steps

There is a lack of clarity on what underpins the strategic corporate steps outlined under point 14 in the document.

More detail is required about active recruitment at an international level and how this is going to work within current funding frameworks. There are also going to be staffing implications resulting from Britain leaving the EU. Since 2010, the majority of internationally recruited nurses have been recruited from the EEA. Clearly this situation needs to be monitored and alternative strategies may be required in order to supplement the availability of nurses within Wales.

We are pleased that the wellbeing of existing staff is included as a strategic step – a drift in longer working hours as a means of meeting nurse staffing level requirements is a concern to us and must be avoided. Wellbeing at work strategies are tools to help prevent this and we welcome this inclusion.

It is also important to ensure a culture of reliance on agency staff does not emerge as a by-product of the good intentions of this Act. The use of agency staff should be limited to exceptional circumstances. The use agency staff should be measured in order to identify any emerging trends in this area.

The duty to provide information to patients on nurse staffing levels is welcome, but there is no reference as to how this will be provided and accessibility issues will need to be a consideration.

If the intention is for staff to inform patients of the staffing levels then appropriate support and training need to be provided.

#### Informing patients

There should be a mechanism to allow patients and visitors to raise concerns about staffing levels with NHS Trusts and Health Boards. Additionally, there should be a mechanism for workers to report staffing concerns to their employer and Welsh Government.

This section does not mention if there is a duty on Health Boards or NHS Trusts to advise patients

### Informing patients

and families if nurse staffing levels are not met. We believe this should also be a requirement.

The duty to provide information to patients on nurse staffing levels is welcome, but there is no reference as to how this will be provided and accessibility issues will need to be a consideration.

If the intention is for staff to inform patients of the staffing levels then appropriate support and training need to be provided.

### Situations where section 25B applies

It is understandable that the staffing levels measures are being applied to adult acute medical inpatient wards and adult acute surgical inpatient wards, with a number of exclusions. However, we are concerned that staff working in those excluded environments may be operating without suitable staffing levels.

The UNISON 2017 Staffing Survey indicates that 78% of respondents do not feel that there are adequate staff numbers to deliver safe, dignified, compassionate care. We are concerned that staffing pressures in excluded areas will be less likely to be addressed by Health Boards and NHS Trusts in favour of areas covered by the legislation and guidance. Checks and balances need to be developed and implemented to ensure this is not the case.

The Boards of Local Health Boards and NHS Trusts are to agree which areas meet the definitions of adult acute medical inpatient and adult acute surgical wards. There should be a process in place to address any disputes that arise and there needs to be participation from an impartial decision maker.

Question 3 - On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part) Section 25C

	1	2	3	4	5	Don't know
<b>Introduction to section 25C</b>			X			
<b>Professional judgement</b>			X			
<b>Evidence based workforce planning tool</b>						X
<b>Patient wellbeing is particularly sensitive to care provided by a nurse</b>					X	

### Introduction to section 25C

An additional measure for calculating the nurse staffing level should be included to reflect staff wellbeing and experience. This should include information about the number of missed or partially missed breaks, sickness absence rates per ward, and total hours worked over and above those scheduled. This is further expanded upon in response to question 8.

We are keen to ensure that staff wellbeing is not forgotten alongside the needs of patients. The UNISON Safe Staffing Survey 2017 revealed that the top three factors for staff considering a change of career or employer are:

- Having to compromise standards of work;
- Unsafe staffing levels;
- Stress at work.

#### Introduction to section 25C

Therefore we maintain that staff experience and wellbeing is a vital indicator in calculating appropriate nurse staffing levels.

#### Professional judgement

Further information that should be considered as part of Professional Judgement in determining appropriate staffing levels relates to communication with families.

The relationship between nurses and family members can be crucial to the patient experience. The extent to which a nurse practitioner may need to engage with patients' families should be considered alongside the extent to which they are required to undertake general nursing and administrative functions.

#### Evidence based workforce planning tool

*No Response*

#### Patient wellbeing is particularly sensitive to care provided by a nurse

*No Response*

Question 5 - We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language no less favourably than English.

*No Response*

Question 6 - Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

*No Response*

Question 7 - Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.

Yes – we advocate for a consistency of approach across the whole of NHS Wales. Clear expectations allow for better planning across the board. If there is no statutory guidance on workforce planning there is a risk that guidance will not be employed, particularly in times of austerity.

Nursing levels cannot be viewed in isolation – they need to be viewed alongside other key roles in delivering care. Appropriate staffing complements of healthcare support workers should be calculated and planned for. UNISON has always maintained that a successful healthy workforce is made up of many different roles – we continue to support the need to apply appropriate staffing levels across the workforce in order to improve patient and staff wellbeing.

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

Question 8 - What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?

UNISON advocates the inclusion of staffing 'red flag' indicators in workforce planning guidance. Indicators include, but are not limited to, sickness absence levels, working hours over those contracted, and missed break information. This type of information should be used as a further measure of the appropriateness of the staffing level at a particular ward or workplace.

The UNISON Safe Staffing survey 2017 indicated that 50% of respondents were unable to take full breaks during the surveyed shift. Over 40% also reported working additional hours over those they were rostered for. Whilst we would accept that there are always emergency situations that require attention, these types of events should not be the norm. Data on these types of events should be collated, monitored, utilised in workforce planning and used to ascertain appropriate nurse staffing levels.

Question 9 - We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.

Whilst we understand the remit of this Act covers safe nurse staffing levels, it is important to remember the importance of the wider healthcare team. A theoretically safe nurse staffing level could become less safe as a result of too few healthcare support workers being available, for example. Nurses are undoubtedly a vital element of the healthcare team, but should not be considered in isolation.

Staffing levels should be reported at the handovers at the beginning and end of each shift. As part of valuing all staff, this should be good practice for all departments and not just the two designated disciplines in the Act. This would help avoid the danger of creating an elitist level of nursing which would undoubtedly have a negative impact on morale.

Staffing figures should be provided to each Local Partnership Forum on a quarterly basis with monitoring undertaken at the All Wales Partnership Forum. Figures should also include housekeeping staff and Healthcare Staff. Boards could be seen to be looking after the concerns of nurses in the two disciplines to the detriment of all other staff which could lead to claims of unfair treatment as well as potential claims about not upholding the employer's duty of care to all staff.

## Page 2: Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

**Name** Amber Courtney  
**Organisation (if applicable)** UNISON Cymru/Wales

If you want to receive a receipt of your response, please provide an email address. Email address

Responses to consultations may be made public. To keep your response anonymous (including email addresses) tick the box.

*No Response*

## Response 54

### Overview

We welcome the new guidance and the Nurse Staffing Levels (Wales) Act 2016. Nurses across the health sector provide valued care for people affected by dementia, and we welcome their involvement in dementia care and believe that appropriate nursing levels can only help to better support people affected by dementia in hospital settings.

We believe that there must be higher levels of training for NHS and care staff, particularly practice nurses and nurses working in the independent sector, social workers, social care workers, domiciliary care staff, and others who are working within environments where people with dementia receive care, treatment or support. This training must ensure staff have the skills to ensure they have sufficient knowledge and understanding of dementia to respond to their needs in an appropriate and sensitive manner that protects their dignity and respect and minimises distress. In particular, we recognise the high level of qualifications of Dementia Specialist Nurses and believe they have an integral role to play in providing support for people affected by dementia.

### The importance of supporting people living with dementia

Regarding the statutory guidance under section 25B of the Nurse Staffing Levels (Wales) Act 2016, we recommend specific mention and consideration is given to dementia.

We note application of the guidance to adult acute medical inpatient wards and adult acute surgical inpatient wards. In 2009, Alzheimer's Society estimated<sup>1</sup> that people with dementia over the age of 65 accounted for 25% of people in hospital beds at any one time and figures<sup>2</sup> from England's Department of Health in 2014 provide similar estimates of 25% of hospital beds being occupied by people with dementia at any one time. However, informal reports suggest<sup>3</sup> this is a gross underestimate, with some hospitals reporting that 40 to 50% of their patients have dementia, with figures rising in some wards. Clearly there are a large number of people affected by dementia in hospital at any given time, who will need additional support from nurses. It may not be dementia that has brought people into hospital, but without the right care their dementia could well be the factor which prevents them from being quickly and properly treated. People with dementia have specific needs and there may be specific aspects of the symptoms and implications of dementia that means greater pressure on nurses and their time. These include:

- ☐ Hospital services run on the assumption that patients will be able to express their wishes, acknowledge the needs of other patients, and move through the system as required. However, for people with dementia, particularly when they are ill or have had an accident, hospital settings can be confusing, challenging and overwhelming.<sup>4</sup>
- ☐ Spending time in hospital can be extremely distressing for people living with dementia. People with dementia admitted to hospital are more likely to die during an admission and in the six months after their hospital admission.<sup>5</sup>
- ☐ People with dementia admitted to acute wards for longer periods are more likely to suffer from permanent worsened effects of dementia and on their physical health.<sup>6</sup>
- ☐ People with dementia admitted to acute wards are more likely to be prescribed antipsychotics drugs and to be discharged to residential care, rather than their own home.<sup>7</sup>
- ☐ Patients with dementia are more likely to find an unfamiliar environment unsettling, frightening and confusing due to the nature of impaired cognitive ability.<sup>8</sup>

The ward environment made up of identical doorways and bed spaces can cause added confusion to patients with dementia who may be apt to wandering, could confuse another patient's bed for their own or lose perspective on time<sup>9, 10</sup> which can lead to increased disorientation, aggression or withdrawal. <sup>11</sup>

□ People living with dementia can sometimes no longer respond to familiar faces, environment and daily routines.<sup>12</sup>

Combined, these can challenge the nurse's role in providing care, maintaining nutrition and personal hygiene, and administering drugs. This should be taken into account by the guidance on Nurse Staffing Levels (Wales) Act 2016.

Paragraph 24 of the draft guidance states that when calculating the nurse staffing level, the designated person must exercise professional judgement, take into account the average ratio of nurses to patients appropriate to provide care to patients that meets all reasonable requirements, and take into account the extent to which patients' wellbeing is known to be particularly sensitive to the provision of care by a nurse. We would argue that these latter two statements are of particular relevance to patients with dementia and their care. It is likely that a higher than average ratio of nursing staff would be required on a ward in order to provide care to people with dementia. People with dementia are likely to need more direct care and can require more of a nurse's time in order to provide them with the care required. This is because the wellbeing of patients with dementia is particularly sensitive to provision of care by a nurse.

We believe, given the proven scale of dementia on wards and the particular needs of people affected by dementia in terms of nurse's time and care, that it is worth specifically mentioning in the guidance that the number of people with dementia on a ward and the specific context of the ward should be taken into account by designated persons. In England, the NICE guidance on safe staffing for nursing in adult inpatient wards in acute hospitals makes mention of dementia, and recommends that patient factors to determine nursing staff requirements include need for a:

*holistic assessment of each patient's nursing needs" that takes account of specific nursing requirements and disabilities, as well as other patient factors that may increase nursing staff requirements, such as: difficulties with cognition or confusion (such as those associated with learning difficulties, mental health problems or dementia).* <sup>13</sup>

We would suggest that this could provide a suitable form of wording for inclusion in the Nurse Staffing Levels (Wales) Act 2016 guidance.

### **People living with dementia and falls**

In paragraphs 32 and 33, the draft guidance notes that "*the designated person must consider circumstances where patient wellbeing is particularly sensitive to care provided by a nurse as part of the triangulated method each time the nurse staffing level is calculated*" which requires consideration of "*any fall that a patient has experienced*".

We agree that a key marker of the quality of care someone receives in hospital is the likelihood of them having a fall during their stay. <sup>14</sup> It is important to recognise that, on average, people with dementia spend nearly four times as long in hospital following a fall.<sup>15</sup> The resulting frailty and an extended stay in hospital can increase the likelihood of them going into a residential home or worse. <sup>16</sup>

Organisation: Alzheimer's Society Cymru

## Response 55

- Workforce planning for long term staff supply

NHSDW continually analyse past call volume/ trends to establish the level of staffing required operationally to deliver the service.

In preparation for the introduction of the 111 Service in Wales, analysis was undertaken of past call volume to those OOH GP services due to be covered during the pathfinder project.

As additional areas in Wales are introduced to the 111 Service, a similar analysis of call volume will be undertaken In order to determine the required Nursing whole time equivalent (WTE), the number of annualised predicted calls requiring triage is divided by the average Nurse handling time (total call volume divided by average handling time plus shrinkage and 20% uplift) . The required WTE under constant review particularly in respect of the 111 rollout across Wales. Business cases are completed should establishment increases be required.

- .Active recruitment in a timely manner at local, regional, national, and international level Demographic spread of the nurse team is taken into account when considering recruitment plans with potential attrition for example due to retirement being taken into account.

There is rolling active recruitment in a timely manner at both regional and national level.

Recruitment is planned in relation to the WTE vacancy, predicted WTE requirement and funding. Consideration is given to the three NHSDW sites within the service to ensure there is an appropriate level of nursing staff at each site. The Nursing WTE allocation to each site is linked to seating capacity.

- Retention strategies that include consideration of the NHS Wales Staff Survey results

Staff feedback from engagement exercises and exit interviews is considered and valued for inclusion for strategic staff retention.

A significant piece of staff engagement including a local staff survey for 111 has been undertaken in the last 12 months and staff focus groups to engage staff on service improvements – these being supported by the Organisational Development team.

Staff frequently highlight the importance of work- life balance. Staff are actively encouraged to apply for 'flexible working and managers always support applications if feasible in relation to organisation service delivery. Off duty is published four weeks in advance with a 'self-roster' system in operation.

Staff are also able to submit their 'personal preferences' which the Resource Planning department aim to apply on an on- going basis to optimise work life balance. Additionally x1 WTE staff is guaranteed twelve specific off duty requests annually (pro rata for part time staff).

Regular in house training is provided to support staff to attain optimal skills /

knowledge to meet their job specification. Such training together with the provision of the necessary equipment and facilities to undertake their role has been a major factor in staff retention.

Two way communication channels between staff and managers provide opportunities to express the experiences and provide feedback and learning for both personal and service development. Such channels include regular one to ones and personnel development reviews. Staff are encouraged to contact their team leaders /managers at all times.

The development of new ways of working and roles within the service, particularly as the 111 service develops, is an opportunity for staff to gain different experiences.

Staff inclusion in the change process is considered as much as feasibly possible.

- Well-being at work strategies that support nurses in delivering their roles  
There is a clear message to staff that they are only able to manage one call at a time and that this should be their focus when call taking. Support is available on an ongoing basis from the operational management team / team leaders/peers.

Staff are encouraged to take regular breaks throughout their working day as per 'Display Work Equipment' regulations. Shorter shifts e.g. 7.5 hours/ 5 hours are offered as opposed to longer days as this is considered conducive to safe practise in Nurse Telephone Triage. Flexible working/part time/minimum hour agreements all help staff meet their work and external commitments.

Staff are encouraged to discuss any problems/issues at the earliest opportunity to their managers so that and solutions/support can be offered. Referral to the Well-being Team is available to all staff and the service is actively promoted alongside the counselling service should the need be identified.

Organisation: WAST

## Response 56

### **1. Introduction**

1.1. Unite welcomes the opportunity to respond to the Consultation on statutory guidance required by section 25D of the Nurse Staffing Levels (Wales) Act 2016.

1.2. As part of this response, Unite has used its ongoing routes throughout the organisation to hear back the views of members in the Health Sector in Wales, in particular those working within Acute nursing.

### **Consultation questions**

#### **Section 25B – Duty to calculate and maintain nurse staffing levels**

##### **2. How helpful did you find the above parts of the guidance?**

2.1. Initially the guidance raised concerns amongst readers around the vulnerability of the senior nurse with responsibility for determining the safe nurse staffing level and the definition of what constitutes a nurse. However, later in the guidance the former is mitigated somewhat by the statement that responsibility rests with the Board, although as much of the calculation element is dependent on “professional judgement” concerns remain that it will take a strong personality to resist pressure or to be able to assert themselves.

2.2. It should perhaps be made clear that the guidance relates to safe staffing levels rather than safe nurse levels.

##### **3. If you feel these parts of the guidance could be improved could you please tell us how?**

3.1. This could be improved by clearly stating the roles and responsibilities of those in the management chain. As previously stated this is ill-defined, potentially leaving registrants vulnerable. There is also a concern that undertaking the role of estimating the staffing levels needs to be pro-active and responsive. However, the result of this is likely to be more time away from nursing for the responsible registrant.

3.2. There is also an issue of how the staffing levels can feasibly be improved in the current circumstances when the strategy is to move staff into the community, and there is a reliance on agency and bank staff to provide areas with even a substandard level of staffing, without being able to take skill mix into account.

#### **Section 25C – Method of calculation for the nurse staffing level**

##### **4. How helpful did you find the above parts of the guidance?**

4.1. Unite did not find the guidance very helpful and believe that the guidance needs to be more specific to avoid misuse.

##### **5. If you feel these parts of the guidance could be improved could you please tell us how?**

5.1. The all Wales use of a standard staffing calculation tool would be an improvement. Without this Unite considers there is a risk of organisations using whichever tool provides the absolute minimum. See 2.1 also.

**6. We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on: i) opportunities for people to use Welsh; and ii) treating the Welsh language less favourably than English.**

6.1. For the majority of nursing staff in North Wales, Welsh is their mother tongue. Whilst recognising that all statutory/clinical notes should be written in English, the guidance should be available bilingually, and all associated documents produced that are in the public domain, i.e. the indicators on wards for shift nurse levels.

**7. Please also explain how you believe the guidance could be formulated or changed so as to have: i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language?**

7.1. none

**Potential future guidance on workforce planning**

**8. Would statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details-**

8.1. Unite considers this would be a definite step forward. Without a robust workforce plan the current situation is likely to remain, with not enough staff to be able to staff acute areas.

**9. What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?**

9.1. Any future workforce planning guidance needs to be specific. The issues currently faced by staff are due to a lack of long term planning, and a willingness of Health Board's to dispense with registered nurses (often on the grounds that beds can be closed due to movement of care into the community). Our members have seen the issues that bed reductions have brought over the last year. Demand is not reducing, care in the community is not a cheap option and indeed the plans for this are general at best and need to be accurately costed.

**10. We have asked a number of specific questions. If you have any related issues that we have not specifically addressed, please raise them here.**

10.1. Unite members suggest that the needs of community hospitals/mental health and paediatric settings need to be considered. Due to the increases in acuity of the patients transferred to them, they are under as much pressure as the hospital support services. At the launch of the *Safe Staffing Bill* at the Senedd, Unite asked about community hospital staff and support services.

Assurances were given that these issues would be considered. As yet there has been no indication of this. In addition the demographic time bomb is ticking with many nurses at, or due for retirement. Their skills cannot be easily replaced, and there is a need to have experienced staff to mentor newly qualified staff. In addition they raised the risks of employing agency staff in all ward and other health setting areas.

10.2. Our representatives are reporting unintended consequences resulting from introducing safe nurse staffing levels. In particular that it is leading to the non-sign off by Senior Nurses and therefore the non-publication of staff ward e- rotas, resulting in members not knowing their forthcoming week/month shift patterns, at times only having less than 2 days' notice. We are urging all staff who do not have the recommended 4 – 6 week advance rota to submit DATRIX reports.

Organisation: Unite

## Response 57

### **Our view on the draft statutory guidance**

2 We welcome the opportunity to respond to the Welsh Government consultation<sup>1</sup> on nurse staffing levels statutory guidance. We note the proposal in paragraph 7 of the draft guidance that the 'Designated Person' under Section 25B(1)(a) of the Nurse Staffing Levels (Wales) Act 2016 should be registered with us and be a person of sufficient seniority within an organisation.

3 As set out in our position statement<sup>2</sup> on safe staffing guidelines, it is not our role as a professional regulator to set or assure standards related to appropriate staffing. Our role is set out above; it is for organisations to appropriately deploy those on our register. However, staffing does have a bearing on what we do in a number of ways. We would therefore encourage the Welsh Government to take account of this in developing their statutory guidance, and encourage organisations to take account of this in deploying registered professionals appropriately.

### **Education and training**

4 We set and monitor standards for the education of nurses and midwives. Pressures on staffing and requirements such as safe staffing levels can have an impact on practice placement settings for those on an education programme. Both could make it harder for registered professionals to dedicate time to supporting students. We require education providers to monitor and mitigate risks to practice placements, this includes requiring sufficient staff and support to be able to provide a safe training environment. If we have evidence that staffing levels may be affecting the training environment, we may ask education providers to investigate and provide assurance. We also require students to be supernumerary, so students should not be used or considered as staff.

### **Upholding the Code and revalidation**

5 When registered, all nurses and midwives, regardless of their seniority and scope of practice, are required to uphold our Code<sup>3</sup>. It sets out the required professional standards of practice and behavior. The Nurse Staffing Levels Act and any accompanying statutory guidance are likely to interact with the high level provisions of the Code, particularly for the 'Designated Person'. For example, compliance with any statutory guidance could be one of a number of means of being able to demonstrate Code requirements such as:

## Preserve safety

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You make sure that patient and public safety is protected. You work within the limits of your competence, exercising your professional 'duty of candour' and raising concerns immediately whenever you come across situations that put patients or public safety at risk. You take necessary action to deal with any concerns where appropriate.

### **13 Recognise and work within the limits of your competence**

To achieve this, you must:

- 13.1 accurately assess signs of normal or worsening physical and mental health in the person receiving care
- 13.2 make a timely and appropriate referral to another practitioner when it is in the best interests of the individual needing any action, care or treatment
- 13.3 ask for help from a suitably qualified and experienced healthcare professional to carry out any action or procedure that is beyond the limits of your competence
- 13.4 take account of your own personal safety as well as the safety of people in your care, and
- 13.5 complete the necessary training before carrying out a new role.

### **25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the healthcare system**

To achieve this, you must:

- 25.1 identify priorities, manage time, staff and resources effectively and deal with risk to make sure that the quality of care or service you deliver is maintained and improved, putting the needs of those receiving care or services first, and
- 25.2 support any staff you may be responsible for to follow the Code at all times. They must have the knowledge, skills and competence for safe practice; and understand how to raise any concerns linked to any circumstances where the Code has, or could be, broken.

Every three years, a nurse or midwife on our register is required to revalidate<sup>4</sup> with us in order to maintain their registration. Revalidation requirements include five pieces of practice related feedback, five written reflective accounts, and a reflective discussion with another NMC registrant on the reflective accounts / another experience and how this relates to the Code. The Nurse Staffing Levels Act and any accompanying statutory guidance could therefore interact with the revalidation process, such as forming a part of the reflective requirements.

## **Raising concerns and fitness to practise**

7 Our Code requires nurses and midwives to raise concerns in order to preserve safety. This could be within an organisation or to us or another regulator. Equally, other employees, employers, patients and the public may raise concerns with us. We have produced a range of information and guidance on raising concerns<sup>5</sup>. A nurse or midwife's failure to raise concerns could result in a fitness to practise referral to us. Our raising concerns guidance for nurses and midwives<sup>6</sup> contains a list of examples of concerns that should be raised, including:

5.4 Issues to do with care in general, such as concerns over resources, products, people, staffing or the organisation as a whole.

8 Individuals on our register may therefore raise concerns with us or others where there is a concern about staffing levels. Or, they may find themselves subject to a referral to us about their fitness to practice for not having raised that concern or for not complying with the requirements of the Nurse Staffing Levels Act and any accompanying statutory guidance.

## **Working with others**

9 In our role, we may identify concerns that fall within the remit of others. For example, as part of a Fitness to Practice referral, the information may show a concern about the staffing levels in a particular practice setting which is covered by the Nurse Staffing Levels Act and any accompanying statutory guidance. In this case, we would inform the relevant system regulator of the concerns through our memoranda of understanding<sup>7</sup> (MoU) so they may consider it and take any appropriate action. Equally, a system regulator may raise concerns or information relevant to us during the course of their work through the MoU's, for example about a registrant not upholding the Code or meeting the requirements in the Nurse Staffing Levels Act and any accompanying statutory guidance.

Organisation: Nursing & Midwifery Council

## Response 58

### Consultation Response Form

<b>I am a/an</b> <i>(please select one from the following)</i>	Patient / Family member or carer of a patient	
	Member of the public	
	Member of NHS staff	
	Local Health Board / NHS Trust	✓
	Organisation with an interest in the health service	
	Voluntary sector representative (community group, volunteer group, self-help group, cooperative, enterprise, religious group, not-for-profit organisation)	
	Other group not listed above	

1) On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance? (Please tick one option for each part)						
Part	1	2	3	4	5	Don't Know
Overall approach				✓		
<b>Section 25B</b>						
Designated person				✓		
Reasonable Requirements			✓			
Nurse staffing level				✓		
Reasonable steps			✓			
Informing patients				✓		
Situations where section 25B applies					✓	

2) If you feel part of the guidance could be improved, please tell us about it below. You may wish to consider whether anything could be added or removed from the guidance, or whether wording could be changed to improve clarity.	
Part	Improvement
Overall approach	<p>A number of elements could be improved as identified below.</p> <p>Noted that the guidance includes powers for the Welsh Minister to extend the duty to calculate nurse staffing levels for other settings. May wish to specify to include mental health and learning disability. If the powers were to be extended specific guidance may then be required to cover mental health and learning disability</p>
Designated person	<p>The guidance suggests that the person must calculate (section 7 rather than oversee the calculation)</p> <p>Overall the requirement is clear however suggest inclusion of delegated duties given the size of some of the health boards. Overall accountability would remain with Executive Nurses, however undertaking delegated through governance and accountability frameworks</p>
Reasonable Requirements	<p>This suggests that the designated person must calculate each ward. Suggest that this states 'must oversee and be professionally satisfied with the evaluation methodology, outcome and calculation of the number of nurses. Also the terminology for 'the number of nurses' is confusing as it suggests it includes the whole nursing workforce including those such as Health Care Support Workers who are not nurses and should not be described as 'nurses'. Suggest using terminology nursing workforce.</p> <p>Section 9 - Should be a <i>named nurse</i>.</p> <p>Section 8– the designated person must <i>oversee and be satisfied with the</i> calculation of the number of...</p> <p>Patients nursing needs as assessed by the ward team may require other professional group input such as allied health professional as opposed to nursing. Does or can reasonable requirements take account of this?</p>
Nurse staffing level	This states that the required establishment <u>must</u> be

	<p>funded but section 11 then talks about should rather than must.</p> <p>There is a risk taking from areas which are not subject to the guidance to deliver acute staffing levels and the triangulation to support this.</p>
Reasonable steps	<p>This implies that 'reasonable' is equal to 'maintaining', which is defined as 'having'. (having not reasonable if all shared services). However sometimes all reasonable steps can be exhausted, but the number of staff fall below what is required. Section 14 – operational steps should also include <i>deployment of non ward based nursing staff</i>.</p> <p>This section is clear on what constitutes reasonable steps. However what is not clear is what consequences will be if all reasonable steps are taken within escalation policy, but are not able to maintain nurse staffing levels and closure of beds would impact on patient safety e.g. unscheduled care pressures.</p>
Informing patients	<p>Should this state frequency such as daily or weekly on the ward and reported monthly through board papers.</p> <p>Section 17 include <i>report against this regularly</i></p> <p>What is not clear is in what format information is presented in wards and departments, and the frequency of reporting both to patients and the board.</p> <p>Is there any intelligence available on views of patients and services users as to what staffing information would be informative to them?</p>
Situations where section 25B applies	<p>Paragraph 8 not clear, describes nurses. 2<sup>nd</sup> number of registered and 2<sup>nd</sup> those under. 25b guidance somewhat helpful.</p> <p>The inclusions and exclusions for acute medical and surgical wards are clearly defined.</p>

**3) On a scale of 1 to 5, where 1 is not helpful at all and 5 is very helpful; how helpful did you find the following parts of the guidance?**

(Please tick one option for each part)						
Part	1	2	3	4	5	Don't Know
<b>Section 25C</b>						
Introduction to section 25C			✓			
Professional Judgement			✓			
Evidence Based workforce planning tool			✓			
Patient wellbeing is particularly sensitive to care provided by a nurse				✓		

4) If you feel part of the guidance could be improved, please tell us about it below. You may wish to consider whether anything could be added or removed from the guidance, or whether wording could be changed to improve clarity.	
Part	Improvement
Introduction to section 25C	<p>Guidance not very helpful. Tools not yet available in Welsh. Section 24 to state 'when calculating the nurse staffing level <i>the</i> designated person must'.</p> <p>Not clear on what this means or how is measured</p> <p>Bullet point 2 – change workforce to <i>acuity and dependency</i></p> <p>Bullet point 3 -Take into account – include ratio of registered to unregistered nurses.</p>
Professional Judgement	<p>The uplift of 26.9% doesn't include maternity leave so this should be added, but this figure can be adjusted downwards if training and professional development can be delivered more effectively.</p> <p>Section 27 change to - <i>professional judgement exercised by the designated person when overseeing the judgement, each calculation should consider all or any of the</i></p>

	<i>following aspects</i>
Evidence Based workforce planning tool	<p>Include provision to refer to other workforce tools where a Welsh validated one doesn't exist otherwise this statement precludes consideration of evidence from national/ international studies.</p> <p>Suggest that if using an outside Wales tool then the designated person must exercise professional judgement in terms of the limitations of using in Welsh</p> <p>The NICE staffing guidance for acute wards includes a detailed description of <b>Factors to determine nursing staff requirements, nursing staff factors. This level of detail should also be considered within the guidance, where not already included.</b></p>
Patient wellbeing is particularly sensitive to care provided by a nurse	<b>The NICE guidance includes red flag indicators such as observations and fundamentals of care – reference this in section 36</b>

**5) We would like to know your views on the effects that the guidance would have on the Welsh language, specifically on:**

- i) opportunities for people to use Welsh; and**
- ii) treating the Welsh language no less favourably than English.**

**If the guidance meets the requirements of the Welsh Language Act and is publicised bilingually then this will enable opportunities for the guidance to be considered in the medium of Welsh.**

Document makes reference to the Welsh language, but does not provide for the opportunities to use the Welsh language within healthcare settings. Having no Welsh speaking member of staff on shifts could put Welsh speaking clients at a disadvantage – many people attending healthcare settings are vulnerable and having to converse in a second language that doesn't come naturally to them makes the situation even worse. Therefore,

the guidance could be amended to ensure positive and increased positive effects on opportunities to use the Welsh language.

**6) Please also explain how you believe the guidance could be formulated or changed so as to have:**

- i) positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language; and**
- ii) no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.**

Translate welsh tools into Welsh and validate them.

Consideration of Welsh Language requirement when setting nurse staffing levels to take account of Bilingual Skills strategy and % target based on population census of Welsh Language staff required to meet population needs. E.g. Gwynedd may have a higher % requirements than Wrexham based on the census. Every effort should be made to ensure Welsh language is taking into account as a skill mix within staffing levels so that there is adequate provision on a shift to accommodate Welsh speaking patients. This will ensure that there are no adverse effects on opportunities for people to use the Welsh language within a particular setting.

**7) Would further statutory guidance on workforce planning on this specific issue be beneficial? If yes, please give details.**

Yes. The guidance on the WEDS website is sufficiently detailed to support the workforce planning process. WEDS support for workforce planning training would be beneficial for organisations. Due to senior turnover many of the skills and experience regards workforce planning has been lost, therefore this remains a gap. Current workforce data is also not significantly details at a service level to support workforce planning and education commissioning.

**8) What sort of information would be beneficial in any additional workforce planning guidance, that is not already in existence elsewhere?**

Overview of tools such as SNCT  
2<sup>nd</sup> care hours per patient day

**9) We have asked a number of specific questions. If you have any**

**related issues that we have not specifically addressed, please raise them here.**

The prohibition of the use of non-Welsh validated tools will mean that Wales could move slower than other countries as it takes time to validate.

It would have been beneficial if community inpatient facilities were included as the acuity of patients is increasing and it would support a consistent staffing level based on clinical judgment to similar patient groups.

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:

Name: Anne-Marie Rowlands & Elaine Strachan- Hall on behalf of BCUHB  
Organisation (if applicable): Betsi Cadwaladr University Health Board

## Response 59

### Summary of evidence and recommendations

- The guidance does not acknowledge any potential perverse impact or how this might be managed
- The 'designated person' is noted as being at Health Board level but the CSP is not sure how this will work practically, at ward level
- How will the designated person balance staff resource issues against broader organisational considerations and the need to balance staffing needs/patient care across the whole service?
- There is ambiguity around inclusion of nursing support staff in staffing level calculations
- The situation on a ward may fluctuate hourly, daily, weekly and may require a range of different staffing levels. This needs to be addressed by the guidance
- Clarity is required in the use of definitions – workforce planning versus workforce deployment
- More is needed within the guidance to reflect patient outcomes as a method of measuring and demonstrating the impact of the legislation

The Chartered Society of Physiotherapy (CSP) in Wales is pleased to provide a written response to this Welsh Government led consultation. The CSP has chosen not to use the consultation response form as this form seems specific for use by the nursing profession. However, as a profession that will be affected by this legislation it is felt important that a submission is made to Welsh Government.

### Key points raised by the Chartered Society of Physiotherapy

#### Section 25B Duty to calculate and take steps to maintain nurse staffing levels

1.1 The CSP notes the guidance is clear about the current scope of services (Section 25B(3)) where the legislation applies and it highlights that the Act does give the Welsh Ministers the power to make regulations to extend the duty to calculate nurse staffing levels in other settings in the future. However, the guidance does not acknowledge any potential perverse impact of its current scope or provide detail on how this should be managed. Potential impact may include, for example, staffing resources being moved to the settings/staff groups to which the legislation applies.

1.2 The CSP notes at point 7 in the statutory guidance that the 'designated person' should be a person of sufficient seniority within the organisation such as the Executive Director of Nursing for the Board. The CSP questions whether this level of seniority within the

nursing profession will practically be able to undertake this role and will need to delegate the responsibility to the senior nurse in charge of the adult acute medical or surgical ward. Ultimate responsibility will be at Board level, particularly in relation to the legal responsibility but each ward area will need a 'designated person'.

1.3 The guidance indicates that the 'designated person' should, understandably, be someone in a senior position. By the nature of this, s/he will be someone with an overview/responsibility well beyond the scope of the legislation. These issues about the implications of the legislation for decision-making around the use of resources will therefore be a central point. The guidance could helpfully include information on how the designated person is expected to balance staff resource issues, taking account of the broader organisational context and balancing staffing needs/patient care across services.

1.4 The guidance is not clear on expectations about how nursing staff resources should be calculated. In particular, it is ambiguous about whether support staff are included. In addition, it would be helpful in this context to make reference to the need for skill mix review against workforce/service delivery/patient care needs.

1.5 The CSP would welcome clarity in point 10 where it identifies that the nurse staffing level, "must be funded from the Local Health Board's 'revenue allocation, taking into account the actual staff employed on wards". There is a danger that this may be misinterpreted - it appears to be implying that staffing levels will be set by how many staff there are employed on the wards.

1.6 The guidance usefully highlights at point 11 the importance of staffing levels being kept under review (on a 6-monthly basis as a default). It would seem useful for the guidance to expand further on the kinds of factors that should trigger a review outside this timeframe; the factors listed seem quite limited, when a host of issues relating to patient throughput, acuity, etc., plus staff supply issues, could trigger the need for review.

1.7 The CSP also has concerns that situations on wards may fluctuate hourly and daily requiring a range of different staffing levels and staffing skill-mix. The statutory guidance does not provide detail as to how this will be addressed.

#### **Section 25C (Nurse staffing levels: methods of calculation)**

2.1 The CSP notes that the guidance refers to workforce planning when it can be argued that it is really referring to decisions about workforce deployment. The CSP considers it to be essential that this is addressed to avoid confusion.

2.2 The reference to the three dimensions being considered

separately and then triangulated appears quite confusing; i.e. professional judgement cannot be exercised in isolation of the factors relating to staffing levels (and ratios) and patient well-being. Obviously professional judgement has to be about making decisions (and being accountable for these decisions) informed by all relevant information. It is therefore not logical to say that the three elements are "independent considerations which must be triangulated to calculate the nurse staffing level" (point.26).

2.3 It would seem more helpful for the guidance to articulate expectations about how professional judgement is exercised, informed by all relevant patient, service delivery and staffing factors, with the designated person needing to be able to account for the decisions made. In line with comments above, this has to be in the context of broader service delivery and fulfilment of patient needs, and not just in relation to the specific services/wards to which the legislation currently relates.

2.4 The guidance perpetuates the focus on other staff from the perspective of their implications for nursing staff, rather than approach that's focused on patient interests. While this is understandable given the nature of the legislation, it would be helpful for the guidance to acknowledge this more fully.

2.5 The guidance does not make any real reference to patient outcomes, or ensuring that decisions made about staffing levels are informed about how the quality of care and outcomes can be optimised. This should include ways that achieve enhancements to effectiveness and efficiency, for example, reducing length of stay or readmission to hospital.

2.6 The reference to other activities seems overly narrow; i.e. it only refers to administrative activities that nursing staff may be undertaking. To gain a full picture of available time for direct contact with patients, a broader range of activities need to be factored in (e.g. relating to service development/evaluation/leadership, supporting others' learning - including students - and CPD).

2.7 The guidance seems to assume that there is a body of evidence-based material that will support implementation of the guidance. It would be useful for the guidance to provide signposting to all available supporting literature and research. This will need to be kept current by the nursing profession as new evidence becomes available which should be referred to in the guidance.

2.8 The focus on patient well-being appears only to be from the perspective of avoiding adverse incidents or developments for patients. It would seem important either to be overt that the focus is simply on the avoidance of negative incidents for patients, or to develop the guidance to have a focus on positive outcomes for

patients.

### **Concluding comments**

The CSP hopes these comments will be useful to the Chief Nursing Officer's office.

Whilst this legislation refers to nursing staff in Local Health Boards the profession is keen to engage fully in the consultation process. There is a concern that the nurse staffing levels legislation, as it is enacted, may have an adverse impact on physiotherapy service delivery and thus it is essential to ensure engagement at all stages. The profession will raise any adverse impact issues with Welsh Government and within the Local Health Boards, should they occur.

The CSP looks forward to continuing to play an active role as the legislation goes forward.

Organisation: Chartered Society of Physiotherapy